KEY TAKEAWAYS

Student Mental Health and Safety

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Student Mental Health and Safety

Key Takeaways From a Virtual Forum
Presented by *The Chronicle* and AT&T

MODERATOR

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SPEAKERS

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As increasing numbers of college students report acute anxiety and depression, mental health has become a major concern on campuses. Students with mental-health problems are more likely to struggle academically and drop out of school, and academic distress remains higher than pre-pandemic levels. How can safety officers, mental-health professionals, and campus police officers collaborate effectively to ensure student safety? In what innovative ways can colleges help students, and how can technological solutions, like teletherapy, help institutions meet the demand?

To explore those questions, *The Chronicle* held a virtual forum, "Student Mental Health and Safety," on July 16. The following comments, edited for

clarity and length, represent key takeaways from the forum. To hear the full discussion, watch the recording here.

Kate Hidalgo Bellows: What trends are you and your counterparts at other institutions seeing that are related to acute mental-health issues among students?

Kara Cattani: We're definitely seeing increases in depression, anxiety, and suicidal ideation. There's also been an increase more recently in the numbers of students who come to campus with a history of trauma. Social isolation has been a big issue, and the surgeon general has been focusing on the loneliness epidemic.

Nathan Trauernicht: We're seeing the same trends. We launched our program Health 34 at the beginning of this academic year. We're very surprised that out of the many types of calls we're responding to, people with diagnosed clinical PTSD were in the top five. That's a good insight into how young people are getting clinical treatment and support, probably at younger ages than we've seen in the past.

"'Please don't wait until you have a bunch of bad days. When you start having bad times, contact us.'"

Bellows: Nathan, your Health 34 team is one of many crisis-prevention teams colleges have started in an effort to de-escalate situations. There are also crisis-response teams accompanying police officers into situations that have already escalated, often along with social workers. Can you talk about the emergence of these kinds of units, and how they're helping to support student mental health?

Trauernicht: Integrating behavioral health into emergency responses has a lot of value. We're focused on community interaction through health education and supportive services before and after crises. Our goal is to get people off the path to crisis. Our message is: "Please don't wait until you have a bunch of bad days. When you start having bad times, contact us."

We're a 24/7 resource. We come to where you are. We're not clinicians. We're not therapists, counselors, or psychiatrists. We're friends who can be there and get you through that period of really intense emotions — often those 15 or 20 minutes — and we can be present, hold space for you in that time, and then connect you to resources paid for by your insurance or the university. There aren't enough clinicians out there to meet this demand.

Bellows: Kurt, you work in the field of suicide prevention, which is top of mind for college administrators. What kind of protocols, programs, and teams should colleges have in place to reduce suicide?

Kurt Michael: We often recommend preparing for worst-case scenarios but also trying to provide better paraprofessional support in advance. One example of how to improve the mental-health climate is deploying embedded residence-life therapists. If you develop a crisis protocol, you'll already know what your suicide-risk detection and surveillance systems will be in advance.

Bellows: What advice would you offer colleges looking for ways to increase collaboration between mental-health professionals — or counseling students — and campus-safety officials?

Cattani: Here at Boston University, I consider our model to be wraparound care. That means having good communication and collaboration between departments. I have a great relationship with our chief of police. We're regularly in contact. We also have regular student-intervention team meetings. I also think about how to have compassion and empathic responses. We've recently created more training for resident assistants, because they're often a first point of contact for students. Our police officers complete extensive training to be able to handle crises. Our police department uses a community-policing model, so they work to have a softer approach with our students. They're well trained to handle mental-health crises. There's a comfort dog with a handler in our police department, and this dog is like a celebrity on campus.

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Trauernicht: There are many communities where connecting behavioral health and law enforcement is not well received. One of the aims of our programs is to increase equity and access among underrepresented, marginalized communities. This is part of the discussion in California that [initially] reacted to this wave of behavioral-health issues by saying, "Let's embed [health professionals] with law enforcement." Everyone needs to consider the needs of their communities, who the right responders are, and what those teams look like to best serve your community demographics. At least in California, there's a push for teams to stand alone or embed with fire departments.

Bellows: Staffing in both campus safety and mental health has been a major pain point, especially since the pandemic. How can colleges ensure resources

meet the needs of today's students while managing work-force shortages?

Michael: Being creative. Can we serve campus communities more effectively by deploying paraprofessionals and embedded therapists in residential life? We can generate data to help us understand the most effective way to respond. Telehealth is something we used extensively during the pandemic and continue to use.

Bellows: How are new technologies, including telehealth, supporting your institution's effort to serve campus safety and mental health?

Cattani: At BU, there's demand for in-person services, but people also want the option of telehealth. We contract with a telehealth provider, which helps us work creatively with staffing shortages.

"Using technology to give students access to mindfulness and stress-reduction training and peer support can be preventative measures."

More broadly, things like our campus-alert system are really important, quickly and efficiently notifying our community of problems. Virtual-reality training is a way to give [mental-health professionals] exposure to events and decision making. Using technology to give students access to mindfulness and stress-reduction training and peer support can be preventative measures.

Bellows: What advice do you have for pushing past the stigma some students may feel around seeking mental-health treatment, especially when that treatment may involve law enforcement or other professionals off campus?

Michael: Make sure your staff is properly trained, including for culturally responsive interventions. For example, there's some work done in rural and remote communities, especially in Indigenous communities, that relies heavily on traditional Indigenous practices as an option among many other treatments. Sometimes "stigma" may really be legitimate concern about the ways services are delivered.

Cattani: The demand curve for mental-health services is infinite, so it's going to be impossible to continue to have the rigid view that the answer to mental-health struggles is sitting with a clinician one-on-one. We should focus on public-health approaches as much as clinical approaches. We've got to help [students] build resiliency skills and, to use an old metaphor, prevent people from falling into the water rather than constantly pulling them out.

Bellows: How do you coordinate adequate mental-health responses at community colleges without residence halls and student-health centers?

Michael: We've often seen that it's beneficial to connect with local community mental-health providers and maybe even leveraging national resources. Crisis Text Line is a 24/7 national service with a very large work force of volunteers who are supervised and trained. The word "crisis" is in their title, but the issues they address include relationship issues or general concerns about stress or academic performance.

Bellows: How are institutions handling situations in which students need to withdraw due to their mental health? How are they handling medical leaves of absence?

Cattani: When students decide to take a leave and then they're ready to come back, we have a process in which we get information from their providers with their permission. It's called a community-provider report. We have a case-management team that meets with students. The whole aim is to ensure students have the resources they need to re-enter school. Students can work with the University Service Center to get reimbursed for tuition — or get tuition credit — to be used the semester they return.

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Michael: We're always concerned about students going on leave and losing access to their email addresses and other campus connections. We want campuses to provide some capacity for them to maintain connections.

Trauernicht: I wonder about the long-term sustainability of [mental health and safety] programs. In every conversation I have about what we're doing, people ask how we're funding it. My answer is that, right now, our institution is committed to it but always asking me to look for other funding sources. A lot of people are getting start-up money for these types of programs but don't have a sustainable path forward. It's important to think about that — and to have these kinds of discussions with state and national legislators.

We're also seeing dramatic increases in faculty and staff members reaching out for behavioral-health services. As we destigmatize this, we have to start preparing for people getting educated about how they're feeling and aligning

resources for support – and we have to offer services 24/7 and 365 days a year. We have to have systems in place so people can get someone to listen — preferably in person — if we're going to get people off the path to crisis.

This Key Takeaways was produced by Chronicle Intelligence.
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