Instituting a Collaborative Approach to Addressing the Growing Mental Health Crisis in Higher Education

Mental health problems are probably one of the most discussed but least understood issues facing colleges and universities nationwide today. Weekly headlines capture the extent of the problem, from increasing rates of suicide and depression to the feelings of overwhelm that students who suffer from anxiety experience when confronted with stressful situations. Hidden from view are the adverse childhood experiences that individuals may have faced while growing up, leaving a traumatic imprint on their lives and eventually becoming a risk factor in experiencing a mental health problem. Considering that approximately three quarters of all mental health disorders manifest by the age of 24, higher education institutions are one of the primary social spaces in American society where a confluence of risk factors merge to create a crisis. And while heroic efforts are being made in places like UCLA to provide screenings and treatment, very few colleges and universities are able to provide the necessary and appropriate resources to their student populations. Deploying strategic, evidence-based interventions like Mental Health First Aid (MHFA) to help not only students--but also faculty and staff who may be experiencing signs and symptoms of an existing or emerging mental health problem--should be the priority for everyone involved, particularly for those at the higher ranks of institutional leadership.

It is not hyperbole to say we have reached a moment of real crisis. As educators working with students (26 years of combined, professional experience), we have found that there has been an increase in the number of students who may be suffering from a mental illness. Suicide and suicide attempts are at the most extreme end of the mental health problem spectrum--desperate acts rooted in pain and isolation. At the national level, a recent Centers for Disease Control (CDC) report found that suicide rates have increased in nearly every state between 1999 to 2016. As the New York Times reported, some of the most significant factors that contributed to this trend include "social isolation, lack of mental health treatment, drug and alcohol abuse and gun ownership."

Students face a myriad of challenges as they transition from high school to college. Several factors can push college students to the edge: the stress of adjusting to new social and intellectual expectations while struggling to make new friends; test-taking anxiety and facing the high-stakes culture of college grading, as well as the pressure to obtain a credential that will hopefully lead to gainful employment. These are all additional factors that can lead someone to kill themselves. In our Baruch College community, Kevin Maniramapa jumped to his death during finals week in May of 2014. His suicide was a public display of profound pain that affected all of us.

Oftentimes individuals may present themselves with multiple mental health problems placing enormous pressure on institutional resources, particularly counseling centers to conduct effective outreach and to provide adequate help. For example, a mental illness may occur together with substance use disorders. In fact, the opioid epidemic, now considered a "public health emergency", has brought renewed attention to the issue of substance use disorders.

Student counseling centers are the primary institutional resource for referrals and education efforts. But how realistic and manageable is it for them to shoulder the weight of this crisis, given the increasing number of students seeking their help? Consider the fact that the ratio of certified counselors to students is roughly 1:1,000 – 2,000 at small to moderate size colleges and 1:2,000 – 3,500 for large universities. This makes the need to properly train administrators, faculty, and students in having the confidence and know-how when dealing with mental health concerns and to provide appropriate support strategies even more crucial.

The Center for Collegiate Mental Health (CCMH) annual 2017 report found that there was a 6.7% increase in the percentage of students who attended counseling for a mental health concern during the 2010-2011 academic year through 2016-2017. During that same period, there was an increase in the number of students who made a suicide attempt, from 8% to 10%. Clinicians reported that their client's "top-most concern" were anxiety and depression during the 2016-2017 academic year. More broadly, in New York City, it is estimated that one in five people will suffer from a mental health problem in any given year. This trend is not unique to the United States. In a recent global study of mental health published in 2017 by the World Health Organization researchers have found that the number of people suffering from depression exceeded 300 million in 2015, the equivalent of 4.4% of the world's population (imagine every person living in New York City suffering from depression and multiply it by a factor of 34). Clearly, our students are facing a world where depression and anxiety, among other mental health conditions, are hitting an all-time high. Addressing a problem of this magnitude will require a concerted, strategic institutional response beyond what counseling centers can provide.

What can we do?

The first step for us to take in addressing this crisis is to acknowledge that, in fact, it is a crisis and finding ways to tackle it at its source. While it is widely acknowledged that there is a medical and physiological component to the causes of depression and anxiety, for example, there is also strong evidence that there are social factors that contribute to these conditions. As renowned journalist Johan Hari concludes in his latest book, *Lost Connections*, depression and anxiety hold something in common: "They are all forms of disconnection. They are all ways in which we have been cut off from something we innately need but seem to have lost along the way." If disconnection is part of the problem, how can we help our students reconnect--to themselves and to others within their communities? The answer to this question will require that we step back and begin to look at students as more than their SAT and ACT scores and high school GPAs, and certainly more than graduation statistics over a six-year period from the moment they enroll at our institutions.

The mental health of our students is often taken for granted in discussions about college success, particularly college completion. Colleges and universities are institutions where we can offer a space of respite for students to develop their abilities and where they can explore the world and their place in it. But how do we reconcile the contradictions of a competitive assessment system where a grade of "A" has no meaning unless another student receives a

grade of “F”, as we try to nurture students’ intellectual curiosity, encouraging them to take courses that will challenge them and potentially “hurt” their GPAs? How can we help students adjust to the demands that higher education institutions demand? How can we help students navigate and balance the benefits of “failure” and facing adversity, while helping them feel safe enough to challenge themselves intellectually and emotionally? And how can we help students succeed and overcome the dark moments that a mental health problem can pose during their college journey and beyond?

According to a recent pamphlet released by the CDC, the main strategies to prevent suicide include: creating protective environments, promoting connectedness, teaching coping and problem-solving skills, identifying and supporting people at risk, and, finally, lessening harms and preventing future risk. In our opinion, this can be accomplished through the implementation of a collaborative and institutional approach based on “relational advisement” strategies, particularly for staff and faculty who interact with student most frequently.

Two core principles in employing a relational advisement approach include building *trust* between the student and the advisor, whether an official advisor or a faculty member, and establishing a *connection* between the student, the advisor and the institution. At Baruch College, we have embarked on a project to do this by promoting and implementing MHFA trainings for staff, faculty and students.

Mental Health First Aid is an evidence-based training program designed to provide participants with the necessary skills to identify, understand, and respond to the signs and symptoms of mental illnesses and substance use disorders. It is an 8-hour course that officially certifies individuals to help people who may be experiencing a mental health problem. The training includes hands-on activities and practice, a five-step action plan (ALGEE), an overview of local resources, and a resource manual.

MHFA’s action plan, summarized by the acronym ALGEE, is simple and easy to remember.

- Assess for risk of suicide or harm
- Listen non-judgmentally
- Give reassurance and Information
- Encourage appropriate professional help
- Encourage self-help and other support strategies

The primary focus of MHFA is on how to recognize when someone may be experiencing the onset of a mental health problem, or experiencing a crisis, and how to go about helping. It is not designed to help participants diagnose the different types of mental disorders in the DSM. MHFA is often compared to First Aid/Cardiopulmonary Resuscitation (CPR) training since both programs focus on training individuals to become first-aiders, not medical experts.

Research that looks at the training’s effectiveness demonstrates that participants:

- Understand the signs, symptoms, and risk factors of mental illnesses and addictions.

- Can identify multiple professional and self-help resources for individuals experiencing a mental health illness or addiction.
- Have increased confidence in assisting someone in distress.
- Demonstrate increased mental health wellness themselves.

Barriers to Providing Mental Health and Wellness Trainings

Three of the primary goals of MHFA trainings include increasing participant's literacy about mental health problems, reducing stigma around this topic, and getting people connected to the proper resources. Everyone benefits from these goals. But not everyone may be in a position to spend an entire day at an MHFA training. While it may be more conducive and fitting for staff, who usually work 9-5, and for students, who may be willing to spend one day at a training when they do not have a class scheduled, faculty members may be the institutional members who may find it the most challenging to attend.

According to the Association for University and College Counseling Center Directors' 2016 annual survey, 58.2 percent of college counseling centers (n=498) offer staff and faculty formal and/or informal "training" on mental health issues. These trainings usually take the form of mental health presentations at new hire orientations. Such an approach is helpful, but limited in its effectiveness in teaching the necessary skills to address a student's (or colleague's) mental health concerns.

A common educational method is the dissemination of mental health resources that include how-to-help brochures and other basic resources available through the campus health or counseling centers, and mental health related emails which are distributed at certain points in the semester. While the above methods are important, they do not address the need for practical training. Let's be honest: as educators, how often do we read how-to-help brochures and how confident do we feel when asked to put the suggested strategies into action?

Part of the problem is the fact that faculty members need to be compensated for their time (especially adjuncts). Institutions need to understand that properly training their faculty, even though there will be financial costs, is crucial to helping our students succeed. At CUNY, faculty members slated to teach an online course for the first time are generally required to participate in a two-week paid preparation training. University's obviously see the value in properly training faculty to teach online courses. A similar view should be adopted when discussing the mental health of our students.

Addressing these barriers is extremely important in fostering a collaborative approach to positive student mental health outcomes because faculty are in a unique position to readily notice when a student may be experiencing a mental health problem. As the MHFA training emphasizes, early intervention can help reduce the severity and impact of a mental illness on a person's life.

Next Steps

While we do not expect staff, faculty and students to become mental health experts after completing an MHFA training, institutions must do more to equip them to handle mental health problems in and out of the classroom. MHFA helps fill a substantial portion of the training gap educators face. Trainings are typically facilitated at no cost by local non-profit organizations and governmental agencies. In New York City the Department of Mental Health and Hygiene has taken the lead in providing MHFA training to all New Yorkers. In fact, Baruch College has partnered with them to institutionalize the provision of MHFA trainings for staff, faculty and students.

Addressing the mental health needs in higher education institutions is not the sole responsibility of any one group, it is the responsibility of the entire community. Fortunately, states like New York and Virginia are taking active and significant steps to include mental health education in their curricula. In addition to having as many community members as possible trained in MHFA there should be certain support processes individuals can follow once they have interacted with a student (or staff) who may need help.

An example of an effective institutional process is our campus intervention team, composed of various members including administrators, counseling center staff and others. This committee helps address concerns faculty, staff, and students may have about a student in possible distress. Concerns can be submitted to the campus intervention team via an online form, so that reporters can choose to remain anonymous (this might be appropriate for students reporting concerns they have about classmates). Concerns can include:

- Unusual and/or erratic behavior (i.e. a student who is usually involved becoming withdrawn)
- Written work with troubling themes or references
- Any actions which cause alarm and/or seem to place the student, their peers, and school staff in danger

Once a report has been submitted, the campus intervention team would be responsible for looking into the situation and developing a course of action. It makes us feel confident that Baruch College has charged the campus intervention team with the responsibility to address problems students face, mental health related or not. Along with building connections based on trust with students and colleagues throughout the institution, as well as implementing effective interventions like MHFA trainings, we feel these are model responses to the challenges the current mental health crisis has forced us to face. Yes, it is a challenge that can overwhelm our senses, but we do not have to face it alone—we can collaborate and work together to bring understanding and healing to our communities.

[If you are having thoughts of suicide, call the National Suicide Prevention Lifeline at 1-800-273-8255 (TALK). You can find a list of additional resources at SpeakingOfSuicide.com/resources.]

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Both Douglas and Clemente are co-chairs of the *Baruch College Advising Alliance*, a collaborative, cross-departmental group comprised of staff who provide direct service to students. It is a mutual network of support designed to help our students succeed academically, personally and professionally.

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