

CREATING ENVIRONMENTS FOR FLOURISHING

USING INNOVATION, EVIDENCE, AND COMMUNITY TO SUPPORT AND IMPROVE THE EMOTIONAL AND BEHAVIORAL HEALTH OF STUDENTS

INSIGHTS FROM HIGHER EDUCATION LEADERSHIP CONVENINGS ON COLLEGE STUDENT BEHAVIORAL HEALTH



MARY CHRISTIE
FOUNDATION



GEORGETOWN UNIVERSITY

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EXPERTS

The following experts and organizations are highlighted within:

- AMELIA M. ARRIA, PH.D.** *Director of the Center on Young Adult Health and Development at the University of Maryland School of Public Health, Professor in the Department of Behavioral and Community Health, Director of the University of Maryland School of Public Health Office of Planning and Evaluation*
- PAUL J. BARREIRA, M.D.** *Director of the Graduate Student Mental Health Initiative at Harvard University and the Henry K. Oliver Professor of Hygiene, Emeritus and Associate Professor of Psychiatry at Harvard Medical School; former Director of Harvard University Health Services*
- DANIEL EISENBERG, PH.D.** *Director of the Healthy Minds Network; Principal Investigator of the Healthy Minds Study; Professor of Health Policy of Management in Fielding School of Public Health at the University of California Los Angeles*
- JARED FENTON** *Executive Director, The Reflect Organization*
- LEON HAYNER, M.ED., MBA** *Interim AVP for Student Affairs-Dean of Students at Rollins College*
- JOHN P. HOWE III, M.D.** *President, Mary Christie Foundation*
- JAMES HUDZIAK, M.D.** *Creator and Director of the University of Vermont Wellness Environment, Professor at the University of Vermont, and Director of the Vermont Center for Children, Youth, and Families at UVM College of Medicine and Medical Center.*
- THE JED FOUNDATION** *Nonprofit protecting emotional health and preventing suicide for our nation's teens and young adults*

EXPERTS

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- ZOE RAGOUZEOS, PH.D.** *Associate Vice President for Sexual Misconduct Support Services and Student Mental Health and Executive Director of Counseling and Wellness Services at New York University*
- LAURIE SANTOS, PH.D.** *Professor of Psychology and Head of Silliman College at Yale University*
- ALAN SCHLECHTER, M.D.** *Clinical Associate Professor at NYU Langone Medical Center, Director of Child and Adolescent Psychiatry Outpatient Services at Bellevue Hospital Center*
- SUSAN SINGER, PH.D.** *Vice President for Academic Affairs and Provost at Rollins College*

PRESIDENTS' LETTER

SEPTEMBER 2020

Dear Colleagues in Higher Education:

This year has been a time of unprecedented change and challenge for our learning communities, with the distance and separation made necessary by a global pandemic, as well as the urgent calls for racial justice being made across our nation and world. The need to deepen our understanding of how to create environments that support the mental health and well-being of students is more urgent than ever in these challenging times.

In the last year, Georgetown University and the Mary Christie Foundation have held a set of convenings to explore how innovation, continued research, and community engagement can lead to better mental health outcomes for our young people. This report shares five opportunities, identified through the convenings, to advance student mental health.

The years spent in higher education are deeply formative, informing students' purpose, motivations, and careers. We imagine those experiences could be healthier, more inclusive, and more valuable to each student's journey if institutions consider their role in students' emotional and behavioral health more deeply.

As colleges and universities face unprecedented changes, our institutions have an opportunity to ensure that student behavioral health and well-being remain an integral part of all that we do. We hope this paper offers inspiration to institutional leaders engaged in this work, and we remain deeply grateful for your commitment to advancing student mental health.

Sincerely yours,
John J. DeGioia, Ph.D.
President, Georgetown University

John P. Howe III, M.D.
President, Mary Christie Foundation

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“The opportunity of these convenings was to consider how we build educational communities that foster the mental health of our students, individually and as a generation.”

**– JOHN J. DEGIOIA, PH.D.
PRESIDENT, GEORGETOWN UNIVERSITY**



INTRODUCTION

Creating Environments for Flourishing in 2020: How colleges can use innovation, evidence, and community to improve and support the emotional and behavioral health of their students

“The opportunity of these convenings was to consider how we build educational communities that foster the mental health of our students, individually and as a generation.” – John J. DeGioia, Ph.D., President, Georgetown University

In 2019 and 2020, nearly 100 higher education leaders came together in a set of convenings to examine the mental health and well-being of their students. Held at Georgetown University and hosted by Georgetown President John J. DeGioia and Mary Christie Foundation President John P. Howe III, M.D., the convenings offered data reporting, expert perspectives, and strategic discussion on the complicated and tenacious problem of student mental health.

The Higher Education Leadership Convenings were attended by senior level administrators from more than 40 institutions around the country, including 31 college and university presidents. The events yielded five promising opportunities to improve student behavioral health by changing the environments in which it is addressed. The immediate and significant implications of the COVID-19 pandemic provide a unique window for change. These implications are a reminder of how important student well-being is to a successful college experience.

1. COMMIT HIGHER EDUCATION TO THE FLOURISHING OF YOUNG ADULTS

Flourishing is a state of vigorous and healthy growth attainable for students in environments that address the development of the whole person. Languishing, a negative state of mind reported by many of today's students, is its opposite. Colleges have both the opportunity and the responsibility to nurture flourishing in young people, leading to life-long well-being as well as success.

2. INNOVATE TO MEET YOUNG ADULTS IN THEIR CONTEXT

Higher education must innovate our service delivery models with student-centered approaches flexible

enough to support students along the entire behavioral health continuum. In addition to facilitating the treatment of mental illness, colleges can also focus on promoting mental health and well-being in new, innovative ways.

3. ENGAGE THE WHOLE COMMUNITY TO CARE FOR YOUNG ADULTS

To achieve flourishing in young people, colleges and universities must expand the circle of influence and support to include more campus stakeholders such as faculty, staff, and administrators to participate in the development of our students. This involves breaking through institutional norms about departmental responsibilities while also engaging those closest to the students to take a level of responsibility for the students' overall well-being.

4. EVALUATE THE IMPACT OF APPROACHES TO YOUNG ADULT CARE

While much has been reported about the prevalence of college student mental health, far more research is needed in several different domains. If we are to make changes based on evidence, we need more data on the efficacy of public health strategies and greater sharing of effective best-practices.

5. BUILD EXTENDED APPROACHES TO CARE – THE IMPACT OF COVID-19

The global pandemic has forced change upon higher education in unprecedented ways. From a college student mental health perspective, we need to consider the possibility of the exacerbation of anxiety and depression levels among students based on the disruptions and uncertainty of the pandemic. This is compounded by many students' anger and frustration over the continued racial injustice in this country.

Colleges should leverage this period of change to understand which traditional elements of college student mental health should be re-examined and which elements of the altered landscape should become the norm.

OPPORTUNITIES

1. COMMIT HIGHER EDUCATION TO THE FLOURISHING OF YOUNG PEOPLE

The first question emerging during the convenings was fundamental: What is the mission of higher education? While there was more than one answer, there was consensus among attendees. One of the main goals of higher education is to promote the flourishing of young people – to set them on a path of positive growth, well-being, and purpose. Given what students are reporting about their emotional and behavioral health, there seems to be a significant delta between this ideal and what they are experiencing in their daily lives.

Jared Fenton, a University of Pennsylvania alumnus, founded the non-profit Reflect Organization to respond to the phenomenon commonly known as “Penn Face,” in which students create a façade of perfection while struggling under the pressures to succeed academically and socially. It is related to “Imposter Syndrome,” where students feel unworthy of their accomplishments and, thus, live in fear of being exposed. This particularly afflicts high-performing students of color and first-generation students.

The Penn Face phenomenon is found at colleges and universities across the country. Students at Stanford call it “Duck Syndrome,” signifying the way ducks appear calm above water while underneath the surface they are frantically kicking. Columbia has “Columbia Face” and Tulane has “the undertow.” All of these have the same meaning: students silently suffer while outwardly feigning effortless perfection. This phenomenon is blamed for all manner of ills on college campuses – from incompleting and leaving of absence to student suicides.

Perfectionism, imposter syndrome, excessive stress, and anxiety are among the problems from which many young people today are suffering. Overall, the data, together with expert observation, point to what the media has referred to as “the college mental health crisis.” “Depression and anxiety are two of the top

reasons we see students...Over each of the last seven years, we have seen a 10% increase in emergency and walk-in visits for a variety of problems,” said Dr. Zoe Ragouzeos, Ph.D., Associate Vice President for Sexual Misconduct Support Services and Student Mental Health and Executive Director of Counseling and Wellness Services at New York University.

Dr. Paul J. Barreira, M.D., is the Director of the Graduate Student Mental Health Initiative at Harvard University and the Henry K. Oliver Professor of Hygiene, Emeritus and Associate Professor of Psychiatry at Harvard Medical School. He is the former Director of Harvard University Health Services. In commenting on Harvard-specific student surveys, Dr. Barreira said, “When you look at scores for loneliness, feeling overwhelmed, or imposter phenomenon, they are significant, around 60% (of those responding).”

“Since we’ve been collecting national sets of data across campuses in our survey, the rise in the percent of students with a positive screen for depression based on the PHQ-9 has gone up from around 22% to 37% in the last couple of years,” said Daniel Eisenberg, Ph.D., Director of the Healthy Minds Network, Principal Investigator of the Healthy Minds Study, and Professor of Health Policy of Management in the Fielding School of Public Health at the University of California, Los Angeles.

Other national data show elevated rates of mental health issues, including anxiety, depression, loneliness, stress, and substance use. In the 2018-19 [Healthy Minds Study](#), 31% of college students surveyed screened positive for an anxiety disorder and 36% screened positive for depression (including both severe and moderate depression).

A 2018 [study](#) published in the Journal of American College Health demonstrated diagnoses of mental health conditions for university students are increasing, with the largest increases seen in anxiety, depression, and panic attacks. According to the American College Health Association’s 2019 [National College Health Assessment](#), 66% of students reported feeling very lonely while 34.2% reported stress had

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negatively affected their academic work over the previous 12 months.

The data are certainly concerning for higher education leaders, as the problem manifested in outcomes like medical leaves and retention loss. A 2019 American Council on Education ([ACE](#)) [Pulse Point Survey](#) found eight out of ten college presidents indicated student mental health has become more of a priority on their campus than it was just three years ago.

Amelia Arria, Ph.D., Director of the Center on Young Adult Health and Development at the University of Maryland's School of Public Health, conducts research on the relationship between substance use and poor academic outcomes. "If your bottom line is academic retention and success, then you should be concerned about drug use and mental health," she told leaders. "Students who use marijuana frequently are much more likely to skip class regularly than students who do not use marijuana, making them academically disengaged."

Dr. Arria noted that drinking alcohol excessively and other substance use is associated with poor sleep and cognitive problems, which can increase the risk for poor grades and a longer time to graduate. Not taking advantage of all that college has to offer can alter students' long-term trajectory to achieve personal and professional success.

These data on the prevalence of mental health issues among college students have higher education leaders yearning to adequately understand the root causes.

Adolescence into young adulthood is a period of continued brain growth, affecting a host of behaviors including decision-making and executive functioning. It is also the age of onset for a variety of mental illnesses. The combination makes the college years ripe for emotional and behavioral health problems at a time when many young people are leaving home.

Theories about over-parenting and the use of social media may explain a lack of resilience and a heightened sense of comparison anxiety. Student affairs professionals report students experience high levels of stress based on academic expectations fueled by both the financial pressures associated with the high cost of higher education and the value placed on a college degree. More research is needed to fully explain the origins of the increases in anxiety and stress among college students.

Faced with the campus mental health crisis, higher education leaders have focused on mental health services. But, the lack of capacity to serve the rising demand has a growing number of leaders realizing entirely new approaches are needed. With the acknowledgment that increased clinical hours cannot alone address the collective angst this generation of students is reporting, leaders are putting resources behind preventative strategies, environmental and curriculum-based approaches, and programs encouraging flourishing.

The following examples serve as inspiration.

EMORY UNIVERSITY, DR. COREY KEYES

A professor of sociology at Emory University, Dr. Corey Keyes teaches “The Sociology of Happiness,” one of the most sought-after classes at Emory for the last seven years. Based on Keyes’ breakthrough work in social psychology and mental health, the class explains his two-continua model of how the absence of mental illness does not translate into the presence of mental health.

The goal in life is “to flourish.” Dr. Keyes defines flourishing as pursuing a life worth living, the opposite of which is “languishing.” He bases it on three dimensions – emotional well-being, psychological well-being, and social well-being – the first two having to do with “positive functioning” and the last with “feeling.” The translation of Dr. Keyes’ theory for colleges is flourishing (and its close cousin “thriving”) can be taught. Doing so will result in healthier students and may establish a knowledge base benefiting them for life.

His model shows people who are languishing do not necessarily have mental illness and people who are flourishing are not necessarily illness-free. Dr. Keyes believes anything short of flourishing will result in problems throughout life. He cites the much larger

percentage of people who fall into the “not flourishing” category and concludes we spend too much time on the manifestation of illness and not enough time on the promotion of health.

Keyes’ class draws from the disciplines of science, philosophy, spirituality, and religion. The first half of the seminar goes over the science of happiness. The second half is focused on the various pursuits shown to advance happiness starting with ancient wisdom traditions like Buddhism.

Each week is devoted to a topic students process through their journals, examining how it applies to their lives. For instance, the topic one week may be happiness through non-violent resistance which, when internalized, is about “meaning as a facet of happiness,” or what Keyes calls “standing for something.” “Students are thinking about these big questions: What’s the point of life? How can I make a difference? What am I going to do to be a good person?” Keyes talks to his students about authenticity, the absence of which is something Keyes believes is at the heart of much of the distress seen in today’s young people.

NEW YORK UNIVERSITY, DR. ALAN SCHLECHTER AND DANIEL LERNER

Alan Schlechter, M.D. is a clinical associate professor at NYU Langone Medical Center and the director of Child and Adolescent Psychiatry Outpatient Services at Bellevue Hospital Center. Daniel Lerner, MAPP, is a speaker, teacher, and strengths-based performance coach. Together, they teach the “The Science of Happiness” class – the most popular elective at NYU. The co-professors deliver their stand-up style lecture combining humor, evidence, warmth, and advice all aimed at increasing student well-being. They have since transformed their classes into a book, “U-Thrive: How to Succeed in College and Life.”

Since 2012, Dr. Schlechter and Mr. Lerner have taught tens of thousands of NYU students that focusing on their well-being, including positive emotions, will not only make them happier but it will make them more successful, whatever their definition of success. As they tell their students, happiness does not come from success, but success can come from happiness.

In their class, Schechter and Lerner use a definition

of well-being called PERMA – Positive emotions, Engagement, Relationship, Meaning, and Accomplishments – to teach students how to better care for their well-being. Schechter says 30 to 35% of the class is about overcoming mental health challenges including learning about cognitive behavioral therapy – one of the few evidence-based strategies able to reduce the course of depression and anxiety. 65 to 70% of the class is about raising students’ level of well-being. For the high-performing students at NYU, this means teaching them there are ways of doing better without studying more.

Like sociologist Corey Keyes and other experts he admires, Schlechter laments mental illness is rarely viewed from the same perspective as physical health – one of prevention. Just like lowering your blood pressure to protect against stroke, he believes focusing on the positive and purposeful can vaccinate against worsening anxiety and depression.

YALE UNIVERSITY, DR. LAURIE SANTOS

Laurie Santos, Ph.D., Professor of Psychology and Head of Silliman College at Yale University, teaches “Psychology and the Good Life,” the most popular class in Yale’s history. This fact landed Dr. Santos on the front page of the New York Times and reflects the subject matter’s strong appeal to this generation of students.

Dr. Santos started the course after her appointment as Head of Silliman College led her to observe students in their normal habitat at the highly competitive school. “I was in the trenches and I saw up close what we now know as the college student mental health crisis. I saw suicidality daily. I saw extreme anxiety and panic attacks. Students were reporting enormous levels of stress but felt they had no sense of purpose,” she said.

She took those experiences and created a class to show how

positive psychology can impact mental health. The class presented students with the science behind thriving. She believes Gen Z students seek evidence, not platitudes. In her class, she teaches students to question pre-existing ideals about happiness by showing them data about what constitutes a good life.

“The frame of the class is this idea that our minds lie to us about what makes us happy. When you teach a class about the science of happiness, students walk in with strong intuitions from their culture, their backgrounds, and the kinds of things they think matter. Many of those intuitions, according to the data, are wrong.”

As an example, Santos cites evidence showing once above the poverty line, money does not translate into happiness. “And it’s definitely not about grades,” she said.

“The frame of the class is this idea that our minds lie to us about what makes us happy.”

— LAURIE SANTOS, PH.D., PROFESSOR OF PSYCHOLOGY AND HEAD OF SILLIMAN COLLEGE AT YALE UNIVERSITY



2. INNOVATE TO MEET YOUNG ADULTS IN THEIR CONTEXT

Traditional counseling center services are treatment-oriented and designed for patients who ask for help. Yet, many of the students who need help the most are less likely to seek it. The traditional service delivery model in college counseling centers should be re-examined to include adaptations and additions that, when taken together, will better meet the needs of students across the full behavioral health continuum.

Both students of color and international students are not always well-served by traditional, western-style health frameworks. According to research conducted jointly by the JED Foundation and the Steve Fund, White students are two or more times likely as African American or Hispanic students to say they have ever been diagnosed or treated for a mental health disorder. African American students are more likely to say they keep their feelings about the difficulty of college to themselves than their White peers.

Fortunately, many college health practitioners are thinking differently and are adjusting their offerings to meet the varying acuities by adding multiple pathways for support, including wellness services and health promotion. The following are examples.

FLEXIBLE CARE MODEL, BROWN UNIVERSITY

Brown University Counseling Center Director Will Meek, Ph.D., created the Flexible Care Model in response to persistent mental health issues and long appointment wait times Brown students had been experiencing for years. The Flexible Care Model has several key components: same-day access; variable session lengths; immediate treatments/goal setting counseling; and customizable follow-up.

According to Dr. Meek, same-day access provides faster care – wait times are hours rather than weeks.

At Brown, the counseling center reserves entire weeks where all appointments are same-day scheduled sessions. At many counseling centers, same-day sessions are limited to urgent care, but this model offers them for all levels of access. Brown reserves the first two to three weeks and the last four to five weeks of each semester almost exclusively for same-day sessions. This access is also available in the middle of the semester, though not exclusively. At Brown, students may use as many sessions as is needed and students with more severe situations or scheduling challenges can book follow-up appointments in advance.

The second tenant of the Flexible Care Model relies on variable session lengths aimed at providing the right amount of treatment for each specific person. This is in contrast to most counseling centers, which provide each student with the “maximum dose” of care. This feature means more students may receive treatment on campus, can be seen more frequently, and, for those with a greater need, receive more comprehensive care.

At Brown, the most common length of a session is 25 to 30 minutes, while about one-third are the traditional psychotherapy session length of 45 to 50 minutes. Students can keep one session length over multiple sessions or alter it over time based on their needs. Dr. Meek emphasizes these shorter “concise sessions” are no less constructive than traditional sessions, often feel more productive and satisfying, and fit well into students’ busy schedules. Thirty-minutes is a time allotment familiar to students, as it parallels other types of campus meetings.

The third pillar of the Flexible Care Model, goal-focused counseling, removes the assessment appointment typical of many first meetings at university counseling centers. Instead of using the first appointment to gather history and context for the student’s concern, Brown focuses on providing a “clinically meaningful” session by gathering relevant contextual information along the way. An initial assessment to evaluate safety

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issues is still completed under this model. This strategy is backed by research, which has shown time spent on an individual's stated issue is the most beneficial aspect of treatment.

Finally, the Brown model allows for customizable follow-up plans, something Dr. Meek has found students prefer and expect. Using the philosophy that students should be able to create a path of care meeting their needs, the Flexible Care Model creates options for follow-up planning in line with student preferences. As such, Brown offers book-ahead concise sessions, same-day sessions, and increased and variable session frequency. Additionally, the model incorporates wellness and academic resources into follow-up plans so treatment can be a whole-campus effort.

While Dr. Meek's model is based on the idea that each student's needs are unique and the format should meet those needs, it is also grounded in the "common factors" theory – the idea that all types of helpful, healing psychotherapy share certain characteristics. Dr. Meek makes clear these characteristics are included in all treatments provided by the counseling center at Brown.

THE BARNES CENTER AT THE ARCH, SYRACUSE UNIVERSITY

Opened in September 2019, the Barnes Center at The Arch at Syracuse University is a state-of-the-art hub dedicated to recreation, health care, counseling, and health promotion – an all-in-one, massive complex. The multi-functional health and wellness facility is more than a building – it is a structural representation of Syracuse's commitment to holistic health and well-being encompassing mind, body, spirit, and community.

While it includes many of the amenities and programs found at a typical university recreation center, its resources and services go beyond the scope of traditional offerings. The Barnes Center offers a fitness center and personal training but also has a health clinic, mental health counseling, stress management advice, pet therapy room, and meditation space offering light therapy and biofeedback.

Counseling at the Barnes Center utilizes the Stepped Care Model, a system of delivering health and well-being services such that the most effective, least resource-intensive solutions are delivered first, stepping up to more intensive care as required. Using this model, students access resources meeting their unique individual needs. For example, students can easily access educational resources or peer education as their "first step" through the health promotion team. If necessary, students can step up to individual counseling.

An electronic medical records system allows staff to coordinate resources addressing individual students' concerns. Recognizing the link between emotional and physical wellness, the system allows medical providers to share information with mental health counselors and vice versa. Counselors are also able to refer students to other providers in the center, such as personal trainers or nutritionists.

As counseling centers embrace preventative, wellness-oriented strategies, schools are considering how their entire campus eco-systems impact student behavioral health. Leaders are applying a public health lens to college student behavioral health requiring an integrated, institutional-wide approach involving all departments and stakeholders.

3. ENGAGE THE WHOLE COMMUNITY TO CARE FOR YOUNG ADULTS

WHAT DOES IT MEAN TO BELONG TO A COMMUNITY?

Healthy communities offer a sense of belonging, acceptance, and connectedness so many of today's students appear to seek. The impact of campus communities on the emotional and behavioral health of students, particularly of first- and second-year students, can be significant if intentionally nurtured. In environments promoting flourishing, this means creating communities that have a strong concern for the well-being of others.

The JED Foundation's comprehensive approach to protecting emotional health and preventing suicide in college students is a good example of "full community engagement." Their approach to mental health includes seven domains: (1) life skills; (2) connectedness; (3) belonging; (4) identify those who are struggling; (5) direct services; (6) crisis intervention (including policies, leave, returning from leave); and (7) help-seeking. The key to this model is strong buy-in from leadership and the alignment of stakeholders from various departments.

For campus communities to thrive, they must embrace differences, be welcoming and protective of all members, and make equity and inclusion acknowledged priorities. Some students and community members may have a distrust of institutions based on their lived experiences before coming to campus. Dr. Adanna J. Johnson, Associate Vice President for Student Equity and Inclusion at Georgetown University noted mental health issues related to a lack of equity are barriers to success for students of color. "Student success is tied to a sense of self-efficacy – a student's perception of

their ability to do the work that is set before them," she said. "The equity and inclusion of their environment can foster or erode that."

The Steve Fund has led the national conversation on this with research on college mental health disparities and [a framework](#) for schools to have a keener sense of intentionality on equity and inclusion in higher education.

COMPASSIONATE CONVERSATIONS

Building community and combating isolation involves putting a premium on something as simple as a meaningful conversation with a caring individual. The work of many student-led groups, such as the Reflect Organization and Active Minds, focuses on authentic connections with peers. Research also shows there is value in caring relationships including mentoring among students and adults in campus.

"In looking at students coming to CAPS last fall, it was clear to me that 90% were seeking meaningful, empathetic conversations within the community and were not finding them," said Dr. Barreira.

The role of faculty is a major consideration in college student mental health and involves several important variables, including faculty's perception of their responsibilities in this area, the expectations of administrators, and the regulatory environment governing the relationship between professor and student. While understanding many professors are reticent, either out of fear of liability or a limited view of their purview, faculty can be encouraged to play a larger role in the emotional health of their students.

Dr. Ragouzeos believes faculty can be a major partner in student mental health – not just in reporting problems when they encounter them, but in promoting a culture of wellness in their classrooms. This includes putting

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— PAUL J. BARREIRA, M.D., DIRECTOR OF THE GRADUATE STUDENT MENTAL HEALTH INITIATIVE AT HARVARD UNIVERSITY

mental health resources on syllabi, thinking about how their academic environment may contribute to students' distress and how to mitigate this, and being willing to appropriately discuss their own wellness with their students.

How invested faculty are in their students' emotional and behavioral health reflects both their individual approaches and the cultures in which they teach. Georgetown University's value of "cura personalis," or caring for the whole person in mind, body, and soul, makes these concepts synonymous with the school's

Jesuit mission. But institutions do not need to have religious foundations to adhere to similar philosophies. Widening the circle of support for student well-being involves every community member; executing on this strategy requires more than just strong messaging from leadership. Community members outside of student-centered departments, such as faculty and academic advisors, will need guidelines and training if they are expected to engage with students more holistically while understanding their role in identifying those at risk.

THE WELLNESS ENVIRONMENT, UNIVERSITY OF VERMONT

The Wellness Environment (WE) at the University of Vermont is a neuroscience-inspired, incentive-based behavior change program focused on health and well-being. Its creator and current director is James Hudziak, M.D., a Professor and the Director of the Vermont Center for Children, Youth, and Families at UVM College of Medicine and Medical Center.

The WE reflects Hudziak's belief that if you put students in an environment to be well, they will engage in healthy behaviors and thrive. WE is rooted in effective, proven behavior change theories and strategies to keep students well rather than treat their illnesses down the line.

WE is many things at once: a dorm, a program, and an education. It provides students with a living environment in which they are encouraged and supported to make healthy choices within the four pillars of wellness: fitness, nutrition, mindfulness, and relationships.

Students have access to Peloton bikes, meditation rooms, daily yoga classes, nutrition and fitness

coaches, regular mindfulness classes, and free cooking and violin classes (or an instrument of choice). They receive a free gym pass if they commit to working out 30 times per year and are encouraged to mentor both young people and the elderly in the community. When WE students make healthy choices along any of the four pillars of wellness, such as choosing a salad over fries, they earn WE Coins, which can be used for program swag like sweatshirts, socks, and hats.

Students take a three-credit class, "Healthy Brains, Healthy Bodies," which explores how their behaviors play a role in brain health and development, as reflected in the newest research from leading experts. They study the neuroscience behind mindfulness, including practicing it at both the start and end of each class, and the effects of regular physical activity on brain health and well-being. The class "...gives the students the knowledge and skills to know what they do is affecting the structure and function of their brain," says Dr. Hudziak. Students are taught the incredible impacts behavior and environment can have on a brain, especially at their stage of development.



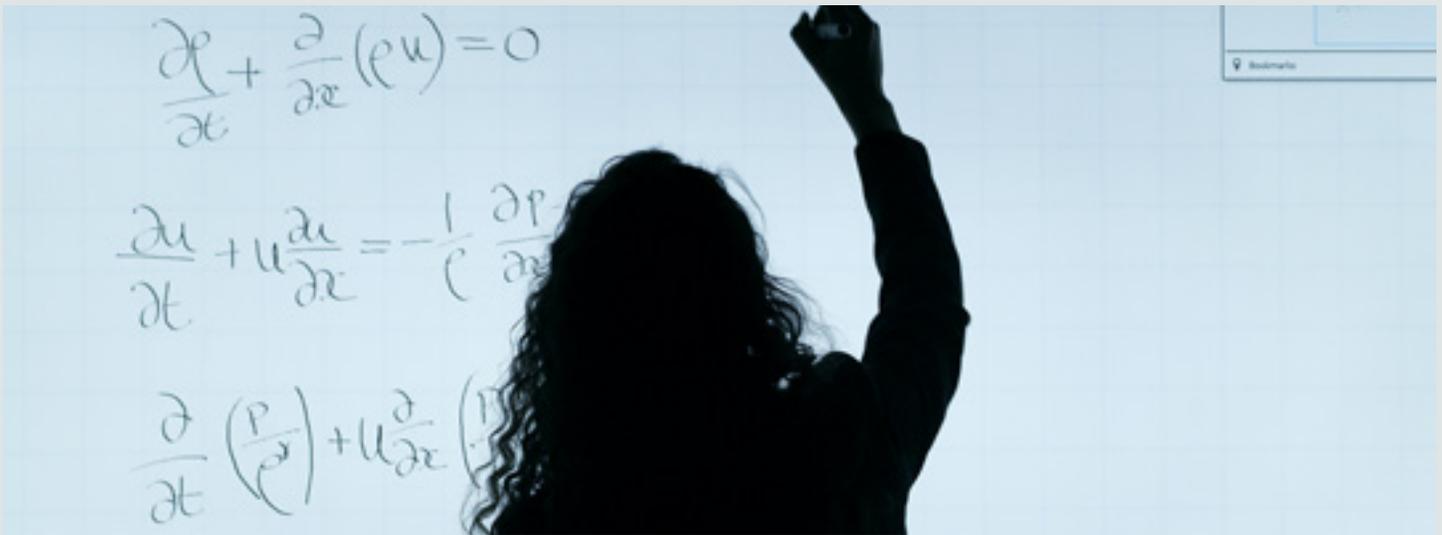
OLIN COLLEGE OF ENGINEERING

Richard K. Miller, Ph.D., is President Emeritus and Jerome C. Hunsaker Visiting Professor of Aerospace Systems at the Massachusetts Institute of Technology. As the first president of the experimental engineering school, Dr. Miller said Olin trains engineers to build things that change the world. Its hands-on teaching style and unconventional academic structure are focused on instilling identity, agency, and a sense of purpose in its students.

Olin students are accountable for describing how their work will benefit others and work together towards shared milestones while professors teach in teams.

Miller says this results in “students who feel ten feet tall.” He believes equity and inclusion are among the benefits as working collaboratively with people of diverse backgrounds engenders respect for difference and strengthens the community.

To make this approach work, the school faced down several of higher education’s “sacred cows,” including eliminating academic departments. Dr. Miller said of faculty, “The hard work has to be in persuading them to take on the challenge of educating more than content knowledge. They need to teach to the heart as well as the head.”



ROLLINS COLLEGE

Susan Singer, Ph.D., Vice President for Academic Affairs and Provost at Rollins College and Leon Hayner, M.Ed., M.B.A., Interim AVP for Student Affairs-Dean of Students at Rollins College described a campus culture that embraces a holistic and cohesive approach to learning. Rollins is the alma mater of Fred Rogers, aka Mister Rogers, who drew on his days at Rollins in creating his famous show about serving others, accepting differences, and seeing beauty in diverse and strong communities. In turn, the college continues to promote and build upon these values on its liberal arts campus.

“Relationships, not only peer relationships, but also between faculty, staff, and students, is the foundation of the ethos at Rollins,” said Mr. Hayner. He referred to evidence found in Gallup’s [Great Jobs, Great Lives](#) report, indicating having somebody, such as a mentor,

who believed in you, had a significant impact on life after college, specifically around job engagement and leading a life of thriving.

Dr. Singer values Rollins’ culture saying she is “blessed with colleagues in student affairs and other departments that she is joined at the hip with,” indicating a fusion of interests at the executive level. From her description, it appears Rollins is a place living up to its messaging with transparent compensation structures, tuition reimbursement for all employees, and English language programming for staff.

Singer said Rollins’ faculty tenure policies promote creativity and risk-taking. “We work really hard on valuing all of our community members. We really try to promote a culture of kindness and figure out what people actually need by listening to them versus assuming we know and telling them,” she said.

4. EVALUATE THE IMPACT OF APPROACHES TO YOUNG ADULT CARE

WHAT WE KNOW AND DON'T KNOW

Significant research in recent years has examined the health and well-being of college students through the work of organizations such as the American College Health Association, the Healthy Minds Network, and the Center for Collegiate Mental Health. The data from these research efforts has been vital in understanding the extent and progression of the campus mental health crisis as well as proving the necessity and benefit of investment in student mental well-being.

Several program-specific evaluations are reporting situational data. A partnership between the JED Foundation and Healthy Minds shows progress at participating schools by matching JED's theory of change with the Healthy Minds survey at those same schools to see how student outcomes have changed over time.

Despite these good efforts, more research is needed around student behavioral health, starting with a more robust examination of the causes behind the prevalence numbers and the experiences students bring with them to their first year at college. Measurement tools that more precisely measure student-reported experiences will improve the implementation and effectiveness of health promotion

strategies. There is a dearth of evidence regarding the effectiveness of most community and campus-level preventative strategies. As Dr. Eisenberg noted, "we need campuses to require rigorous evaluation when they are investing in programs that don't yet have that level of evidence, which is going to be most programs." Much of this is due to the difficulty in measuring the effectiveness of public health strategies. Support for colleges and universities in collecting more data and better evaluation data is warranted.

Service delivery data continues to be informative, but standards of care, such as counselor-to-student ratios, may need to evolve as new strategies are introduced. Is it sensible to have industry standards representing only one model of care? How effective are standard ratios among institutions with huge disparities in resources? More work needs to be done to answer these questions.

Sharing intervention data between colleges and universities is an under-utilized approach. Evidence completed at a campus-level is rarely shared outside of that institution, as it is often for self-evaluation rather than publication. This "hidden data" can be a useful tool in determining the effectiveness of widely-used but under-studied strategies.

To develop best practices in student mental health and well-being, higher education must grow the research base for promising community and campus-level preventative strategies and increase the sharing

“We need campuses to require rigorous evaluation when they are investing in programs that don't yet have that level of evidence, which is going to be most programs.”

— DANIEL EISENBERG, PH.D., DIRECTOR OF THE HEALTHY MINDS NETWORK

of program evaluation data among colleges and universities. Translating research into practice requires not only the collection of evidence but also the distillation of best practices and the sharing of information.

PROMISING RESULTS AT THE UNIVERSITY OF VERMONT AND YALE UNIVERSITY

The WE program is currently being evaluated to determine the effectiveness of incentivizing college students to engage in healthy behavior. Using data from Apple watches, a mobile app, and daily surveys, the program tracks health behaviors such as sleep, drinking, smoking, and emotions with much of this data provided back to the students in a personalized health report. Based on the feedback received about their health and emotional state, the students receive insights and suggestions that can help inform their future behaviors.

Students in the WE are 80% less likely to be involved in an alcohol or drug-related event and have higher retention rates than their peers. The benefits spill over to the rest of the campus community – drinking has decreased drastically university-wide since WE’s launch.

At Yale, Dr. Santos is beginning to document the positive outcomes she is seeing with pre- and post-assessments based on the PERMA model with five elements of psychological well-being and happiness. “What we’re seeing is that learning the science, along with pursuing the practices, seems to be working in an evidence-based way for students,” she said.

SURVEY ON FACULTY'S RESPONSE TO COLLEGE STUDENT BEHAVIORAL HEALTH

Faculty are on the front lines of recognizing and responding to student behavioral health concerns, but we know very little about their experience in responding to these needs or their understanding of what is expected of them.

The Mary Christie Foundation has launched a research project with the Boston University School of Public Health and the Hazelden Betty Ford Foundation to examine the role of faculty in addressing student behavioral health issues. The survey, which will go into the field in early 2021, will examine faculty perceptions of, and experiences related to, student behavioral health and identify barriers that exist with respect to recognizing and responding to student behavioral health needs.

The survey team is led by Sarah Ketchen Lipson, Ph.D., Ed.M., co-Principal Investigator of the Healthy Minds Study and Boston University School of Public Health Assistant Professor. The survey instrument has been drafted, with input from a Survey Advisory Board that includes faculty, campus leaders, thought leaders, and students.

5. BUILD EXTENDED APPROACHES TO CARE – THE IMPACT OF COVID-19

NEW CHALLENGES AND OPPORTUNITIES

Though not yet fully understood, the impact of COVID-19 on the emotional and behavioral health of students should not be underestimated.

In July 2020, The Healthy Minds Network and the American College Health Association surveyed 18,764 students on 14 campuses on mental health impacts of COVID-19. 66% of students reported the pandemic has caused them more financial stress, a known predictor of student mental health. Students expressed high levels of concern about how long the pandemic will last, were concerned about their personal safety and security, and about the people they care about contracting the virus.

Relative to the fall of 2019, the prevalence of depression increased among the college student population. When the survey was administered, between March and May 2020, a higher proportion of students report their mental health negatively impacted their academic performance. However, the researchers noted that while students report lower levels of psychological wellbeing post-pandemic relative to Fall 2019, they also reported higher levels of resiliency. The survey also found 60% of students indicate the pandemic has made it more difficult to access mental health care.

Practitioners, already addressing steady demand, are bracing for return-to-school (virtual, in person, and hybrid) service increases as students will be processing disruption and uncertainty. Those with pre-existing anxiety disorders could experience worsening of their anxiety.

Students of color and low-income students are reeling on two fronts: not only were their communities disproportionately affected by the pandemic, but the recent deaths of unarmed Black Americans at the hands of police are also, for many, debilitating

evidence of the ongoing social injustice in this country. On a more promising note, student mental health and student success appear to remain top priorities for higher education leadership. In April, a survey of college presidents conducted by [Inside Higher Ed](#) indicated that 92% reported being very or somewhat concerned about student mental health, making it the number one concern. ACE's Pulse Point Survey, released in May, titled "[College and University Presidents Respond to COVID-19](#)" suggests about a third of presidents plan on making more investments in student mental health.

The magnitude of COVID-19 brings an opportunity to address barriers to student mental health and may accelerate some of the emerging trends highlighted in this report. With therapy sessions moving abruptly online, technology has played a significant role in college student mental health and will likely improve and expand. From a service delivery perspective, the flexible care models have more easily sustained COVID-19-related changes as they were already "meeting students where they are" with a variety of options, both in-person and online. What was once considered innovative may now be the new norm.

From a more philosophical perspective, public health, community engagement, and a general sense of interconnectedness have taken on stronger meaning due to COVID-19. These elements of flourishing may become more pronounced on our campuses, both to help our young people weather these difficult times and as a foundation for the healthy growth of our next generation of leaders.

COUNSELING SERVICES AT BROWN UNIVERSITY: SPRING 2020

In June 2020, the Mary Christie Foundation spoke with Dr. Will Meek about his experiences since the closing of campus due to COVID-19 and the unrest over the death of George Floyd.

"There are multiple layers of uncertainty and stress right now and, for some people, trauma layered on top – all while being apart from their community and their peers. As clinicians at the counseling center, we're seeing a lot of people who just want to talk to process the events and try to make sense of the world right now," he said.

As a result, Meek says he and his counselors are

doing more support work, often in groups, and less psychotherapy, thus reducing the goal-orientation of these sessions. It was easier to do given the changes already made to Brown's model.

The same was true of the center's transition to teletherapy. "When we developed this model, I never thought we'd be in a global pandemic, but being able to switch in the middle of a semester – like we often do when we sort of roll with things regarding student preferences – it allowed us an easier transition to remote services."

While wary of its disadvantages, such as an inability for therapists to read eye contact on-screen and ongoing licensing restrictions, Meek believes teletherapy is here to stay given the many benefits it can offer both during and after a crisis like COVID-19.

"There was really not an abundance of support for teletherapy before we were all forced to jump into this. Now I see that for groups of people or certain individuals, this can be a better way," he said, referring to students with disabilities or those with certain psychopathologies making it difficult to leave safe spaces.

When asked about long-term changes in student mental health because of the pandemic, Meek said, "I think things have been thrown up in the air so much that this really provides an opportunity for rethinking how mental health should work and how it should be delivered and what sort of things should be emphasized."

CONCLUSION

Change does not come swiftly in higher education, making our efforts to enhance our learning communities with health-promoting strategies challenging to scale. But unprecedented times force change in ways we are just beginning to realize. Public health, community engagement, and a general sense of interconnectedness have taken on stronger meaning due to COVID-19. These elements of flourishing may become more pronounced on our campuses, both to help our young people weather these difficult times and as a foundation for the healthy growth of our next generation of leaders. ►