Student Mental Health and Wellness Working Group Report

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Executive Summary

Student demand for mental health services is intensifying quantitatively, in their acuteness of underlying concerns, and in terms of the variety of demands. The Student Mental Health and Wellness Working Group was convened during Spring 2023 and charged with the study of the current mental health and wellbeing network at Carleton and the development of innovative new approaches to care and support. This report presents a long-term strategy for student mental health and wellness care developed by the Working Group. The study identifies three strategic areas to assess current student needs and services and to think through innovations:

(1) Individualized Care – the provision of clinical care to individual students by Student Health and Counseling (SHAC), primarily; and the Office of Accessibility Resources' (OAR) role in assessing the medical basis for designing, approving and facilitating accommodations in housing, dining and academics.
(2) Public Health Approaches – the programming to targeted groups of students in a variety of areas ranging from sleep and time management to drug and alcohol use, to enable students to become better stewards of their own mental health and wellbeing.
(3) Institutional and Community Culture – efforts to change pervasive norms and orientations in the study body that glorify busyness and stress and undermine more balanced, self-care approaches that prioritize health and wellbeing.

Regarding individualized care, the Working Group found that, despite reasonable levels of staffing and budgeting, the rate of student demands for broader and deeper mental health services and petitions for accommodations will continue to outpace the capacity of SHAC and OAR to keep up. The Working Group recommends more of an emphasis on enabling students to find alternatives to serve their needs, including the provision of telehealth services, expanded case-management on-campus to help students find services off-campus, the development of a point-to-point transport service to facilitate off-campus appointments, and the development of a better understanding of how health insurance can support a wider range of healthcare choices. Low-income students with undiagnosed learning disabilities face testing costs that make getting accommodations out of reach. The Working Group recommends that the College study the cost of subsidizing or paying completely the costs of these tests.

Public health approaches promise the most cost-effective, efficient, and educational options considered by the Working Group. Led by the Office of Health Promotion (OHP), a number of units on campus, including PEAR and academic departments, may partner with the Division of Student Life to deliver a broader range of educational and co-educational training for students, but also faculty and staff. Addressing the pervasive culture of stress among students will require a more focused and sustained effort by the academic division to develop a new set of practices, including those favoring flexibility, student choice, and sleep-friendly deadlines to address underlying causes of stress and fatigue that are associated with rising mental health challenges. The Office of the Provost and the larger faculty ought to explore elective training for instructors to develop a better understanding of student mental health needs and integrate universal design for learning concepts into their courses.

I.   Introduction

The demand for mental health services for undergraduate students has expanded greatly in recent decades in higher education. The COVID-19 pandemic accelerated and made more serious trends that were evident before this period. Both the prevalence and acuteness of mental health concerns are on the rise, straining campus healthcare and student life services and resources, including at the selective liberal arts colleges (AUCCCD 2023; NASPA 2022; EAB 2018; COFHE 2019). At Carleton, these challenges led to the organization of the Student Mental Health and Wellness Working Group (hereafter, "the Working Group"), which was charged in spring 2023 with the task of envisioning innovative responses as part of a long-term strategy for promoting student mental health and wellness at Carleton. This report is the product of the Working Group's many months of investigation, analysis, and deliberation.

The report builds on earlier work documenting how students describe their mental health needs and how faculty and staff see these needs evolving over time. Drawing on these findings, the Working Group employed a broad understanding of "mental health." Mental health and wellbeing are not only the focus of efforts to provide individualized care for students with chronic conditions or for those suffering from acute periods of distress, anxiety, and depression. Students also need, simultaneously, a broad effort to help them manage everyday forms of stress and develop life skills to enable them to make good choices about their mental health and wellbeing. The Working Group wrestled with this wide spectrum of needs and purposes in defining a concept that kept reappearing in our conversations: "the scope of care." Although this concept has been central to defining the mission of Student Health and Counseling (SHAC) at Carleton, we recognize that this concept pertains to the whole College. We can also use the more encompassing phrase, "scope of support." Since the spectrum of student mental health needs is broad at Carleton, the scope of support must provide a similarly broad framework that cannot depend on any one unit or division of the College, but must employ a varied tool kit of responses that integrates action and complementarities across the Carleton community.

What we define as within the scope of support at Carleton sets the expectations for all units of the student mental health *network*. The breadth of the scope of support requires that we think about a "network" as opposed to just singular units such as SHAC, Office of Accessibility Resources (OAR), Office of Health Promotion (OHP), and others. The Working Group recognizes the reality that students interact with a range of formal and informal institutions at Carleton in seeking to have their mental health needs met. Given a broad spectrum of needs, different combinations of units of the student mental health network will be relevant and effective at different times and for distinct purposes.

The Working Group found it most helpful to think about the linkages between student needs and the varied tool kit of responses from different parts of the student mental health network at Carleton as working in three strategic areas. The first strategic area focuses on **individualized care** and is most associated with the work of SHAC and the OAR. SHAC is focused on providing clinical care, while the OAR assesses the medical basis for designing, approving, and facilitating accommodations in housing, dining, and academics. Both SHAC and OAR share as their primary focus work with specific students that seek care and their particular needs at a given time. The second strategic area involves **public health approaches** to student mental health and wellbeing

1

and focuses on a range of programming targeted towards particular groups or cohorts of students or the whole campus. Over the arc of students' time at Carleton, they develop the capacity to become more informed about their mental health needs and the resources that are available to support their choices. Public health approaches, represented well by the programming of the Office of Health Promotion (OHP), focus on educating students (as well as faculty and staff who support them) in the best practices for coping with major causes of mental health challenges: stress, sleep, social conflict, grief and loss, and financial concerns, among many others. The third strategic area encompasses **institutional and community culture**. This third area is the most difficult to connect to particular units of the College, as it involves the community more broadly and the common norms and orientations that students, faculty, and staff have about work, learning, maturation, and belonging. It was the consensus of the Working Group that any comprehensive approach to supporting student mental health and wellbeing at Carleton can only be effective if it works along all three strategic areas simultaneously and in an integrative manner. The rest of this report follows this three-prong structure, highlighting student needs, College resources, and innovative responses in each strategic area. Along the way, the analysis underscores connections and complementarities across segments of the student mental health network at Carleton.

For each strategic area, we retain two major analytic purposes. First, we assess to what extent student mental health needs are met in each area. We identify and analyze various gaps in each, noting which are the highest priorities given the larger mission of Carleton as an educational institution. Second, we provide in each strategic area a range of ideas and options that may be developed and employed to address unmet needs. The Working Group recognizes that in serving the mental health needs of Carleton students, we cannot meet all needs directly. Whenever possible, we suggest partnerships, resources, and staff that may assist students in making choices about their healthcare needs and finding the means to achieve solutions to mental health challenges. This includes off-campus as well as on-campus and existing as well as new resources and personnel.

Just as there is a wide spectrum of student mental health needs, the College must retain a varied tool kit of responses. The Working Group considered a range of actions that respond to individual students who express a need at a discrete time and entire groups of students who may be served through more sustained and programmatic efforts. In the concluding section of this report, we highlight a set of strategic priorities for a comprehensive approach to individual and collective wellbeing at Carleton.

In what follows, we draw on a number of studies, documents, and deliberations to illustrate key observations. These items are available on the Working Group Google Drive. Nevertheless, the report is not intended to prove particular observations but to provide conclusions and recommendations based on these sources and the sustained deliberations of the Working Group.

II.   Individualized Support

From the perspective of students and their families, the ability of Carleton to provide individualized support for students' mental health is of primary importance. When students seek assistance, they tend to do so on-campus and, more likely than not, at Student Health and Counseling (SHAC). SHAC's mission is to serve the mental health needs of all Carleton students using a high-quality "holistic, integrative, and developmental approach" (Keeling and Associates 2019). Following a comprehensive review by Keeling & Associates in 2019, which identified developing a new space as

the top priority, the College committed to building SHAC and the Office of Accessibility Resources (OAR) a new center on campus. The forthcoming inauguration of a new building presents opportunities for providing student mental health services in innovative and better ways, while still recognizing that resources and staffing are finite.

The Working Group recognizes that even with new spaces and additional staffing, the rate of student demands for a broader and deeper range of mental health services will continue to outpace the capacities of SHAC to respond. Not only has student utilization of counseling services dramatically increased over the previous decade thereby saturating the capacity of SHAC staffing, specific demands for certain types of care and therapists with particular backgrounds promise to continue widening gaps between student expectations and campus resources. Based on a recent survey conducted by the Carleton Student Association (CSA) of student feedback concerning the student mental health network, respondents complained (sometimes bitterly) about several shortcomings in their interactions with SHAC (see CSA Survey documents). The bulk of student complaints involved the inability to see the therapist of their choice on a particular schedule and the difficulty of accessing certain types of care on-campus.

Some of the student responses identify gaps in current services that are also mentioned in Keeling & Associates' report, including nutritional counseling, psychiatric care, and more case management assistance for students seeking off-campus, long-term care. SHAC leaders have also identified growing areas of need such as gender-affirming care for the increasing trans and gender non-binary student population at Carleton. The Working Group cannot parse which areas ought to be part of SHAC's scope of care or the priority that each should be given within that framework (instead, see SHAC's "Scope of Care" document). That ongoing task resides with SHAC's leadership in concert with the Division of Student Life and the larger College mission. Where the Working Group's perspective is most pertinent is in clarifying the larger strategy for individualized care.

It became clear to the Working Group that SHAC can promise to serve the mental health needs of all Carleton students, but it cannot serve all needs itself. Increasing the access and frequency of mental health counseling and greater diversity of therapist identity and demographics through additional staffing and prudent budgetary increases must continue, but new tools must be added presently to SHAC's tool kit to serve all students according to its mission.

First and foremost, the College must provide telehealth options to students to meet demands for individualized care that SHAC cannot provide on the timeframe students need. A telehealth service that meets the variety of current demands at a reasonable cost and within the scope of insurance coverage would be optimal. Perhaps spaces in the new SHAC/OAR building might be reserved to enable private consultations via telehealth.

Second, the College must commit itself to increasing the ability of students to access off-campus healthcare. This will require continued commitment and expansion of the case management system, which currently depends on a single SHAC-based clinical care manager (CCM). Adding another CCM in the coming years to handle the burgeoning load of cases must be a priority. A crucial complement to this commitment will be the development of a transportation system to allow point-to-point transfer of students to their appointments. The logistics, staffing, distance limitations, and costs of this system are beyond the purview of the Working Group's analysis, but it is the consensus of the group that the provision of transportation at a reasonable cost to the College must form a core part of the commitment to meet students' mental health needs.

A third area of action involves health insurance. The Working Group found this a mostly neglected, understudied, opaque but still crucial area for further development of policy and programming. Drawing on the CSA survey and the experience of members of the Working Group, we find that students have only the slightest understanding of how health insurance works and what the Wellfleet student plan covers. One way to achieve this would be to create a Basic Needs Case Manager (BNCM) as part of the expansion of the case management system. A BNCM can help students address insurance, transportation, housing, food insecurity, etc.. The position can be placed in, or work closely with specific staff in Student Financial Services with specific training in student insurance (such as MNSure certification) to early-identify underinsured students. The BNCM can work closely with the CCM to develop with each student a plan responsive to the type of assistance that is needed, existing or needed insurance coverage, and the logistics of accessing off-campus services, if these are required. The Working Group had no data on the levels of underinsured students, either opting out of the student plan or losing coverage during the academic year, but the College ought to know the degree of such inferior coverage as this will continue to be an ongoing constraint on some of the options listed above. The Working Group also believes that students have a responsibility for learning about health insurance. If students believe that they simply cannot afford certain types of off-campus care, they are unlikely to come forward to request it. Learning about how health insurance works is an educational opportunity that can empower students to make the right health care choices for themselves, perhaps reducing the demand on SHAC over time. Below, we address this further as part of the public health strategy.

The inauguration of a new space for both SHAC and OAR will greatly enhance the excellent collaboration that both units maintain. The linkages between mental health and disability are increasingly becoming more apparent in the growing number of student requests for accommodations (housing, dining, academic) based on underlying mental health issues. Yet there are a number of gaps in the current system that need addressing. The timely provision of approved accommodations is sensitive to the cost and timeframe required for securing disability assessments. Students who have not been tested may wait weeks or months and face unaffordable options regarding testing for developmental and learning disabilities such as attention-deficit hyperactivity disorder and dyslexia. The Working Group also noted a deficiency in student awareness of resources on- and off-campus and how or whether OAR and SHAC can work together in preparing disability documentation. Low-income students are particularly at-risk of not acquiring accommodations as they are most likely to enter Carleton with undiagnosed learning disabilities and they are least likely to afford the out-of-pocket costs for testing. Some of these tests can be priced as high as $2,000 per patient. Presently, we are unaware of any of Carleton's peers that pay for disability testing, though grant funding has been used in the past for short periods to make it possible for some low-income Carleton students to be tested. So, the practice is not outside the College's scope of support.

The quantity and variety of student demands for disability accommodations based on underlying mental health issues requires that the College commit resources prudently to provide additional staff support to the SHAC/OAR system specifically to address this challenge. It is difficult to know how many students have undiagnosed disabilities, but we do know that students (and faculty and staff who refer students for testing), do not have identified testing resources that are easily accessible and affordable. We recommend that the College prioritize access to testing resources, possibly by subsidizing the cost (as insurance coverage varies widely) and by assisting with transportation to non-local testing resources or exploring ways of offering on-campus testing resources. The Working Group could not assess the costs of providing support for testing, but the College must study this

issue and estimate a cost that would be sustainable for the long-term. Given that the provision of accommodations is a civil rights concern, the inability of low-income students with undiagnosed learning disabilities to secure testing is one of the more glaring examples of inequity present at Carleton today.

The level and quality of individualized care available on-campus at Carleton is impressive, but it will never be sufficient for dealing with the growth of the quantity and variety of student demands for mental health care and disability accommodations. Rather than swimming against this forceful tide, the Working Group recommends new tools for the SHAC/OAR tool kit to enable individual students to make choices about their own health care.

III.   Public Health Approaches

One of the most cost-effective, efficient, and educational approaches the Working Group considered involved enhancing our growing capacities to deploy public health approaches to the challenges of student mental health and wellbeing. These strategies refer to a range of tactics focused on prevention, building up student resilience and knowledge, enabling student choices about their own mental health so as to reduce their dependence on individualized care resources (Parcover, Mays, and McCathy 2015). In this regard, the Office of Health Promotion (OHP) stands at the nexus of a key part of the student mental health network on-campus. OHP programming on responding to common causes of anxiety and situational depression, which compose the bulk of cases referred to SHAC, are associated with managing stress, time, and sleep as core elements of OHP's annual programming. Notably, the Keeling and Associates' review of SHAC underscored the need to deepen existing complementarities between SHAC and OHP. The Working Group believes that many more complementarities are possible and, if these are explored collaboratively, certain efforts on the public health pathway will help SHAC moderate its caseloads moving forward, which is an expectation corroborated by research on student health counseling services on American college campuses (Francis and Horn 2017).

For a number of years, OHP has provided robust programming for all students on mental health and wellbeing, sleep, alcohol and drug use, and sexual wellbeing. OHP's mission emphasizes the role of students' own choices in achieving wellness outcomes and it has employed a suite of evidence-based initiatives to create health-supporting environments throughout campus for all students as well as particular cohorts (e.g., BIPOC students). OHP's survey data is immensely helpful for providing an overall picture of how students view wellness at Carleton (see "2023 Carleton Well-Being Perceptions Survey "). These data complement larger datasets developed by the American College Health Association, allowing for comparisons across institutions (see NCHA-III Spring 2022). The Working Group used these data to inform our recommendations.

Given the breadth of OHP's remit, this unit is a potential partner for a variety of other actors at Carleton who can produce robust changes in favor of students' mental health and wellbeing. Several ideas emerged in our deliberations over public health approaches that we will discuss here, but these possibilities are only examples. They do not exhaust the full range of ideas that could be brought into existence at Carleton in the years to come.

One promising arena for developing public health approaches is in connecting OHP-based initiatives to academic ones. For example, a PEAR-OHP partnership is very viable in which a PE

credit may be offered as a mode for students to take a course that relates to improving mental health and that also satisfies a PE credit towards the graduation requirement. PEAR believes that a menu of course offerings could be developed in collaboration with the OHP and SHAC. PEAR also sees OHP's cohort-specific programming as very useful in continuing specific trainings for varsity and club athletes.

Beyond exploring partnerships with OHP, PEAR has the capacity to provide a range of wellbeing programming. Among some of the ideas discussed by the Working Group were a variety of outreach programs such as the strongly attended "Rec at Night" event, a late-night substance-free program. In collaboration with Nancy Braker and the arboretum office, PEAR personnel are working on a Campus Nature Rx program as part of a coalition of schools that provide resources and education about nature and the positive mental health benefits that come from being outdoors. More broadly, PEAR is developing a vision for a broader use of the Rec Center to serve the larger campus community; an endeavor that would be greatly enhanced by imagining and building new facilities spaces.

Envisioning potential OHP-PEAR partnerships only underscored for the Working Group the largely untapped potential of broader alliances between the Academic and Student Life Divisions. There was much conversation on the Working Group about the over-taxed and mostly one-shot programming of New Student Week (NSW). Although the lack of a presence for SHAC at NSW was mentioned by many, the limited schedule and frenetic nature of NSW makes it a poor vehicle for many of the initiatives we imagined as sustainable public health approaches at Carleton. NSW may be improved by foreshadowing some of the public health programming at Carleton, including informative profiles of SHAC and OAR, but the Working Group does not believe that this will be sufficient. The Working Group suggests reevaluating NSW's structure not only to address the burnout of returning student facilitators but also to modify the pace and content to be more inclusive. This includes creating a less intense schedule, allowing new students, especially introverts, adequate time to rest and mentally prepare for the upcoming term. Furthermore, reassessing the content during NSW is vital to ensure it aligns better with student needs and provides a smoother transition into academic and campus life, including a more comprehensive introduction to mental health and wellbeing resources available on campus. One idea to explore is the possibility of developing programming throughout a student's first term or the first year at Carleton.

Staff and faculty training on how to identify and support the mental health of students and others in our Carleton community was identified as a salient gap. Although Carleton already provides Mental Health First Aid training to students, faculty, and staff, it is an 8-hour course. The Working Group recommends finding a brief, yet effective mental health training program that should become mandatory for all employees. Depending on whether the program is staff-led or purchased from an external vendor, either additional budgeting or staffing may be required in order to develop a program sufficient to train the entire employee pool.

It is clear in what was mentioned in the previous section on individualized support that much can be achieved through educational initiatives focused on key areas: health insurance, mental health-sustaining self-care, the management of time and sleep, effective academic habits of mind, resilience training, and simply knowing what the student mental health network is at Carleton and how it works. To be sure, the first-year cohort is the most malleable, especially in the first term. All students are required to take an Argument and Inquiry (A&I) seminar that term, so the attention of the faculty on the Working Group turned to how these seminars might be partnered with student

life initiatives in an effective manner. Once again, the range of specific ideas cannot be fully captured in this report, but suffice to say that the Working Group would underscore the need for the Academic Division, beginning with the Office of the Provost and the larger faculty, to imagine ways in which A&I seminars can encompass academic best practices that reinforce student resilience and enhance the habits of mind and behavior that seek a healthful balance between work and personal time.

The Working Group realizes that the A&Is cannot bear the full burden of a student life curriculum that might be more efficiently and helpfully delivered alongside the A&Is. Instead, the group imagined a variety of modalities, including fully online, asynchronous trainings on topics ranging from common areas of concern such as financial literacy and learning about the student health insurance plan to particular areas such as managing learning disability accommodations. A&I instructors might be expected to handle more academic-centered areas such as how to navigate library resources and academic support services, how to use office hours, how to ask professors for flexibility on deadlines, and how to manage the stresses of the trimester. For the faculty on the Working Group, it was clear that if the A&Is ask instructors to teach materials too far removed from the academic, there will be less interest by faculty to offer A&I seminars. But what has not been done at scale thus far at Carleton is a fully integrated, parallel system of instruction that encompasses an academic and a student life curriculum in the first term. The same credit structure might be offered, but reflecting on the CSA student survey responses, it may be more effective to recognize students' additional efforts and provide more credit as part of an enhanced first-term graduation requirement. As the students on the Working Group underscored in no-nonsense terms: without the credit, few students would elect to take on the additional work, if they have a choice. And in response for taking on the work, students would be held accountable to learn. One might imagine online, asynchronous modalities, like the cybersecurity awareness interface, that is mandatory, comprehensive, and effective in teaching the basics without the need for additional staffing.

A combination of mandatory and elective training programs could easily spring from these experiences in collaboration between the Academic and Student Life divisions. Modalities that focus on particular years (e.g., sophomores, seniors) might form the basis for some of these collaborations. Existing models such as the Sophomorphosis program that profiles academic majors and programs for sophomores as well as off-campus programs, pre-med training, the Career Center, student fellowships, and the Writing Program might be conceived for academic-student life partnerships. Once again, imagining all of the possibilities is beyond the ken of the Working Group, but it is clear to us that the public health approach represents one of the most efficient and cost-effective arenas in which the College's resources can be marshaled to have a large, positive impact on student mental health and wellbeing, while reducing the strain on the individualized support system.

IV.   Institutional and Community Culture

Perhaps the most discussed idea in the Working Group's deliberations was the sense that even the most well-conceived services and programming can be and will be undermined by the pervasive culture at Carleton of glorifying being overly busy and stressed. This is evident even to third-party observers. For example, the Keeling and Associates review of the SHAC offers a most telling finding when they conclude that "…the campus culture at Carleton does not consistently or effectively promote a balance between an academically rigorous experience and students' resiliency,

self-care, and personal development; the College, as a whole, should seek to reimagine the student experience in ways that better prioritize health and well-being alongside a challenging educational experience" (Keeling and Associates 2019).

When the Working Group's discussions turned to institutional and community culture, much of the focus was on how students can better navigate academic expectations in ways that produce a workable balance between the requisites of work and mental health. Attention here must turn first to the faculty, the academic departments and programs, and the Office of the Provost. Neither students nor faculty believe that a Carleton education ought to be "less rigorous," but both must recognize that there are practices that faculty and students can embrace that help reduce the level of unhelpful stress. The faculty on the Working Group met to discuss ideas that came out of the Fall 2023 Learning and Teaching Center (LTC) book group that read Eaton, Hunsaker, and Moon's book, *Improving Learning and Mental Health in the College Classroom*. The notes from this book group, which were provided by OHP's Patrick Gordon, detail a number of helpful suggestions (see "LTC Mental Health Book Group Notes"). These include the use of syllabus statements that address mental health, the intentional scheduling of deadlines to incentivize sleep, communicating clear expectations and policy concerning flexibility around deadlines and assignments, providing multiple options for satisfying learning goals, etc. Regarding disabilities, besides providing a syllabus statement on accommodations, more and more faculty ought to learn about and employ Universal Design for Learning (UDL) elements in their courses. The number of recommendations is too great to detail in this report, but it is clear to the Working Group that these form the substantive foundations for future programming for the LTC, the Office of the Provost, and the broader faculty, including particular departments. If the Working Group has one core recommendation in this area it is this: the academic division of the College must make student mental health a priority and provide clear guidance and support for faculty in this area.

To prioritize student mental health in Carleton academics can take many forms. The aforementioned A&Is with a parallel student life curriculum is one area to explore. The diffusion of best practices concerning how to reinforce student choices about their own health and how they handle stress should be part of new faculty orientation, new adviser training, and multiple LTC sessions each term. At least one faculty retreat in the next few years should profile the student mental health challenge and some responses. Grant-supported academic initiatives and workshops, perhaps in collaboration with peer institutions in the Associated Colleges of the Midwest (ACM), could provide other vehicles for disseminating best practices and raising faculty and staff awareness. As the faculty on the Working Group repeatedly noted, the fact that *some* faculty talk about student mental health as a challenge does not mean that *all* faculty understand what that challenge is, or that they have the same conception of the challenge, or even that they carry a responsibility to be part of the response to the challenge.

Whatever the faculty can do is only going to be as effective as the degree to which students are receptive and willing to adapt. Merely providing knowledge and requiring a demonstration of learning does not guarantee the change in behaviors that will be needed to minimize the busy culture at Carleton. Students must take a proactive stance, including by balancing their curricular and co-curricular commitments in a way that sustains a healthy lifestyle. As the CSA survey and some of the students on the Working Group underscored, the most common and accessible source for support that students have is one another. As long as students value a permanent state of being busy, tired, stressed, and overwhelmed as badges of stamina and toughness at Carleton, many of the recommendations of this report will not prove effective in addressing the mental health challenges at

the College. Ultimately, all three strategic areas analyzed in this report must be directed at enabling, encouraging, and educating students to make better choices that make their own mental health and emotional wellbeing personal priorities. If enough students shift their behaviors in these directions, they can then begin to use peer support to diffuse these personal best practices throughout the broader student body.

V.   Summary of Priorities and Action Items

The Student Mental Health and Wellness Working Group found a number of strengths and persisting gaps in the College's promises to serve the mental health and wellbeing needs of its students. Particular units of the student mental health network – SHAC, OAR, OHP – have produced robust services over the years and have been supported with budgets and staffing that have allowed these units to provide high-quality services. But the pace of change in the quantity and variety of student demands for care promises to outstrip the capacity of the individualized care portion of the network to achieve its mission. Relying too heavily on expanding the individualized care apparatus on campus is an unsustainable and increasingly insufficient response. While the College must be mindful about the importance of maintaining and innovating on-campus structures, strategic use of off-campus resources such as telehealth and on-campus public health education to enable students to manage their own healthcare choices must form a much larger part of the overall strategy moving forward.

The Working Group identified several key recommendations in the three strategic areas analyzed in this report. This list hardly exhausts the full range of possibilities. It is our hope that underscoring these priorities will inspire still more, novel ideas. We summarize our core recommendations here in bullet-point form:

- Develop a telehealth option to augment the current on-campus care available.
- Expand the case management system with a Basic Needs Case Manager and another position in Student Financial Aid to support students' understanding and use of health insurance and off-campus care.
- Continue to support, and expand when necessary, the staffing and budget needs of SHAC and OAR.
- Examine the possibilities for subsidizing or covering 100% of the costs of disability testing for low-income students.
- Provide a point-to-point transportation system for students to access care off-campus.
- Provide a mandatory, online curriculum for first-term students for areas such as health insurance and the options available to manage their own mental healthcare.
- Revise New Student Week structure and programming to alleviate facilitator burnout, better accommodate diverse student needs, and update content for an effective transition into college life.
- Explore the possibilities for reforming the A&I seminars to integrate academic-based best practices and the development of a parallel student life curriculum with

synchronous and asynchronous modes of instruction. Provide academic credit for students completing this training.

- Provide further support for elective courses that address student mental health and overall wellbeing and that provide academic credit. These efforts may continue to focus on PEAR, but may not be limited to just that department.
- Mandatory training for employees in a briefer program on identifying and supporting student mental health.
- The Office of the Provost and the larger faculty ought to explore the possibilities for professional development workshops and conferences focused on the priority of student mental health in the academic life of every Carl. Similar efforts should focus on accessibility (e.g., UDL training for faculty). Broader elective training may be designed for staff as well as faculty. These may be developed with the assistance of OHP and OAR.
- New programming linking the Division of Student Life and the Academic Division of the College, including co-sponsored events that highlight resources and best practices for addressing mental health and wellbeing. Consider integrating these elements into existing mandatory training (e.g., the new faculty orientation workshop, new adviser training, etc.). Consider the development of periodic, mandatory, online training of all faculty and staff on the best practices of supporting student mental health, modeled on the cybersecurity training interface.

It is clear to us that Carleton enjoys a robust network of staff and faculty, programs, service providers, and innovative departments and thought leaders who are dedicated to supporting the mental health and wellbeing of every Carl. Addressing student mental health challenges now and well into the future will require that these talents and resources are harnessed strategically and wisely in a timely and effective manner.

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