Mental Health, Substance Use, and Wellbeing in Higher Education: Supporting the Whole Student

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CONSENSUS STUDY REPORT

MENTAL HEALTH, SUBSTANCE USE, and WELLBEING in HIGHER EDUCATION
Supporting the Whole Student

In 2021, the United States faces a triad of historic events: the COVID-19 pandemic, an economic downturn with unprecedented job loss, and the sharpened focus on the differential treatment and outcomes for Black, Indigenous, and people of color. For students, stressors occur within an existing rise in reported distress related to mental health and substance use issues. For colleges and universities, the pressure to provide additional services parallels a decline in enrollment and a loss of public financial support.

The Substance Abuse and Mental Health Services Administration, the National Institute on Drug Abuse, the National Institute of Mental Health, and the National Institute on Alcohol Abuse and Alcoholism requested that the National Academies of Sciences, Engineering, and Medicine examine the degree to which the support systems on campuses provide appropriate services, programming, and other resources to college and university students, faculty, staff, and health systems.

Under the auspices of the Board on Higher Education and Workforce, in collaboration with the Health and Medicine Division, the committee that carried out the study examined how all institutions of higher education provide treatment and support for the mental health and wellbeing of undergraduate and graduate students and what can be done to improve students' lives.

WHAT STUDENTS FACE

The goal of postsecondary education is to equip students with the knowledge and skills needed for them to be productive members of society. Pursuing that goal requires students' active participation in learning, without the intrusion of mental, emotional, behavioral, or drug use problems. Thus, student's physical and mental wellbeing—which can be defined as the presence of positive emotions and moods, the absence of negative ones, and general satisfaction with life—is foundational to both retention and academic success.

In addition to the stresses of campus life during this difficult time, more and more students arrive on campuses with a current mental health or substance use problem or having experienced significant trauma in their lives. The range of such problems includes depression, anxiety, eating disorders, and self-harm and suicidality, as well as the misuse of alcohol, marijuana, and prescription and illicit drugs. The stress of such problems can sap attentional energy—the "bandwidth"

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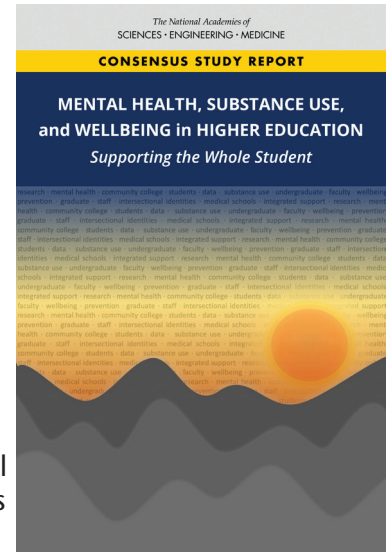
necessary for academic functioning and success. Such stresses may be particularly pronounced for students from historically excluded groups, including Black, Indigenous, and other students of color; first-generation students; students who graduate from under-resourced high schools, non-native English speakers; students with disabilities; and sexual and gender minorities.

Students who do seek help may face stigma associated with both mental health and mental health services, and the stigma may be particular powerful for students in those groups.

PROGRAMS FOR ALL STUDENTS

Institutions of higher education began increasing their attention to student wellbeing in the early 1990s. Many colleges and universities offer wellbeing resources and programs that are open to all students; they generally provide education, skills training, brief motivational interventions, and personalized feedback interventions. For traditional residential institutions, those programs may include pre-orientation materials, orientation events, and workshops held at the institutional, department, or program level. However, community colleges, graduate programs, and professional schools generally do not offer as many or the same kinds of wellbeing programs for students.

Another avenue for reaching students is through programs or offices for particular students—for Black, Indigenous, and people of color—which are common on many campuses. These programs and offices may be in a good position to include information about and access to services for wellbeing that is tailored to those students.

Online approaches, such as virtual apps and asynchronous programs, to wellbeing programs have become particularly popular during the COVID-19 pandemic. These efforts, which are not meant to replace clinical services and aim to provide general skills and education, include numerous online resources and activities that support treatment for depression, anxiety, stress, and resilience for college students. There is a vast array of services available; however, the use of evidence and overall quality of these online approaches vary.

CLINICAL SERVICES

In addition to programs for all students, many colleges and universities provide clinical services. These services vary widely in their availability, their scope of services, the level of education and professional licensure of their staffs, and the training that the providers have received to work with specific populations of students. The staffing at a counseling center may include psychiatrists, counselors, other therapists, case workers, campus outreach coordinators, training directors, liaisons to community providers, group programming coordinators, student advisors, and graduate students in psychology, psychiatry, and social work. At community colleges, almost all the counselors have other duties, such as academic advising, career counseling, or other administrative duties.

Depending on the scope of care and available services at a college or university counseling center, campuses may provide students with information about or referrals to off-campus provides, including community clinics, local hospitals, or private providers. However, the shift from a college counseling center to an external provider can present challenges for the exchange of records, finding a provider, scheduling, insurance coverage and cost, transportation, and student comfort, as well as the availability of psychological, therapeutic, and psychiatric services in the local area.

Another challenge for both on-campus and off-campus service providers is the legal requirement for confidentiality: it can difficult to balance providing a range of services, particularly if some are off-campus, while honoring a student's right to privacy.

TELEHEALTH

The COVID-19 pandemic has rapidly led to the treatment of mental health problems through telehealth services—synchronous or asynchronous communication with a mental health professional by video conferencing, email, text, online chat tools, or telephone. Telehealth services are distinct from various online programs and virtual applications that are designed with the goal of general wellbeing or stress management for students.

In the face of the pandemic, telehealth offers the safest way of getting health care today and in the near future, and it is likely that telehealth will continue to expand and transform health care delivery. Under more ordinary circumstances, telehealth services can be a method to support students who attend college or university virtually; who are off-campus for a semester abroad or while conducting research; or who have life circumstances, such as lack of transportation or a disability, that preclude them from using in-person services. Consequently, colleges and universities, in their wellbeing strategies, need to identify and make telehealth services available to their students.

While telehealth may increase access for services, those services may not provide the same benefits as in-person sessions, which may raise significant issues of equity for, say, students who do not have easy and confidential access to the internet. In addition, many companies that provide telehealth services for mental problems have a wide variety of "rule-outs" for their services—often excluding drug abuse, suicidality, and serious mental illness—that will limit access. Questions of access and equity are thus a significant challenge for institutions of higher education.

RESOURCES ABD PROGRAMS FOR ALCOHOL AND OTHER SUBSTANCE ABUSE

Staff at institutions of higher education can call on two major resources for help in reducing underage and excessive drinking and other substance abuse among college students. One is the College Alcohol Intervention Matrix (CollegeAIM), published by the National Institute on Alcohol Abuse and Alcoholism. It is designed to help college and university administrators create comprehensive, campus-specific alcohol intervention strategies. It offers a range of individual- and environmental-level policies that can be tailored for individual campuses.

The other is *The Guide to Best Practices*, published by the Maryland Collaborative to Reduce Underage Drinking and Related Problems. It, too, offers individual- and environmental-level strategies for college administrators. At the individual level, The Guide advises that campuses develop a clear plan for screening, identifying, and referring students who need services. At the environmental level, *The Guide* urges college and university administrators to build coalitions in the wider community, be proactive in enforcing existing alcohol laws, reduce the density of alcohol outlets near their campus, address alcohol pricing and other promotional practices, and incorporate community-enhancing practices into landlord lease agreements.

These newer resources have been added to collegiate recovery programs, introduced in the 1970s, to help students with substance use disorders. These programs are intended to support both students who arrive on campus already in recovery and those who develop substance use disorders in college. However, there are many more programs geared to current substance problems than there are programs specifically for students in recovery.

RECOMMENDATIONS

The urgent need to address student mental health and substance use problems reflects three factors: (1) student wellbeing is critical to student success; (2) students across all institutions and fields of study are increasingly reporting such problems; and (3) colleges are consistently reporting that the demand for mental health services exceeds the supply.

For colleges and university to begin to tackle this urgent need, the study offers 10 sets recommendations. Underlying all the recommendations is the need for institutions of higher education to ensure that their culture is one of acceptance of and support for those students experiencing problems with mental health and substance use.

RECOMMENDATION 5-1

Institutional leaders, starting with the president and board of trustees or regents, should articulate the importance of creating a culture of wellbeing on their campus, one that recognizes the range of individual behaviors and community norms that affect wellbeing, acknowledges the magnitude of mental health and substance use issues on campus, addresses the stigma associated with mental illness and substance use disorders, and provides a range of resources to support students with different levels of need.

RECOMMENDATION 5-2

Leadership from all segments of the campus community is needed to promote a culture of wellbeing.

Institutions of higher education should establish and/or maintain a team or teams that involves all sectors of the institution's community that coordinates, reviews, and addresses mental health, substance use and wellbeing concerns.

Any approach should have shared responsibility for addressing issues that negatively affect student wellbeing, a clear leadership structure and mandate, appropriate access to financial resources, and a charge to develop and implement an action plan to promote and support student wellbeing.

RECOMMENDATION 5-3

Institutions should ensure their leave of absence and reenrollment policies and practices will accommodate the needs of students experiencing mental health and substance use problems and the time needed for effective treatment and recovery.

Institutions should implement methods to reduce and/or alleviate financial burden on students related to medical leave and other issues related to course completion.

Academic affairs and student affairs units should develop collaborations to share information appropriately, while also respecting a student's right to private/confidential treatment, in order to support students at the intersection of mental health and academic concerns.

RECOMMENDATION 5-4

Institutions of higher education and the government agencies that support them should increase the priority given to funding for campus and community mental health and substance use services.

National, state, and local funders of higher education should incentivize colleges and universities to effectively provide support for students' mental health and substance use problems.

In their budgets, hiring, programming, expectations for serving students, and assessment/evaluation activities, institutions should make mental health a higher priority on campus. They should also work more directly with state and local governments, where relevant, to help bring this about.

To ensure that mental health and emotional wellness services are prioritized, institutions should consider reallocating existing institutional funds to support counseling centers, support the increased use of online mental health services (when appropriate), and support data collection on the need for and use of mental health services by students.

Institutions should actively collaborate with local health care services and facilities and community providers, for example, by considering hiring staff to help students navigate and manage off-campus services.

States should modify insurance laws or regulations, or provide administrative guidance, to enable institutions to use general funds and/or designated health fees for expenses that are not covered by students' personal insurance.

RECOMMENDATION 5-5

Institutions of higher education should work with insurance companies and health plans and federal, state and local regulators to remove barriers to seeking reimbursement for student mental health and substance use costs for covered students.

Insurance companies should keep up with market rates for reimbursement to incentivize more providers to accept insurance carried by students, support providers from institutions of higher education in becoming paneled quickly, and communicate and improve the confidentiality measures in place to dependent subscribers between the ages of 18-26 to ensure that they can seek services using their parents' insurance and be afforded the confidentiality they are entitled to receive.

States should modify insurance laws or regulations, or provide administrative guidance, to enable institutions to use general funds and/or designated health fees for expenses that are not covered by students' personal insurance for charges incurred at student health and counseling services. This is commonly referred to as a secondary payor provision in coordination of benefits.

RECOMMENDATION 5-6

Institutions of higher education should conduct a regular (preferably at least every two years) assessment that addresses student mental health, substance use, wellbeing, and campus climate. The data generated from these assessments should be compared to peer institution data (as available for disaggregation). Analysts should create a data collection system that allows for disaggregation by unit, program level, and student identities. This assessment should include the extent that students are aware of and know how to access available resources, both on campus and in the local community, to address students' mental health and substance use problems.

At the end of the academic year, institutions should review the many data points collected about their clinical trends and utilization as a way to understand how resources on campus can be used most effectively. These data would include the percentage of students who received treatment at the institution, the percentage that went outside of the institution for treatment, and the percentage of students that report needing help but did not seek or receive it, and should be further analyzed across demographic and identity groups.

Funding agencies and private organizations should provide grants to under-resourced institutions, notably community colleges, historically Black colleges and universities, and tribal colleges and universities, to collect, analyze, and share data with the goal of implementing findings.

RECOMMENDATION 5-7

Institutions of higher education should work to ensure students have access to high-quality mental health and substance use treatment services. These services can be provided either on campus or in the local community. In order to ensure students have this access:

After conducting a needs assessment and reviewing available mental health resources on and off campus, institutional leadership should attempt to measure and define the "gap" between need for mental health care and capacity for care. That gap should then be examined for solutions from multiple angles but especially long-term funding strategies and/or community partnerships.

Institutions of higher education should design and implement culturally responsive services and programs to serve the needs and identities of all students.

Colleges and universities should make behaviorally focused mental health services more readily available in primary care settings to facilitate students' access to care and improve coordination between mental health and primary care providers, both on campus and in telehealth services.

Institutions of higher education should create collaborative relationships in the community that will increase clinician diversity to better serve diverse student populations.

If counseling centers rely on community-based resources to meet the mental health needs of their students, they should consider investing in case managers/resource navigators to help students connect with these community-based resources.

Institutions can make wide use of telehealth options for those populations and situations for which it is appropriate.

RECOMMENDATION 5-8

Provide and require faculty training on how to create an inclusive and healthy learning environment.

Provide and require faculty training about how to recognize students in distress and appropriately refer them to appropriate care.

Provide mentor training, starting in graduate school, for all faculty, recognizing that good mentorship practices serve as a protective factor for student mental health.

RECOMMENDATION 5-9

As a part of formal orientation to college life, all students should participate in structured opportunities to learn about individual wellbeing and the cultivation of a healthy, respectful campus climate. This orientation should also include material on how to develop resilience in the face of inevitable challenges they will experience both in college and in life.

To enable students' self-awareness and resilience, training should acknowledge how behaviors such as sleep, nutrition, exercise, social media, and work can be both levers for wellbeing as well as affected by wellbeing.

Training should also include information on how to recognize and address implicit bias, and about the essential role students themselves play in creating a community that supports each other's wellbeing.

The institution should also periodically offer refresher or "booster" training on these issues.

Institutions should regularly and widely provide guidance to students and faculty on mental health resources available on campus and in the community.

RECOMMENDATION 5-10

Institutions of higher education should recognize that there is no single approach to promoting wellbeing and dealing with mental health and substance use problems that will be appropriate to all student populations.

Support services should be tailored to the unique histories, circumstances, and needs of individual student populations.

Support services should recognize and respond to the fact that many students from diverse populations will have experienced interpersonal racism, systemic racism, and implicit bias both before and during their time in higher education.

CONCLUSION

In addition to these recommendations, the report identifies research that the committee believes would help institutions of higher education better prepare for and provide mental health and substance use interventions and create environments that better support student wellbeing.

The study specifies four key areas of research:

- how to develop, evaluate, and sustain a campus culture centered on wellbeing;
- whether existing policies to promote students' mental health and wellbeing and low levels of substance are effective or may be counterproductive;
- how to improve all aspects of the relationships among campus providers, hospitals and other community providers, and insurance providers; and
- how to collect more and better data that can be used to improve student mental health programs.

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