FINISHED FILE
College Mental Health:
Challenges and Opportunities
Tuesday, December 12, 2023
1:00 p.m. Eastern Time

Services provided by:
Caption First, Inc.
P.O. Box 3066
Monument, CO 80132
www.captionfirst.com

>> Recording in progress.

>> SANDRO GALEA: Good afternoon, good evening, good morning. Wherever you are, welcome.

My name is Sandro Galea, and I have the privilege of serving as Dean of the Boston University School of Public Health.

On behalf of our school, welcome to this Public Health Conversation.

These events are meant as spaces where we come together to discuss issues of consequence for health.

A healthier world is downstream of the public conversation about health.

Through a process of discussion and debate, we aim to elevate the ideas that get us to such a world.

Thank you for joining us for today's conversation.

In particular, thank you to Dr. Sarah Lipson, the intellectual architect of today's event.

And thank you to the Dean's Office and the Communications team. Without whose efforts these conversations would not take place.

Today we are here to discuss an issue that is particularly close to home for an academic community. Supporting the mental health of college students is core to our mission of creating a space where all our students can learn and thrive.

This work can also help us to better engage with public health's effort to support mental health more broadly, in a moment when mental health has been challenged by factors like

the isolation of the pandemic and the effects of new technologies.

I look forward to learning from all our speakers today as we continue our engagement with this issue.

I will now turn over the conversation to our moderator, Kate Hidalgo Bellows. She is a staff reporter at The Chronicle of Higher Education, covering health and safety on campus.

Since starting at The Chronicle as a fellow in 2021, she has reported on student protests against sexual assault, campus suicide clusters, the growth of teletherapy on campus, and parents-groups' attempts to get institutions to increase their security measures.

She led The Chronicle's Daily Briefing newsletter from 2022 to 2023. We are delighted to have Kate joining us. Kate, thank you. Over to you.

>> KATE HIDALGO BELLOWS: Thank you so much for that introduction. It's my pleasure to be moderating today's public health discussion. I will now introduce our speakers for this program

First, we will hear from Khadijah Booth Watkins, Associate Director of the Child and Adolescent Psychiatry Residency Training Program of Massachusetts General Hospital and McLean Hospital.

Dr. Booth Watkins also serves as Associate Director of the Clay Center for Young Healthy Minds, Associate Director of the Psychiatry Clerkship at Harvard Medical School, and Instructor at Harvard Medical School.

She specializes in the evaluation, diagnosis, and treatment of psychiatric disorders in children, adolescents, and adults.

Her areas of particular interest and expertise are Anxiety Disorders, Attention-Deficit/Hyperactivity Disorder, student and college mental health, mental health within schools, diversity, inclusion, and suicide prevention.

Next, we will turn to Jason Campbell Foster, who serves as Boston University's Dean of Students.

Dean Campbell-Foster works to deliver a world-class experience for students where they are able to thrive and reach their full potential.

Prior to his current role, Dr. Campbell-Foster served as BU's Senior Associate Dean of Students and prior to BU, he held a variety of leadership roles at Northeastern University.

Then we will hear from Brett E. Scofield, who currently serves as the Associate Director of Penn State Center for Counseling and Psychological Services as well as the Executive Director of the Center for Collegiate Mental Health, a national practice-based research network of over 775 college counseling centers.

Dr. Scofield has played a significant role within CCMH for the past 9 years, contributing to several publications on the topic of college student mental health and helping the Center develop numerous tools that are widely used by college counseling centers nationally to advocate for services.

Finally, we will hear from Sasha Zhou, Assistant Professor in the Department of Public Health at Wayne State University's College of Liberal Arts and Sciences.

Dr. Zhou's research uses mixed methods to understand and address the mental health needs of emerging adults and college student populations with particular focus on underserved populations, including students of color, international students, and sexual and gender minorities.

Dr. Zhou is also a co-investigator of the Healthy Minds Network, a research-to-practice network dedicated to improving the mental and emotional wellbeing of young people through innovative, multidisciplinary scholarship.

First, Dr. Booth Watkins will present. So, Dr. Booth Watkins, over thank you.

>> KHADIJAH BOOTH WATKINS: Thank you so much for having me here today. I am going to share my slides.

But I am feeling very grateful to be able to have the opportunity to have this conversation with you all.

So, I do not have -- okay. I don't have any disclosures. I wish I did, but I don't.

And I would just jump right into the statistics.

We are in the middle of a health crisis as it relates to young people. Been going on for the past couple of years as it relates to our young adults who for some, for many, were just in that bracket that inclusion people, they are struggling as well.

Just a couple of statistics where we are. Young people between the ages of 18 to 25, one in three experienced mental illness. One in 10 experienced serious mental illness. But 67% with anxiety don't seek treatment. Suicide is a leading cause of death.

And with respect to suicide, there's great disparity with suicide rates growing the fastest among our black youth.

And so there should be -- there's no surprise, then, as to why there's a crisis on campuses. And if we know that, you know, 50% of mental illness presents by the age of 14, and then we also know that 75% of mental illness presents by the age of 26, we have an opportunity, we have the -- we are equally positioned to be proactive and think about how we can support young people, how we can identify challenges early and intervene early. Because what we do know in all of medicine, early prevention and intervention has the best outcomes.

So, you mentioned the healthy mind study. It has done some surveys and came out with over 60% of college students meet the criteria for at least one mental health condition. 83% recorded that their performance was negatively impact by their mental health and two out of three students reported struggling with loneliness and isolation and we are going to come back to that because that is also a rising kind of pandemic that is happening to very young people as well.

Another survey reported that three quarters of students reported moderate or severe psychological distress. 44% reported depression. 37 anxiety. And 15% reported that they have seriously considered suicide. And again, these numbers are rising and these are the highest numbers that have been seen and I know with 15 years of the survey.

Just circling back to loneliness. The surgeon general put out this advisory raising the alarm of devastating impacts of loneliness on our young people. And he really within this report, he likened it to smoking 15 cigarettes a day. So, we probably all know by now how harmful cigarettes are to our body. If we think about it and link those together, it really does drive home the impact of loneliness.

But specifically some consequences of loneliness and feeling isolated are, we have emotional fallout, disrupt in sleep. We struggle and it's much harder to regulate our emotions. And then we can also have medical problems because of our -- because of being lonely. We are kind of just the way we are built and wired. We are pack animals. We are not meant to be alone and isolated. Loneliness can have tremendous impacts on young people.

Our young people are stressed out. So, if we think about why they are stressed out, specifically if we are just -- I put them in these kind of boxes to help us tease out what is stressing out our young people and our young adults.

And specifically the pressures of school, whether it's academic pressures. There's some young people that are engaged in community service, or really engaged in advocacy can be stressful. Student athletes, trying to balance, you know, their athletic performance with their academic performance can be stressful.

We know that some kids struggle more with social engagement, being social. And then some people struggle with socializing too much and it goes back to striking this balance. Some young people have to work while in school. Some people are stressed about their finances, how are they going to pay for their tuition, how are they going to repay their loans.

And then there might be things going on with people personally and within their families and some people still do

have family obligations even though they are in college. A lot has been said about the impact of social media so I won't go into that too much.

But another big stressor for students is they are worried about their future. They are worried about what is the job market going to look like for them. What's the economy going to look like. What's the world going to look like from climate change to the safety of the world around us in terms of, you know, mass shootings and war and so on and so forth.

Students tend to be overscheduled. This tends to have happen prior to college and it, kind of, continues when they get to college. And when you are overscheduled you struggle with sleeping because you are staying up late trying to get things done, you tend to eat more poorly when we are overscheduled. The exercise habits fall by the way side. If you think, again, going back to loneliness, if we are so overscheduled it's hard to find time to engage meaningfully with our peers and other people who are important to us.

So, our connections really fall short, too, when we are overscheduled.

But the list really is endless in terms of the things that young people are struggling with and are stressed out about. Similar to loneliness because loneliness is stressful, there are unhealthy consequences to stress. Our sleep gets impacted, we start to have trouble with our relationships because we are short-tempered or maybe because we are not our usual self because we are depressed. Academics. We talk about emotional problems. We tend to engage in poor eating habits, overeating or not eating enough. And then we sometimes begin to engage in unhealthy coping habits or lifestyle practices because we are stressed out.

And so specifically as it relates to students and learning, you know, when they are stressed, their concentration is impacted, their motivation is decreased so being able to get motivated to do an assignment or even get to class can be really hard. They struggle with memory, they are forgottenness, they can't focus. Organizing becomes a challenge which is really important in college to be able to organize your day, classes, organize your assignments, prioritize and being be able to execute. This suffers when people are stressed down. And again back to the emotional problems.

So, I have outlined super fast, you know, how we got here and what's going on. But we can do better. And we need to do better. So, how do we begin to think about creating a culture of health and well-being and how do we begin to think about equipping students, caregivers, faculty and staff with the

education that they need and the tools they need to support themselves and to support other students who are in need.

So, again, this is just really a recap of the fact that anxiety, depression, suicidality is increasing and while mental illness is impacting all races, kids of color are less likely to get treatment. Faculty and staff are overwhelmed. Counseling centers are overwhelmed. Wait times are long. Some schools maybe have limited sessions, maybe you can see someone for five or six sessions and counselors are burnt out. This is complicated and it's really going to take us being creative and thoughtful, because a cookie cutter approach is not going to work. We need to think about how do question increase awareness, increase education, because that's the foundation, but also, again, providing resources and services and what good are services if they can't access them, so making sure we make services that are accessible to our students.

And thinking about what other ways can we go about supporting.

And just really, you know, I'm going to get on my soap box. Education is so vital because without education, we don't know what to do. We don't know what we are looking for. We can't engage in preventive measures. We can't engage in early intervention measures. And if we are knowledgeable and we have education, we can begin to have this platform to create conversations and dialogue, kind of like we are doing today. It gives us an opportunity to work on dispelling the myths and the misconceptions and whittling away at the stigma that is huge among so many with respect to mental illness. But education has us begin to be resilient and change perspectives. So, I think education is vitally important.

Again, when we think about how do we begin to identify, prevent and identify illnesses early, this has the best outcomes in all of medicine so I think it really starts with education.

Everyone needs to know three Ws and everyone from students, again, caregivers, staff and faculty need to know what to look for, whether to worry and what to do. And specifically what to look for. This is a short list. But looking -- you know, knowing what the signs of depression are. Knowing what the signs of anxiety.

I hear so often students will say or parents will say, I didn't know this was anxiety or I didn't know what I was experiencing was depression. So, it's so important to know for people to know the signs and symptoms.

So, when I start to sleep poorly or when I start to struggle with my emotion regulation or when you start to engage in risky behaviors, these are all things that should be warnings or red flags.

Especially if you start to have dangerous ideas or suicidal ideation. When do you need to worry? When there's a major change in your personality or behavior. When you start noticing that your performance is declining, you stop going to class, stop hanging out with people.

If this has lasted a long time and there's no signs that things are letting up, this is really when we should be concerned and we should start to worry.

And any of these other symptoms that we talked about.

And what do you do? So, again, there are things that we can do from a benefits standpoint like engage in self-care, start to work on building resilience. If you are trying to support someone, how do you ask about their struggles and challenges? How do you listen and validate. But we want everyone to know, whether you are suffering or whether you are a support person, you don't have to worry alone and there are resources for you. And sometimes, you know, that could be enough. But maybe things maybe have gotten to a point where you need to seek professional help.

These are, again, really important things that everyone really needs to know like the back of their hand. We talk about this in all of medicine, talk about it as it relates to diabetes and hypertension. We need to talk about it in the same way as it relates to mental health.

The other thing that I think is really important for us to think about as we are thinking about how do we address the challenges is how do we do a better job of incorporating parents and caregivers and how do we provide education to parents and caregivers. And really focused on parents and caregivers because, you know, so often kids just yesterday before they went to school, were living at home, you know, among a family requiring support and guidance. And parents really need to be equipped with the tools and strategies and education to learn how to support their child from afar.

And afar could be, you know, down the street or across the country. But really, you know, it's a balancing act. We really are trying to definitely encourage individuation and adulting, and we also know that this is the process and we can't expect, because the page on the book is turned, that they are going to automatically get it.

So, really thinking about how we can creatively incorporate parents and provide them with education and this really has to happen before they get to college. I sit down with my parents and we have a meeting and we talk about all of the things that I want them to do before they get to school in terms of whether it's figuring out what the resources are on campuses, how do you access them, where is the pharmacy that's closest to you?

There's a list of things that we can begin to talk about before they even get to school.

And I think there are so many opportunities for schools to engage parents. So, whether that is when they come for tours, they are just touring schools, whether they come for orientation, when they come back for the first day of school. When they come for a parent week or weekend. There are so many opportunities to engage parents. And I think we need to think about this in a way that is again not hindering the adulting process, but also not ignoring the fact that we are not living on islands unto ourselves and most students have families or someone that cares about them that can be supportive.

I say parents and, again, but I also think that thinking about this from the standpoint of supporting and educating faculty and staff is important because often we hear from faculty they often hear first the student is struggling, the student might come to them sharing concerns they are having. And faculty and staff also need to know what to do with this information.

They might notice a student isn't coming or suddenly a student is sleeping in class where they didn't before. Again, everyone needs to be aware. This is really an all-hands-on-deck situation.

And lastly, resources and services. I'm not going to get into, which I think my colleagues can do a better job than I can but really thinking about how do we promote and make use of the resources. Often students will say, I don't know how to access, I don't know who to call. Making sure the resources and services are user friendly, meaning they are friendly to college students. Thinking about how we can increase diversity among clients, general, ethnicity, culture, and seeing how we can approach this from the standpoint of cultural humility.

And, lastly, thinking about how we can lean into peer supports and peer groups, because sometimes students maybe feel more comfortable going to someone that looks like them or has had a closer, from a timeline standpoint, in terms of their experience.

With that, I will leave you that we don't have any time to waste. Mental illness is disruptive, can be life-threatening and we can do a better job around supporting our young people.

>> KATE HIDALGO BELLOWS: Bravo Dr. Booth Watkins.

Okay, Dr. Campbell-Foster, over to you.

>> JASON CAMPBELL-FOSTER: Thank you very much, it is a pleasure to be here today. I am here as the Dean of Students at Boston University and speaking to you all today primarily from a nonclinical standpoint. I oversee many of the student affairs functions not including the counseling center at Boston

University. So, I am here to represent those of us who, like Dr. Booth Watkins shared, have a responsibility to center the learning and education regarding this topic and to elevate students as they, you know, essentially go through some of these very significant transitions in their life.

I think the important piece first is to understand the context of your university. You know, we can certainly go through and have discussions on best practices and what some of the research is telling us about priorities regarding mental health of college students. But it is imperative that our approach takes into account who we are as an institution. And the best way to do that is really to directly engage with your students on this campus and pull out some themes that are germane specifically to that community.

There may not be anomalies from what you see in best practice, but there may be some very unique characteristics of your student and your climate that can be addressed through various intervention techniques.

Adopting a scholar or practitioner model has been a way that we have been incredibly successful at scaffolding nonclinical support for our students and to boost their mental health in and sense of well-being. So relying on what is there in the research, but also a practical on-the-ground experience and response program is also incredibly important.

So, as the previous speaker mentioned, there are a variety of challenges that our students are facing on college campuses today. And these six that I have chosen are the ones that tend to come up most often in our conversations with students.

Academic performance is one that is increasingly becoming more of a consideration among college students. I referred to it as the illusive A, students who were able to achieve As in high school very easily or relatively easily are coming into college campuses and realizing that the A is not so easy to achieve. They are incredibly competitive. They are taking note of what others are doing to succeed and are, of course, putting a great deal of pressure on themselves to continue to perform above average. And this, of course, requires an incredible amount of attention to the academics of an institution.

So, an increased focus on academic performance essentially results in less time spent on the co-curricular experiences that bring you a sense of well-being, that bring you a sense of calm and connection with peers and with folks who are within communities.

So, it does create a distraction from the robustness of a college campus and all the other offerings that are available to alleviate some of the stressors that they experience.

As Dr. Booth Watkins shared, underlying conditions as more and more students, and I do see this as a good thing, are coming into college with an understanding of who they are and what a diagnosis might be that they are bringing with them to the university. So, some of these conditions are already in place and can be impactful or can be exacerbated by the additional challenges added in a college setting.

So, it's really important when you are working with students, to the extent that you can, to try to understand the big picture of what it is they are experiencing and why they are experiencing that, as it may change some of the mitigation or intervention techniques that you employ.

More and more financial pressures are on our students, as the cost of college tuition arises. Some of what we are seeing is an inability for students to meet their basic needs such as food, housing, textbooks, tuitions. And this adds, of course, to the pressure they feel to earn additional money, to try to seek out additional scholarships, to take on extra jobs, and this pulls, again, from their sense of well-being on a campus, as they are fighting in some cases to stay enrolled at universities.

As we undertake a very valiant effort to enroll more first-generation college students, more Pell eligible students, this becomes more of a piece of what we need to focus on, is how to build scaffolding around students so that other aspects of the college experience, such as housing, such as food, can be attainable while they are here.

There are also students that are working and providing for their families. Many of them are taking leaves of absences to take care of parents and family at home, returning to the university, and trying to continue with their studies. And, of course, this can add additional anxiety and pressure to their performance anxiety and, of course, their sense of belonging on a college campus.

One area that becomes typically -- or can be fraught with some of our students, of course, is relationships. Mental health is deeply impacted by the relationships that our students have, not just with their peers, but with faculty and staff.

And as we know, college is an opportunity to navigate complex relationships, overcome conflict, negotiate relationships with adults and family at home, as your world view changes and your personal values may evolve and deviate from what you were taught as a young child, there was a lot of reconciliation going on with conflict. And there's a need for students to feel as though they can solve these conflicts on their own.

But in a college setting, as we know, we encourage independence, and the building of skills to allow students to solve their own complexities. And, of course, coming from a high school setting where Mom and Dad or grandma and grandpa were closely involved in resolving these conflicts for you, can result in a skill gap that universities need to fill.

Transitions and adjustment are another frequent conversation in this landscape that we have. You know, attending college is a significant transition in and of itself. But there are a series of transitions throughout the four years going from our first year to a second year, leaving to do an internship or a summer work experience, returning to the university, going on a leave of absence and coming back, as I mentioned earlier. All of these transitions, while some can be energizing, others can be very daunting. So, it's essential that we keep in mind how we support students during these times.

Geopolitical stress has been one certainly since October 7th that we are seeing more of, students are connecting their identities inextricably to what is going on in other areas of the world and they are worrying about friends and family at home. They have anxiety about what's happening here in the Supreme Court in the United States. They are closely watching the world that they are about to enter and are working very hard to reconcile that and to create change really within their local communities. And this does add a sense of pressure for our students.

There is a concern about having dialogue at times, whether or not the universities and peers will be affirming to their identities or their positions and ideologies. So, we have got to create safe and comfortable environments where students can engage across difference.

So, some of the mitigation strategies, I think this is where folks outside of a counseling center can partner very closely with folks in the counseling center to deliver student well-being and skills.

First would be increasing awareness and reducing the stigma, promoting open conversations about mental health, encouraging students to seek help without judgment or shame, educating the college community on available resources. Elevating the conversation so that it is commonplace and there is no shame associated with asking for help.

Sustaining a supportive campus environment. This is a multifold and multitiered effort, which can include developing inclusive policies and practices, prioritizing student well-being in campus activities. Offering opportunities for social connections and community building. Making resources available centrally to our students. I think at a large institution it

can be difficult to advertise all that there is to offer in terms of support networks for our students. So, coming together cross institutionally to developing a central catalog of resources can be incredibly helpful for a student who is struggling to find -- to not only see the robustness of your services but find specifically what it is that they need.

Centering self-care. Educating student for techniques for taking care of themselves. Finding psychological safety. Encouraging breaks from social media which can perpetuate toxicity and cause students to not feel terribly present. And promoting physical activity and mindfulness, yoga, meditation, pauses in study breaks so you can be together and experience joy with one another. These are important elements of what student affairs folks such as myself need to build into the university experiences at key times throughout the academic year.

Collaborating with professionals is key for student affairs, as I mentioned before, I do not oversee the counseling center. But our partnership with mental health services on our campus really does contribute to the holistic sense of well-being and the shared responsibility that everyone at the institution has for cultivating an environment that supports student thriving.

Training faculty and staff to recognize the support for mental health. As the previous speaker mentioned, you know, highlighting to folks who work with students in all capacities on a campus, what are some of the signs they should look for. What are some ways that they can begin a conversation and try to approach a student who may be struggling and to offer a sense of care and support for them? These strategies and teaching folks how to employ them are incredibly important.

Partnering with external organizations to enrich conversations pertaining to mental health. Being in the city of Boston, we are particularly lucky to have access to a variety of healthcare organizations in the area that take into account the diversity of students on our college campus and provide targeted services that can be, you know, added in addition to what is offered on campus. Being aware of where you are, the power of place is incredibly important.

Empowering peer support networks, I think is one that we have seen a great deal of success with. This is training with student leaders, peer-to-peer support on mental health awareness and self-care. Carving out time for student leaders to look out for and take care of those who are part of their student organization, and refer them to campus services is critically important.

Creating safe spaces for students to connect and share these experiences, talk about how they are feeling, talk about

how their identity impacts their well-being. What's happening geopolitically, how it impacts their lives as a student and a human. And these are really important opportunities for students to feel as though there's not a sense of isolation around these issues, that they are prevalent and that students can find a sense of connection through this.

And, of course, building personal capacity. As we mentioned -- I mentioned earlier about some of the financial considerations, offering workshops to scale students up on financial independence, what it means to have good personal budgeting, talking about ways to find resilience, support for student activists who give a great deal of their time outside of the classroom to stand for cause that's are dear to them. How can we be there for students through their multiple hats they wear at a university to build their capacity.

I always think very intently on I have a four to five-year window where I can build a safety net for our students. What can I do in those four years to educate them for a lifetime of being able to meet their goals and to have the skills they need to weather any future storms.

What has been our guiding principle or my guiding principle is developing services where everyone feels seen, heard and served, and that it is incredibly difficult at an institution that is large where the needs are vast, but I hope that through partnership and through peer accountability and support, it is possible to build a network of students, faculty and staff who are devoted to the mental health success of our students. And I look forward to answering any questions that you might have shortly. Thank you.

>> KATE HIDALGO BELLOWS: Thank you, Dr. Campbell-Foster.

We will now turn things over to Dr. Scofield.

>> BRETT SCOFIELD: Thank you, Dr. Campbell-Foster. Let me go ahead and share my screen.

Hopefully my slides are coming up?

>> Yes.

>> BRETT SCOFIELD: It's a pleasure to be here to speak with you about our work at the center for collegiate mental health at Penn State University. I'm Dr. Brett Scofield, the Director of CCMH. Just a bit about what CCMH does. We are a national research center. And specifically we are a practice research network that looks at collegiate mental health. And specifically we focused on the subset of the college student population who are seeking college counseling center services nationally.

So, our data that we have are on that subset of students who are in clinic. It's not a general student body survey. And

it's not the general student population. It's those students who are seeking services.

We were founded in 2004, and we collect data from -- the identified data from students who are in services, the therapists who are treating them, the centers where they are treated and the institutions in which they are enrolled in.

And our network has grown. So, we have, this past year we had 575 plus counseling centers as part of our network. There are 7500 clinicians who benefited from our tools that we provide. And we had over 660,000 students in treatment nationally who benefited from our research and our tools that we provide.

Our relationship with our members is bidirectional. So, we get information from them in order to advocate for mental health services, and they in turn use that information we provide to inform care and the tools that they provide that improve services to students nationally.

All of the data that I am going to show you in the following slides is updated from our most recent findings, and it's going to be published in an annual report next month, in January.

And, again, this is all data from the subset of students who are receiving clinical care nationally.

One of the questions is what's changing in the population of students who are seeking care? And as you can see, in the past 13 years, depression, generalized anxiety, social anxiety have all risen pretty substantially in the past 13 years. A couple of more recent trends, academic distress, eating concerns, family distress and social anxiety are all areas of distress where students self-report that has increased a bit since the onset of COVID.

And I would like to point out that only, of those areas of distress, only academic oriented distress has been declining since that initial year of COVID. You can see here during that remote year of instruction, that students' academic distress, that is academic distress is problems with motivation, concentration and completing schoolwork on time. That is the only one that's receding.

Out of all of these areas of self-reported distress, though social anxiety is the one that has increased the most in the past 13 years. It's gone -- students 13 years ago, about 26% of students nationally came in with elevated anxiety -- social anxiety. Now it's about 37%. The symptom of social anxiety that's changing the most is concerns that others do not like me. So, it's that social comparison process. Potentially fueled by social media.

The other area of distress, the other area of mental health that we need to be particularly aware of in terms of students seeking care is the rise in general experiences of trauma. You can see all areas of trauma are increasing and in the last 11 years, which is general experiences of trauma have gone from about 31% of students nationally reporting this 11 years, to about 47%, experiencing some history of trauma.

We delved into this closer to see what specific traumatic events are accounting for this rise. And there's two that really stand out to us. It's childhood emotional abuse and sexual violence. Those are the two specific areas of traumatic events that have been increasing in the last 11 years.

So, this really speaks to us as something that needs to be on our radar in terms of what we are working with with students in care nationally, but also in the general student population. Again, social anxiety and history of trauma are the two that are increasing the most.

One of the questions we get quite frequently, is what's happening with the landscape of collegiate mental health nationally over the last 10 years. And the narrative really is crisis oriented, in that there's a lot of students who need services and the supply of services available to treat those students is just not able to accommodate that.

And we have been able to track what has actually happened in the last 10 years that might account for that.

In 2015 we show there was rising demand for care. And that was happening for the past two decades. Where there are more students who are asking for services nationally.

We think that there's a couple of reasons for that. One is that our efforts to destigmatize services have actually been successful. There still is stigmatization of services but we have been very successful at having students feel more comfortable asking for care. We have been able to identify students who are in need. And I also think the K through 12 system has also done a very good job of supporting students and having them more comfortable with transitioning to care when they are in college.

But when you have rise in demand for services without concurrent focus on the supply of treatment in order to accommodate that demand, counseling centers can get overwhelmed with services, with being able to treat that many students. And then what you see is that clinical models in counseling centers shift. Instead of being able to provide routine treatment to a large subset of students, is that we have to shift our models a bit. So, we have to focus on crisis or we have to focus on what was called rapid access services, which is getting in as many

students as possible to assess them and get their short-term needs met.

And then when clinical models have to shift, and you see more people in a short-term nature, counselor caseloads rise. So, counselors are responsible for more people across the year. And when counselors have higher caseloads, generally the outcome is that students receive less care and students have poorer outcomes in treatment.

One of the areas that we focused on this year was on students' experiences of identity-based discrimination. And a bit on the history on this, is that on May 25th, 2020 was when the murder of George Floyd occurred. And it really made us look internally at what kind of data are we collecting within the Center for Collegiate Mental Health about students' experiences of identity-based discrimination.

And up until this point, all we had was, whether a therapist indicated if a student came in with some kind of discrimination-related concern. But our thinking was, what if we asked students when they enter services about their experiences of discrimination in the prior six months before entering care?

On July 1st, 2021, we implemented this question that asked about discrimination or unfair treatment based on any of these six identities. And what we found across a two-year period is about 20% of students nationally report some area of identity-based discrimination in the past six months. And one of our questions was, with students experience discrimination, does it correlate with distress.

And I want to be clear that discrimination, identity-based discrimination is not a mental health concern. It's a societal problem that needs to be addressed. And we wanted to explore, does it correlate with distress.

And you can see from the figure here, is it's an emphatic yes. Students who have one area of discrimination or multiple areas of discrimination are significantly more likely to present to counseling as more isolated, more suicidal ideation and more distressed across the board.

So, we know that students who come in with identity-based discrimination are more distressed, isolated and suicidal.

The second area that we wanted to explore, when students receive services who have experiences of discrimination, compared to those that don't, do they change during services? Do they improve?

And we looked at these three variables. Do they get better in general distress? Do they get better in feeling less socially isolated and experiencing less suicidal ideation.

The green bar is the change from the beginning to end of treatment for those with discrimination. The gray bar is the change for students with no discrimination. And as you can see, people with discrimination change at about the same pace as those without -- as those students who do not experience discrimination.

And counseling -- this shows us that counseling centers are very effective at supporting students with these discriminatory experiences. Even more so in some cases than students change at a greater rate than people without discrimination.

But as you can see here, one of the concerns we have is that there's a outcome gap, is that even though counseling centers are effective at treating these students, there is students who have discrimination in treatment at much higher rates of distress across the board than students without discrimination.

And this points to us -- points to a picture of the counseling services are only part of the picture to support these students. Students who experience discrimination need additional support services. And our report really emphasizes that DEIB efforts are more needed now than ever to change these improvement gaps that we see in students who have discrimination experiences.

So, our report really just underscores the need for cultural centers and strong DEIB efforts across the board in order to support these students, in addition to the counseling services.

Just switching gears here for a minute, looking at the big picture. And I was thinking about some of the content shared by Dr. Campbell-Foster and Dr. Booth Watkins. Is that this is what generally colleges and universities are doing right now to try to provide holistic support for student wellness and mental health concerns.

In public health, we all know there's three layers of prevention. There's primary prevention. There's secondary prevention. And there's tertiary prevention.

Well, what colleges and universities are generally doing is trying to have coverage across these different areas. Primary prevention being where you target a problem before it becomes an issue, before it actually arises. And institutional wellness efforts and peer support programs are all being put in place to do that.

Secondary prevention are the subset of students who have early onset of symptoms or early onset of problems. We have let's talk programs which are brief consultation programs generally provided by the counseling center. Self-help platforms, coaching services.

And tertiary care is that clinical care generally provided by the counseling center. And that's individual group therapy, crisis services and teleservices.

Downstream and upstream are two terms you hear now in higher ed to describe what we are doing to try to intervene and provide wellness support to students.

Downstream is where you are emphasis is when a student becomes -- you have concerns about a student. You push them downstream to tertiary care services. So, you push most of your referrals to treatment.

What we have found is, is that especially if your counseling centers already has higher caseloads than average, is that if your efforts at colleges or universities are more downstreamed focused you can have a tendency of overwhelming counseling center staff.

What we are trying in higher ed is to try to focus upstream and even midstream where we focus efforts more beyond the counseling center to secondary prevention and primary prevention efforts in order to provide students with multiple options in order to seek services.

We do know that students, there are mental health concerns that students frequently have and not everybody needs a mental health intervention by a licensed clinician in order to support them. There's academic support services, peer support, general wellness programs, and other areas that we can support students, and I think, again, Dr. Campbell-Foster and Dr. Booth Watkins really highlighted as well.

This is the conclusion of my portion of the presentation. And I am going to turn it over to our next speaker.

>> KATE HIDALGO BELLOWS: All right. Thank you so much, Dr. Scofield.

Our next speaker is Dr. Zhou.

>> SASHA ZHOU: Hi, everyone. Thank you, Dr. Scofield for that great presentation and everyone in the audience for joining this afternoon.

So, I am going to be talking about mental health in U.S. higher education, specifically some trends in the national landscape, which will echo the data that's already been shared by some of our great presenters today. And I will also discuss a project that centers on disparities that we see related to Asian-American Pacific Islander LGBTQ+ mental health.

The work that I'm going to be talking about today draws from data collected in the Healthy Minds study. I know Dr. Booth Watkins had mentioned this earlier. So, the Healthy Minds study is an annual online survey of mental health, health seeking and related issues among undergraduate and graduate students and it's currently the largest and most comprehensive

survey of mental health on campus. Our team, actually, spans four institutions, and I wanted to give a shout-out to my amazing colleagues in the healthy mind network, some of who are joining today. And who I am very lucky to work with. Our leadership team includes Dr. Sarah Lipson, who is at BU and helped organize this panel. Dr. Daniel Eisenberg who is faculty in the Department of Health policy and management at UCLA. And the founder of our Healthy Minds Network.

And last but not least I want to recognize Dr. Justin Heinz who is leading our team located at the University of Michigan.

So, a little bit more about Healthy Minds. The survey was established in 2007 and now have over 700 colleges and universities. And about a quarter of a million -- or three quarters of a million student respondents in our sample.

We get random samples of students from each school with smaller schools choosing to field their survey to their entire population.

And one of the unique aspects of this survey is that it uses clinically validated mental health screening tools. So, we are, actually, administering some of the same screening tools that would be taken in a healthcare setting for formal diagnoses. And this would include the PKQ9 to measure depression, the GAD7 to measure anxiety, as well as the SCOFF 5 questionnaire to measure of presence of eating disorders.

And what we have found in the last decade or so in our data which mirrors some of the other studies on student mental health including the national college health assessment data, is that mental health symptoms have been on the rise. So, for example, in 2014, we see that just under 10% of students reported seriously contemplating suicide. And in 2022 we found that suicidal ideation has risen to 15%.

And we found similar upward trends when we are looking at anxiety and depression across this time period. I think Dr. Scofield also talked about that in the CCMH data.

And I think what's really important to show here is that we are seeing this continuation of a very troubling trend, as opposed to a unique spike that came out of nowhere with the pandemic. So, this trend line was already going up. And the prevalence was already high before COVID-19 came into the picture.

So, in parallel with increasing rates of mental health symptoms, we are also seeing from the data that in the last decade students have also significantly increased use of mental health services, including past year therapy and counseling.

But in spite of this upward trend, there's still a significant amount of unmet need in terms of treatment for mental health. So, this graph is, actually, taken from a paper

that we authored as a Healthy Minds team, which was led by Dr. Sarah Lipson, where we looked at trends in mental health and help seeking across race and ethnicity from 2013 to spring of 2021.

And this graph really depicts the proportion of students who have clinically significant mental health symptoms, who were receiving therapy in the last year.

And we see that across the board, therapy and counseling among students of color with mental health symptoms is significantly lower than compared with mental health treatment use of white students with symptoms. But there are some groups that stand out. And we found that in our paper, since 2013, while the rates of therapy has on a whole increased for all groups, Asian Pacific Islander desi American students have remained among the lowest or the lowest utilizers of mental health treatment across racial and ethnic minority students.

So, in light of this, I wanted to highlight some specifics on Asian-American Pacific Islander mental health. The proportion of AAPI students on campus has been growing steadily and right now AAPI represent about 10% of enrolled students in postsecondary education with some campuses ranging all the way up to 40%.

And even pre-pandemic we found that AAPI college students were a high risk group to really consider when thinking about mental health.

So, AAPI young and emerging adults tend to underutilize psychological services, tend to have more negative help seeking attitudes towards mental health services, and in a study I had coauthored with Dr. Jenelle Goodwill at University of Chicago, we found that Asian international students actually had the highest odds of suicide attempt out of all the ethnic groups that we studied.

And all of this is just really to underscore that AAPI students have found to have high levels of unmet needs when it comes to mental health support and related to this high prevalence of suicidality and are also often overlooked in conversations about mental health.

So, the trends that I just discussed are what motivated many of the projects that I have taken on. And to give you a glimpse of this, I want to discuss some findings on a project focused on AAPI LGBTQ+ college student mental health. And I wanted to acknowledge my colleague Dr. Christopher Sovenofsky at Tulane who collaborated with me on this project.

Right now there is a considerable body of literature that has found strong associations between sexual orientation and gender identity and elevated rates of mental health symptoms.

But intersectional mental health work on this population related to the impact of multiple layers of discrimination and victimization among sexual and gender minorities of color. These studies are more scarce. The Trevor project did release a report in 2021 on AAPI LGBTQ+ youth which gave an excellent summary of the mental health challenges in younger populations during the peak of the pandemic.

So, our project takes a different age population and focused on describing the national landscape in assessing associated risk factors of AAPI LGBTQ+ college and university student mental health using our Healthy Minds data from 2021 to 2022 that was collected across 133 college campuses.

And this is some of the preliminary findings from our work. So, among AAPI LGBTQ+ students, nearly 60% reported symptoms of depression. And nearly 80%, 79.1%, reported symptoms of at least one clinically significant mental health condition. And this includes anxiety, eating disorder, nonsuicidal self-injury or suicidal ideation.

And in this slide, I am showing you the treatment gap, which is the proportion of students who have clinically significant symptoms who were not receiving any form of treatment. And we defined treatment here as receiving counseling, therapy or psychotropic medication among students with mental health symptoms.

So, among AAPI LGBTQ+ students with depression, we are seeing about a 42% treatment gap. And for students who report seriously considering suicide, we are seeing about a 35% treatment gap.

And while we don't necessarily ever expect to see the treatment gap to be zero, it's still really important to consider the implications of this relatively high treatment gap as nearly 43%, if you have seen this last bar, 43% of AAPI LGBTQ+ University and college students with mental health symptoms are not being currently connected with any type of formal treatment services.

Next I'm showing the findings of our multiple variant model on the correlates of mental health symptoms among AAPI and LGBTQ+ students.

Major takeaway those who report a sense of belonging had lower odds of health symptoms. Resiliency and exercise of more than one hour per week are also strong protective factors for mental health.

And in terms of risk factors for mental health symptoms, those who report current financial stress had 2.3 times greater odds of mental health symptoms compared to those who did not.

And then this slide highlights the correlates of mental health treatment among students with mental health symptoms.

Those who reported experiencing discrimination, older students are more likely to receive treatment. While those who reported financial stress in higher resiliency scores were less likely to receive treatment.

That was a quick overview of the project. But in summary, AAPI LGBTQ+ students are this unique group of young people that are vulnerable to mental health challenges, which we know from the literature can really negatively impact academic performance and cause physical health complications and so on.

And the Healthy Minds study is going to continue to collect data on AAPI mental health and other minoritized populations and we have some interesting projects in the works related to racial trauma and discrimination in campus climate.

And our project highlighted, similar to the general young and emerging adult population, the structural driver such as financial insecurity is associated with poor mental health. And it underscores really this need to consider the adequacy of current approaches in supporting AAPI LGBTQ mental health and really kind of highlighting the need to invest in both culturally responsive and LGBTQ+ affirming treatment and prevention programs.

One thing that I also wanted to bring up is AAPIs are the most understudied ethical groups in peer reviewed literature. Less than 1% of the AAPI research budget over the past two decades actually supported Asian-American health research as a whole. It is really important to continue supporting research in this space and using data to regularly assess population-level needs and priorities in progress.

And there's definitely a lot more work to be done in this space in the future. So, thank you all for listening today.

>> KATE HIDALGO BELLOWS: Thank you so much, Dr. Zhou.

And thank you to all of our speakers for their presentations.

We will now move on to our moderated discussion with all of our speakers. So, if you could please turn all of your cameras on, that would be great.

As a reminder, we will turn to audience questions when there are about 20 minutes left of the program, which is in 12 minutes. So, we will just do a few questions here and then turn to audience questions.

Please, if you still have a question, submit it through the Zoom's Q&A function at the bottom of the screen instead of the chat.

So, yeah. We will get started. And I am going to name -- call on people, but then anyone should feel free to jump in. But that will make it easier to make sure we don't have a pause in when people are talking.

So, Dr. Campbell-Foster, as Dean of Students at BU, you have -- struggles today. One that has been mentioned here and I know from a lot of student affairs professionals I have talked to is that loneliness poses great risk to mental health and physical health as well, and I think Dr. Booth Watkins talked a lot about that as well. So if you want to jump in, too, that would be great. Dr. Campbell-Foster can you talk about what efforts colleges are taking to combat it. Others should feel free to chime in as well.

>> JASON CAMPBELL-FOSTER: No. It's a really important question. I think a sense of belonging on a college campus, as we have mentioned, is absolutely critical to the success and ability for students to thrive. And where I think we -- it is important for us to think about is ways in which we can create individualized and customized support structures for students.

Multiple touchpoints where students interact with faculty and staff who are caring, are empathetic, who are knowledgeable about how to make connections with students to opportunities that they may not have considered. So, accessibility of administrators becomes paramount in doing that.

You know, the amount of students that I talk to who can't name one caring adult they can go to to ask questions is I think a travesty. The more accessible we are to our students, the more comfortable they are coming to us and being vulnerable and asking questions, allows us to really combat some of the concerns of loneliness that we have.

Coming out of the pandemic, of course, it has just exacerbated the sense of loneliness and, you know, during the early stages of managing the pandemic, you know, we had to operate on the very opposite of what my field of student affairs is committed to. We had to send folks to their corners to be alone, which is contrary to what we work towards every single day.

So, the effects of that are still very much alive at a college campus. But ways that we can mitigate really are making sure that students have the ability to touch base with one person, whether that's a resident assistant, a member of the student affairs staff, a faculty member, somebody who is knowledgeable enough that they can trust and build a relationship with is key to helping them feel more connected.

>> KATE HIDALGO BELLOWS: Thanks so much.

All right. Dr. Booth Watkins, you are an expert on the treatment of psychiatric disorders in children, adolescents and adults. One development that holds a lot of promise for colleges today is telemental health. What considerations must colleges keep in mind when exploring the potential for

telemental health services, and -- sorry, I messed up that question.

What considerations must colleges keep in mind when exploring the potential for telemental health services to be used for medication management? I know that is an area that is still developing. So, if you could talk a little bit about that, that would be great.

>> KHADIJAH BOOTH WATKINS: Thank you. You know, telehealth has really allowed us to expand our reach and see more people. It has definitely increased the -- or limited or decreased the no-show rate, so people show up more often to appointments because it's more convenient. You cut out the commute time. I think there is a lot of benefits to telehealth and really allowing us to expand access.

The things that I think are -- that need to be thought about is sometimes there are things that we need to do in person. So, if there are things like blood pressure checks or, you know, being able to see some nuances in body language and things like that, really how do we convert a telehealth appointment and make sure that we still keep space for in-person appointments when they are needed. But we have done a really good job, and have proven to do a really good job over the pandemic with the telehealth services.

I think that's the one thing to think about. Regulation may or may not change. We hope that the horse is out of the barn and they don't push it back in. But there may be some regulations that require people to be seen at some interval in person.

And I think it's really just about thinking about how do you give the best care and whether that is -- I like to see people in person. I think people still do like to be seen in person. But I do appreciate the limitations. So, you know, whether it's we see you in person for the first assessment and then we figure out what interval makes sense in terms of best care, best practices along the way. Those are the things that I think that colleges need to think about.

And then the other thing is what happens when kids go down in terms of, and I think that's a big issue. They get all their care from school and when they go home franchisor the summer which is a long break or when they go home over the winter, what happens to their care there and then there are regulations around limitations around prescribing and giving treatment across state lines have to be considered and how do we support our students wholly. That's what comes to mind.

>> KATE HIDALGO BELLOWS: Uh-huh. All right. Thank you so much.

Dr. Zhou, compared to a few years ago, the COVID lockdown and George Floyd protests, what is the state of mental health for under-represented minority college students at large, better or worse than that time period, or maybe just different? Are clinicians hearing students talk specifically about the end of affirmative action and the targeting of GDI programs by some legislators and policymakers? Tell us a little bit about how it compares to 3 1/2 years ago.

>> SASHA ZHOU: Yeah, I can tell you about my experience -- you know, our data from the Healthy Minds study and also anecdotally from what I have seen in my students and students of colleagues as well.

So, the first part, I think I mentioned a little bit in the presentation, you know, COVID really, it definitely had an impact mental health. I think some of the other speakers talked about loneliness and just social isolation.

But it really was a, what we have seen as a continuation of increase in mental health symptoms. There's a lot of discussion on why we are seeing this. It's not kind of a unique COVID spike. But, rather, just a continuation of the existing issues that we have seen in college campuses. As many of the other speakers have talked about, a sense of belonging, discrimination for, you know, minoritized student populations. These are all issues that continue to impact the students' experience and well-being experience.

One thing that I have seen in my students is the dialogue around mental health has changed, I think since COVID. The young generations there's always an increase in comfort and decrease in stigma in talking about mental health. But I have noticed more and more, more students in my classes are comfortable talking about going to a therapist or the mental health supports that they know exist in the university and sharing about -- you know, sharing the mental health supports that exist and normalizing what it means to seek care, you know, outside of your friends and family. And I think that's a great trend.

I think I lost -- I think you had multiple parts of your question. But I hope that answered some of it. Yeah.

>> KATE HIDALGO BELLOWS: That's great. Yeah. I was just -- the last part of the question was are clinicians hearing students talk specifically about the end of affirmative action and the targeting of DEI programs by some legislatures?

>> SASHA ZHOU: You know, I think that the students that I know, I mean, you know, I don't have clinical experience, but the discussions in my classrooms are -- there is definitely a great awareness of the socio political event happening. It

comes up in all of my lecture. Students come to my office hours talking about them.

I think there is this really anxiety of what's happening in the world and what can they do about it. And I think that's definitely increased with this rise of TikTok and students constantly having, you know, information in their faces all the time, nonstop, which different than, you know, even, like, half a generation ago.

>> KATE HIDALGO BELLOWS: Yeah. Thanks so much for answering both of those questions.

Dr. Scofield, I know you hold a leadership position in a counseling center and through your work with CCMH are in constant conversation with other counseling center leaders.

As we have talked about today, staff burnout and attrition have been huge issues over the last few years, especially as demand for counseling services increased during the pandemic.

How have counseling centers been recovering from those losses, if there's any strategies you could share from your research, and what changes have they made to retain more staff?

>> BRETT SCOFIELD: Sure. Thank you for the question.

One thing, aside from the question, I wanted to share, too, that has been an impact of the pandemic that's not really talked about as much, that's more developmental is that during that two years or year and a half where students were in significant periods of isolation, there are a lot of developmental milestones that were missed during that period.

So, when you are working with students now who are traditional aged students, a lot of people, professionals are reporting that they are feeling like they are working with students who are developmentally younger than their chronological age supports and part of that is because of the trauma and also the missed experiences of developmental milestones that happened during the pandemic.

And sometimes students can't give voice to that in a moment. But it should be something we should be aware of, anybody who works closely with students.

In terms of the turnover and the staff burnout, what we have found is about, in the past two years, about one in five counseling centers -- counseling center professionals leave, turn over in a year. That's about 20% of counseling center staff leave.

And that can be challenging to replenish, when you have clinicians leave, there's a loss of treatment. Especially if it's during the year. There's a loss of treatment capacity. Students have to shift to different therapists. It can be disruptive to care. It can be disruptive to the impact on -- to the effectiveness of services. And also, it's just -- it takes

a lot of time to train new clinicians and turnover staff. So, it's a cost to the university, the students and the center.

What we don't know is there is a lot of nuance in this, because while counseling center staff turnover, we know that many professions have turnover in the past few years, especially in healthcare settings.

And we do know that there's characteristics of counseling centers that are correlated with -- we are not sure if it's turnover, but it's correlated with maybe more unhealthy practices, or that burn out counselors.

For example, higher caseloads of counselors. When therapists might be responsible for more people across the year than they can potentially treat, that can be overwhelming and it can cause them to create -- make very challenging decisions for who do I see this week and who can I put off for three weeks from now? That's not generally what we have been trained to do as clinicians.

We have been trained to manage our schedules, but also see people for weekly, biweekly therapy. But sometimes caseloads get so high that they have to make difficult decisions about who they treat and when. And it can cause stress, burnout, et cetera, and also especially if you are managing a caseload of high-risk clients.

There can also be characteristics of counseling centers that where you overburdened the workload. So, generally it's called the international accreditation of counseling centers, which is IACC. They have recommendations for a full-time counselors being 40 years, what the caseload or what the clinical hours should be per week, and it should be about 24 to 26 clinical hours in a week because there's other duties that therapists have.

And what we do know is that there can be certain counseling centers that might be pressured to extend that to where counselors are doing more clinical work, which, actually, extends it beyond 40 hours and can lead to burnout. You really have to think about preservation of your staff.

The last thing I will say, too, is there's still's smaller percentage of counseling centers, but still notable, I think it's around 30%, they are asking their counseling centers, in addition to daytime activities, they are asking them to be the -- also the 24/hour backup counselor if there's an emergency.

Now, when you have a clinician that's working full-time during the day and seeing a full caseload and then they are also doing crisis care at night, that's not really a best practice, because it can burn out the therapist. It can disrupt the center. And it also can affect the care that's provided to that student that's in crisis. Yeah.

>> KATE HIDALGO BELLOWS: Thanks so much.

Okay. So, we will now move on to ask some questions from the audience.

Kathy, I'm going to ask your question first. Cathy Coyne asks, what kind of resources should be in place to help university faculty identify and help students who are experiencing mental health concerns? She writes, many of my students have shared that they are dealing with anxiety, depression or ADHD, which has helped me -- sorry. I will move on to the next sentence.

I'm sure there are many students who are not disclosing or who do not know what they are experiencing as anxiety. How can we help them?

>> KHADIJAH BOOTH WATKINS: I think it starts with knowing -- first of all, knowing what you're looking at and where most people aren't generally trained to know the signs and symptoms. I think it starts with some professional development and education around just providing the basic information and tools.

And then also faculty and staff knowing the resources to send the students to for knowing where to direct them. We are not asking people to treat and engage in mental health care, but really having some awareness as to do I need to direct them towards crisis? Do I need to direct them towards something that maybe is just more peer support and maybe they are not there yet? What's available to them on campus. So, I think that at a core level would be really helpful.

If you want to talk to them about other things, if they are complaining about sleep, if you want to talk about sleep hygiene, there are basics anyone can talk about. I think at the core, if you just want to be able to be like a mediator, you can direct them to where they need to go in terms of services. That will be my thought.

>> BRETT SCOFIELD: A resource --

>> KATE HIDALGO BELLOWS: Thanks so much. Sorry.

>> BRETT SCOFIELD: A resource that's not sometimes taken advantage as much. If a student is coming in with a mental health history and a formal diagnosis and they are used to having maybe an IEP during their K through 12 system, is that there's disability resources offices that we can get students connected with that can provide accommodations, if needed, that support students in that classroom.

There's a lot of students that have diagnoses, coming in with these histories and aren't necessarily registered with a disability resources offices that can provide that support. That's something I think that faculty, staff and students can become more aware of and also faculties staff can help connect students to those services.

>> SASHA ZHOU: I also want to jump in here and comment very quickly that something that we have talked about as a team a lot is there's some low hanging fruit for faculty to include mental health resources on their syllabus. I found that many of my students just didn't even know that CAPS was free and that it wouldn't show up on their insurance statements and there is still -- you know, for some students, still a stigma in not wanting their parents to know that they are seeking mental health services.

And then also our Healthy Minds team, we, actually, had a -- we conducted a faculty and staff survey, and we found that over 80% of faculty are actually having one-on-one conversations with students about mental health. So, I just wanted to reiterate what Dr. Booth Watkins said, is just providing more support for faculty, too, in training to see this mental health first aid and how to recognize students in distress.

>> KATE HIDALGO BELLOWS: Great. Thank you so much. Thank you all.

So, there are some questions related to current events. I will just ask one of them now. But please, if you can see the questions, you can touch on the other points.

One attendee asks, can you speak more on supporting the substantial number of students distressed as a result of the ongoing humanitarian crisis in Gaza and the ripple effects it has had on college campuses?

>> JASON CAMPBELL-FOSTER: I think this is where we specifically rely on our partnerships, right? There are some students who will process what is happening in clinical settings. There are others who do not have clinicians that wish to elevate their voices through student organizations. And some who want to advocate for what they believe that the university needs to do to provide greater support to their specific identity group or community in general.

And I think you need to have a multipronged approach to this. You need to have an awareness of what is going on and a sense of approachability among student affairs staff and those that focus on student well-being so that they can speak to students directly. You need to have the ability to at some point circumvent what might be long standing policies about how you obtain funding so that students can access organizational funds to provide programming in spaces of solidarity on their campus.

It really relies a lot on our ability to pivot and to utilize all of our strengths. And also, again, relying certainly on faculty to be mindful of what is going on, to know who they can go to to ask for advice if it comes out in their classroom, if they are dealing particularly with conflicts that

they want support on how to handle and manage. It's providing skills to those who are directly in touch with students so that those spaces can be curate and affirmed as needed.

But it does require the entire institution to come together from multiple vantage points to address what is going on. Certainly from a safety security standpoint, it's important that police departments are reviewing any threats, reviewing social media, you know, content to determine whether or not any types of intervention is needed from a security standpoint.

But it is also, I think, underscored that this is a time when, above all things, empathy and grace goes a very, very long way to being a listening ear, to understanding the impact that it has on various communities, and to providing students with the opportunity to elevate the conversation in ways that they feel comfortable. That is, I think, from a student affairs standpoint our main priority at this time.

>> KHADIJAH BOOTH WATKINS: I think another kind of just basic thing that people can do is really help students not to forgot to take care of themselves and really help them think about, you know, as they are advocating or as they are, you know, joining groups or whatever it is they are feeling that they are needing to do to support, you know, themselves and their causes, making sure that they take care of themselves, making sure that they are, you know, managing their social media, you know, intake, managing their news intake, making sure they are still getting adequate sleep and eating well and taking care of their basic needs. That can happen. They don't need to go to a health center for that. They can have that conversation the teacher or a parent and making sure everybody has basic information.

Especially when it comes to social media, you may not be on social media to look for these things but they find you. How do you recognize the signs and symptoms that your body is telling you, this has been too much and I need to take a break. I think some basic things like that can go a long way as well.

>> KATE HIDALGO BELLOWS: Great. Thanks so much.

Okay. I am going to ask a request from Lisa Celmer. She writes that I am an outpatient therapist who works primarily with young adults and college students. One of the most common issues I see are students who took the leave of absence or took a step back to focus on their mental health who are now struggling to return to school. What can colleges do to better support the re-entry process?

Brett or Khadijah, if you want to answer that question or anyone else?

>> KHADIJAH BOOTH WATKINS: I think there's so much that can be done if we can prevent them from going home. If we can take

the steps that we need to really identify things going poorly early, we can often catch them before the bottom comes out and again this is the conversation I had with my parents and the kids together before they go to school. This is -- these are the signs and symptoms that your child is not doing well. It may be you set up a call every Sunday and for the call they haven't shown up for the past two Sundays. Let's not wait and get in front of it early.

How can we increase their services and their care while they are at school? The best thing that we can do is keep them there, if it's safe, and try to bring care to them and whether for some patients who have the capacity of resources, maybe we need to do a couple of more visits. Maybe we need to have more phone calls. But how do we prevent them, if we can, from going home, because the transition back to school is very difficult for many, many kids. I will leave it at that. And that conversation has to happen before they get to school. How do you plan to support them from afar.

>> BRETT SCOFIELD: It's a really great question. I agree with Dr. Booth Watkins. We did a study. If you go before -- if you go back in time before they actually leave school, we did our 2022 annual report with the Center of Collegiate Mental Health, looked at dropout from school and what are risk factors for it and what are protective factors against it.

So, things that prevented students from dropping out of school during counseling were a couple of things. One, did they improve in symptoms? Especially academic distress and depression and anxiety. If those things improved, students were less likely to leave school. That's a good sign.

But the big thing also, if you think about belongingness, the added piece was involvement in an extracurricular activity. So, if they felt they belonged, they were involved in an activity and were improving in symptoms, they were less likely to withdraw.

But the reality is that there's going to be some of our students, due to safety issues, due to just critical symptoms, it could be external factors that they need to leave school.

And I think it's really critical during when they leave and then when they re-enter, to have plans in place. So, when they leave, I think it's really important to have a dialogue with somebody, whether that would be from the counseling office, it could be from the Dean of Students office, about what actually were the factors that led to this being -- and I don't like to call it unsuccessful, because leaving could set them up for success in the future. So, but what led to this being a concern right now or what led to this outcome?

And it could be something related to the environment. It could be something related to the stressors of the school that they were experiencing. It's important to pinpoint what it is they struggled with so when they go home or when they take the leave of absence, those things can be worked on and addressed.

A lot of times students might take a leave but not necessarily work on the problems that might need to be addressed before they re-enter school. So, we have students all the time who might need to leave, and we talk about here's some plans or areas to work on either with a therapist, with family or whatever the support needs are, so you are in a better position when you return to be successful.

When you return, I think it's important to have a dialogue with somebody immediately about return plan, about what is it that is -- to reinforce what supports might be needed up front for that student, or in place to start the semester.

So, it puts them on a path to -- that makes them more likely to succeed.

>> KATE HIDALGO BELLOWS: Thank you so much for that answer.

So, the next question is from Christa Gloster, she adds, in my work with students, what they continue to note as an issue in accessing mental health resources is time. I primarily work with graduate students and their schedules do not allow them to have time to pursue mental health support or resources.

Do you all have thoughts, resources or examples on how student affairs practitioners and administrations can adjust schedules or embed time for students to get mental health support?

Dr. Campbell-Foster if you would like to start with that one.

>> JASON CAMPBELL-FOSTER: That's a great question and part of what I hinted on in my presentation is time management is a concern. So, I think it's really important that we think about the modes of delivery for this type of support. One -- I can give an example of one thing that Boston University has done is made the Headspace app available to students. It is on the go, it is an available resource to them at a time when they have a moment carved out of their day and they want to just get centered or they want to focus on something other than the noise that is distracting or putting pressure on them. It is an on-demand way of accessing services.

So, in addition to, you know, expanding hours for centers and creating call centers and emergency support, there's also a need for thinking through the on-demand services that we can provide.

>> KATE HIDALGO BELLOWS: Okay. So, we will ask another question. I think this might be -- I think we have time for one or two more questions. So, we will see.

So, we have a question. Those with greater needs might be those who use services the least because the effects of the mental health itself.

How do you identify those students?

Dr. Scofield or Dr. Watkins, if you would like to start.

>> KHADIJAH BOOTH WATKINS: It's a team approach. It comes from -- because sometimes when you are doing really poorly, you don't have the insight to really realize how bad you are doing. So, it's a team approach. The parents or caregivers have to identify that this is not going well. You know, the teacher or staff has to be able to identify that things are not going well and this has been going on for quite some time.

So, and, again, those people also being able to know what the resources are and how to get them connected to resources is really going to be important, because sometimes when you are depressed and you don't have motivation, you don't have the energy, you are not going to make it to the student center.

So, is this a time where, again, we engage some of the mental health champions on campus, there are some other students, there are some senior students that can help not necessarily for the transportation part of it, but for just the support, get them to their appointment.

So, I think we do have to be creative and we have to be thoughtful. It's not going to be a one size fits all approach but it's really hard when you are feeling to crummy to be able to take care of yourself, even though you know it's going to help. You just don't have the energy or the motivation to do it.

>> BRETT SCOFIELD: I agree. The think the earlier that we know a student might need enhanced support needs during their collegiate career, the better off we will be at making a successful experience for them.

We are, actually, doing research right now at Penn State and at CCMA to try to better understand across the academic lifespan of a student, what are some risk factors that make students more or less successful, just in a general student body, that are mental health related.

And when a student might have enhanced support needs that might not necessarily come across -- might not enter counseling services, what we do find is those students generally might reach out to other support services, maybe the faculty, other different offices that they might come to the attention of, and that's why it's critical to have, as Dr. Booth Watkins is saying, a team approach. Many colleges and universities have

care teams or support teams that are available to address students, not just mental health, but what are their academics, social supports, what are their potentially needs, basic needs that they might have. And it's important that those teams have representation from all those different sectors of the college and university to help guide the student through whatever needs they might have at the moment.

So, I agree, teams of people that can work with students.

>> KHADIJAH BOOTH WATKINS: One more thing, because sometimes it could be just a roommate who is noticing. So, really I think about campaigns, like see the awkward and again basic information. We are not asking other students to treat each other or give counseling. But just to know how to have a conversation with your friend or your peer, and again, know what the resources are so you can direct them in the right -- down the right path.

>> KATE HIDALGO BELLOWS: Great. Thank you to both of you for answering that and thank you to all of our panelists for coming here today.

I am sorry that we weren't able to get to everyone's questions. But we are almost at time. So, I will wrap up our discussion. Thanks, everyone, who joined us today as well.

It was an honor to moderate this discussion. And so I will send it back to you, dean Galea.

>> SANDRO GALEA: Thank you, Kate.

Really, thank you Professor Scofield, Watkins, Zhou, and Campbell-Foster. Really was an outstanding conversation. I want to thank all of our audience who participated.

But mostly thank you to everybody for what they are doing, as somebody who has the responsibility for looking after a school. Nothing really -- nothing is as important, more important for us than our well-being of our students and to know that there is both the scholarship and practice that is trying to advance our thinking on this is immensely re-assuring and I think keeps us moving forward as the world evolves to create the best possible environment for students to thrive and grow. And thanks to the work of all of you that's happening.

Really from the bottom of my heart, thank you. Thank you to our audience for everything that the audience does in this space. And I hope everybody has a restful break in the coming weeks. Everybody, take good care.

>> KATE HIDALGO BELLOWS: Thank you so much.

>> BRETT SCOFIELD: Thank you very much.

>> Recording stopped.

(Session was concluded at 2:29 p.m. Eastern Time)