



The Jed Foundation

MENTAL AND BEHAVIORAL HEALTH IS CENTRAL TO PRESERVING THE ACADEMIC MISSION

The Jed Foundation's JED Campus Initiative is supporting hundreds of colleges and universities to address mental and behavioral health as a campus wide responsibility and the importance of messaging to the campus community about issues of mental and behavioral health, self-care, care and compassion, the [psychological impacts of COVID-19](#).

Institutes of higher education – public, private and community – are all engaging in strategic planning in the context of uncertainty around the COVID-19 pandemic and the possibility of multiple waves of illness in the next 12-18 months. Decisions about summer terms, new student orientation, new residence hall configurations, capacity to isolate students as needed and the mix of in person and distributed education curricula are all in discussion.

We believe it is essential to prioritize mental and behavioral health needs at this time and propose several key issues for consideration.

Attracting and retaining students. The financial future of higher education rests to a large extent on continued enrollment. We must demonstrate to students and their families that they are safe and well cared for. Students must feel that their institution, administration, faculty and staff care about their success and wellbeing. We must promote the resources and services we provide for their success – academic success, career success and life success. Additionally, students and their families will not feel comfortable returning to a campus if they are not confident it is safe. Therefore, supporting and prioritizing health and counseling services as part of any future plan to re-open is critical.

We know that counseling and on campus counseling services are related to student retention. The *Healthy Minds Network Research Brief (2013)* details several studies across a range of institutions finding that students with significant mental health problems are double the risk for departure from the institution. Further, the Healthy Minds Research team documents that using campus counseling services increases retention and persistence (2009, 2013). This is true for all forms of higher education including community colleges as detailed in *Too Distressed to Learn? (2016)*.

We know that effective mentoring for students who may feel marginalized in our culture and/or on our campuses is related to their academic efficacy and persistence. This may be described as supportive attention and belief in their ability to succeed by someone they respect. These functions are central to persistence and ongoing enrollment.

Mental and behavioral health impacts of COVID-19 pandemic

Prior to this virus, anxiety was on the rise among our students. The American College Health Association annual survey found that in 2017 among 26,000 students who responded, 40% said that at some point in the previous 12 months they “felt so depressed that it was difficult to function”, 61%

PROTECTING EMOTIONAL HEALTH FOR TEENS AND YOUNG ADULTS

had experienced “overwhelming anxiety” ; and, nearly 13% had “seriously considered suicide”. A 2020 *Lancet Rapid Review* article summarized 24 studies of the psychological impact of quarantine across differing sources from multiple countries. They found common elements of increased anxiety, increased anger, increased substance use and abuse and triggered PTSD.

Data on how the COVID-19 virus has impacted college students is just coming in. Several schools are calling their first- year students, graduating students and a few are contacting their entire student body. Students are reporting about the same levels of stress and anxiety as the entire population. Active Minds, a nonprofit organization focusing on student advocacy in mental health with campus chapters, [surveyed their student members](#) and found that 80% reported COVID-19 has negatively impacted their mental health and 20% reported significantly worse symptoms of distress.

Many of our students have also experienced grief from a number of sources including loss of athletic seasons, loss of student jobs, loss of internships and study abroad, loss of spring rituals and graduation, loss of friendship groups and cohorts and loss of family members and friends due to the virus.

Due to economic and structural disparities some of our students also lost living spaces, endured food insecurities and experienced family economic despair. Many of our already marginalized students also experienced bias and harassment with societal increases in xenophobia and racism.

Thus, we can predict that our students will have even more mental health needs as they return to campus and classrooms whether on line or in person. They will exhibit both adaptive resilience and maladaptive behavior to cope with vulnerability. They will need to enhance their Life Skills for resilience and persistence. They will need mental health support and crisis intervention.

If we do not provide those supports, more will drop out and/or chose not to enroll in the next term

Supporting Faculty and Staff in the “new normal”

Some parts of higher education will be changed forever. We need to plan for a new normal rather than expecting things to go back the way they were before this world pandemic. Many of our institutions have already offered a mix of on-line, distributed education and in person class instruction. This spring nearly all campuses finished their spring terms with on-line instruction. Often the students adapted to this more easily than faculty who were plunged into virtual classrooms with a week or less to prepare.

In the new normal, faculty will need support to enhance the on-line classwork they provide and departments will need to discern what can be offered in distributed education and what needs a classroom or lab. Support for some of these functions will probably reside in offices for teaching and instruction.

However, faculty will need to connect with and mentor students in new ways. The *Chronicle of Higher Education* published a collection of several excellent articles on *Coping with Coronavirus (2020)*. The article on helping students in a mental health crisis speaks specifically to the role of faculty and advisors as Gatekeepers in their contact with students. Gatekeeper Training provides skill training in recognizing students in distress, asking “are you ok” and responding effectively to their answer.

Recognizing symptoms for students in on-line education will be even more important as the instructor may be the student's primary link to the institution.

Faculty need to know the resources on campus to assist students and have consultation available when they are concerned about a student. Those services will need to be a mix of in person and telehealth contacts. These are traditional Counseling Service functions and will be vital to faculty and staff navigating new ways of connecting to and supporting their students. Whether counseling is provided by one person with multiple roles or a center with a mix of mental health providers, consultation to faculty must be provided on campus.

Crisis intervention and postvention. We are in a rolling crisis with waves of intervention and postvention expected. Health experts tell us to anticipate pockets of infection as people move about and pre/asymptomatic infection continues. There is a lot to learn about the virus and the potential for residual health issues for those who recover. We are likely to have events on our campuses that require immediate crisis intervention to address both the individuals and communities affected. We will manage internal and external communication about events/situations. These will be followed by ongoing postvention attention to those impacted (see HEMHA Guide).

Embracing change involves waves of grief for what was and what will not be as we had imagined or anticipated. We will all need support to see new possibilities and maintain hope. Our students will need to be engaged and supported from many sources. Consultation and advice from mental and behavioral health professionals will be vital as we navigate these waves.

The Return on Investment in resources for mental and behavioral health services are clear. We need our students to enroll, persist as their best selves, graduate and be successful. Now, perhaps as never before, they will need mental and behavioral health support.

Counseling Services will also have to evolve for the new normal. They will need to provide in person and on-line services. Many have added innovations of chat rooms, coaching models for life skills enhancement, stress management tools and other social media interventions. These functions specific to individual institutions cannot be easily outsourced. Community mental health resources are likely to be overwhelmed as well and may limit college student interventions to crisis mitigation. Health insurance is likely to become even more chaotic and deductibles and copays may prevent students from accessing care off campus.

The Healthy Minds Network details the economic case for providing these services on campus. They have developed a "return on investment" spreadsheet that can be customized by enrollment size, approximate institutional drop-out rate and approximate student tuition rate:
<http://healthymindsnetwork.org/research/roi-calculator>.

Clearly, mental and behavioral health services on campus are central to the academic mission and must be preserved in our financial decisions for the future.

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