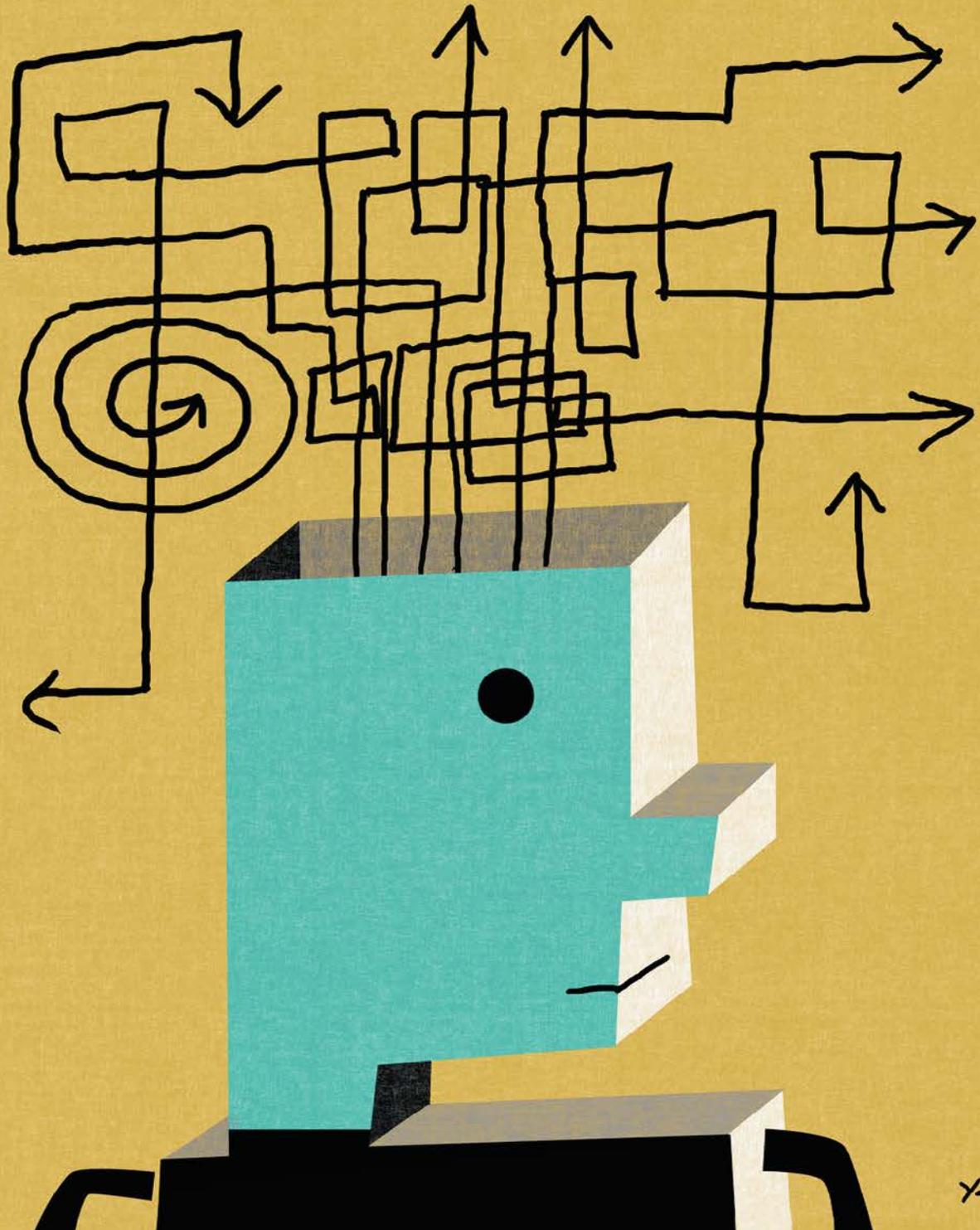


Focus

THE CHRONICLE OF HIGHER EDUCATION

Mental-Health Issues in Students



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MANY COLLEGES are unprepared to deal with the rising incidence of anxiety disorders and clinical depression that counselors, professors, and residential-life staff members are seeing among students. This collection of articles examines the forces behind the growing wave of students with mental-health struggles, and what campuses are doing about it.

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Cover illustration by James Yang



NORTHWESTERN U.

At Northwestern U.'s freshman-orientation sessions, participants are told that counseling services aren't just for those with a diagnosed mental illness, but for any students.

Colleges Add Mental-Health Awareness to Crowded Orientation Lineup

By SARAH BROWN

THINK BACK: Have you known anyone who fit any of these descriptions?" That question appears during the first part of an online simulation designed to educate students about mental health. Half a dozen options are listed: Seemed overly anxious/stressed. Had been sad/depressed for a long time. Cut or hurt their bodies on purpose.

"These are all signs of distress that are very common on high-school and college campus-

es," says "Morgan," a virtual student who guides participants through the simulation. "When our friends feel overwhelmed, sad, or anxious, we're usually the first ones to notice, and the first ones they come to when they need to talk."

The 30-minute program was created by Kognito, a company based in New York that creates such simulations to encourage people to change their behavior. This one teaches students how to talk with friends when something seems amiss, and

where they can turn for help.

About 300 colleges offer the simulation for students, says Ron Goldman, chief executive and a founder of Kognito. Some colleges require new students to complete it.

Colleges have long educated freshmen about alcohol and drug use. Most have also started requiring new students to participate in programs on preventing sexual assault. Now, as news of campus suicides inspires calls for colleges to do more to prevent them, an increasing number of colleges are adding yet another heavy topic to the orientation lineup: mental-health awareness.

That education takes different forms. At some colleges, members of the counseling staff give a presentation or participate in a panel discussion. Others invite speakers, put on skits, or show short films that cover symptoms of possible mental illness and where to find on-campus resources. Students might discuss the material in small groups afterward.

Many institutions also offer programs like Kognito's simulation, though that can be more expensive. A one-year license to offer one of the company's modules costs \$3,250 for a college with about

“A lot of stuff that’s presented during orientation doesn’t get absorbed so well. There’s just so much information coming students’ way.”

3,000 students; the price goes up on the basis of enrollment.

Experts say new students should be educated in recognizing signs of mental distress in themselves and their peers, and in where to find help. A challenge, though, is ensuring that they retain at least some of what they’re told — particularly as the scope of orientation education continues to grow.

Retention is especially important, administrators note, because freshmen often feel overwhelmed by the research papers and examinations that pile up during their first semester.

“A lot of stuff that’s presented during orientation

doesn’t get absorbed so well,” says Victor Schwartz, medical director at the Jed Foundation, a non-profit group dedicated to promoting the emotional well-being of college students. “There’s just so much information coming students’ way.”

SPREADING THE WORD

For years, John H. Dunkle, executive director of counseling and psychological services at Northwestern University, heard from students — including upperclassmen — that they didn’t know about the campus counseling center. In the 2013-14 academic year, at students’ urging, the university added a mental-health session to new-student orientation to try to remedy that. At the time, Northwestern was mourning the deaths of three undergraduates, including two by suicide.

The program became part of a series, called True Northwestern Dialogues, that all new students attend, Mr. Dunkle says. For the first three years, Northwestern brought in an outside speaker who talked about how he or she had coped with mental illness. Then Mr. Dunkle shared information about on-campus resources, and students split up into small groups to discuss the talk.

This fall the format was changed on the basis of feedback from participants. “One of the things we learned is that they wanted to hear from Northwestern students,” Mr. Dunkle says. The speaker component was replaced by student actors, who read out narratives written by anonymous Northwestern students about their mental-health problems.

One of the key messages Mr. Dunkle hopes to get across is that counseling services aren’t just for those with a diagnosed mental illness, but for any students. “We want them to think of mental health broadly,” he says.

Before Northwestern started requiring the program, sophomores were the most frequent users of the counseling center. Now, Mr. Dunkle says, it’s freshmen.

The University of Texas at Austin has taken a student-centered approach to its new requirement for mental-health education, says Chris Brownson, associate vice president for student affairs and director of the Counseling and Mental Health Center there. Last fall a new Texas law began requiring public colleges to show a live presentation or video to new students about suicide prevention and mental-health support.

Mr. Brownson led a task force that earlier this year created a video for all Texas colleges to use. It features students talking about difficult life events that their friends were experiencing — failing a test, not making friends quickly, relationship problems — and why they had decided to encourage their peers to get help.

The task force spent a lot of time thinking about

how to make the presentation as engaging as possible, Mr. Brownson says. For one thing, the film had to be concise. After pilot showings of the video, student said 10 minutes was too long; the final version runs for about four and a half minutes.

The video takes a bystander-intervention approach, Mr. Brownson says. While the chances that students watching the video are actually suicidal are low, the chances that they know someone who has talked about suicide are “very high.”

The Massachusetts Institute of Technology and Tulane University are among the colleges that use Kognito’s online program. Tulane has asked new students to complete it since 2014, as a complement to additional information on mental health that’s offered during orientation, officials there say.

GAME-BASED APPROACH

Mr. Goldman, of Kognito, describes the company’s approach as “game based.” The simulation moves beyond awareness, he says, and allows students to actually practice participating in conversations with virtual students who seem depressed or anxious.

Traditional approaches, such as trying to get students to listen to a lecture or follow a series of slides online, are not likely to work well, he says. “We’re able to pack much more learning into a shortened period of time.”

One potential problem with programs like Kognito’s, however, is their sophistication, says Mr. Schwartz, of the Jed Foundation. “If these things actually convey too much detail and too much information, it might lead students to think that you have to have special technical

knowledge to help a friend,” he says.

Mr. Schwartz has seen the Kognito simulation and says it gives participants regular feedback and specific recommendations on how to talk to troubled friends. On the one hand, he says, that’s a good thing. On the other, “I worry that it could convey a sense that it’s easy to screw this up and might, in fact, make people hesitant to act.”

Mr. Goldman says Kognito’s program focuses on giving students the confidence to approach peers, not teaching them to be mental-health counselors. “The students are not expected to diagnose or intervene in the middle of a situation when someone is considering suicide,” he says.

In the Texas video, Mr. Brownson says, the word “suicide” is used sparingly on purpose. “We’re naming a reality,” he says. “We’re not preparing them for something they’ve never seen before.”

Given how easy it is for students to forget things they learned at orientation, Mr. Schwartz says, it’s critical for campus counseling centers to remind students of their presence. Members of the counseling staff might set up a table in the student union early in the semester, or write a regular column in the student newspaper about prevention resources.

It’s not easy to measure the success of such efforts at mental-health education, Mr. Schwartz says, specifically whether students change their behavior and are more likely to approach friends they’re concerned about.

But college administrators say that if students come away from orientation programs knowing that there are resources just around the corner to help them cope with the stresses of campus life, that’s a victory.

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KAITLIN GRANT

An Epidemic of Anguish

Overwhelmed by demand for mental-health care, colleges face conflicts in choosing how to respond.

By **ROBIN WILSON**

CASSIE SMITH-CHRISTMAS and Margaret Go have something terrible in common: Both have family members who killed themselves while attending prestigious universities. In both cases, the students went to the campus counseling center before taking their own lives. But that's where the similarity ends.

When her younger brother, Ian, told a counselor at the College of William & Mary that he was feeling suicidal, says Ms. Smith-Christmas, the response was quick and decisive: An administrator called their parents that day and forced her brother to leave and seek professional help. After five days in a mental hospital and a couple of weeks on academic leave, he returned to the campus and tried to catch up on his work. He felt rejected, fragile, and overwhelmed, his sister says. Just a few days after he returned, in April 2010, his body was discovered in his parked car.

At the California Institute of Technology, where Ms. Go's son Brian was a junior, the reaction to his suicidal thoughts was very different. After he wrote an email message in late April 2009 to a counselor questioning whether he had the "will to go on," the counselor told him she couldn't meet with him for a few days.

A week later, after he had gone up to a rooftop and threatened to hurt himself, he sought out a dean, who referred him that day to another counselor. That counselor determined it was safe for Brian to go back to his dorm and recommended that he return for more counseling, which he did. At his request, university officials say, they did not contact his parents. On May 17, Brian was found dead by suicide.

Ian and Brian's stories demonstrate two different campus responses to troubled students. College officials won't comment on specific cases, citing privacy laws. But R. Kelly Crace, associate vice president for health and wellness at William & Mary, says the college typically asks students to withdraw if the campus environment is deemed "too toxic" for them. Before they can return, the students must prove that they've received the help they needed, he says.

The Go family sued Caltech and its counseling staff for malpractice and wrongful death — and while they settled with the counseling staff, a judge dismissed their suit against the university and its administrators. "We had stars in our eyes," acknowledges Ms. Go, who had suggested that her son visit the campus counseling center after he became devastated over a breakup with his girlfriend. "I thought: elite school, elite everything."

Judy Asbury, a Caltech spokeswoman, says, "Brian did report that he had contemplated suicide but denied that he continued to have suicidal feelings." The university made the same point in its legal response to the suit, saying its counselors had determined that Mr. Go was not "imminently suicidal." It also said that, from a legal perspective, "universities and their administrators have no general duty to protect students."

Families often expect campuses to provide immediate, sophisticated, and sustained mental-health care. After all, most parents are still adjusting to the idea that their children no longer come home every night, and many want colleges to keep an eye on their kids, just as they did. Students, too, want colleges to give them the help they need, when they need it.

And they need a lot. Rates of anxiety and depression among American college students have soared in the last decade, and many more students than in the past come to campus already on medication for such illnesses. The number of students with suicidal thoughts has risen as well. Some are dealing with serious issues, such as psychosis, which typically presents itself in young adulthood,

just when students are going off to college. Many others, though, are struggling with what campus counselors say are the usual stresses of college life: bad grades, breakups, being on their own for the first time. And they are putting a strain on counseling centers.

Colleges are trying to meet the demand by hiring more counselors, creating group-therapy sessions to treat more students at once, and arranging for mental-health coordinators who help students manage their own care. A couple of colleges have even installed mental-health kiosks, which look like ATMs and allow students to get a quick screening for depression, bipolar disorder, anxiety, and post-traumatic stress.

But there is no consistent, nationwide standard

33%
OF STUDENTS FELT SO DEPRESSED SOME TIME IN THE LAST 12 MONTHS THAT IT WAS DIFFICULT TO FUNCTION

of mental-health care on campuses, says Victor Schwartz, medical director of the Jed Foundation, which promotes emotional health among college students. "There are places functioning as top-of-the-line," he says, "and some that are extremely rudimentary."

Just how much should parents and students expect of colleges when it comes to mental-health care? Campuses are first and foremost educational institutions, after all, not health-care providers. Mentally ill students can pose substantial challenges — not just to an institution's resources, but also to their own ability to succeed academically, to their safety, and even to the safety of the campus.

"There is a real sense of responsibility, that part

of our job and mission now is the whole student, not just the education of the mind,” says Beth A. Pontari, chair of the psychology department at Furman University. “Our job is to produce better-functioning people. But when you have students who are more medicated and have been seeing a therapist since they were 12, that is very difficult.”

DAN JONES, who has directed the counseling center at Appalachian State University, is a past president of the Association for University and College Counseling Center Directors. What’s happened at Appalachian State is a wind-down on the demand for mental-health services in higher education.

Initial screening interviews with students at the counseling center increased by 65 percent from the fall of 2009 to the fall of 2014, and individual therapy sessions rose by 50 percent over the same period. The number of students who said they had thoughts of ending their lives more than doubled, to 400 last fall, among a total enrollment of about 18,000. In the academic year just past, three App State students killed themselves. Nationally the number of college-student suicides has remained about the same, but it is the second-leading cause of death, after accidents.

The counseling center at Appalachian State limits students to about a dozen individual therapy sessions a year, although counselors have the discretion to extend that limit. Until this past academic year, the center usually had a waiting list with as many as 80 names. Students typically waited more than a week before a counselor could see them. But in January, the center added a full-time staff member plus several part-time therapists, eliminating the waiting list.

Other institutions have been unable to keep up. Surveys indicate that nearly one third of college counseling centers have waiting lists.

ARE STUDENTS just more troubled than they used to be? In a 2013 paper called “Perfect Storm for Counseling Centers,” which Mr. Jones has shared with fellow directors, he lays out the forces behind the rising demand for college mental-health services. Mass shootings in 2007 and 2008 by mentally ill students at Virginia Tech and Northern Illinois University, respectively, prompted many colleges to cast a wider net to identify troubled students — and send them to the counseling center. Campuses now have threat-assessment teams to watch for disturbed students. Professors are on alert for students who exhibit troubled behavior in the classroom.

In an interview, Mr. Jones says students do seem less resilient today than in the past. “They haven’t developed skills in how to soothe themselves, because their parents have solved all their problems

and removed the obstacles,” he says. “They don’t seem to have as much grit as previous generations.”

Students also are under greater pressure to perform, experts say. Some have been building their résumés since high school, earning top grades and spending hours practicing and competing with athletic teams and perfecting extracurricular skills.

In addition, as mental illness becomes less of a stigma, more students are arriving on campuses having already seen therapists — and taken medication — while in high school.

Jessica Schwartz will be a senior at Appalachian State this fall. She has been seeing therapists since she was 13 and began attending group counseling sessions and individual therapy at the university during her junior year. She has also continued working with a therapist in her hometown via Skype. Ms. Schwartz suffers from depression and anxiety. Her father was mentally ill and took his own life a few months ago, she says. “Coming to counseling at App State has really helped me find the tools within myself to be my own magic wand.”

But students at many colleges have been frustrated with the quality of mental-health care on campus. And they are letting administrators know.

At Tulane University, after Shefali Arora ran through the 12 sessions of on-campus therapy allotted each student, she was left on her own to find further care. “They said, ‘Here’s a list of therapists.’ But I didn’t have a car,” says Ms. Arora. She struggled to find a new therapist, balance her medication for bipolar disorder with drugs she was taking for birth control and allergies, and persuade professors to give her extra time to complete assignments.

“I told my professors, ‘I’m bipolar, I haven’t slept in days,’” she recalls. “A few really understood, but most didn’t. I had to drop out of one class, take a lot of C’s, and just muddle my way through.”

After deciding to take a semester of medical leave, Ms. Arora tried to commit suicide just before graduating last December. When she recovered, she created a Google document called “Dear President Fitts” and invited students to write about their experiences with Tulane’s counseling center. The document was a lightning rod for dissatisfaction, growing to 56 pages. She sent it to Tulane’s new president, Michael A. Fitts.

“The issues were very familiar — the ever-increasing needs of students wanting to access services and a somewhat challenged staff,” says J. Davidson Porter, vice president for student affairs. “And the need for intensive or long-term therapy versus what a college counseling center can provide.”

Starting this academic year, Tulane — which attracted media attention last year because of three student suicides — has made a variety of changes.

Students can now get up to a dozen therapy sessions per year. The counseling center, which closes at 5 p.m. each weekday, has contracted with a local mental-health service to provide an evening hotline. Tulane also has named an administrator to help students find therapists in the community who can provide long-term care. And it has bolstered the team of social workers who, among other things, help students communicate with professors about mental-health troubles that may have caused them to miss class or perform poorly.

“We are a private institution with a high tuition, and that drives expectations of families,” says Mr. Porter. “They expect us to have high-class services across the board. But how do colleges and universities respond in ways that recognize that we have thousands and thousands of students? How do you provide what you can but have appropriate limits?”

THE PRESSURE that colleges feel to offer comprehensive mental-health services is similar to expectations of them in cases of sexual assault. Students, parents, and the federal government demand that colleges respond promptly to rape complaints and adjudicate them fairly — including punishing offenders, regardless of whether the police are involved. But colleges aren’t necessarily outfitted for the job of judging rape, and many have stumbled. They are spending months, if not years, revising their policies to meet federal guidelines and trying to figure out how to handle cases while staying out of court themselves.

Just as colleges have been accused of failing to respond adequately to sex-assault complaints and of working primarily to avoid bad PR, they have been accused of acting in their own self-interest when it comes to students’ mental-health concerns.

For example, the University of Oregon prompted protests in March when it demanded that its counseling center turn over to university lawyers the therapy records of a female student who was planning to sue the institution for the way it handled her rape allegations. Jennifer Morlok, a senior staff therapist at the campus counseling center, had protested that demand to university administrators and to the U.S. Justice Department, saying therapy records should remain confidential no matter what. The university has acknowledged obtaining the student’s counseling records but says it did so legally.

Now the U.S. Education Department has drafted guidance, saying student medical records should stay private with only a few, specific exceptions in cases where colleges that are sued need the information to defend themselves.

When it comes to students’ privacy, colleges generally say they will contact parents if they feel a student is in imminent danger of self-harm.

But Charles B. Anderson says the next step that some colleges take, insisting that the students withdraw, is a step too far. Mr. Anderson, a licensed clinical psychologist who has served as associate director of the counseling centers at both Virginia Tech University and William & Mary, says colleges’ concern over their own liability in such instances often trumps concern over students’ mental health. That threatens the integrity of campuses as places students can trust to treat their mental-health problems, he says.

In a *Washington Post* essay in May, Mr. Anderson wrote that too many colleges force potentially suicidal students off campus and into treatment by private hospitals or therapists simply to avoid lawsuits and potential harm to the campus’s stability and reputation. If students want

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OF THE STAFF**

to return after such a leave, they must prove that they have received care. In some cases, such as at some Ivy League institutions, they must apply for readmission.

“There is no therapeutic basis for such a policy. It is the antithesis of treatment planning and continuity of care,” writes Mr. Anderson, criticizing “a strategy that treats students as a problem to get rid of rather than a person who is suffering and in

need of care.”

In fact, he says, the move can backfire. “When students get the idea that they are going to be mishandled by administration for reporting suicidality, it’s pretty clear that the next step will be to underreport symptoms or avoid the school’s mental health resources altogether.”

After a Yale undergraduate killed herself in January, students protested college policies they said had contributed to her despair. She had written in her suicide note that she “needed time to work things out and to wait for new medication to kick in,” but feared that if she took time off and withdrew from Yale, she would never be readmitted. Yale is in the process of changing its policy to ease readmission for those who take a leave for medical or personal reasons.

William & Mary requires students who leave for mental-health problems, whether voluntarily or at the request of the college, to prove that they have received adequate care off campus before they can return. Family members who protest such requirements often are acting out of fear, says Mr. Crace, the associate vice president, rather than

out of concern for a student’s best interests. “This is a fear of losing one’s dream and path in life. When that starts to unravel, the fear is escalated,” he says. “But part of our job is helping them move away [from campus] and focus on what is most right for them right now.”

Ms. Smith-Christmas, whose brother went through that process at William & Mary and then killed himself shortly after he returned, doesn’t blame the college for her brother’s death. “At the end of the day,” she says, “there was only one person who made that decision.”

But she wishes the college had treated him differently — more the way it treated her when she was a student on the same campus five years earlier. She, too, was feeling desperate and, she says, William & Mary could very quickly have sent her home, as it did with her brother. Instead, says Ms. Smith-Christmas — who attended college before the shootings at Virginia Tech and Northern Illinois put everyone on high alert for mentally ill students — the campus simply set up counseling sessions for her. “It changed my life,” she says, “in a very positive way.”

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JAMES O'BRIEN FOR THE CHRONICLE REVIEW

Faculty on the Front Lines

Professors need support in responding to students in the grip of psychological crises.

By JENNIFER HOWARD

ERRATIC MOODS in class. Struggles to complete assignments. Essays that describe thoughts of self-harm or suicide. Students in the grip of mental distress often show signs of it in their academic work and classroom behavior. Faculty members, especially those who interact frequently with them, are well placed to pick up on warning signs.

But professors often need help figuring out how to respond.

“What they tell us is, ‘Students come to us and tell us things, but we’re not quite sure what to do next,’” says David R. Reetz, director of counseling services at Aurora University, near Chicago.

Almost all colleges now have some kind of rapid-response team that will intervene when there’s

an immediate emergency — a campus shooter, a bridge jumper. Beyond that, many colleges offer training to equip faculty and staff members to identify and handle students' mental illness.

Mr. Reetz coordinates the annual survey done by the Association for University and College Counseling Center Directors, which has 830 institutional members in the United States and abroad. In the 2014 survey, 58.5 percent of the colleges said they offered formal or informal faculty training. The proportion hasn't changed much since 2007, when 59 percent of respondents said they did. That's not enough, says Mr. Reetz. "The unfortunate piece is that many institutions of higher education do not see the value in this training."

Training, when it does happen, takes many forms. Orientation for new faculty members often includes presentations on mental-health issues and services; most colleges make how-to-help brochures and other basic resources freely available through health or counseling centers. The University of California at Berkeley's University Health Services website, for example, lists "indicators of distress," phone numbers to call for advice and assistance, and a protocol chart to consult "when faced with a disruptive or distressed student."

Some institutions rely on general emails distributed at the beginning of the semester. At Columbia University, faculty members receive messages that list warning signs and what to do if they encounter a student in mental distress, says Rachel Adams, a professor of English and American studies and director of the university's Center for the Study of Social Difference. "But then you get thousands of emails, and by the time you might need that help, most people have lost sight of that," she says. The information in the email is accurate, she adds, "but it's far from adequate."

The emails represent only one part of the university's strategy, says Richard J. Eichler, executive director of counseling and psychological services at Columbia. All undergraduates must take a core-curriculum humanities course, and those instructors are offered basic training in how to spot students in distress. "It's not mandatory, but attendance is pretty good," he says.

Most important, Mr. Eichler says, is for the counseling staff to maintain strong relationships with residential-life and academic-advising staff members and with administrators. Advisers and deans are often in a position to spot and refer distressed students, or to help faculty members do so. "So we're there in an ongoing way," Mr. Eichler says.

At Columbia and elsewhere, administrators and other interested parties stand ready to help — but first someone has to alert them to signs of distress. Ms. Adams has written about how difficult it can be to find effective ways to intervene on behalf of students who suffer from depression, which along

with anxiety is one of the top two mental-health issues on campus. "The deans are allegedly keeping an eye on the students," she says. But "if the student is already doing self-destructive things, they're not going to call the dean."

MANY COLLEGES rely on a layered approach — what Sharon Kirkland-Gordon, director of the counseling center at the University of Maryland at College Park, calls "safety nets all across campus." Maryland has about 12,000 resident students; each dormitory includes an affiliated psychologist, and each college dean has a working partnership with a psychologist as well.

As is true almost everywhere, Maryland's faculty and staff members aren't required to undergo training in how to respond to students in distress, but individual departments or programs can request it. Ms. Kirkland-Gordon's staff runs voluntary workshops on how to identify and deal with the most common problems that students may demonstrate in the classroom. Declining performance and mood changes can signal depression.

Faculty members have also made good use of what she calls "the warm line" in worrisome situations. "What triggers the call is that they've noticed something very different in the behavior of the student," she says. "Sometimes faculty will call us — and this is pretty common — where there's a journal entry or paper where there's a mention of suicide. Mostly they want to know if what they think they're seeing is what they're seeing, and if they should be concerned."

Often faculty members will call when "they've established some kind of relationship with the student that gives them leverage," she says, "and we just give them the words."

A lot of colleges use so-called gatekeeper-training programs, a kind of suicide-prevention equivalent of CPR. These programs usually offer both classroom-based and online components, with advanced sessions for people who want to train others. In the survey by the counseling-directors group, 480 respondents noted that their institutions use such training, which is available through a number of companies; 32.5 percent reported using a program called QPR, for Question, Persuade, and Refer (terms that outline the basic approach), while 22.5 percent used locally developed models.

Suicidal intent doesn't always manifest itself overtly, says Paul Quinnett, president and chief executive officer of the QPR Institute, which developed the program, and a clinical assistant professor of psychiatry and behavioral science at the University of Washington. Bystanders have to overcome a natural reluctance to pry and ask awkward questions. "People use polite language when they talk about self-destruction," he says. "So we have to train people to read between the lines."

If the training contains one central message,

it's this: Do something. "If a professor's reading an essay and it talks about things that alarm him or her, they should at least clarify what it means," Mr. Quinnett says. "The marker is when the hair comes up on the back of your neck. When you experience a flash, just a flash, of 'Something could be wrong here, you need to act.'"

SOME STRATEGIES invite faculty members to be active participants in bringing mental-health issues into the open. One approach, called curricular infusion, can be adapted to many academic settings. At the University at Buffalo, counseling-staff members worked with visual-studies professors to arrange class presentations, inviting students to enter an art contest on the theme of mental health. Marketing-and-communications classes came up with a campaign for campus mental-health services.

A three-year suicide-prevention grant in 2006 "really forced us to forge relationships with academic departments," says Sharon Mitchell, director of counseling services. "Now faculty are familiar with us, and they come to us."

She and her staff tailor training sessions to different preferences: "Some people like group things. Some people don't want to devote a lot of time. You have to be flexible and meet people where they are."

The personal touch, and making it OK to talk about mental illness, can go a long way. At Aurora, which has about 4,400 students, David Reetz encourages professors to build into their syllabi the possibility that someone in the class will end up struggling during the semester. That way, he says, "the faculty member is openly acknowledging that they are ready, willing, and able to respond to any difficulty that might evolve."

Mr. Reetz suggests that professors have students

answer a few questions early on about their expectations for the course. If a student subsequently has problems, the professor can refer back to that exercise and use it as a starting point for a frank chat and, perhaps, a referral to the counseling center.

Has that strategy paid off? He thinks so. In the 2011-2012 academic year, 26 percent of students who used the counseling center's services had been referred by a faculty or staff member; in 2013-14, that share rose to 50 percent.

Patrick Dunn, an associate professor of English at Aurora, has put that training to work in his classroom every semester. He asks his students to answer five or six short questions, including what expectations and other time commitments they have.

"I try to find something I can connect with," like a love of music, he says. Sometimes he can spot potential difficulties ahead of time. A student who reports working many hours a week, for example, might be vulnerable to stress by midsemester. Sometimes Mr. Dunn will sit down with Mr. Reetz and go through the questionnaires with him.

One of Mr. Dunn's courses, "Being Human," gets students to think about the ethics of the decisions they make. The subject matter can provoke "very revealing papers," he says. If students write that they're depressed or having a hard time, "I always take it a little bit seriously."

When the situation seems to call for a consultation with the counseling center, he says, "I don't couch it as, 'You need therapy,' but as, 'Here's someone who's available.'"

Mr. Dunn hasn't encountered any students who might pose immediate danger to themselves or others. "Not yet," he says. "But I keep David's card in my desk and security on speed dial, because I know it's a real danger."

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PAT KINSELLA FOR THE CHRONICLE REVIEW

Grad Schools Try to Ease ‘Culture Problem’ of Anxiety and Isolation

By VIMAL PATEL

THese days, Arran Phipps often feels depressed and stressed. The worrying has led to migraines, he says, and he has visited the student health clinic at the University of California at Berkeley, where he is a doctoral student in physics. But seeking professional help feels inadequate, a Band-Aid, he says. “My reactions to what’s happening around me are totally valid and normal. It’s not like there’s a problem with the way I’m looking at things. That tells me there’s a culture problem in graduate school.”

Earning a doctorate, of course, is tough. It usually means at least five years of intense study, teaching, and research — all with the knowledge that secure academic jobs are becoming scarcer. Toss in the isolating nature of doctoral education in some disciplines, and stipends that often fall below a living wage, and it’s easy to see why graduate school can take a toll on mental health.

A recent survey of graduate students at Berkeley provides a snapshot of just how heavy that toll can be. Student leaders created the survey to help fill a void of data about graduate students’ mental health, which they say isn’t discussed enough on campuses. It gauged students’ well-being by asking them to indicate their level of agreement with statements such as “I’ve been concerned about money lately,” “I’m upbeat about my postgraduation career prospects,” and “I’m satisfied with life.”

The findings surprised even administrators who suspected that the climate

was unhealthy. About 37 percent of master's students and 47 percent of Ph.D. students scored as depressed. Graduate students in the arts and humanities fared the worst, at 64 percent.

Graduate students at Berkeley and elsewhere want their institutions to address their emotional well-being head on. Although counseling centers are important and can play a role in helping students, especially during personal crises, these students say that to make a significant difference, colleges must change the culture of doctoral education.

"Graduate student well-being is baked into the whole system," says Galen Panger, a fifth-year Ph.D. student in Berkeley's School of Information and lead author of the report.

Psychiatrists, after all, can't do much about poor adviser relationships, social isolation, precarious finances — or career prospects, which the report found was the top predictor of graduate students' levels of both life satisfaction and depression.

Like many graduate students, Mr. Phipps worries about his career prospects as doctoral production continues to outpace the share of new tenure-track positions. He works far more than the standard 20 hours per week that a Ph.D. student is officially supposed to work for a stipend, but he feels that he must, in order to complete his doctorate in a reasonable time.

Meanwhile, making do on his stipend in the San Francisco Bay Area is a constant challenge. He and his wife, a physics Ph.D. student at Berkeley, carry six-figure student-loan debt. And finances will soon get tougher: Berkeley's decision to stop covering health insurance for the dependents of graduate students could cost Mr. Phipps, who has a diabetic stepson, \$3,000 or more a year.

"I mentor undergraduates, and it's hard to recommend grad school to anyone now," he says. "You're going to suffer a lot through grad school, and your quality of life will be poor for six or seven years."

TO SOME, that is how it should be. Graduate school, the thinking goes, is supposed to be rough, a painful but necessary marathon on the way to an academic job. If a student can't navigate the challenges of a doctorate — both the rigors of the program and the life challenges along the way — he or she probably won't fare well as an assistant professor, better paid but under similar stress.

Sheryl Tucker, dean of Oklahoma State University's graduate school, says academe should no longer tolerate that view. One way universities can help change their graduate-school culture, she says, is by preventing students from being overworked.

When Ms. Tucker started her job, in 2011, she often heard of doctoral students whose assistant-

ships demanded too much of their time. It's one of the most common complaints of graduate students everywhere: The 20 hours on paper is more like 30 or 40 hours in reality. It's particularly a problem when the teaching or research is not related to the student's dissertation.

Ms. Tucker decided that administrators had to sharpen their message: Students and faculty members needed to know that any work beyond 20 hours should be the student's choice, and students needed to know they had recourse when they felt overworked.

Oklahoma State officials, including Ms. Tucker, had to speak individually with many faculty members or department heads who resisted the change.

"When push came to shove, if someone really was not getting it, we did have to say, 'This is how OSU defines our workweek with the federal government. There are federal regulations about how employment works,'" Ms. Tucker says. "You have to have difficult conversations. It's not fun."

She reports rarely hearing students complain of overwork anymore. Where it continues, it tends to be greatest in the sciences, Ms. Tucker says.

Humanities and arts disciplines, however, present their own challenge to students' well-being: isolation. When coursework and exams are complete, often all that's left between a student and his or her Ph.D. is two or more years of dissertation writing, which can be a lonely endeavor.

Some colleges are responding by creating more-structured programs or dissertation workshops in which students bounce ideas off colleagues. Others are aiming to create a sense of community among graduate students, who are typically not as connected to their institutions as undergraduates are.

One such effort is at Virginia Tech. A decade ago, the university turned an old hotel and conference center into the Graduate Life Center, a sort of one-stop shop for graduate-student services. The building offers housing for graduate students and areas to meet, including a coffee shop. It's also used to provide career advice, financial-aid workshops, and counseling services, in a place where graduate students can go without the prospect of being seen in a waiting room by the undergraduates they teach.

Berkeley, too, has addressed that common graduate-assistant fear. In recent years, it has created several "satellite" sites across the campus where graduate students can discreetly seek mental-health counseling.

Mr. Panger, the Ph.D. candidate, says Berkeley administrators have been receptive to his well-being survey. He and other students have briefed many campus leaders on the report, including the University of California's president, Janet Napolitano, who oversees a system that produces 7 per-

cent of the nation's doctorates. Berkeley's graduate dean, Fiona Doyle, wants to institutionalize the survey and conduct it every two years, as the report recommends.

After the report's release, the graduate school announced that it would hire a "graduate community coordinator" to create and oversee social programs for graduate students, and would make them aware of activities and services available.

Karen DePauw, dean of the Virginia Tech graduate school, says she is hearing interest from many fellow graduate deans who want to try something like the Graduate Life Center on their campuses. She agrees with Ms. Tucker, of Oklahoma State, that academe must change its attitude that doctoral education needs to be a time of anxiety and low morale.

"Yes, graduate school is stressful, and a lot of

time and energy must be devoted to it, but we don't need to demoralize folks," she says. "This isn't the 19th century."

As for the poor job prospects, Mr. Panger says Berkeley and other universities should try to change the culture around what counts as career success. Graduate students often worry that their advisers will be disappointed in them if they don't seek academic jobs. To deal with that and other issues, Berkeley plans to create a center and devote a full-time staff member this fall to work on graduate students' professional development.

Progress at Berkeley and elsewhere has been slow, but there's a "coming awareness" about just how important well-being is to performance and productivity, Mr. Panger says. He sees efforts like Berkeley's catching on. "Change doesn't happen overnight," he says.

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Community Colleges Seek Low-Cost Ways to Support Students' Mental Health

By VIMAL PATEL

MENTAL-HEALTH counselors at community colleges rarely handle only mental-health issues. They also offer academic advising, career counseling, and transfer services. On some campuses, they even run food pantries.

Meanwhile, they're trying to help a growing number of students with mental-health problems that are increasingly severe. More than half of the community-college counselors in a survey released in 2014 said more students were seeking help for depression and anxiety disorders, among other issues.

While four-year institutions, too, cope with a rising tide of troubled students, community colleges face special challenges. Their students are typically older, with families of their own. Many have experienced personal or financial setbacks that prevented them from attending college at an age when students traditionally do.

"People don't really get the complexity of mental-health issues that community-college students face," says Marge Reyzer, coordinator of health services at MiraCosta College. Last fall the 14,500-student institution, in Oceanside, Calif., counseled 11 suicidal students and saw an increase in students with post-traumatic stress dis-

order, she says. "We see one crisis after another."

Yet community colleges have the fewest resources. Only 8 percent of the counselors in the recent survey said their institutions provided on-site psychiatry; 19 percent said no personal or mental-health counseling at all was offered. Other surveys have found that most four-year colleges have such services.

Tight budgets can blur boundaries in a way that's not helpful, says Amy M. Lenhart, a counselor at Collin County Community College, in Texas, who is president of the American College Counseling Association. "If you are academically advising a student you have also counseled during a crisis, it's just not a good mix," she says. "Most counselors continue to wear those different hats."

To meet the growing need for mental-health services, she says, community colleges are getting creative. Here's how:

BUILDING PARTNERSHIPS

With resources scarce, community partnerships are key for two-year colleges, says Susan Quinn, director of student health services at Santa Rosa Junior College, in California. They

are especially useful in cases the college isn't equipped to handle — when, for example, a student is delusional or suffers a breakdown. If that happens, she says, a county-based team of licensed clinicians is summoned.

The county team is represented at meetings of the college's crisis-intervention group, which meets regularly to discuss how to handle potential problems. Many colleges, two- and four-year alike, created such teams following the 2007 shootings at Virginia Tech. Having a county employee present makes it less likely that a student will fall through the cracks if he or she is dismissed from the college because of safety concerns.

"We all learned from the Arizona case," says Ms. Quinn, referring to the 2011 shooting of U.S. Rep. Gabrielle Giffords by a recently suspended student from Pima Community College. "Our responsibility shouldn't just stop with dismissing the student. That person would still be on our county's radar screen because of the unique relationship we have."

USING INTERNS

Community partnerships aren't always enough. There is also more demand for campus counseling services, says Ms. Reyzer, at MiraCosta. The number of visits per year for mental-health counseling there has more than doubled over the past decade. To meet that need, MiraCosta has turned to unpaid volunteers from the area. The strategy has its critics, who, like Ms. Lenhart, worry that these interns aren't always equipped to deal with severe mental-health issues. But Ms. Reyzer says they offer a solution to limited staffing.

Ms. Reyzer's office hires one part-time licensed marriage-and-family therapist and eight interns, who need a certain number of clinical hours before becoming licensed by the state. The interns have master's degrees in marriage-and-family therapy, so the college is fulfilling its role as an

educational institution, she says. "We make no bones about it to students in need of counseling that they'll be seeing an intern."

TURNING TO PEER EDUCATION

Many students who need help never seek it. One cost-effective method to reach more of them is through other students, a strategy that some community colleges are embracing. MiraCosta hires about a dozen peer educators per semester,

69%
OF COUNSELING-CENTER DIRECTORS HAVE SEEN AN INCREASE IN CRISES REQUIRING AN IMMEDIATE RESPONSE

Ms. Reyzer says. These students go into classrooms to give presentations about stress, anxiety, and depression, and often describe their own struggles.

Javiera Quinteros Bizama, a second-year student majoring in marine biology, has delivered about 30 such presentations, in which she has talked about the suicide of a friend who was depressed.

At the end of the visit, she hands out an information packet that includes a San Diego suicide-hotline number, a fact sheet about depression, and descriptions of counseling resources at MiraCosta. Students are more receptive to the information, she says, when it comes from classmates.

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After 6 Suicides, U. of Pennsylvania Takes a Tough Look at Its Campus Culture

By CASEY FABRIS

A CLUSTER of suicides at the University of Pennsylvania has the campus facing tough questions about whether its culture discourages some students from getting the help they need.

Last month the university, where six students have taken their lives in a 15-month period, released a report by a task force that recommended addressing what it described as a perfectionist culture among students. Members of the task force said that many students feel pressure to put on a “Penn Face”—a perfect front to hide the emotions, stress, or sadness that they might be feeling.

“It was very concerning to me that people sort of see it as ‘This is what we do here, we’re good at hiding our pain,’” said Anthony L. Rostain, a co-chair of the task force who is also a professor of psychiatry and pediatrics.

While the university has made some changes in its mental-health resources—such as reducing the wait times for noncrisis counseling and creating a 24/7 help hotline—the task force argued that the bigger problem is persuading students to use them.

The report has also drawn some campus critics, who say that the eight-page document does not go far enough to suggest specific reforms in health resources and that it does not provide a clear timeline for carrying them out. Other critics say the idea of changing the campus culture is vague and hard to measure.

Of course, Penn is not alone in dealing with students under pressure to excel, and a focus on success isn’t unique to Penn. It’s an element of many similarly competitive colleges, which have tried

various approaches in recent years to intervene.

SHOW PEOPLE YOU’RE AMAZING

Jack Park, a senior urban-studies major, knows the pressure to wear a Penn Face, which he describes as “Facebook in real life.” On Facebook, he said, you post pictures of yourself only when you’re having an amazing time or eating amazing food or visiting an amazing place. At Penn, it’s the same way: You only show people that you’re amazing.

Last February he wrote about his own experience of attempting suicide. The post appeared on the blog Pennsive, which provides a place for Penn students to talk about mental health.

In his post, Mr. Park shared his phone number and email address, and invited responses from anyone who wanted to talk about what they were going through. Mr. Park didn’t think anyone would contact him. But in the year since then, he has heard from about 100 Penn students. Half of them were people he already knew, though he was hearing about their struggles for the first time, and half were strangers.

Rebecca W. Bushnell, the other co-chair of the task force and an English professor who is a former dean of the School of Arts and Sciences, said students should openly discuss the reality behind their Penn Faces.

Though some students may think they can’t change the culture, Ms. Bushnell said, she believes they can. She cited as an example a student who had organized a panel of student leaders—“people with the perfect Penn Faces”—to talk about

their vulnerabilities, failures, and disappointments. Events like that one, where students can talk about the challenges they face and see that the people around them are not as perfect as they seem, Ms. Bushnell said, have the power to drive change.

Fostering such discussions is key, said Alison K. Malmon, founder and executive director of Active Minds, a nonprofit organization that encourages college students to discuss mental health. Ms. Malmon started Active Minds when she was a student at Penn, after her brother committed suicide.

It's important to show students there isn't one perfect path to success, she said, suggesting that a college invite successful graduates who didn't take a traditional route to show students that, even if they break the mold, there's still hope for their future.

Ms. Malmon cited her brother as someone who could've benefited from that conversation. He had to take a leave of absence from his Ivy League university. The idea of needing to take time off, of not graduating in four years, was "devastating" to him, she said. Students need to be told that it's OK to not graduate in four years or not take as many courses as everyone else, she said. Mental health is more important than achieving elusive perfection.

"We need to show students that perfection is not the only thing and that success looks like a lot of different things," Ms. Malmon said. "Schools like Penn need to show their students what a typical course load should look like, what a typical night of sleep should look like, and what a typical Penn student looks like."

CHANGING A CAMPUS CULTURE

Penn isn't the only college seeking to improve its mental-health offerings. In fact, there's a program dedicated to helping colleges do so.

In its report, the task force indicated that Penn would work with the Jed Foundation, a nonprofit suicide-prevention group. Penn is one of several colleges that are part of the Jed & Clinton Health Matters Campus Program, in which Jed consults with the colleges over four years on mental-health issues and policies. Penn is starting the process, said Victor Schwartz, medical director of the Jed Foundation.

Mr. Schwartz said the Campus Program helps to hold colleges accountable. As a participant, Penn will conduct self-assessments and create an oversight committee to track progress.

Culture plays an important role in discussions about improving mental health on campuses, Mr. Schwartz said. A college needs to create a culture where students feel competitive with one another, but also responsible for one another.

Cornell University, another Ivy League institu-

tion with an enrollment of high achievers, is also part of Jed's Campus Program.

Cornell too has sought to change its campus culture. Although it has worked to promote mental health on its campus for years, the issue received renewed focus when six students committed suicide in 2009-10. Clusters of suicides like those at Penn and Cornell are not uncommon due to suicidal contagion, meaning students at risk may be more likely to commit suicide after others have done so.

MASKS OF PERFECTION

In response to the cluster of suicides, Cornell increased funding for mental health—something it had previously discussed reducing due to financial constraints—and expanded hours for counseling, said Gregory T. Eells, director of counseling and psychological services at Cornell.

The university worked to signal that asking for help is not a sign of weakness. The president, David J. Skorton, responded to the suicides with the message, "If you learn anything at Cornell, please learn to ask for help," Mr. Eells said.

Changing the culture doesn't mean making the college less competitive or eliminating the fear of failure—that's not going to happen at universities like Cornell or Penn—but rather getting students to understand that asking for help is the smart thing to do, Mr. Eells said.

It's important to connect with students who feel as if they're a burden, as if they don't belong, as if "somebody at admissions made a huge mistake," a feeling Mr. Eells said is common in the Ivy League.

Culture change isn't all abstract. Programming can send those messages too. Mr. Eells cited Cornell's Let's Talk program, started in 2002, as an example. The program offers informal walk-in counseling at locations around the campus, without any paperwork or appointment. It gives the college a chance to reach students who are reluctant to seek counseling, he said.

At Penn, Mr. Park said, students are beginning to cast aside their masks of perfection. It seems as if there have been more open discussions about mental health on the campus, he said.

"Real campus reform could happen if Penn students individually realized that, OK, I don't have to have a Penn Face. The society I'm in has a Penn Face, but it doesn't mean I have to have a Penn Face," he said. He still feels as if Penn should do more, but he acknowledges that it's a college, not a mental hospital. It's important, he said, that students chip away at the negative aspects of the Penn culture by working on themselves and their own mental health.

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GWENDA KACZOR FOR THE CHRONICLE REVIEW

Colleges Are Hard Put to Help Students in Crisis

By KATHLEEN BAKER

I ONCE wrote a suicide note. I was in college, at the peak of what turned out to be a lifelong battle with depression. It was the 1980s, a time when mental-health resources were available on many campuses, but also when colleges were only beginning to understand the immensity and complexity of the need. I was fortunate: A counselor, the hall director, and the resident assistant were all there to get me the help I desperately needed.

Now, nearly 30 years later, I am an administrator, on the other end of the problem — and it seems to have increased tenfold.

According to the National Alliance on Mental Illness, one in four col-

lege-aged young adults lives with a diagnosable mental illness. And suicide is the second-leading cause of death for college students, after traffic accidents.

Mental illness does not necessarily lead to thoughts of suicide, but academic pressures and the need to fit in with peers certainly can push in that direction. As a college administrator who is involved in crisis response, I see it far too often.

Colleges are at a crucial point in their ability to attract, retain, and graduate students. Many programs and services have been affected by budget cuts, and mental-health services have not been immune. At my own institution, an additional therapist was approved after many years of requests; unfortunately, the position fell to budget cuts before hiring was completed, even though assessment data showed a strong need, and enrollment continues to increase.

College officials are faced with students in crisis every single day. I'm not talking just about the counseling center on campus. I'm talking about emergency personnel, residence-life staff, even faculty. Colleges maintain crisis teams that are trained and ready to respond to any sort of incident. That makes sense, as anything that can happen in life can happen on a campus. But what about the students diagnosed with mental illness who don't yet have a full understanding of their condition? The National Institute of Mental Health reports that 75 percent of mental-health issues have begun by the age of 24. That means traditional-age college students are in their prime years for these diagnoses.

MANY TIMES parents have told me during orientation events that their child was just diagnosed with a mental-health condition. Their expectation is that the college will have the services on campus to fully support their child's success while dealing with this new diagnosis.

Well, we don't.

We do not have nurses assigned to check students' rooms to make sure meds have been taken. We do not have doctors and psychiatrists

who can adjust medications and assist students when they have adverse reactions. Some campuses are fortunate to be located near hospitals and physicians, but those colleges are responsible for getting the student there in time — and safely.

What do most colleges provide? They have a limited number of counselors and physicians (most likely nurse practitioners) on campus. They have people who respond to students in crisis — most often hall directors or resident assistants who are not mental-health professionals but who have training in suicide prevention, mental illness, depression, and so on. Colleges place high expectations on those individuals to respond to things that people in the “real world” would be dealing with in a medical setting.

What can colleges do differently? Require disclosure of mental-health conditions at application or admission? Weed out students who do not meet certain expectations of mental-health stability? Require those students to live with family? Pour more and more institutional dollars into mental-health services on campus?

I don't have the answers, but I know we have a problem.

I have played devil's advocate here — I don't believe we should weed out students with mental-health problems. After all, under such a policy, I might well have been one of those weeded out. There are so many successful students and professionals who live with mental illness and lead productive, happy lives. Unfortunately, society still has such a negative view of these things that we are forced to live in secrecy — which makes the problem worse.

If more students with mental-health issues were to speak up and state that we live with these challenges, colleges might better connect with and meet the needs of their students. As both an administrator and a student, I'm speaking up — and I am hopeful for change.

Kathleen Baker is a doctoral student in the educational-leadership program and director of housing and residence life at Seattle University.

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How Mental-Health Care Entered the Debate Over Racial Inequality

By ELLEN WEXLER

JUST BEFORE MIDNIGHT on Thursday, November 12, nearly 200 students gathered outside the house of Peter Salovey, Yale University's president. Passing around a megaphone, they read him their demands.

Among other things, they wanted mental-health professionals placed in each of the university's four cultural centers, which serve black, Asian-American, Hispanic, and American Indian students. And in Yale's Mental Health and Counseling Center, they wanted more counselors of color.

"There is a preponderance of evidence," one of the students said, "that racist environments, like Yale, harm the physical and mental health of people of color, like us."

As students on campuses across the country protest racial inequality, mental-health services for minority students keep coming up. It may not

"When students of color feel unsafe on these predominantly white college campuses, there are mental-health consequences."

be students' primary concern, but when students present lists of demands, it is often one of them.

When students at the University of Missouri at

Columbia issued their list of demands, in October, they asked the university to hire additional mental-health professionals, "particularly those of color." And this week at Occidental College, students demanded physicians of color "to treat physical and emotional trauma associated with issues of identity."

In the United States, minority students report higher rates of depression than do white students, but they are less likely to seek mental-health treatment. And for college students in all minority groups, stress related to race can predict psychological distress, studies have found.

Minority students need culturally sensitive support, protesters say. Living in hostile, unwelcoming environments changes how minority students experience campus life. They face unique psychological challenges, the argument goes, and so need unique mental-health services.

"When students of color feel unsafe on these predominantly white college campuses, there are mental-health consequences," said Kevin Cokley, a professor of counseling psychology and black studies at the University of Texas at Austin.

Last week Mr. Cokley attended a "town hall" organized by African-American students, who shared their experiences with racism and discrimination on the campus. At times the gathering got emotional.

"The stories that we heard from them were heart-wrenching," Mr. Cokley said. "We witnessed students breaking down during this town-hall meeting."

Mr. Cokley has studied what he calls "impostor feelings," which can affect minority students' confidence. Those students find it difficult to internal-

ize success, and they suffer from higher rates of mental illness.

As new concerns come to light, colleges and universities are trying to adapt. “I think schools understand that it’s a new day now,” said Darcy Gruttadaro, who oversees the National Alliance on Mental Illness’s campus program. “They need to listen very carefully.”

A CULTURAL SHIFT

But in the national consciousness, minority mental health is a new issue. With little precedent and scant research, college counseling centers don’t always know how to move forward.

“I’m sure there are programs out there,” Ms. Gruttadaro said. “There certainly is training. But it’s more than training. It’s a whole cultural shift.”

Ohio State University has suicide-prevention brochures tailored to students of different races. The university’s Counseling and Consultation Service runs groups specific to students of color, and students can receive clinical services in six languages.

At North Carolina State University, the Counseling Center compares the racial makeup of patients with the racial makeup of the student body. When there are disparities, the Counseling Center can tell that a group is underserved.

Recently the center discovered that international students were underserved. The university started including the center on campus tours, so students could see what the office looks like. Twice a week a counselor holds drop-in hours at the Office of International Services.

“We’re not asking them to walk through the doors of the Counseling Center first,” said the center’s director, Monica Osburn. “We’re meeting them where they are.”

At Yale the students outside Mr. Salovey’s house asked for an answer by November 18.

On November 17 the president sent an email to the Yale community. “I have never been as simultaneously moved, challenged, and encouraged by our community — and all the promise it embodies — as in the past two weeks,” he wrote. The email was 19 paragraphs long.

Near the middle of it, he responded to the students’ mental-health demands. Professional counselors will schedule hours at each of the four cultural centers, he said. Yale’s counseling staff will receive additional multicultural training, and the university will make “renewed efforts” to increase staff diversity.

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At the University of Missouri at Columbia, the vice chancellor for student affairs, Catherine C. Scroggs, focused on the issue briefly in a statement to parents.

“We recognize many students were fearful, sad, and anxious,” she wrote. “We have made multiple resources available for your children, including additional counselors, including counselors of color.”

MORE CREDIBILITY

Many advocates agree that colleges’ counseling centers should strive to better understand their minority students’ cultural complexities, and then tailor their services accordingly. But at universities like Yale, students are also demanding a more-diverse counseling staff, a request many colleges struggle with.

When minority students can schedule appointments with minority practitioners, supporters argue, they will be more likely to seek treatment.

“Folks already have some misgivings about approaching mental-health supporters and practitioners,” said Evan Rose, president of the Steve Fund. Mr. Rose’s family established the fund, which supports mental-health services for students of color, after his brother committed suicide, in 2014.

For students of color, Mr. Rose said, getting help becomes easier when they can approach counselors of color — especially when they’re dealing with issues related to being a member of a minority group.

“The more people can identify with your outward expression, the more likely you are to have more ascribed credibility,” said Michael G. Mason, an assistant dean of African-American affairs at the University of Virginia.

Mr. Mason is also director of Project RISE, a peer-counseling program for African-American students. When students work with a clinician of their race, he said, they might feel more open and hopeful about their treatment. But talented clinicians will earn credibility regardless of their race, he said.

Still, for many universities, finding a diverse pool of qualified practitioners is difficult.

“We need to do a better job as a profession in attracting people of color to the profession of counseling,” North Carolina State’s Ms. Osburn said. “Minority students need to see someone in the Counseling Center they feel like they can connect and identify with.”

Are You Being Rigorous or Just Intolerant?

By CATHERINE SAVINI

I ALWAYS took pride in being “a hard teacher.” I was rigorous but fair; my students didn’t need to be geniuses to succeed, they just needed to be “good students.” A good student attends class, sits attentively, participates in discussions, and meet deadlines. But after more than a decade of teaching, I realized that my idea of the good student was standing in the way of good teaching.

My awakening began one day in my required composition course, when three students sat in class wearing ear buds. Trying to stifle my annoyance, I grumbled to myself: “How could they think this was appropriate classroom behavior?” A week later, another student got up and walked out of class in the middle of a writing exercise. One of her peers later told me she had deemed the work “unproductive.” Hearing that I felt the familiar heat of anger: “Why come to college if you don’t want to learn?”

I’ve learned to push past those initial flashes of frustration, thanks to fresh data on the mental health of college students and to recent research on teaching. One concept in particular that has changed my interactions with students is the “ladder of inference,” presented in Peter Senge’s *The Fifth Discipline Fieldbook: Strategies and Tools for Building a Learning Organization*. The ladder of inference reveals the steps we take to create our beliefs about the world. The first five rungs of the ladder are: (1) observing a person’s behavior; (2) selecting data from what we observe; (3) interpreting that data through the lens of previous experience; (4) making assumptions; and (5) drawing conclusions about that person.

We tend to run up that ladder so fast that we unconsciously draw conclusions based on scant data. To make matters worse, once we’ve drawn our conclusions, we only entertain data that confirm them. If a student is late, we might assume he doesn’t respect our time, and every time he is late, our judgment is confirmed. But if we gather more data, we might discover that the latecomer has OCD and struggles to get out of the house. Of course, the student could just be inconsiderate or a slacker, but we don’t know unless we seek out more information.

I decided to take the information-seeking route. “So, tell me about the ear buds,” I asked one day, and the story of this 18-year-old’s struggles emerged: He had been in multiple car accidents; he is on pain medication but has trouble sleeping and staying focused; the background noise of the music helps him to concentrate. People with ADHD confirm this: They need something in the background to crystallize their attention on the foreground.

As for the student who walked out midclass, I in-

vited her to my office where I learned that she had left because of a panic attack. After a short conversation, I was satisfied that she had the necessary mental-health support, but when I asked about her other courses, she told me she was at risk of failing due to excessive absences. “Easy solution,” I said. “Communicate with these professors.”

But that was not an easy solution. The last time she had divulged to an instructor that she suffered from anxiety, the instructor’s response was, “Yes, we all have anxiety.” In the student’s words, this teacher “shut me down.”

According to data from the 2013 National College Health Assessment, nearly half of 123,078 respondents from 53 colleges and universities across the country felt overwhelming anxiety over the previous year and a third had problems functioning because of depression.

While some students arrive with diagnoses and legal accommodations, many begin experiencing mental-health problems during college; the average age of onset of depression and anxiety is 18 to 24. Whether these conditions are permanent or temporary, they are usually accompanied by learning challenges, such as impaired memory and decreased ability to focus and make connections, inhibited curiosity, diminished creativity, and limited flexibility.

To be clear, I have known students with psychiatric conditions who perform the role of the good student, but for others, conforming to that script can be impossible at times.

Despite our students’ struggles, many of us to continue to teach the way we were taught. We continue to lecture and produce syllabi that have the threatening tone of the Ten Commandments: Thou shalt not eat in class, thou shalt not be late, thou shalt not use cellphones. These rigid documents reflect good intentions. We want our students to learn how to behave professionally so that they succeed in the “real world.”

But there are a few problems with that approach: It doesn’t work. Banning cellphones, for example, doesn’t stop students from using them. And in the real world, successful people sit in meetings texting and eating food, or are routinely late. When we fill our classrooms with “don’t” directives, we are not treating students as adults.

Still, we hold up the syllabus on the first day of class like a crucifix to ward off the “students from hell.” In his classic *The Courage to Teach: Exploring the Inner Landscape of a Teacher’s Life*, Parker Palmer draws the veil from the “student from hell” to reveal a student “full of fear.” According to Palmer, teachers are also driven by fear: “We collaborate with the structures of separation because they

promise to protect us against one of the deepest fears at the heart of being human — the fear of having a live encounter with alien ‘otherness,’ whether the other is a student, a colleague, a subject, or a self-dissenting voice within.”

That resonates with me. As a writing instructor I rarely lecture, but I do have a tendency to choreograph every step of class, leaving little space for “live encounters.” If, as Palmer suggests, we are protecting ourselves, it makes sense that our syllabi are stringent. It also makes sense that we are more likely to rely on stereotypes of students rather than seek more data about them — because when we gather more information, what we find can be unsettling. They are not whom we envisioned. Rather than knowledge-thirsty, carefree adolescents, our students are complex people with complicated lives.

It is tempting to say, “We should leave mental health to the experts.” I have said that myself. But now I recognize that asking students to leave their mental-health issues at the door is not only unreasonable, it’s unjust. It’s akin to asking students to leave their race or gender at the door. Of course, we should direct students to the experts when they are in crisis, but there’s much we can do without positioning ourselves as therapists or saviors.

The work of promoting mental health shouldn’t always be outsourced to the counseling center; it must be part of the fabric of our institutions, including our classrooms. Too often when faculty discuss students with mental-health conditions, the conversation ends in the same place: Either we establish rigorous standards or we coddle students. But that is a false binary.

How then do we uphold our standards while creating an equitable learning environment? We can do so through small but meaningful acts like these:

- Mention in class campus events that promote mental health.
- Bring in speakers from organizations like Active Minds, a nonprofit that seeks to raise mental-health awareness among students.
- Distribute counseling-center information in class, including what to do if a roommate acts depressed.
- Include a statement about mental health on your syllabus.
- Check in with students who have missed multiple classes.
- Survey students at the beginning of a course to gather information about their learning challenges and concerns about the course. Check in throughout the semester with anonymous exit writing.

Likewise, we can also change the culture of the classroom by rethinking how we teach and how we structure assignments:

- Try scaffolding a major paper assignment. That means having students do the work in phases —

write a project proposal and hand in annotated bibliographies before the actual paper. It’s a good way to reduce student stress about a major assignment and improve their performance.

- Assign a text about mental health.
- Assign ungraded, in-class writing that asks students to think through problems related to course content and to assess what they do and don’t understand.
- Cut back on the time you spend lecturing and integrate more group work into your courses to create community.
- Finally, when students are in crisis, walk them over to the counseling center or dial the phone to make an appointment for them on the spot.

In a 2011 survey conducted by the National Alliance on Mental Illness, stigma was identified as the No. 1 barrier to students seeking counseling. Discussing mental health in the classroom reduces that stigma and encourages students to provide us with more data.

The student who left in the middle of my class told me she felt comfortable talking about her personal struggles with me because in my class we had read an article about mental health. She is smart and hard-working, but she was at risk of failing due to excessive absences. During our 15-minute conference, I gave her my computer to email her other professors and spell out the problem. She needed a nudge to trust that this was her best shot at succeeding at college.

Admittedly this is harder to do in a large-sized class. But even in such classes, we can acknowledge mental health by being open to “live encounters,” by ditching rules that don’t enhance learning, by responding to students with flexibility and caring, and by being informed about how mental illness affects learning and behavior.

Outside of the classroom, even something as simple as organizing a panel where faculty and staff members discuss how they manage their psychiatric conditions can be helpful. Such an event had a profound effect on one of my students who had been diagnosed with depression in high school. Hearing the stories of these successful professors and staffers in her first semester, she said, made her think, “I can do this. I’m going to make it.”

Reconsidering my notion of “the good student” has improved my pedagogy and my well-being. I spend more time getting to know my students and less time being frustrated. My courses are rigorous, and I have created a space for young adults with complicated lives. In this space, a diversity of perspectives and experiences allows us to learn together and from one another.

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