February
2023

NC STATE

Student Mental Health Task Force Report

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Executive Summary

As a nation and states in general, and universities specifically, we are grappling with how to address the ongoing mental health crisis. Before the pandemic, there was a drastic increase in demand for mental health resources. This preexisting demand, coupled with the isolation and disconnectedness caused by the COVID-19 pandemic and coping with the day-to-day stressors of our rapidly changing world, have exacerbated our students' ongoing mental health challenges.

Studies, such as the National College Health Assessment conducted by American College Health Association (ACHA) in 2022, showed that 51.7% of all university students regularly experienced moderate psychological distress during the 2021-22 academic year, and 27.8% presented a high suicide screening score.

Additionally, the Center for Collegiate Mental Health's 2022 Annual Report showed that of the students seeking mental health services, 72.4% said the pandemic affected their mental health, and 66.7% said it affected feelings of loneliness and isolation.

NC State University is also confronting these challenges, having experienced multiple student deaths in the fall 2022 semester. Over the past five years (2018-2022), NC State has averaged eight student deaths annually, ranging from 5 to 12, including deaths by natural causes, accidents, and suicide. Of these, there was an average of three student deaths by suicide per year with a range of 1 to 7. For additional context, from 2016-2020 there were 878 deaths by suicide in North Carolina of people ages 15-24, of which 10 were NC State students (United States Census Bureau, n.d.). Death by suicide is an ongoing challenge that is worsening post-pandemic and impacting North Carolina and NC State.

Over the past decade, NC State has dedicated tremendous resources to address student mental health. However, to address the current urgent need to support student mental health on our campus, the university moved forward with intention by charging a Student Mental Health Task Force in November 2022.

The Task Force recognizes there are several short-term actions that can help improve mental health support on campus. However, a number of recommended initiatives will take sustained, ongoing commitment over time to help achieve the mental health outcomes we strive for at NC State.

This report summarizes the findings and recommendations of the task force and presents the next steps in building an implementation plan for the recommendations.

The Task Force Approach

The Task Force's goal was to create a comprehensive list of recommendations to address and support our students' multifaceted mental health needs.

To derive those recommendations, the Task Force had first to understand existing campus resources, review the literature to understand best practices, and examine campus policies that impact mental health.

Most importantly, the Task Force had to engage the campus community in this critical conversation and listen to what our community had to say about the mental health of our students.

To address these charges, the Task Force, comprised of undergraduate and graduate students, faculty, staff, and administrators from across the university, divided into subgroups that focused on five areas:

- Inventory of Current Practices, Strategies, and Programs
- Literature Review of Curricular Best Practices for Supporting Student Mental Health
- Literature Review of Co-Curricular Best Practices for Supporting Student Mental Health
- Campus Policies, Practices, Rules and Regulations Impacting Student Mental Health
- Stakeholder Engagement

The Task Force and subgroups met weekly, beginning Nov. 18, 2022, through Jan. 25, 2023, with subgroups meeting more often to complete the work. Summaries of the weekly agendas and meeting minutes are available on the Task Force website.

As a result of the work of the subgroups, the Task Force created a list of recommendations to address and support student mental health at NC State. It is important to note that given the urgency of creating recommendations and identifying ways to support the mental health of our students, the Task Force did not discuss the pros and cons of these recommendations. The work of researching, evaluating, determining viability, and potentially implementing the recommendations must begin immediately following the work of the Task Force.

Recommendations

In addition to developing specific recommendations, the Task Force identified the following overarching action items that are fundamental to improving student mental health at NC State:

- Integrate campus-level diversity, equity, inclusion and mental health planning
- Form implementation teams to continue the work begun by the Task Force
- Continually assess the effectiveness of existing and new services and programs
- Increase awareness of current mental health and wellness resources
- Engage the campus community in the ongoing conversation regarding student mental health

The recommendations fall into three categories: **Culture of Care**, **Resources**, and **Policies**. The time needed to evaluate and potentially implement each recommendation varies. Some recommendations are already in progress, some can potentially be implemented in the short term (defined as by the end of this academic year), and some will take longer.

Culture of Care

Institution

Short Term

- Add additional interventions and opportunities that promote a sense of belonging, connection, and community

Longer Term

- Become a JED Campus
- Create a Dean of Students-type role
- Review existing advising models across the university
- Continue to address food insecurity, housing instability, and other environmental factors
- Implement universal screening for mental health for students
- Implement “means restrictions” via the built environment
- Increase prevention efforts
- Create more gathering spaces that cultivate community
- Continue to address financial barriers to success among students

Curriculum

In Progress

- Schedule Wellness Days each semester

Longer Term

- Add a syllabus statement on mental health
- Coordinate exams at the institutional or departmental levels
- Ensure course expectations and workload align with credit hours earned
- Examine academic expectations
- Modify the Department of Health and Exercise Studies GEP courses required by every undergraduate student to increase education on wellness and life skills
- Create a common core first-year experience course

Prevention/Education

Short Term

- Require students to complete a well-being skills training program
- Encourage faculty and staff to attend ally training programs, diversity training, and racial dialogue workshops
- Create a campus-wide theme centered on wellness and a sense of belonging for the 2023-2024 academic year

Longer Term

- Require faculty and staff to complete “gatekeeper training”
- Add a health and wellness component to performance appraisals for employees
- Implement a peer mentoring support program

Communication

In Progress

- Improve the usability of the Counseling Center website
- Create a “one-stop shop” website for mental health and wellness resources
- Review and update NC State’s postvention protocols

Short Term

- Compile and advertise a list of courses that support well-being

Resources

In Progress

- Embed clinicians across campus
- Create a faculty toolkit and other resources for faculty
- Increase access to counseling services and decrease the wait time

Short Term

- Hire and retain more clinicians and case managers

Longer Term

- Provide a wellness app for the NC State community
- Provide additional student support services and community engagement programming opportunities on Centennial Campus
- Provide student services for distance education students

Policies

Proposed New Regulation

Short Term

- Undergraduate Leave of Absence Regulation

Regulations to be Reviewed

Longer Term

- REG 02.20.03 Attendance
- UNC System 400.1.6 Academic Calendar
- REG 02.20.14 – Test and Examinations
- REG 02.20.13 – Teacher Availability to Students
- REG 02.20.07 – Course Syllabus
- REG 02.20.10 – Listing of Required Course Materials with the NCSU Bookstores
- REG 02.05.02 – Length of Time to Graduation

- REG 02.05.04 – Term Withdrawal from the University
- REG 02.20.02 – Adding and Dropping Courses
- REG 02.20.15 – Credit Only Courses
- REG 07.55.03 – Refunds
- REG 02.45.02 – Grades and Credit in Graduate Courses
- REG 02.50.03 – Grades and Grade Point Average
- REG 02.20.16 – Undergraduate Grade Exclusion
- REG 02.20.06 – Course Repeat Regulation
- REG 02.45.01 – Academic Difficulty (Applicable to graduate students)
- REG 02.05.01 – Continuation of Undergraduate Enrollment (academic suspension)

Task Force Charges

In the fall of 2022, the NC State Student Mental Health Task Force (the "Task Force") was convened by the Division of Academic and Student Affairs (DASA) Vice Chancellor and Dean Doneka R. Scott to evaluate and address the mental health needs of our students. For context, the well-being of our students has been, and is, a priority under our institution's previous and current strategic plans.

In the previous NC State strategic plan, *The Pathway to the Future* (2011-2020), as described under "Goal 1: Enhance the success of our students through educational innovation," expanding student mental health and well-being resources was a top priority. The university made significant progress in this area, as the Counseling Center grew from 18 clinical positions in 2012 to 47 in 2023. In addition, Prevention Services was created in 2014 and grew from an original staff of 2 to 8.

The university's current strategic plan, *Wolfpack 2030: Powering the Extraordinary* (2021-2030), places an even greater emphasis on well-being, as Goal 4 champions a culture of equity, diversity, inclusion, belonging, and well-being in all we do.

Within this framework, Vice Chancellor and Dean Scott charged the Task Force with creating a university-wide report by completing the following actions:

- Take an inventory of existing mental health resources on campus.
- Identify curricular and co-curricular best practices through a literature review and a study of peer institutions.
- Review existing NC State policies, rules, and regulations that may impact student mental health.
- Develop recommendations for improvements and innovations to address student mental health.

The Task Force delivered the initial draft of their report in mid-February 2023 so that consideration and implementation of recommendations could begin as quickly as possible. The goal was to provide evidence-based and community-informed recommendations to help improve student mental health at NC State.

Members of the Task Force

Co-Chairs

- Lisa Zapata, Senior Associate Vice Chancellor, DASA
- Helen Chen, Senior Vice Provost, Office of the Executive Vice Chancellor and Provost

National and NC State Mental Health Trends

- Monica Osburn, Executive Director, Counseling Center and Prevention Services

Inventory of Current Practices, Strategies, and Programs Subgroup

- Shannon DuPree, Director, Wellness and Recreation, DASA, Lead
- Angelitha Daniel, Assistant Dean for Diversity, Equity and Inclusion, College of Engineering
- Justin Hammond, Assistant Vice Chancellor of Strategic Marketing and Communications, DASA
- Joy Kagendo, Lecturer, Health Minor Coordinator, Department of Health and Exercise Studies, University College, DASA
- Chester Miller, Director, Residential Learning, University Housing, DASA

Literature Review of Curricular Best Practices for Supporting Student Mental Health

- Herle McGowan, Chair of the Faculty, University Faculty Senate, Lead
- Peter Harries, Dean, The Graduate School
- Jerome Lavelle, Associate Dean, Academic Affairs, College of Engineering
- Tina Nelson-Moss, Director of Risk Assessment/Risk Assessment Case Manager, Environmental Health & Public Safety
- Gavin Williams, Head, Department of Chemistry, College of Science

Literature Review of Co-Curricular Best Practices for Supporting Student Mental Health

- Kesha Reed, Associate Vice Chancellor and Associate Dean, DASA, Lead
- Sarah Ascienzo, Assistant Professor, School of Social Work
- Alan Ellis, Associate Professor, School of Social Work
- Deveshwar Hariharan, Graduate Student Association President, Graduate Student

Campus Policies, Rules and Regulations Impacting Student Mental Health

- Betsy Lanzen, Associate General Counsel, Office of General Counsel, Lead
- Charles Clift, Assistant Vice Provost and University Registrar, EMAS
- Chazzlyn Jackson, Chair, Student Government Mental Health Intervention Working Group, Graduate Student
- Melissa Pasquinelli, Associate Dean for Academic Affairs, College of Natural Resources

Stakeholder Engagement

- Donna McGalliard, Interim Associate Vice Chancellor, DASA, Lead
- Raymond Harrison, Senior Associate Athletics Director, NC State Athletics
- Courtney Hinton, Interim Medical Director and Primary Care Staff Physician, Campus Health, DASA
- Lisa LaBarbera-Mascote, Senior Director, Campus Community Centers, Office for Institutional Equity and Diversity
- Eleanor Lott, Department of Wellness, Student Government, Undergraduate Student
- Julia Rice, Director of Wellbeing, College of Veterinary Medicine

Task Force Support

- Madalene Adams, Program Coordinator, DASA Assessment
- Angela Johnston, Director of Planning and Special Projects, DASA
- Jordan Luzader, Assistant Director, DASA Assessment
- Samantha Rich, Director, DASA Assessment
- Debbie Willmschen, Writer, DELTA
- Merranie Zellweger, Director, Project Management, DELTA

National and NC State Mental Health Trends

Mental health at the college level was a national issue before the pandemic; however, with the isolation and stressors of the coronavirus (COVID-19) pandemic, students now experience mental health challenges more than ever before. These factors affect undergraduate and graduate students nationally and at the K-12 level, which we must consider as those K-12 students ultimately feed into higher education institutions.

It is important to note that mental health issues impede academic progress and can lead to lower GPAs, leaves of absence, and stop outs (Keyes et al., 2012). Eisenberg (2012), in a study on mental health and academic success, concluded that simply identifying students with a low GPA who are also experiencing a mental health issue can help administrators identify 30% of students at risk of dropping out. Improving the mental health of our students will improve retention and enhance academic success.

The Task Force reviewed three national mental health data sets. In looking at NC State's data compared to what is happening at the national level, the results show that NC State is not alone. The nation is in crisis.

American College Health Association (ACHA) National College Health Assessment

In the spring of 2022, 138 postsecondary institutions self-selected to participate in the American College Health Association (ACHA) National College Health Assessment. In addition, 72,468 surveys were completed by a random sample of students on these campuses. The assessment covered many areas of health and wellness. The data were available both for undergraduate and graduate students and for all students combined. Additionally, each question was broken down by gender, using men, women, and transgender as categories.

The tables below highlight a few areas of health and wellness.

Table: Totals for all students

Highlighted areas of wellness	Men	Women	Transgender	Total
Psychological distress (moderate)	50.6%	52.9%	45.3%	51.7%
Psychological distress (severe)	16.2%	24%	46.9%	23.3%
Loneliness	49%	51.6%	67.3%	51.9%
High suicide screening score	21.9%	26.7%	62.9%	27.6%
Anxiety	17.6%	39.3%	61.7%	34.6%
Depression	14.4%	29.2%	58.1%	26.9%

Getting enough sleep (in a week's time) where they felt rested	12.4%	7.7%	6.9%	9%

Table: Totals for undergraduate students only

Highlighted areas of wellness	Men	Women	Transgender	Total
Psychological distress (moderate)	50.6%	52.9%	43.8%	51.7%
Psychological distress (severe)	16.8%	25.7%	49.2%	24.9%
Loneliness	49%	51.6%	67.3%	51.9%
High suicide screening score	23.7%	28.2%	64.6%	29.5%
Anxiety	17.8%	39.2%	62.0%	34.9%
Depression	14.2%	29.0%	58.3%	27%
Getting enough sleep (in a week's time) where they felt rested	11.8%	6.9%	6.5%	8.2%

Table: Totals for graduate students only

Highlighted areas of wellness	Men	Women	Transgender	Total
Psychological distress (moderate)	50.8%	52.5%	53.9%	52%
Psychological Distress (severe)	14.2%	17.5%	33%	17.2%
Loneliness	49.8%	53.6%	68.9%	53.6%
High suicide screening score	15.8%	21.1%	51.8%	20.8%
Anxiety	16.7%	39.3%	60.4%	33.1%
Depression	14.8%	29.9%	56.2%	26.2%
Getting enough sleep (in a week's time) where they felt rested	14.5%	10.7%	9.1%	11.8%

The above data highlights the pervasiveness of mental health concerns and suggest specifically that we need to be more vigilant regarding vulnerable populations, such as transgender students.

Center for Collegiate Mental Health: 2022 Annual Report

The 2022 Annual Report summarizes data submitted to the Center for Collegiate Mental Health (CCMH) during the 2020-2021 academic year, beginning on July 1, 2020, and ending on June 30, 2021. De-identified data were contributed by 180 college and university counseling centers,

describing 153,233 unique college students seeking mental health treatment, 4,043 clinicians, and 1,135,520 appointments. This report describes undergraduate and graduate students seeking mental health services, *not* the general college student population.

One of the areas that CCMH reviewed was the impact of the COVID-19 pandemic on students. The following table reflects 98,218 student responses and shows the number of students and percentages for each particular topic. Students could endorse more than one area.

Table: Impact of the coronavirus pandemic on students

Health or wellness topic	Frequency	Percent
Mental health	71,111	72.4%
Motivation or focus	67,835	69.1%
Loneliness or isolation	65,546	66.7%
Academics	65,258	66.4%
Missed experiences or opportunities	59,886	61.0%
Relationships	43,290	44.1%
Career/employment	41,390	42.1%
Financial	33,709	34.3%
Health concerns (others)	29,230	29.8%
Health concerns (self)	26,207	26.7%
Grief/loss of someone	11,358	11.6%
Food or housing insecurity	8,308	8.5%
Discrimination/harassment	2,790	2.8%
Other (please specify)	1,304	1.3%

In their latest annual report, the CCMH highlighted mental health trends over the past nine years. According to this report, trends indicate an overall increase in self-harm and traumatic experiences, while there was an overall decrease in threat to others and alcohol indicators. Also, trends over the last nine years were reviewed for clinical subscales on the Counseling Center Assessment of Psychological Symptoms (CCAPS) assessment tool. All subscales showed an increase except for hostility and substance use.

Healthy Minds Study

In the fall of 2019, NC State participated in the Healthy Minds Study, a data assessment that benchmarks mental health indicators of college and university students nationwide. The survey gathered a representative sample of undergraduate and graduate students to gain a snapshot of mental health indicators in the student population.

It is important to note that this particular survey does not focus on students who have been to the counseling center or those who have already expressed any mental health concerns. Rather, it allows the institution to have an idea of the level of mental health needs within the entire student body.

The following table shows the survey results — published in 2020 — and indicates the national averages as a benchmark to NC State's data gathered in 2019.

Table: Mental health indicators — Comparison of averages

Estimated values of selected measure	National in 2021	NC State in 2019
Major depression (positive PHQ-9 screen)	22%	15%
Depression overall, including major and moderate (positive PHQ-9 screen)	41%	34%
Anxiety disorder (positive GAD-7 screen)	34%	28%
Eating disorder (positive SCOFF screen)	12%	7%
Non-suicidal self-injury (in the past year)	23%	25%
Suicidal ideation (in the past year)	13%	12%
Lifetime diagnoses of mental disorders	40%	31%
Psychiatric medication (in the past year)	25%	23%
Mental health therapy/counseling (in the past year)	30%	29%
Any mental health therapy, counseling and/or psychiatric medication among students with positive depression or anxiety screens (in the past year)	52%	52%

As the data show, percentages for NC State students are lower than the national average in every category other than non-suicidal self-injury. However, this brings little comfort when the rates are so high. Two examples are provided for context. Although the national average for students who meet the criteria for an anxiety disorder is 34% and NC State students endorsed this criterion at only 28%, this is still over one-fourth of the student body that reported symptoms high enough to meet diagnostic criteria for anxiety. Considering a total enrollment of 37,000 students, this represents over 10,000 students.

In addition, 12% of the students surveyed endorsed suicidal ideation in the past year. Again, using a randomized sample representative of the entire student body, one could estimate that

4,440 NC State students had suicidal thoughts in the past year. Moreover, of the students surveyed, 52% endorsed receiving some type of treatment for their mental health. However, this means that 48% — or about 2,131 students who report suicidal thoughts — are not receiving any counseling or medication intervention for their mental health needs.

Overall, these data demonstrate a steady increase in both demand and severity of mental health needs not only at NC State, but nationally. The consistent upward trajectory in these various datasets underscores the importance of the work of the Task Force in identifying ways to address the mental health needs of our students. The answer cannot simply be to add more clinicians to the Counseling Center. The university could never hire enough counselors to meet the demand. Instead, there must be a university-wide approach that involves every college, every division or department, and every single student, faculty, staff, and administrator.

Inventory of Current Practices, Strategies, and Programs

The Inventory Subgroup reviewed NC State's current practices, strategies, and programs that address and seek to promote positive student mental health.

To facilitate this task, the subgroup created a questionnaire to collect information from colleges, divisions, and units regarding their efforts to support student mental health. In the questionnaire, the subgroup asked for practices, strategies, and programs that met the following criteria:

- Were hosted or offered by their department
- Addressed student mental health
- Occurred or will occur during the 2022-23 academic year

The questionnaire was distributed to more than 100 representatives of 12 colleges and various departments and divisions on campus. Nearly 400 responses were received from December 2022 through early January 2023. It is important to note that this is not an exhaustive list, but rather a snapshot in time from those colleges and universities that participated in the questionnaire.

The subgroup reviewed all submissions and, based on the information submitted, identified 297 responses with the primary purpose of supporting student mental health. The general makeup of the responses leaned heavily into initiatives offered by student support-type units, like those found in DASA. Most colleges submitted five or fewer responses, and the College of Humanities and Social Sciences did not submit any responses.

Items that did not directly address student mental health or were duplicate submissions are not included in the inventory. Additionally, the subgroup decided to bundle all "postvention" activities together, rather than list out each individual outreach or task related to postvention.

An example of an excluded response that did not directly impact student mental health could be a student social or mixer where the intent is community building. While this may indirectly affect mental health, the initiative's purpose is not specifically to address it.

The table below provides additional detail regarding these initiatives, including the type of initiative, how the initiative is offered, frequency, target audience, and whether there is a cost for participants (apart from tuition and fees).

Table: Initiatives supporting student mental health

Initiative Type	Count	%
Event or activity (for example, Group Nature Walk)	107	36.0%
Service (for example, wellness coaching, drop-in spaces)	69	23.2%
Training or workshop (for example, Stress Management 101)	51	17.2%
Other (please describe)	35	11.8%
Program (for example, Wellness Village)	19	6.4%
Committee or Organization (e.g., Select Student Body Department on Mental Health Intervention)	10	3.4%
Intervention team (for example, Engineering CARES Team)	6	2.0%
Total	**297**	**100.0%**

Initiative Offering (Select all that apply)[1]	Count	%
On campus	201	67.7%
Off campus	6	2.0%
Virtual	37	12.5%
Hybrid	70	23.6%
Total	**314[2]**	**100.0%**

Frequency of Initiative	Count	%
One time	56	21.2%
Daily	4	1.5%
Monthly	28	10.6%
Once a semester	31	11.7%
Once a year	20	7.6%
On-going	90	34.1%

[1] Percentages for "Select all that apply" items are calculated out of the total number of initiatives.

[2] Some initiatives were offered in multiple modalities.

Other	35	13.3%
Total	**264**	**100.0%**

Target Audience (Select all that apply)[3]	Count	%
Undergraduate students	201	67.7%
Graduate students	119	40.1%
Specific population	86	29.0%
Total	**406[4]**	**100.0%**

Cost for Participants	Count	%
No	260	97.4%
Yes	7	2.6%
Total	**258**	**100.0%**

In addition, given that the entire mission of the Counseling Center is focused on supporting student mental health, a summary of current services, workshops, and programs is provided in "Appendix: Inventory of NC State Counseling Center Services and Resources."

Observations from the NC State Student Mental Health Inventory

The following list provides observations about the NC State inventory completed by the Task Force Inventory subgroup.

- Several responses were shared in duplication. This duplication suggested there are events or programs that several units participated in to offer mental health support to students.
- Several responses were shared highlighting training that either faculty or staff completed, such as Mental Health First Aid or QPR. The actual mechanism of support is the training itself; therefore, these submissions were not included, but are critical in ensuring faculty and staff are comfortable engaging students. The trainings themselves were included in the inventory.

[3] Percentages for "Select all that apply" items are calculated out of the total number of initiatives.

[4] Several initiatives are offered to both undergraduate and graduate students.

- There is a robust list of offerings across campus (for example, movie night, study break activities, intramural sports, active study spaces, and so on), that indirectly support student mental health.
- A potential gap is the lack of an overarching mental health goal such as preventing mental health problems or educating students about navigating mental health challenges.
- Programs and initiatives that focus on community building to support historically marginalized groups are critical in ensuring that students feel a sense of belonging, which ultimately affects students' mental health and well-being are included.
- The vast majority of responses (97.4%) indicated the resources are provided free of charge, which reduces an initial barrier to utilization.

Usage of the inventory

The helpfulness of the data collection does not end with this report. The data gathered will be one source of information used to populate a searchable and filterable wellness resource database being added to the wellness.ncsu.edu website to be completed by the beginning of the fall 2023 semester.

Literature Review of Curricular Best Practices for Supporting Student Mental Health

The curricular review was organized into the following domains or themes: learning environment interventions, curricular-level interventions, academic policies for courses or curricula, graduate education, and faculty training. To focus on the most relevant and current literature, the Curricular Literature Review subgroup for the Task Force limited its search to research regarding students in the United States that was published during the past ten years.

Learning Environment Interventions

The subgroup found that literature on course-level or learning environment interventions falls into the following broad categories:

- Courses that focus on teaching students about mental health.
- Practices that faculty can incorporate into any course they teach or research group they supervise.

Our review found that courses that focus specifically on mental health appear to improve students' mental health knowledge, but might not increase the number of beneficial behaviors they actually engage in (Fernandez et al., 2016; Abelson et al., 2022). Research shows that students perceive such interventions as meaningful and useful, but can also feel self-conscious or vulnerable during classroom-based exercises (Foulkes & Stapley, 2022).

Research on practices that faculty can incorporate into the classroom or research group emphasizes the importance of creating welcoming and supportive environments that increase a sense of belonging (Abelson et al., 2022; Active Minds, 2020; Blasco et al., 2019; Bohannon et al., 2019; JED Foundation, 2021; Miller & Mills, 2019) as well as normalizing mental health considerations, including seeking help (Active Minds, 2020).

For example, we found research indicating the effectiveness of including statements in the syllabus that note the importance of mental health awareness and providing information regarding available resources at the institution (Coleman, 2022; Abelson et al, 2022). Instructors can also remind students of these resources at times of high stress during the semester, such as during midterm exams (Coleman, 2022).

We also found several educational organizations that prepared toolkits and guidebooks to provide faculty with concrete suggestions for creating a welcoming environment and other ideas to support student mental health. Although many such guides are available online, our review focused on those whose target audience was faculty at an institute for higher learning.

Examples of toolkits and guidebooks that the group reviewed include:

- Fostering a Campus Environment Supportive of Student Mental Health
  NC State

  Adapted from a booklet distributed at the University of Michigan. In addition to information on recognizing a student in distress, it addresses mindfulness, stress reduction, resilience, self-compassion, encouraging a growth mindset, and building an inclusive classroom community.

- Promoting Student Mental Health: A Guide for UC Faculty and Staff
  University of California

  Addresses how to recognize students in distress with academic, behavioral, emotional, physical, and other indicators. It also addresses cultural diversity, barriers to help-seeking, communication styles, and intersectionality among the multiple identities that might exist within an individual. It further provides specific suggestions about how faculty and staff can better support student success and how to respond to specific behavioral indicators as well as concerning or threatening behavior when observed. A section addresses the support of graduate students and postdocs.

- Promoting Student Mental Health in the Classroom: A Toolkit for Faculty
  University of Southern California

  Offers high-level strategies, and evidence of their effectiveness, in normalizing help-seeking, mindfulness, service learning, mentorship, restorative practices, and ways to review course policies.

- Supporting Student Learning & Success Through Improved Well-being
  University of Montana

  Provides suggestions and resources for supporting student personal development, providing flexibility, social connection, optimal challenge, positive classroom culture, civic engagement, instructor support, and inclusivity. It also includes a self-assessment and suggestions for faculty to maintain their well-being.

- Texas Well-Being Guidebook: Promoting Well-being in UT Learning Environments,
  University of Texas at Austin

  Presents research-based conditions for well-being, including social connectedness, mindfulness, a growth mindset, resilience, gratitude, inclusivity, self-compassion, and life purpose. Each of these conditions is followed by concrete suggestions professors can use in class to support them, but these suggestions do not appear to be research-based or empirically tested.

The specific suggestions in these resources are too numerous to list here and might not be empirically tested. Overall, however, the resources that we reviewed highlight the importance of faculty making intentional decisions to support student success. Many suggestions align with research-based best practices in teaching and learning (Miller & Mills, 2019).

Although the goal of this review was not to examine the literature on pedagogy, we did discover overlapping suggestions in the literature on supporting student mental health. These often involved recommendations to structure coursework to incorporate reasonable flexibility and avoid unnecessary stress. For example, faculty should use structured and transparent assignments, with clear learning goals, instructions, and grading rubrics (Coleman, 2022; Abelson et al., 2022; Iverson Hitchcock et al., 2021). Many of the principles of universal design for learning (UDL) support both student mental health and student success (CAST, 2018; Eblen-Zayas et al., 2022; Miller & Lang, 2016).

An interesting perspective on classroom practices that support student mental health can be provided by the *trauma-informed care* literature. An ever-increasing understanding of how human beings process adverse and traumatic events has led to the rise of trauma-informed care in both clinical and educational settings. According to the guidebook Trauma-Informed Practices for Postsecondary Education: A Guide, the "foundation for effective trauma-informed classroom practice is the educator's grasp of how trauma impacts students' behavior, development, relationships, and survival strategies (Davidson, n.d., p. 17). For example, a student might be avoiding work as a survival mechanism in response to trauma as opposed to out of laziness or apathy (Bohannon et al., 2019).

The guidebook continues: "A trauma-informed educator never forgets that students bring their entire lives into the classroom every day, and that on some days, students will be actively responding to trauma" (Davidson, n.d., p. 17). Instructors do not need to delve into the source of trauma for students, nor try to "fix" the trauma. Instead, this guidebook offers considerations instructors can use in their classrooms that benefit *all* students. For example, instructors can break assignments into smaller manageable parts, offer students choices about how to complete an assignment, or allow students to revise and resubmit work to encourage mastery (Bohannon et al., 2019; Davidson, n.d.).

Curricular-level Interventions

Beyond the individual course, a handful of studies looked at the effectiveness of curriculum interventions, often in medical programs. For example, interventions focused on stress management, mindfulness, and clinical skills showed small positive effects on stress reduction (Upsher et al., 2022). Other interventions that focused on risk, resilience, and mindfulness communication showed small reductions in anxiety (Price, 2023; Upsher et al., 2022).

A promising new intervention includes implementing an artificial intelligence (AI) chatbot that uses the latest insights from effective positive psychology interventions to provide real-time,

on-demand support to students on a large scale; however, research regarding the effectiveness of such interventions is ongoing (Dekker et al., 2020).

We did find some research that points to exam saturation as a key source of stress. This research recommends coordination at the institutional level (for example, scheduling midterms in the same manner that final exams are scheduled) or departmental level. Examples include having instructors within departments or like units work together on scheduling (Coleman, 2022).

Other research recommends guidelines for curriculum planning, including requiring some seminar-style classes and considering class size when preparing semester-by-semester plans so that students take at least one small class each semester (Kalkbrenner et al., 2021). This research argues that such course scheduling naturally encourages students to get to know their peers and professors better, contributing to their overall sense of belonging at the university.

Overall, the literature on mental health and curriculum converges on the need for academic institutions to develop a toolbox of interventions that span the individual, program, and institution (Ahart et al., 2022; JED Foundation, 2021). Research indicates that interventions should not be limited to those provided by the Counseling Center and, instead, should represent a collaboration between a variety of units throughout campus that focus on student affairs, enrollment, diversity, and equity (JED Foundation, 2021).

In addition, development of curricular-level mental health interventions should begin with a needs assessment (Ahart et al., 2022; Demers & Lipson, 2022). This approach enables programs and the institution to develop initiatives that can be tailored for specific programs. Ongoing assessments to gauge progress and guide further interventions are also recommended (Ahart et al., 2022).

Academic Policies for Courses or Curricula

Building on the research of curricular-level interventions, research on academic policies support the need for institutions as a whole to create an inclusive environment and a *culture of caring* (Hill et al., 2020; Murguia Burton and Xiangjun, 2022; Active Minds, 2020; JED Foundation, 2021). NC State academic policies are directly addressed in other sections of this report; therefore, the information that we present here focuses on general policies that affect the classroom.

One of the academic policies frequently studied is the use of “satisfactory” or “unsatisfactory” grading — or *S/U grading* — throughout the curriculum. Such studies offer some evidence that a widespread S/U grading policy can reduce perceived stress without resulting in lower performance (Fernandez, et al., 2016; Abelson et al., 2022; Klein & McCarthy, 2022). It is important to note, however, that several of these studies were performed in medical or nursing schools; thus, the results might not be broadly generalizable.

MIT, an engineering school that might bear more similarity to NC State, has used a *Pass/Fail* or *Pass/No Record* grading system for its first-year students since the late 1960s. This system allows students time to adjust to the rigors of MIT classes while alleviating stress over grades (Wang & Keuss, 2000). Although the policy has been adjusted several times since its adoption, we could not find published research on its impact. Continued research in this area is needed.

Another grading policy that has been studied is *grade forgiveness*. Boise State explored the impact of a grade forgiveness policy, where a higher grade in a later attempt completely replaced low grades in a course (Jiang et al., 2021). They found that, compared to when the policy was not in place, students enrolled in more credit hours and attempted harder classes. This policy had both positive and negative consequences. Enrollment in STEM courses and competition for STEM degrees increased overall. However, grades in the first attempts of courses tended to be lower, either due to the difficult nature of the course or to students decreasing their efforts to focus on other courses in which they were performing well. Course withdrawals did increase under the policy, but these withdrawals did not appear to impact the overall time to graduation.

Additional Needs of Graduate Students

Our research found that literature focused specifically on graduate students documented higher levels of anxiety and depression in this group even prior to the pandemic (Evans et al., 2018). In terms of their in-class issues, graduate students closely mirror the mental health issues identified for undergraduate students. In addition, the need to feel connected or have a sense of belonging is extremely important, as well as a sense of optimism related to their post-graduation career success (Charles et al., 2022; Murguia Burton & Xiangjun, 2022).

Another element that is unique and particularly important for research-oriented graduate students' mental health is the relationship with their advisor. Literature indicates that research labs need to be welcoming environments, and advisors need to set a tone for a healthy work-life balance (Evans et al., 2018; Murguia Burton & Xiangjun, 2022).

Training for Faculty

Many of the articles the subgroup reviewed recommend that faculty be trained to recognize early warning signs of mental health distress (Coleman, 2022; Kalkbrenner et al., 2021; UNC System Report, 2021).

Examples of such courses include question, persuade, and refer courses (known as QPR) (qprinstitute.com/), Mental Health First Aid (MHFA) courses (www.mentalhealthfirstaid.org/), and REDFLAGS courses (redflags.org/). NC State currently provides both QPR and MHFA courses. A majority of faculty appear to support such training, as indicated in a national survey of over 1600 faculty members from 12 institutions (Flaherty, 2021). Specifically, almost 75% of

the faculty surveyed said they would welcome such training, and 61% believe it should be required of faculty (Flaherty, 2021).

A study completed by Sylvara and Mandracchia (2019) that investigated the effects of gatekeeper training on self-efficacy for suicide intervention among college and university faculty found that those faculty that received training reported feeling more confident in identifying and assisting students in distress. In addition, a mixed-methods study found "that, overall, the QPR training increased participants' self-efficacy in helping a suicidal person." (Bell, 2015, p. 84) Three months following the training session around "one-third of the participants reported applying what they learned about suicide prevention" (Bell, 2015, p. 84).

Although being able to recognize early warning signs is important, faculty also need to know the most effective and correct protocols to follow when they see such signs. Universities need clearly defined and communicated processes that help both students and faculty know what resources are available, when to refer a student to them, and who to contact (Kalkbrenner, et al., 2021; Active Minds, 2020; Abelson et al., 2022). The Active Minds (2020) report includes a sample protocol that universities can modify. Information about available training and the action protocol should be a part of a comprehensive, conveniently assembled, and easily accessible repository of mental health resources available at the university (Kalkbrenner et al., 2021).

Overall Conclusions

In the literature reviewed, two conclusions appeared consistently across multiple studies, emphasizing their importance for consideration by the university.

First, mental health and well-being are supported by students having a sense of belonging at the university, in their classes, and — particularly for graduate students — with their advisors and within their research environment. Various authors provide common-sense suggestions based on findings from the literature on positive psychology, but these suggestions do not appear to have been empirically tested.

Second, training that helps identify the early warning signs of a mental health struggle should be required of faculty, academic advisors, graduate research advisors, and other bystanders, such as student peers and university staff who directly and regularly interact with students. To complement such training, the university needs to develop a clear referral protocol with contact information.

Limitations and Directions for Future Research

Overall, there is a lack of empirical research, particularly in the United States; this was also observed by other researchers (Abelson et al., 2022). In the existing empirical research, the studies are often small, focus on specific populations (for example, students in medical or nursing programs) and might not reflect generational changes, which can lead to conclusions

that appear to be contradictory. Additionally, there is often non-response bias in surveys about mental health because individuals with the most severe problems are less likely to respond.

These factors underscore the need for NC State to carefully measure the effectiveness of the interventions we implement and represent an opportunity for NC State scholars to contribute to literature in a meaningful and much-needed way.

Continuing work of this Task Force or another body designated to study mental health on our campus should explore the tradeoff between boundaries and flexibility in academic policies and the distinction between context-knowledge rigor and logistical difficulty. Faculty want students to learn and grow, and they do not want students to "game the system" by taking advantage of overly flexible policies. However, rigid policies can unintentionally disadvantage certain students.

To support both academic rigor and stress reduction, we need to explore policies that strike a balance between encouraging efficient work habits in students on the one hand and allowing for flexibility around life challenges (for example, illness, caregiver responsibilities, working to pay for school) on the other hand. Further exploration of the universal design for learning literature can help inform these policies. Further exploration of the trauma-informed education literature might also be informative in light of the continuing impacts of the COVID-19 pandemic on our students' educational and social development.

Literature Review of Co-Curricular Best Practices for Supporting Student Mental Health

The literature on co-curricular approaches to promoting student mental health and well-being spans multiple disciplines and, consequently, uses a variety of frameworks and variations in terminology. The Co-Curricular Literature Review Subgroup did not limit the search by country of origin or have a defined timeframe. To help frame the review for this report and because programs and institutional efforts in higher education often cut across many levels of prevention and intervention, we adopted a *social-ecological model* as a framework. This model understands students and student mental health in the context of interacting systems (for example, individual, peer group, university) that exist at multiple levels (Abelson et al., 2022):

- **Individual** interventions address knowledge, attitudes, help-seeking, skills, and strengths of students. Examples of this type of intervention include a mindfulness-based skill training program and identity support groups.
- **Interpersonal** interventions enhance interpersonal protective factors (for example, social support and belonging) and reduce harms (for example, discrimination). Examples of this type of intervention include peer mentoring programs and belonging interventions.
- **Community** interventions address norms and the environment and include gatekeeper training (such as QPR) and universal screening.
- **Institutional** interventions alter physical spaces, policies, and investments under the control of colleges and universities. Examples of these approaches include institutional transformation efforts (such as implementing trauma-informed care) and means restriction.

Interventions are referred to in different ways in the literature and across disciplines. To promote consistency and clarity, this report uses the following terms:

- *Universal prevention* (also referred to as *primary prevention*, *health promotion*, or *tier one intervention*) refers to programs that include efforts to promote health and prevent problems for all students (O'Connell et al., 2009). Examples of universal preventions might include universal screening or gatekeeper training, such as QPR, that are delivered to the entire population.
- *Targeted intervention* (also referred to as *secondary prevention*, *early intervention*, *selective intervention/prevention,* or *tier two intervention*) denotes efforts to identify and address students at risk of mental health problems (O'Connell et al., 2009). Examples of targeted interventions include skill-training interventions and belonging interventions that are offered to at-risk groups, such as first generation students or LGBTQ students.

- *Indicated Intervention* (also referred to as *tertiary prevention*, *specialized interventions*, or *tier three interventions*) refers to programs that aim to reduce the severity and negative impacts among students who have developed mental health symptoms (O'Connell et al., 2009). Indicated interventions include more traditional mental health services, such as providing clinical counseling to a student with depression.

Notably, this review does not cover indicated interventions, such as best practices for specific mental health disorders or psychiatric medication. Though these are foundational components of student mental health services, their evidence base is documented elsewhere, and there are well-established clinical guidelines — for example, by the American Psychiatric Association, American Psychological Association, Substance Abuse and Mental Health Services Administration (SAMHSA), and so on. Furthermore, data from the Center for Collegiate Mental Health demonstrates that clinical mental health services in college counseling centers are generally effective, although there is room for improvement, particularly with regard to serving students with marginalized identities and developing more culturally responsive interventions (McAleavey et al., 2019).

This review does, however, include research regarding institutional-level strategies that increase access to and knowledge about the availability of mental health services.

When reviewing co-curricular approaches to supporting student mental health and when building a comprehensive response, it is important to identify the outcomes associated with these interventions, especially because they vary widely, from knowledge acquisition to population-level reductions in mental health symptoms.

The outcomes identified in the literature include:

- Increase students' awareness of services.
- Increase students' knowledge of mental health and well-being (including risk and resiliency factors, how to respond to students, and so on).
- Increase self-efficacy and stated intention to intervene and/or respond.
- Increase identification of at-risk students.
- Increase access to services.
- Prevent suicide.
- Improve mental health outcomes (depression, anxiety, suicidality, and so forth).

We learned that larger-scale campus-wide programming efforts generally were not assessed in higher education. In fact, the best known model for changing community norms to enhance mental health and reduce suicide is the Air Force Suicide Prevention Program (AFSPP), which inspired campus-wide approaches to mental health promotion and suicide prevention, but has rarely been evaluated formally within the college context (Jed Foundation, 2019).

Only one study evaluated a campus-wide approach within higher education. Specifically, a 2-year, campus-wide intervention, Mindwise, which included mental health first aid training,

emails, posters, and campus events, was assessed in Australia through a cluster randomized trial (Reavley et al., 2014). Although Mindwise was found to increase staff's knowledge and recognition of depression and alcohol consumption, it did not have an impact on students' mental health literacy or well-being (Reavley et al., 2014).

School-wide interventions have been assessed in K-12 education with some success. Additional research is needed to determine whether these school-wide approaches might be effective in higher education (Abelson et al., 2022).

The lack of literature on the effectiveness of school-wide approaches aside, it is clear that a multi-pronged and comprehensive approach that includes all levels of the care continuum is required to address student mental health by college leadership (National Academies of Sciences, Engineering, and Medicine, 2021; SAMHSA, 2021; SPRC, 2004). Furthermore, this approach needs to focus on prevention, identification of high-risk students in a thoughtful way, effective community-based approaches, treatment services for identified cases, and relapse prevention and post-treatment or postvention support (National Academies of Sciences, Engineering, and Medicine, 2021).

Universal mental health promotion asserts that society is best served by assisting all of us in maintaining mental health, rather than trying to foresee which of us is most likely to develop mental health problems (Oslund, 2014). In this way, universal mental health promotion is proactive and promotes flourishing and well-being, rather than solely being reactive and focused more singularly on pathology.

Given the lack of evidence on approaches that include all these elements, universities are left to identify outcomes and then choose interventions that cut across the ecological levels (individual, interpersonal, community, and institutional), including universal prevention, targeted intervention, and indicated intervention approaches. In addition, there are many useful guides, including planning and implementation guides, from professional associations that provide additional guidance and resources for campus communities.

Individual-Level Interventions

Individual-level interventions are appropriate for universal prevention and targeted intervention approaches, although more often used as targeted intervention approaches by focusing on individual students' knowledge, attitudes, coping and help-seeking behaviors, risk and protective factors, and/or mental health symptoms (Abelson et al., 2022). In addition, these interventions can be delivered via various programs or methods on college campuses, including:

- A stand-alone program offered to all students.
- A stand-alone program offered to specific groups of at-risk students

- An offering as part of a larger program (for example, a larger stress management or well-being program)
- A stand-alone course.
- An offering incorporated into a larger well-being course.

While most often offered in small group settings, some of these individual interventions are technology-delivered, while others occur face-to-face. It is important to note that while technology-delivered interventions have demonstrated effectiveness (Conley et al., 2016), face-to-face interventions are typically more effective in higher education settings with regard to behavior change and help-seeking (Xu et al., 2018) and with regard to the effectiveness of universal prevention and targeted intervention programs (Conley et al., 2016, 2017).

Individual interventions vary in length, but tend to be fairly short. For example, in a review of programs, Conley and colleagues (2015) found the median duration of these types of programs in higher education to be 10 hours. Furthermore, duration (number of hours) did not predict the effectiveness of technology-delivered individual interventions in a large-scale review (Conley et al., 2016), while another review found brief indicated face-to-face interventions were as effective as longer ones (Conley et al., 2017). These data suggest that fairly brief programs can be effective and that longer duration does not necessarily lead to better outcomes.

In addition, one systematic review found paraprofessionals (university staff, graduate trainees, or peers) with adequate training delivered these programs with the same effectiveness as when they were delivered by trained mental health clinicians (Conley et al., 2015). However, studies also indicate that the training and preparedness of the individuals facilitating these programs is associated with program quality and effectiveness (Schwartz and Davar, 2018), highlighting the need to attend to implementation and training.

Individual-level interventions fall into the following major categories: didactic psychoeducational programs and skill-based training programs.

- *Psychoeducational interventions* are programs that provide students with information on mental health, stigma, and so forth and are delivered in a didactic manner with no opportunities for skills practice or feedback.

  These types of interventions are one of the most popular forms of mental health prevention programming on college campuses. However, across most studies — including systematic reviews and meta-analyses — settings, formats, and various college populations, psychoeducational interventions that include *only* the delivery of information (that is, no skills practice) are minimally effective in improving attitudes and knowledge. In fact, multiple studies show that these types of interventions are ineffective in changing behavior or improving mental health problems (Conley et al.,

2013, 2015, 2016; Corrigan et al., 2012; Durlak, 1997; Yager and O'Dea, 2008; Yamaguchi et al., 2013; Worsley et al., 2022).

Further, Worsley and colleagues (2022) recently conducted a meta-review and found only 4 out of 28 studies that examined psychoeducational interventions yielded significant effects in terms of improving knowledge and awareness. Importantly, these minimal effects did not endure over time, and there was no impact on mental health outcomes. After a review of the evidence, Abelson and colleagues (2022) remarked "there is enough evidence to conclude that psychoeducation is not effective as an independent or primary approach to mental health interventions in higher education" (p. 150).

As a result of these findings, the adoption of didactic psychoeducational interventions is not recommended.

- The second common form of individual-level universal prevention and targeted intervention programming on college campuses is *skill-training interventions*.

  These types of interventions provide psychoeducation and nurture skills development through supervised practice and behavioral feedback. Although these are not clinical interventions and are appropriate for universal prevention and targeted intervention approaches, they tend to draw upon clinical theories and strategies found to be effective in empirically-supported clinical treatments.

  Overall, skill-training programs are the most efficacious individual-level interventions. Extensive evidence indicates skill-training interventions effectively promote positive adjustment (well-being as well as adaptive and proactive coping) and prevent negative adjustment (anxiety, depression, and suicidality) in college students (Cimini and Rivero, 2018; Conley et al., 2015; Durlak, 1997; Yager and O'Dea, 2008). Importantly, and as opposed to psychoeducational interventions, skill-training interventions demonstrate sustained effects at follow-up (Conley et al., 2013, 2015; Yager and O'Dea, 2008).

  Furthermore, in a systematic review of skill-training programs, those that included behavioral rehearsal and supportive feedback via supervised practice showed greater reductions in depression, anxiety, and stress and greater improvements in social-emotional skills, self-perceptions, and academic behaviors and performance compared with those that did not include a supervised practice component (Conley et al., 2013, 2015). This evidence suggests that supervised practice — consisting of both behavioral rehearsal and supportive feedback — is a crucial mechanism of action in skill-training programs.

As noted, skill-based training programs vary in orientation and framework. The most common approaches include mindfulness-based, relaxation, cognitive-behavioral, meditation, and recreation interventions. In reviews of skill-training interventions among college students,

mindfulness-based, cognitive behavioral, and relaxation programs emerge as the most successful, with meditation and recreation approaches demonstrating mixed evidence of effectiveness (Abelson et al., 2022; Conley et al., 2013). Mindfulness-based interventions are skill-training interventions that use mindfulness techniques, such as those in the mindfulness-based stress reduction program developed by Kabat-Zinn (1990), which has demonstrated effectiveness in many randomized controlled trials (RCTs) targeting a range of outcomes (for example, depression, anxiety, stress, substance misuse, and chronic pain).

Taken as a whole, studies suggest that mindfulness-based skill-training interventions effectively improve the following mental health areas:

- Social-emotional skills (for example, coping, positive thinking, affect regulation, and stress management) and self-esteem (Conley, 2015; Oman et al., 2008; Rosenzweig et al., 2003; Shapiro et al., 2007; Shapiro et al., 2008)
- Depression, anxiety, perceived stress, and well-being (Dawson et al., 2020; Halladay et al., 2019; Huang et al., 2018)
- Academic outcomes (Conley et al., 2017)
- Emotional distress (Conley et al., 2013; Regehr et al., 2013).

More recent research also suggests mindfulness-based programs can promote well-being (that is, flourishing) (Long et al., 2021) and better sleep hygiene (Friedrich & Schlarb, 2018). Learning to Breathe is an example of a mindfulness skill-training program that improved psychological well-being among first-year college students (Dvořáková et al., 2019; Mahfouz et al., 2018; Tang et al., 2020).

Cognitive-behavioral skill-based training interventions focus on understanding the connection between thoughts, feelings, and behavior; monitoring cognitions; replacing unhelpful and/or irrational thinking with more adaptive patterns; and using cognitive strategies to help shift behaviors and emotions. Although content might overlap, these interventions are distinct from cognitive-behavioral therapy, which is a clinical-level intervention. Overall, in studies involving college students, cognitive-behavioral skill-training interventions (with supervised practice) have been found to improve social-emotional skills and reduce distress (Conley, 2015; Regehr et al., 2013) as well as reduce depression, anxiety, and stress (Conley, 2015; Huang et al., 2018; Winzer et al., 2018).

Finally, relaxation skill-based training interventions teach students strategies — such as progressive muscle relaxation, guided imagery, and breathing techniques — to reduce emotional distress (Conley, 2015). These interventions are effective in reducing student distress, depression, and anxiety and in improving social-emotional skills (Conley, 2015, 2017; Regehr et al., 2013).

Taken as a whole, it appears that skill-based training programs — and particularly mindfulness-based, cognitive-behavioral, and relaxation skill-training programs — are important components of mental health programming on college campuses that have demonstrated effectiveness with knowledge acquisition and also in changing behavior and improving mental health outcomes. Psychoeducational-only approaches, however, have not yielded any positive outcomes with regard to behavior change or mental health. There is only minimal and inconsistent evidence that they improve knowledge, although findings suggest these effects are not sustained over time.

Interpersonal Interventions

Universities regularly use approaches that focus on building relationships, support, and interpersonal skills, but Abelson and colleagues (2022) note that these programs are often not empirically evaluated. As a result, while evidence suggests specific interpersonal strategies are highly effective in promoting mental health, evidence is lacking concerning which specific programs or interventions are most effective in the college setting (Abelson et al., 2022).

This section provides information discovered in our review regarding the following types of interpersonal interventions: peer to peer; student, faculty, or staff; social skills and belonging interventions.

Peer-to-Peer Interpersonal Interventions

Peer-to-peer interpersonal interventions can occur inside or outside of the classroom. Examples of interventions that occur outside the classroom include peer advisors, academic and career clubs, student media, student crisis response teams, student disaster response teams, peer crisis hotlines, peer counselors, campus safety walk escorts, mental health-related student organizations, student-led screenings, and collegiate recovery programs (Kirsch et al., 2014).

The literature focuses on the following main types of peer interpersonal co-curricular interventions:

- *Peer health education programs* generally provide training for peer educators on issues related to general mental health promotion as opposed to specific mental health issues, such as suicide or self-harm (Wawrzynski & Lemon, 2021). In addition to sharing information, peer educators mentor, model health behaviors, provide referrals, and offer personalized feedback to assist other students (Wawrzynski & Lemon, 2021). There is some evidence to suggest peer health education enhances the peer educators' knowledge, attitudes, and behaviors (Dubovi & Sawyer, 2019; Wawrzynski and Lemon, 2021; Wawrzynski et al., 2011). Unfortunately though, the impact on the recipients' beliefs, awareness, knowledge, and mental health is unknown, because those evaluations that do exist assess only the trained peer educators (Dubovi and Sawyer,

2019; Wawrzynski & Lemon, 2021; Wawrzynski et al., 2011). However, the literature on peer health educators is growing.

A longitudinal study of students across 12 California colleges found that increased familiarity and involvement with the peer organization Active Minds over the course of one academic year was associated with increases in mental health knowledge, decreases in stigma, and increases in helping behaviors, operationalized by researchers as providing or enhancing access to emotional support and helping peers get help (Sontag-Padilla et al., 2018). Sontag-Padilla et al. (2018) also noted that peer mental health organizations, such as Active Minds, might impact beyond those students directly involved by improving the general student body views of mental health and decreasing stigma, which is critical in increasing help seeking.

- *Peer support* is a strategy used for some time to prevent or manage mental health problems (Kirsch et al., 2014). In college settings, these programs vary in delivery methods, aims, and training elements (Kirsch et al., 2014). Some schools offer a one-on-one model whereby selected students are trained and then provide support to peers. Although studies found that peer counseling can be effective (Davidson et al., 2012; Ramchand et al., 2017), data within higher education evaluations of peer support programs are lacking.

  Similar to peer health education programs, those evaluations that have occurred tend to assess the knowledge of those trained, rather than the knowledge of the recipients or the impact on mental health outcomes (Johnson & Riley, 2021). Nevertheless, there is some evidence to suggest that peer counseling enhances social functioning, coping, and engagement with care (Chinman et al., 2014).

  One study that used a comparison of matched universities in the UK with and without a peer support program (that matched first-year students with upper-level peer mentors) found peer mentoring was associated with declines in negative affect and increases in social support (Collings et al., 2014). Research also notes that peer support models can increase risk of triggering trained peers (Blanch et al., 2012; Tutty et al., 2017), which points to the importance of adequate training and support for peer support facilitators.

Group peer support interventions are also used in higher education in both clinical and nonclinical settings. With regard to the latter, these group peer support interventions include identity support groups not necessarily focused on mental health, preventive groups to support the college transition or other factors, and peer-led support groups focused on aspects of identity or well-being. Although research on the effectiveness of these programs in higher education is sparse, qualitative research has identified ethnic, LGBTQ, and minority-based student organizations as beneficial to self-esteem, identity, social support, belonging, and academic achievement (Baker, 2008; Crisp et al., 2015; Guiffrida, 2003; Harper & Quaye, 2007; Pitcher et al., 2018).

In one of the few rigorous evaluations of a peer group support program, Mattanah and colleagues (2010; 2012) evaluated a 9-week peer-led prevention group (that focused on the transition to college and building social support) and found mental health and academic benefits for participants and peer group leaders.

Online peer support interventions are also growing in popularity, particularly because they can help reach those that are less likely to access traditional mental health treatment (Watkins & Jefferson, 2013). For example, an online, social media-based intervention addressing mental health, masculinity, manhood, and sustainable social support with Black college men and their peers was found to reduce depressive symptoms (Watkins et al., 2020).

Social skills training, another type of interpersonal intervention, can also enhance relationships, social support, and mental health, although more empirical research is needed (Conley et al., 2015). In Conley et al.'s (2015) review of universal prevention interventions, only two out of five studies that evaluated social skills training programs produced beneficial results. However, more recently, Schwartz et al. (2018) evaluated a program focused on developing social skills among first-generation students at an ethnically diverse, public university. Researchers found that program participation increased participant support-seeking, GPAs, and closeness with instructors (Schwartz et al., 2018). Caporale-Berkowitz (2020) advocates for teaching students social skills at orientation in a way that can help students begin college connected to a peer group.

Student, Faculty, or Staff Interpersonal Interventions

Interpersonal interventions with students, faculty, or staff also exist. Importantly, faculty and staff provide additional "touch points" for identification of high-risk or at-risk students and can help to link students with services (SAMHSA, 2021). Although the beneficial impact of mentoring and advising interventions on academic outcomes is well documented (Bettinger & Baker, 2014), their influences on mental health are only beginning to be examined.

Recent evidence demonstrates the value of mentoring in improving student mental health (Le et al., 2021). For example, being able to name a mentor is associated with reduced psychological distress, less risk-taking, and better academic and vocational outcomes during the transition to adulthood (Hurd & Zimmerman, 2010; Zimmerman et al., 2005). In addition, college students from traditionally underrepresented backgrounds who retained a greater number of natural mentors through their first year of college showed reductions in depressive symptoms throughout the year via enhanced self-worth that reduced psychological distress (Hurd et al., 2018).

Notably, although faculty and staff have the potential to enhance student mental health, research reveals they might also harm it through microaggressions and discrimination (Goldberg et al., 2019a). Ally training programs for faculty and staff are one strategy to increase support for and decrease harms toward stigmatized groups (Abelson et al, 2022). These

programs are often recommended, but rarely evaluated in the empirical literature (Abelson et al., 2022). However, there is some evidence that training educators might increase intervention in anti-LGBTQ language and behavior to create safe and supportive environments in high schools (Greytak et al., 2013).

Diversity training and racial dialogue workshops are the other major categories of faculty and staff interventions shown to decrease interpersonal harms. Faculty sensitivity training is often recommended, but there is little evidence or agreement regarding effective interventions, desired outcomes, or essential elements (Abelson et al., 2022). A meta-analysis of diversity training suggests that these types of interventions produce small-to-moderate improvements in attitudes and bias, with stronger effects if the training is mandatory and if dialogue lasts longer or occurs in a series rather than stand-alone training (Bezrukova et al., 2016).

Social Skills and Belonging Interpersonal Interventions

A sense of belonging influences a wide range of social, psychological, and academic outcomes for young adults and should be included as a valuable target for intervention (Abelson et al., 2022). Belonging interventions produce health and academic benefits, including reductions in suicidality (Hollingsworth et al., 2017), and help reduce inequities, with strong support in RCT studies (Brady et al., 2020).

In one study that used a belonging intervention that targeted first-year African American students, efforts to decrease belonging uncertainty improved students' self-reported health and well-being (Walton & Cohen, 2011). Seven to eleven years post-intervention, students' who participated in the study reported large positive effects on their general psychological well-being (Brady et al., 2020).

When focusing on specific groups throughout the university community, it is important to keep in mind those students who might face situational barriers.[5] Understanding these situations and how these students deal with barriers can vary between groups and even between environments. Each group has unique perspectives and needs. Interpersonal interventions in particular can play a unique role in addressing mental health disparities and inequities in higher education and better reach marginalized and under-served students (Dubovi and Sawyer, 2018). This data is based on evidence indicating a sense of belonging is an important predictor of mental health and other outcomes for university students, including students who identify as members of marginalized groups and, therefore, might experience barriers to belonging. As Abelson and colleagues (2022) note, many aspects of these interpersonal interventions show strong promise for underserved populations as they allow for more time and informal interactions than clinical relationships and can occur outside of systems students might be

[5] See Brunsting et al., 2018; Gehringer et al., 2022; Stebleton et al., 2014; Dingle et al., 2022; Hollingsworth et al., 2017; Gummadam et al., 2016; Wilson and Liss, 2022a; Budge et al., 2020; Goldberg et al., 2019b; Wilson and Liss, 2022b; Gehringer et al., 2022; Sims et al., 2020; Master & Meltzoff, 2020; Rodriguez et al., 2021; and Vaccaro et al., 2015.

reticent to use due to a systemic history of racism, homophobia, and transphobia (Fisher et al., 2014).

Furthermore, interpersonal interventions can help normalize help-seeking among diverse students and their social networks (Dubovi & Sawyer, 2018). In fact, peer support, mentorship, and belonging interventions are identified as key strategies for reaching groups whom health services fail to engage and for improving outcomes for those facing minority stressors (Nicolazzo et al., 2017).

Community-level Interventions

Community-level interventions are created to influence how college community members perceive mental health and respond to students' mental health and well-being needs. These interventions aim to shift community members' behavior throughout the campus to improve the overall culture and students' mental health. For this report, we reviewed gatekeeper training and universal screening, two of the most common community-level interventions used in higher education. In addition, we briefly discuss postvention services.

Gatekeeper Training

Gatekeeper training is a universal prevention program that seeks to increase knowledge along with gatekeepers' abilities to intervene, which in turn is thought to promote help-seeking among the target population (Lipson, 2014). Examples of programs include Question-Persuade-Refer (QPR) and Mental Health First Aid. Evidence for gatekeeper training on college campuses largely consists of an evaluation of the trainees' knowledge, attitudes, and self-efficacy, and these studies have revealed some positive effects (Abelson et al., 2022; Lipson et al., 2014).

Specifically, studies evaluating gatekeeper training reported the following outcomes for trainees:

- Decrease in gatekeeper self-reported reluctance to intervene (Tompkins and Witt, 2009).
- Increase in participants' self-reported likelihood to intervene (Tompkins and Witt, 2009).
- Increase in participants' general self-reported self-efficacy (Coleman et al., 2019, Lipson et al., 2014; Tompkins and Witt, 2009).
- Increase in gatekeeper self-perceived preparedness to manage concerns (Coleman et al., 2019).
- Increase in knowledge about mental health (Lipson et al., 2014)
- Increase in participants' self-perceived confidence (Lipson et al., 2014; Shannonhouse et al., 2017) and competence (Shannonhouse et al., 2014) when helping at-risk students.

A comprehensive review of gatekeeping research published through 2013 revealed no studies in the college context that had evaluated impacts within the general student population (Lipson, 2014), making it unclear what, if any, beneficial impact these programs have on population-level outcomes. Furthermore, there are no data to suggest gatekeeper training positively influences trainees' skills, actual behaviors, or mental health (Abelson et al., 2022; Lipson et al., 2014). Studies that assessed associations between gatekeepers' knowledge, attitudes, self-efficacy, and actual intervention behaviors found no or weak associations (Abelson et al., 2022).

Taken as a whole, although a beneficial strategy to potentially improve knowledge, identify at-risk students, and promote self-efficacy, gatekeeper training programs have not demonstrated any effect on mental health outcomes. As a result, although they might be an important component of an overall approach, they are not adequate as a stand-alone approach.

Universal Screening

Universal screening for mental health is another recommended community-level intervention (SAMHSA, 2021; SPRC, 2004). Studies have shown that universal screening for mental health symptoms and suicidal thoughts and behaviors in school settings holds promise for detecting problems and connecting individuals to care (Eisenberg et al., 2012; Peña & Caine, 2006), although most studies have not measured the impacts on the student body (Abelson et al., 2022). Importantly, implementing a screening program without having the programs or referral networks in place to respond to persons who screen positive for risks is potentially harmful, making it imperative that adequate resources are available to respond to student needs (SPRC, 2004).

The Suicide Prevention Resource Center (2004) suggests that a screening tool might be administered as part of the first-year orientation and when students visit the student health center for primary care. The Jed Foundation developed Ulifeline, a web-based version of a validated Duke University Medical School screening instrument that provides a self-screening test with referrals for students who report risk characteristics. The Ulifeline screening tool allows students 24-hour, confidential screening for eight Diagnostic and Statistical Manual of Mental Disorders (DSM) categories. Students can self-screen or use the site to identify friends who might need help and then link directly to the schools' campus mental health or health centers. This tool is currently used at over 370 campuses and serves almost two million students (SPRC, 2004).

Postvention Services

Postvention services are organized immediate, short-term, and long-term programs in the aftermath of a suicide to promote healing and mitigate the negative effects of exposure to suicide. The goals of postvention responses are to facilitate healthy grieving and healing from the suicide loss at both an individual and community level and to prevent future suicides of

other high-risk people exposed to the suicide loss. Higher Education Mental Health Alliance (HEMHA) created Postvention: A Guide for Response to Suicide on College Campuses.

Although data are unclear regarding the impact of postvention services on future suicide attempts and completions, outreach at the scene of suicide is effective in encouraging survivors to attend a support group, seek help, and connect with a counselor. In addition, postvention resources for recent familial survivors of suicide can reduce psychological distress in the short term (Szumilas & Kutcher, 2011).

Institutional Interventions

Institutional interventions focus on factors within the institution's control, such as policies, building design, and campus climate and culture. Changing the environment to reduce student stressors and increase student resources has considerable potential for improving mental health (Geronimus et al., 2016; Hatzenbuehler et al., 2014; Pearlin & Bierman, 2013).

With regard to the built environment, designs for healthy physical spaces (for example, WELL Building Standard) show promise for promoting well-being, although much is left to learn. Examples of building for well-being include connecting buildings to nature, providing access to natural light, and developing "healing gardens." In addition, when considering the built environment and its impact on mental health, consider issues of accessibility and the need to enhance accessibility beyond ADA guidelines (Abelson et al., 2022).

A primary pathway to mental health risk reduction via the built environment is through restricting means for suicide (Abelson et al., 2022). Although talked about and evaluated in higher education contexts less widely, *means restriction* is an extremely important suicide prevention strategy (Abelson et al., 2022). In fact, means restriction is one of the few suicide prevention strategies with actual demonstrated effectiveness (Cimini & Rivero, 2018; Hawton, 2007; Mann et al., 2005; Zalsman et al., 2016). For example, restricting gun access can lead to major declines in young adult suicide (Miller & Hemenway, 2008). Means restriction is particularly crucial for young adults, whose time from first suicidal thought to attempt is often short (Deisenhammer et al., 2009; Hawton, 2007). In addition, research shows that those who are thwarted in their initially selected means for suicide typically do not seek alternatives (Daigle, 2005; Gunnell et al., 2007).

The JED Foundation (2019) notes: "Means restriction is highly effective and life saving for the majority of people attempting to take their lives. The vast majority of survivors live and endure for decades and do not die by suicide. A relatively small minority of people prevented from ending their lives by one method — and apparently more invested in ending their lives — go on to commit suicide via other means" (p. 42).

Common suicide methods used by college students include jumping, hanging, poisoning or overdose, and shooting (Schwartz, 2011), indicating a need to review institutional policies on gun possession, access to laboratories and/or toxic substances, and high-risk substances used

to ensure means restriction. Other modes of means restriction include securing rooftops, bridges, and parking lots with barriers and alarms to limit jump opportunities; installing breakaway closet rods in dorms and limited weight-bearing shower components to prevent hangings; and hosting drug take-back programs to decrease access to prescription drugs (Abelson et al., 2022).

The literature was clear that institutional transformation — rather than solely implementing isolated interventions — is the most promising path to enhancing the health of members (Eckel & Kezar, 2003; Hawe et al., 2009; Newton et al., 2016). In addition to identifying specific interventions, the literature points to the need for a paradigm shift to fully address and meet student mental health needs. Many leading scholars and associations (SAMHSA, National Academies of Sciences, Engineering, and Medicine) have called for a *culture of care* (also referred to as a *community of care*).

The term *culture of care* is generally used to refer to norms of caring behavior, practices of care, and modes of relating that promote and enable effective care and that implicate the display and exchange of what are seen as appropriate affect and emotional responses for a particular institution or social group. It is used to refer to cultures of institutions or groups at the very local scale (for example, an individual laboratory or care home) up to the nation state or global scale (Greenhough et al., 2022).

Embracing and manifesting a culture of care demands a multi-pronged and holistic approach that requires strategies and interventions at all levels of the care continuum. A multi-pronged approach needs to include a focus on prevention, identification of high-risk students, community-based approaches, treatment services, and relapse prevention and post-treatment or postvention support (National Academies of Sciences, Engineering, and Medicine, 2021). Kazdin and Rabbitt (2013) note the importance of communicating that mental health and well-being are institutional priorities through a variety of communication strategies and across systems and units. Furthermore, the idea of a successful institutional culture of care emphasizes the importance of communication, connection, and empowering people to sustain care as well as specifying types of caring behavior (Rafferty et al., 2017).

Although interventions at all ecological levels (individual through university) are needed to comprehensively address student mental health and well-being, attending to campus culture and climate becomes the glue that binds the interventions together into a more unified, comprehensive approach. To be successful in improving and supporting the mental health of students, it is imperative to address issues within the institutional culture that contribute to increasing mental health and well-being concerns (National Academies of Sciences, Engineering, and Medicine, 2021). Furthermore, research shows that changing the environment to reduce student stressors and to increase student resources has considerable impact on student mental health (Geronimus et al., 2016; Hatzenbuehler et al., 2014; Pearlin and Bierman, 2013).

It is also important to emphasize that the literature was clear that efforts to improve student well-being and mental health cannot be divorced from issues related to diversity, equity, and inclusion. Success of mental health efforts is contingent on an integration of mental health and DEI work, and current support for identity groups on college campuses is insufficient (Day et al., 2022). Furthermore, attention to systemic factors such as discrimination and microaggressions (Hollingsworth et al., 2017), faculty diversity (Llamas et al., 2021), and student-faculty relationships (Booker, 2007; Glass, 2015) is needed. Systemic factors strongly influence students' sense of belonging and can be addressed through university DEI actions. For example, positive relationships and interactions with faculty enhance students' sense of belonging (Booker, 2007; Glass, 2015).

Faculty diversity supports academic outcomes for marginalized students (Llamas et al., 2021), and this relation is likely mediated by students' sense of belonging. Systemic problems — such as discrimination and microaggressions — damage the sense of belonging for students in these groups (Hollingsworth et al., 2017; Woodford et al., 2018). These systemic effects are intersectional, meaning that identifying with more than one marginalized group affects students in complex ways (Adams et al., 2012) and that great diversity exists within each marginalized group (BrckaLorenz et al., 2021).

Merely providing programs to support students in specific identity groups is insufficient to counteract systemic problems. For example, among students who identify as trans, being aware of trans-inclusive resources on campus increases the sense of belonging for white students, but not for students of color (Day et al., 2022). Related to this, "bridge-to-doctorate" programs do not eliminate discrimination in STEM fields (Gámez et al., 2022). These data point to the need for institutional transformation and cultural shifts.

The use of trauma-informed care as a framework is also being adopted within higher education and is congruent with a culture of care framework. Trauma-informed care is a recommended framework for many human-serving systems of care — for example, community mental health, education, healthcare, and so on (SAMHSA, 2014). A trauma-informed organizational framework includes policies and practices that reflect the the following principles of trauma-informed care (SAMHSA, 2014):

- Physical and psychological safety
- Trustworthiness and transparency
- Empowerment, voice, and choice
- Collaboration and mutuality
- Peer support
- Attention to historical, cultural, and gender issues

Although newer to higher education settings, trauma-informed care has been implemented in K-12 education and healthcare settings with beneficial outcomes. In Shalka's (2022) work on

how a trauma-informed approach can improve higher education, the author concluded that a trauma-informed lens can help center the importance of relationships and humanity, reconceptualize safety and control, and offer possibilities to reframe work in higher education to be equity-minded and wellness-centric" (p.5).

Given well-documented difficulties with access to care, institutional efforts must also focus on reducing barriers and improving access to care and providing sufficient resources to do so (SAMHSA, 2021). Using integrated, collaborative care, and stepped care models enhances access to services, facilitates timeliness and follow-through on referrals, improves service quality, utilization, and efficiency, and, ultimately, improves student outcomes (Tucker et al., 2008). Institutions of higher education can integrate care through a variety of means.

First, professional associations recommend that colleges promote a "No Wrong Door" approach. Because colleges might have multiple campus organizations that provide mental health screening and support services, students need to receive thoughtful, comprehensive care and appropriate referrals regardless of where they first access the system (Mowbray et al., 2006).

Next, many campuses, including the University of North Carolina at Chapel Hill, have developed a "one-stop shop" in a centralized, accessible location where students can access a range of services and resources (for example, mental health, substance misuse and recovery, sexual assault prevention/response, sexual health, and so forth), because this centralized location can increase access and continuity of care and avoid fragmentation of services (SAMHSA, 2021; ACHA, 2020). In addition, the use of electronic medical records or electronic health records can improve coordination of services and facilitate communication between different providers on campus (SAMHSA, 2021).

Limited capacity to serve help-seeking students also continues to be a significant barrier to care. When on-campus providers cannot meet the demand or needs of students, on-campus care must integrate with off-campus healthcare providers — much like what we did recently at NC State (SAMHSA, 2021). Hiring additional counselors, clinicians, case managers, or other staff is a direct way to increase institutional capacity to meet students' help-seeking needs and can serve as a long-term investment in mental health service capacity (SAMHSA, 2021; National Academies of Sciences, Engineering, and Medicine, 2021). Investing in case management and resource navigation staff can also help students access appropriate services within an integrated care system (SAMHSA, 2021).

Colleges should also consider creating multi-disciplinary teams to collect data and collaborate in identifying and mitigating risk factors in student behaviors throughout campus. The Jed Foundation highlights multidisciplinary teams that "promote student, faculty and staff success and campus safety by facilitating the identification and support of individuals who demonstrate behaviors that may be early warning signs of possible troubled, disruptive or violent behavior" (JED Foundation, 2016). While NC State currently uses multi-disciplinary teams, we need to

ensure that varied partners throughout campus, beyond student health agencies, are included on these teams (JED Foundation, 2016).

Using technology to overcome scheduling or transportation barriers and providing online resources, virtual self-guided programs (such as the Calm app), or telehealth options can also help to reduce barriers and increase access to care for students (SAMHSA, 2021), although the specific outcomes of these efforts within higher education are largely unknown. The Higher Education Mental Health Alliance (HEMHA) developed a guide for implementing tele-mental health services in college settings.

It is also important to consider the academic calendar, because school breaks might result in problems related to continuity of care. Counseling centers need to establish services during break periods for students who remain on campus and identify strategies for continuing care with students who will be away from campus (whether due to break or a medical withdrawal). At a minimum, counseling centers need to provide information on their websites about what to do when centers are closed (SAMHSA, 2021). With regard to the academic calendar, it is also important to consider the length of breaks, as longer breaks with adequate support for students who need it might reduce student stressors. This concept is the philosophy behind the use of wellness days on campus, although data on outcomes of these efforts have not been published, and more research on these approaches is needed.

It is crucial to educate students on available services and their costs. Students are often not aware of services for which they are eligible for or their associated costs (Eisenberg et al., 2007). Campuses need to inform students clearly via center websites about services that are covered by student health fees and/or insurance or that are free (SAMHSA, 2021).

The use of embedded counselors is also used to increase access to services, although the literature is lacking on the actual impact of this strategy. The rationale here is that students might be more likely to access services by increasing access points and by providing access points in more localized and familiar settings (for example, residence halls, colleges, departments, and so on) to which the student is already connected.

Many sister institutions have implemented embedded counselors as a part of their approach. For example, University of Texas at Austin has enlarged and permanently funded their Counselors in Academic Residence (CARE) program, which embeds counselors within departments, units, or colleges. In addition to serving as counseling center staff, clinicians serve as staff of the department, unit, or college, becoming a member of that community, and providing services to members of that community onsite. As a result, help is “local,” and counselors are knowledgeable about the stressors, climate, dynamics, and resources within that unit. This expertise and understanding benefits clients and enables the clinicians to provide guidance to faculty, academic advisors, and deans, with whom they interact with regularly. Data indicate the CARE program serves students earlier in their progression of distress, those whose chief complaints derive from academic difficulties as well as those who are faring worse academically, as compared to students visiting the central counseling center.

Finally, although somewhat outside the scope of this review, the literature consistently indicated the importance of attending to implementation factors when considering programming. Findings from implementation science and clinical care emphasize the importance of attending to *how* programs are implemented as much as *which* programs are implemented. Implementation affects program effectiveness as much as, if not more than, the specific intervention. Further, higher levels of implementation usually are related to better program effects (Durlak & DuPre, 2008), and several components of implementation deserve attention in this context: fidelity, dosage, adaptation, buy-in, and quality of delivery (Conley et al., 2016). Each of these components can influence the amount of change achieved on different types of outcomes or for different subgroups of participants. Utilizing an implementation framework (see National Implementation Research Network for more information) can also be helpful – particularly in identifying and addressing implementation barriers to help ensure successful sustainability.

Overall Conclusions

Multilevel intervention is most effective for improving population health (Sallis et al., 2008). This review reveals that there are evidence-informed and evidence-based interventions to adopt and implement at every level of the socioecological model to enhance student mental health. Institutional cultural transformation, supervised skill-based training (especially mindfulness-based, cognitive-behavioral and relaxation approaches), peer support, belonging interventions, faculty mentoring, universal screening, the use of gatekeeping programs, means restriction, and inclusive policy interventions demonstrate the most evidence of effectiveness among students in higher education (Abelson et al., 2022).

Campus Policies, Rules and Regulations Impacting Student Mental Health

Members of the Policies, Rules, and Regulations (PRR) subgroup reviewed the university's PRR website to identify campus PRRs that may impact student mental health, to identify any concerns with those PRRs, and to recommend a process for reviewing and addressing those concerns.

As part of its review, the group gathered feedback from students, faculty, administrators, and staff about PRRs, their concerns, and any recommendations to resolve those issues. The group created a listing of the PRRs with potential impact, a summary of the concerns and recommendations received, a list of stakeholders who should be involved in reviewing those concerns and proposing solutions, as well as a recommended timeline for the work.

Throughout the process of reviewing PRRs and gathering comments from the university community, the group also received more general feedback about the university's PRRs and ways in which the university might be able to more positively impact students and employees interacting with those PRRs.

Stakeholder Engagement

A critical component of the Task Force process was engaging as much of the campus community as possible in this conversation regarding student mental health. As such, the Task Force formed a *Stakeholder Engagement* subgroup primarily responsible for identifying and engaging with NC State community stakeholders through an open survey and listening sessions.

Open Survey

On November 9, 2022, all university students, staff, and faculty received an email message from Vice Chancellor and Dean Doneka R. Scott regarding the Task Force. The message included a link to a Google Form for respondents to provide feedback to the new task force. In the form, we asked a single question, "What are your thoughts or feedback for the task force that will help with their work?"

Respondents could submit feedback in an open-ended essay box. Respondents were also asked to provide their affiliation with NC State (for example, undergraduate student, graduate student, staff, faculty, and so forth). The link to the Google Form was public and shared widely. The Google Form collected responses until it was closed on December 20, 2022.

Analysis of information gathered from the Google Form

The form collected 1,096 responses. Respondents had to indicate their affiliation with NC State as a requirement to submit the Google Form. No additional identifying information was collected. Respondents were allowed to submit feedback multiple times. Individual responses were uploaded into Dedoose qualitative analysis software. Staff provided an initial code to the individual responses; responses might have more than one code. Codes were then organized into larger themes. The strict timeline for delivery of the Task Force report did not provide an opportunity for additional rounds of coding.

Results

The following table provides information regarding respondents to the Google Form and their affiliations with NC State. Because respondents could submit the form more than once, the counts reflect responses rather than unique respondents.

Table. Respondent affiliation with NC State

Question: "I am a(n):"		
NC State Affiliation	**Count**	**%**
Alumni	22	2.0
Faculty	83	7.6

Graduate Student	115	10.5
Parent/Family	274	25.0
Staff	121	11.0
Undergraduate Student	443	40.4
Other (Please describe)	38	3.5
Total	**1096**	**100.0%**

Respondents who chose “Other” as their affiliation often had multiple relationships with the university (for example, alums and parents, graduate students and staff).

Listening Sessions

To better understand the thoughts and needs of our students, faculty, and staff and to take a deeper dive into the unique populations on our campus, members of the Stakeholder Engagement subgroup also conducted 21 listening sessions across the university, with close to 550 participants. These were conducted using both online meeting technology (Zoom) and in-person. The 7 general sessions were broken into the following groups: faculty, staff, undergraduate students, and graduate students.

Beyond the feedback obtained from these general sessions, 13 *targeted* listening sessions were focused on hearing from various groups on our campus, including student-athletes, honors and scholarship students, international students, students affiliated with military programs (including veterans), campus health practitioners, academic administration, student affairs professional leadership, and campus centers populations.

We asked all groups the first four questions listed below. In addition, we asked faculty or academic administrative groups two additional questions (numbers 5 and 6 below).

1. What would you say best supports student mental health?
2. What concerns do you have regarding student mental health resources, services and access at NC State?
3. What barriers or factors exist on campus that impact student mental health?
4. If you were to envision a community/culture of care, what suggestions or guidance would you have for realizing that at NC State?
5. How do you balance the importance of addressing student mental health with the academic demands of your course or program? Do you have any strategies or

techniques that you use to create a supportive and inclusive classroom environment for students with mental health concerns?

6. Have you received any training or professional development on how to support student mental health and well-being? If so, what have you found most useful or effective? If not, what additional resources or support do you feel would be beneficial?

Results

We summarized the themes from the open form and listening sessions in the following documents:

- Listening session responses
- Open form responses

Themes are based on an open form and listening session audience type: students, faculty, and staff. We did not include every response provided during the listening sessions or from the open form, nor did we represent every response by a theme. The Stakeholder Engagement subgroup recommends more listening sessions to continue to hear from all interested constituent groups at the university.

Recommendations

Whether from the impacts of the COVID-19 pandemic or the overwhelming stressors caused by the ongoing effects of our changing world, we must recognize that mental health and wellness services at NC State must rise to meet these challenges.

As a decentralized campus, we repeatedly heard throughout our research and listening sessions that building community and a sense of belonging is challenging. Most importantly, we heard that these factors have *changed* in the last few years. Our students, faculty, and staff want improvements, but are unsure how to bring the resources together to form a unified alliance that will work toward one common goal.

The Task Force believes that the work of this committee is an essential *first step* toward reaching that goal.

Overarching Recommendations

In addition to developing specific recommendations, the Task Force identified the following overarching action items that are fundamental to improving student mental health at NC State:

- We must **integrate campus-level diversity, equity, inclusion and mental health planning** to ensure that we foster a sense of belonging for all students, especially those in underserved populations.
- We must **form implementation teams** immediately to continue the work begun by the Task Force. These teams would be charged with researching, evaluating, and potentially implementing the recommendations.
- We must **continually assess** the effectiveness of existing services and programs designed to address student mental health and any new initiatives created through this process. We will use data gathered through assessments to drive evidence-based decision-making to inform and improve policies, programs, services, and all efforts to support student mental health.
- We must continue to find ways to **increase awareness of current mental health and wellness resources** and continue to provide ongoing communications that encourage healthy behaviors, mental health, and overall well-being. It is clear that NC State promotes and supports student mental health, and communicating these wide-ranging efforts must be a top priority. In the Listening Sessions, students described a need to revisit how resources are introduced to students, stating a need for reiteration throughout their time at NC State.
- We must **continue to engage the campus community in the ongoing conversation regarding student mental health**. We will offer more listening sessions over the spring

semester for students, faculty, and staff to gather feedback and input on this critically important topic. When an analysis of listening session data is complete, additional recommendations may emerge.

Recommendations

The Task Force created a list of recommendations after reviewing the following:

- NC State's current practices, strategies, and programs designed to support student mental health
- The literature on curricular and co-curricular best practices for supporting student mental health
- Policies, rules, and regulations that may impact student mental health
- The feedback and input from the campus community through an open-ended survey and listening sessions

The recommendations are organized into the following categories: **Culture of Care**, **Resources**, and **Policies**. The time needed to evaluate and potentially implement each recommendation varies. Some recommendations are already in progress, some can potentially be implemented in the short term (defined as by the end of this academic year), and some will take longer.

It is important to note that given the urgency of creating recommendations and identifying ways to support the mental health of our students, the Task Force did not discuss the pros and cons of these recommendations. The work of exploring the viability of each recommendation will begin immediately following the work of the Task Force. Furthermore, the Task Force recognizes that implementing all of the recommendations may not be possible or feasible.

Culture of Care

The Task Force recommends that NC State **enhance its culture of care**. Embracing and manifesting a culture of care demands a multi-pronged and holistic approach that requires strategies and interventions at all levels of the care continuum and across the institution. The literature is clear that institutional transformation — rather than solely implementing isolated interventions — is the most promising path to enhancing the health of members (Eckel & Kezar, 2003; Hawe et al., 2009; Newton et al., 2016). A culture of care is one of kindness, caring, and respect for all.

Building upon the strong foundation we have in place, we will be at the forefront of how a university truly cares for its students. For that to happen, the entire campus community, faculty, staff, and administrators must take responsibility for our students' mental health and wellness. University leadership across campus should communicate that mental health and well-being are

institutional priorities and emphasize that mental health and overall well-being are central to student life.

To enhance a culture of care, we must identify the root causes that are barriers to student mental health and continually assess the environment for emerging challenges. The feedback we received from our community aligns with the root causes found in the literature. Those barriers and challenges include an inability to meet basic needs (food, housing, transportation, and finances), rigid coursework expectations, a perceived lack of empathy and flexibility from faculty, limited access to resources, a lack of a sense of belonging, and policies that negatively affect mental health. Recommendations for bolstering a culture of care seek to respond to these challenges.

Institution

The following recommendations require structural and foundational changes and an **institutional-level commitment**.

Short Term

- ➔ **Add additional interventions and opportunities that promote a sense of belonging, connection, and community**. In the Online Survey, undergraduate students suggested that the university work to increase opportunities for students to engage with other students to increase belonging on campus. Listening Sessions underscored that students strongly believe a focus on community and connection will best support student mental health and create a community of care and is particularly true for students who identify as members of marginalized groups and at-risk populations.

Longer Term

- ➔ Become a JED Campus. The Jed Foundation (JED) provides colleges and universities expert support, evidence-based best practices, and data-driven guidance to protect student mental health and prevent suicide. JED currently works with over 370 higher education institutions representing over 4.8 million students, including seven colleges and universities in North Carolina. JED partners with the Steve Fund, the nation's leading nonprofit organization devoted to the mental health and emotional well-being of young people of color.

- ➔ **Create a Dean of Students type role.** The Dean of Students serves as the connection between students, families, faculty, staff, and administration for a myriad of services: student involvement questions, clarification about policies or procedures, helping students to navigate campus resources, assisting with student crises, or general questions about campus opportunities. NC State is the only institution in the UNC System without a Dean of Students.

➔ **Review existing advising models used across campus to optimize student outcomes.** Determine if advising at NC State is sufficiently supporting our students.

"I recommend reducing the advising load for those faculty to no more than 50 students, so they can keep an eye on incoming students and notice who is struggling." (Faculty, Online Survey)

"Improve student advising. Many students end up overwhelmed, especially in their first semester (I know I did!) because they are used to taking 5-6 high school classes at a time. Having advisors who explain course load and help students set a good, balanced schedule, especially in the first year, can really help." (Teaching Postdoctoral Scholar, Online Survey)

➔ **Continue to address food insecurity, housing instability, and other environmental factors** to minimize these barriers to well-being. While the university has raised significant funds and has dedicated tremendous resources to reduce these factors, these barriers to well-being continue to exist.

"We are food insecure. We are housing insecure. Graduate student income is below the poverty line. Even the university housing is more than half of our monthly stipend. How are we supposed to be mentally healthy under these conditions?" (Graduate Student, Online Survey)

➔ **Implement widely-available screening for mental health for students** with adequate processes in place to support students identified as at-risk or in need of services. Consider ULifeline, which the Jed Foundation developed. While screening occurs at the Counseling Center, at every appointment in Campus Health, screenings are available for anyone. We should consider widely-available screening.

➔ **Implement "means restrictions" via the built environment** to prevent suicides in locations on and around campus. Examples of means restrictions include securing rooftops, bridges, and parking lots with barriers and alarms; installing breakaway closet rods in dorms and limited weight-bearing shower components; and hosting drug take-back programs. As seen in the co-curricular literature review, means restriction is one of the few suicide prevention strategies with demonstrated effectiveness.

➔ **Increase prevention efforts**. Maintain a focus on adequately providing mental health services throughout campus while creating strategies to address wellness promotion and prevention, not just intervention.

In the Listening Sessions, students expressed a desire to diversify NC State's approach to mental health. They described the need for mental health prevention and promotion efforts in programming and everyday interactions.

➔ **Create more gathering spaces that cultivate community.**

In Listening Sessions, students drew attention to the structure of physical spaces on campus. Students described wanting the Counseling Center and other areas where students engage with mental health services to be welcoming; they described wanting smaller classrooms; and there was also a focus on campus beautification of indoor and outdoor spaces.

"We've spent lots of resources as a campus in making the Libraries, Talley, and other environments on campus social and engaging (which is why students want to be, and thrive, there!). We need to be doing the same for classroom environments. It's not just about the technology for these settings; it's about making changes and improvements to facilitate interaction and connection!" (Faculty, Online Survey)

➔ **Continue to address financial barriers to success among students**. Many graduate students made this recommendation in the Online Survey. For example, one student wrote,

"TAs and RAs NEED MORE MONEY TO LIVE. Do something about that. And not just enough to make us not eligible for food stamps anymore, but enough to live outside the walls of the academy… I want the money, I deserve the money I need to be able to have a LIFE. When TAs and RAs have lives, our mental health improves, and we produce better scholarship and are better able to support each other and undergrad students." (Graduate Student, Online Survey)

Financial stress can be even more severe for self-funded graduate students and graduate assistants in programs with low stipends. Listening Sessions and the Online Survey also revealed other financial obstacles to explore, such as the impact of the withdrawal process, availability of scholarships and grants, and access to off-campus providers.

Curriculum

The following recommendations focus on the **classroom**.

In Progress

➔ **Schedule Wellness Days each semester** and require that no exams or assignments are due on the wellness day or the day following. Respondents to the Online Survey expressed mixed support for Wellness Days. However, there was a sense of agreement that they should be scheduled in advance of the semester. Students described how faculty moved coursework and due dates to immediately before or after the planned Wellness Day. Respondents told how this caused stress and meant they could not focus on their wellness. Students expressed concern that faculty did not "respect" the intention of Wellness Days.

One student stated,

"The 'wellness days' do not help with the way they are being implemented. Instead of a day of focusing on yourself, most students are just catching up on work. In addition, assignments or tests due around that time are just pushed back to days where other big assignments/tests are scheduled." (Undergraduate Student, Online Survey)

Longer Term

- ➔ **Add a syllabus statement** on the importance of mental health awareness and provide information regarding available resources at the institution.

- ➔ **Coordinate exams at the institutional or departmental levels**, as exam saturation is a prime source of stress. For example, midterm exams should be scheduled in the same manner as final exams.

  "Exams and large assignments need to be staggered, especially for classes typically taken together. Provide a system for professors to work with each other to schedule exams." (Undergraduate Student, Online Survey)

- ➔ **Ensure course expectations and workload align with credit hours earned.**

  "I think professors need more monitoring for the general pacing and curriculum of their classes. While some classes are designed to be more rigorous than others, and some subjects are naturally more difficult, I know I and fellow students have all had classes where we felt like we were drowning in an unnecessary amount of work." (Undergraduate Student, Online Survey)

- ➔ **Examine academic expectations** to incorporate reasonable flexibility and support student mental health. For example, faculty should use structured and transparent assignments with clear learning goals, instructions, and grading rubrics.

  In addition, students described rigid coursework expectations in our Listening Sessions, including heavy workloads, inflexible deadlines, due dates over weekends and breaks, and scholarship programs/funding requirements that caused additional stress.

- ➔ **Modify the Department of Health and Exercise Studies GEP courses required by every undergraduate student to increase wellness and life skills education.**

  "There is an opportunity to revisit the GEP, modifying the HES requirement to further NC State support of students. A revision and alignment of how courses and content are delivered should be reviewed to incorporate building community, goal-setting, mindfulness, physical activity, and overall wellbeing. Some faculty are already teaching integrating these concepts. All undergraduate students currently must engage with the department to fulfill the GEP. This is an existing way in which to engage them." (Faculty, Online Survey)

➔ **Create a common core first-year experience course.**

"At my college, we had a required course called 'University 101,' which provided students with a course that discussed time management, processing change, overwhelm, physical and mental health, and how to help oneself when struggling. I'm not familiar with the curriculum at NC State at that level, but it might be one approach to ensuring that all students are getting the same information, as well as ensuring they all have the same soft skills and knowledge in this area." (Staff, Online Survey)

Prevention, Education and Training

The following recommendations focus on **prevention, education, and training**.

Short Term

➔ **Require students to complete a well-being skills training program**. Mindfulness-based, cognitive-behavioral, and relaxation skill training programs are the most efficacious skill-training interventions.

"My suggestion would be to add a module to the required modules. Our kids get drug and alcohol training, hazing, but no mental health. A module that explains how to get help, and how to recognize when someone else needs help (and how to get it for them) would be beneficial." (Parent, Online Survey)

➔ **Encourage faculty and staff to attend ally training programs, diversity training, and racial dialogue workshops** to prevent microaggressions/discrimination and decrease interpersonal harms, which negatively impact student mental health.

➔ **Create a campus-wide theme centered on wellness and belonging for the 2023-2024 academic year**. Plan a series of engagement events throughout the year through cross-campus partnerships that foster community and discussion among students, faculty, and staff.

Longer Term

➔ **Require faculty, academic advisors, graduate research advisors, graduate teaching assistants and any staff who directly and regularly interact with students to complete "gatekeeper training"** to learn how to recognize early warning signs of mental health distress. Two on-campus options are Mental Health First Aid (MHFA) and QPR: Question, Persuade, and Refer (QPR).

"REQUIRE QPR TRAINING ANNUALLY!!! Faculty have to complete Data Security training every year. Maybe we can show we care about students by requiring faculty to get trained in areas of recognizing and responding to student issues. Although it is not in our SFR, responding to student needs is now part of our job whether we want to believe that or not.

We should at least have the tools to help address issues instead of making it up as we go along (or just ignoring it since "it's not part of our job").” (Faculty, Online Survey)

➔ **Add a health and wellness component to employee performance appraisals**.

“Add a wellness component to our performance appraisals, similar to diversity. Wellness/wellbeing is part of diversity when it’s done right. They should be part of our work/education. Our campus community needs it.” (Staff, Online Survey)

➔ **Implement a peer mentoring support program**.

“This isn't an NC State only problem, obviously. The availability of counselors is too low (students AND FASAP), mental health inpatient services in the area are insufficient, AND it's not likely to get better without a huge influx of funds (which should be pursued). New, non-traditional approaches are needed. The most essential thing for protecting mental health is having ongoing, positive, 1:1 human connections. That can't be artificially generated ('go sign up for a club'). Think about other ways to facilitate connections - buddy systems, peer mentoring programs, etc. and ask students what would work for them, what to try.” (Staff, Online Survey)

In Listening Sessions, students expressed the need for mentorship programs and suggested partnerships with academic colleges, departments, and residence halls to support programming that promotes mental health in academia. Of note, three colleges currently have such a program at the graduate level through the Graduate Peer Mentoring Collaborative.

Communication

In addition to other overarching recommendations regarding increased communications regarding overall university mental health and wellness, the Task Force recommends the general communications improvements listed in this section.

In Progress

➔ **Improve the usability of the Counseling Center website**. The website is currently undergoing a redesign.

➔ **Create a “one-stop shop” website for mental health and wellness resources**.

A “one-stop shop” website is in the planning phase.

“I recently came back from a conference that suggested that mental health resources be listed by category on the website. It helps students know where to go. When information is listed in a "dump and go" format, students who are already in crisis feel overwhelmed and don't know where to start.” (Staff, Online Survey.)

➔ **Review and update NC State's postvention protocols.** Postvention is the process of providing psychological support, crisis intervention and other forms of assistance to those directly affected by a student death, critical injury or other crisis situation. For example, respondents to the Online Survey and Listening Session requested more communications about deaths on campus.

Short Term

➔ **Compile and advertise a list of courses that support well-being**, for example, HON 398-008: Practicing Happiness. Create additional course offerings similar to The Science of Wellbeing at Yale University or U Sad? Coping with Stress, Anxiety, and Depression at University of Maryland.

One faculty member wrote, *"It is not ok for us to have to go to Reddit or the News & Observer to figure out who died and if we knew them." The campus should determine if and how information will be shared and share those decisions with the community.*

Resources

The following recommendations focus on additional resources needed to improve student mental health.

In Progress

➔ **Embed clinicians across campus** who report to the Counseling Center in spaces where students are already connected, such as residence halls and colleges, to increase access to care. Currently, there are embedded counselors at NC State in Athletics, College of Veterinary Medicine, Advanced Analytics, Campus Health, College of Agriculture and Life Sciences/College of Sciences, College of Engineering, and Wilson College of Textiles/The Graduate School. The following colleges are creating or filling embedded clinician positions: Poole College of Management, College of Natural Resources/College of Education, and the College of Humanities and Social Sciences.

➔ **Create a faculty toolkit and other resources for faculty** to include concrete suggestions for creating a welcoming environment and sense of belonging and supporting student mental health. The Counseling Center created Fostering a Campus Environment Supportive of Student Mental Health: A Faculty Toolkit for Supporting Student Mental Health, based on work from the University of Michigan. Consider avenues for raising awareness about this resource and creating additional toolkits, guidebooks, and resources for faculty.

➔ **Increase access to counseling services and decrease the wait time**. This has been a consistent recommendation from students, faculty, and staff and is a challenge for NC State, other universities, and the broader community. The demand for counseling services is greater than the supply of clinicians. The university partnered with Academic Live Care in the fall of 2022 to expand the services available to our students. All NC State degree-seeking students can access up to 12 free telehealth counseling appointments over the calendar year through the platform. This partnership should be evaluated for future planning.

Short Term

➔ **Hiring and retaining more clinicians and case managers** was a consistent recommendation from students, faculty, and staff. In addition, community members want the university to continue to recruit and retain clinicians and case managers that reflect the population of the student body. In the Listening Sessions, students described how under-represented populations (race, ethnicity, sexual orientation, and so on) have specific concerns and want to see those needs and concerns reflected in their care.

Longer Term

➔ **Provide a wellness app for the NC State community** to increase access to care. Athletics provides the wellness app Calm to all student-athletes and staff. The university could explore the feasibility of offering this type of resource to all community members.

➔ **Provide additional student support services and community engagement programming opportunities on Centennial Campus**.

"Please include Centennial Campus in this mission. There is quite the disconnect between main campus resources/initiatives and Centennial Campus. Majority of the student population on Centennial are engineering students which are under a lot of stress and pressure (as all students are). We also have a lot of international students at the graduate (and undergraduate) levels, which adds an extra layer of stress since they are away from home, family, and support. I worry about my students and their mental health, and I hope that Centennial Campus is being specifically included on this task force." (Staff, Online Survey)

➔ **Provide student support services for distance education students**, such as Counseling Center, Campus Health, and Wellness and Recreation.

"I would love to see more resources for students engaged in distance education. Many graduate students enrolled in online programs live locally, want to connect with resources, but encounter barriers receiving campus support/assistance." (Faculty, Online Survey)

Policies

Members of the Task Force consistently heard that the university's current Policies, Rules and Regulations (PRRs) can be difficult to understand and navigate. In addition, several key regulations unintentionally create challenges for community members and significantly impact community members' well-being. For example, the regulation having the most direct impact on student mental health is the Attendance Regulation.

Students described attendance policies as "inconsistent and harmful" and "insufficient." In the online survey, one student stated, *"Fear of decreased grades as a result from absences may lead students to having to choose between their academics and their mental health."* In the Listening Sessions, faculty noted the withdrawal, course drop, and absence verification processes are stressful and challenging for students to navigate.

Given the impact of our policies, rules, and regulations on our students, faculty, and staff, the Task Force believes the changes we implement through these recommendations will transform the institution and have a positive impact on the entire campus community's well-being.

Using the data gathered from this report and comments received during feedback and listening sessions from the university community, we recommend the updates summarized in the following sections. Details regarding the impacts or concerns of each PRR, recommendations, stakeholders, and suggested timeline for revisions are provided in this spreadsheet.

The recommendations fall into the following categories:

- General Recommendations
- Academic Regulations
- Withdrawals, Leaves of Absence, and Adding or Dropping Courses Regulations
- Grade Regulations

General Recommendations

The Task Force received the following general feedback regarding updates or changes to university policies:

- Develop a user-friendly technology for students to access university policies and information regarding how those policies affect them, possibly including a chat feature.
- Review all PRRs to ensure that they use inclusive, non-gendered language. In addition, investigate methods to make PRRs more accessible and easier to understand.
- Consider moving all academically relevant information for students into a single PRR and be clear about differentiations between undergraduate and graduate students.

- For PRRs or university processes that request medical documentation, investigate whether it is appropriate or necessary to request medical documentation (especially if it is sensitive medical information). For our students, obtaining the required medical documentation from their providers can be time-consuming and stressful; thus, if it is not necessary, we recommend that we refrain from requiring students to provide this information.
- For PRRs relating to withdrawals or adding or dropping courses where administrative approval is required, provide a link in "Additional References" to helpful FAQs or charts that are easy for students to understand and include information about who will make the decision, the criteria used for those decisions, and any associated consequences.

Academic Regulations

This section provides specific feedback gathered by the Task Force regarding general academic regulations:

- REG 02.20.03 Attendance: Review and modernize the attendance regulation to clarify attendance expectations with an eye toward balancing structure (to encourage participation that facilitates student learning) and flexibility.
- UNC System 400.1.6 Academic Calendar: Add Wellness Days to the rules that govern the development of the Academic Calendar.
- REG 02.20.14 – Test and Examinations: Consider language prohibiting weekend or holiday deadlines in Section 2.
- REG 02.20.13 – Teacher Availability to Students: Consider addressing a minimum standard for in-person office hours and accessibility via email and other means.
- REG 02.20.07 – Course Syllabus: Consider changing the focus of this PRR to be on *Required Course Components*, where the syllabus is the communication device of those components. In addition, make the deadline to provide a syllabus earlier (ideally, at registration) and require information to help set expectations about how much time will be needed for the course so that students can better manage their schedule and work expectations. Incorporate and revise REG 02.20.10 – Listing of Required Course Materials with the NCSU Bookstores into this PRR.
- REG 02.05.02 – Length of Time to Graduation: Determine whether this regulation can be repealed, as it seems to provide only recommendations and not requirements. At a minimum, Section 2 was revoked by the legislature, is no longer applicable, and should be removed. If the regulation is needed, broaden Section 5 to specifically include mental health reasons, making clear to whom this regulation applies and whether the eight-semester timelines need to be altered or extended.

Withdrawals, Leaves of Absence, and Adding or Dropping Courses Regulations

This section provides specific feedback gathered by the Task Force related to regulations about withdrawals, leaves of absence, or adding or dropping courses:

- Undergraduate Leave of Absence Regulation (**proposed new regulation**): Create a leave of absence policy for undergraduate students and provide more clarity around the policy for graduate students.
- REG 02.05.04 – Term Withdrawal from the University: Provide consistency for withdrawal procedures across campus. Add an "Additional References" section to the regulation PRR webpage to assist students in assessing all of the impacts of the withdrawal process and to help them clearly understand who makes the decision on the withdrawal request and what factors are considered in the analysis.
- REG 02.20.02 – Adding and Dropping Courses: Revamp the procedures related to deadlines for when students can drop a class (both undergraduate and graduate) with consideration towards including mental health exceptions in section 4.1 of the regulation and having a certain percentage of the student's grade available to the student before the deadline.
- REG 02.20.15 – Credit Only Courses: Consider extending the deadline in Section 3.1 for students to decide to take a class for a grade or credit only. In addition, in Section 1, consider raising the 12-semester hour limit for credit only classes to count toward graduation.
- REG 07.55.03 – Refunds: Consider whether the time period in which refunds may be prorated may be extended, whether the factors the Appeals Committee uses to make a determination should be included in the regulation or otherwise made more transparent, and whether the Appeals Committee may consider evidence that a withdrawal date was in practice much earlier than the official listed date on the withdrawal request form.

Grade Regulations

This section provides specific feedback gathered by the Task Force related to regulations about grades:

- REG 02.45.02- Grades and Credit in Graduate Courses and REG 02.50.03 Grades and Grade Point Average: Consider whether these regulations should be combined; if not combined, clarify whether both regulations apply to graduate students. In addition, consider whether the grading scale may be revised to enhance student mental health while still meeting academic objectives and consider revising language that limits when an instructor may make a grade change.

- REG 02.20.16 – Undergraduate Grade Exclusion: Move the grade exclusion limit from two courses to four, as the UNC System Fostering Undergraduate Student Success (FUSS) policy allows. In addition, evaluate allowing grade exclusions to be used after a graduation application is in place, as long as the course does not count towards the student's graduating major or minor requirements.
- REG 02.20.06 Course Repeat Regulation: Make changes to Section 2 to remove the first attempt from GPA calculation or lessen its impact in some other manner.
- REG 02.45.01 Academic Difficulty (Applicable to graduate students): Provide more clarity to the terminology "satisfactory progress." In addition, consider having allowable exceptions for good reason.
- REG 02.05.01 – Continuation of Undergraduate Enrollment (academic suspension): Examine whether it is appropriate to have exceptions to the hard GPA lines for extenuating circumstances, such as health reasons. In addition, evaluate and clarify language in Sections 2.2.1 and 2.3.1 ("grade point deficit greater than or less than 15") and in Section 2.3.4 ("remain on Academic Suspension").

Implementation Planning

A newly formed steering committee will begin meeting immediately to operationalize the recommendations of the Task Force.
Steering committee members:

- Chancellor's Cabinet and Chair: Doneka R. Scott, Vice Chancellor and Dean, Academic and Student Affairs
- Graduate Student Association President: Margaret Baker
- Communications: Justin Hammond, Assistant Vice Chancellor, Academic and Student Affairs
- Student Body President: McKenzy Heavlin
- Faculty Senate Chair: Herle McGowan, Teaching Professor, Department of Statistics
- Staff Senate Chair: Jill Phipps, Office of Information Technology, Business Services
- Office of the Executive Vice Chancellor and Provost: Katharine Stewart, Senior Vice Provost for Faculty and Academic Affairs
- Task Force Co-Chair: Lisa Zapata, Senior Associate Vice Chancellor, Academic and Student Affairs
- Staff Support: Tia Schulstad, Senior Administrative and Planning Coordinator, Academic and Student Affairs

The steering committee is charged with continuing the work of the Task Force and will identify individuals to serve on implementation teams to research and evaluate each recommendation. Understanding that implementing all of the recommendations might not be possible, the evaluations will consider cost, time, potential barriers, prioritization, and other factors to determine feasibility at NC State.

Implementation teams will consult with, and report to, the steering committee throughout the process. The Steering Committee will share the implementation plan with the university community when it is fully developed.

Closing

The Student Mental Health Task Force members want to thank Vice Chancellor and Dean Scott for the opportunity to serve on this Task Force and to explore how to address the mental health

crisis we are experiencing at NC State and across the nation. Although the timeline given to the Task Force was ambitious, the process the Task Force followed was thorough and thoughtful.

The work was not done linearly, as the need was too urgent. The subteams addressed their charges simultaneously, inventorying existing resources, reviewing the literature inside and outside the classroom, examining our policies, and engaging the campus community.

Two overarching conclusions became apparent as a result. First, NC State is dedicated to supporting student mental health and has significant programs, services, and resources in place to do so. Second, there is not only room for, but also a need for, additional efforts. Although we recognize that implementing every recommendation may not be possible, we are confident that we can significantly impact student mental health at NC State. We appreciate the opportunity to make a difference in the lives of our students and at our institution.

Appendix: NC State Counseling Center Services and Resources

This appendix lists the current offerings of the NC State Counseling Center services and resources.

Individual Counseling

Short-term therapy at the Counseling Center is goal-oriented, solution-focused, and time-limited. Therefore, it might not be the appropriate recommendation for all concerns. Students referred for individual therapy are willing to engage in the therapeutic process, including regularly attending sessions and compliance with treatment recommendations.

Couples Counseling

Couples therapy is an option for treatment if both students are enrolled in academic instruction.

Academic Counseling

Students experiencing academic challenges can meet with an academic counselor to learn about concrete tools and strategies to handle academic struggles. Academic counseling goes beyond academic advising services to provide specific guidance about improving academic performance. Academic counselors can help with semester withdrawal requests, poor grades, test anxiety, learning difficulties, dissertation support, study skills, academic suspension, and course drop.

Addictive Behavior Counseling

At the Counseling Center, a team of professionals provides various clinical services with our addictive behavior counseling — such as assessment, individual counseling, group counseling, and referral services. This short-term framework can assist students with goals around addictive behaviors and recovery. Addictive behaviors can include gambling, gaming, internet use, sexual activity, exercise, substance use, including nicotine, and so on. We also offer consultation, support, connection, and educational opportunities to the university community.

Career Counseling

The Counseling Center provides career assessment instruments through career counseling services that allow students to explore their interests (through the Strong Interest Inventory) and personality characteristics (through the Myers Briggs Type Indicator). Although there is no single test to help students determine the best career, the answers can provide career assessments that match with jobs or job families where others with similar characteristics have found satisfaction.

Group Counseling

Group counseling involves groups of 6 to 10 people who meet weekly with one or two trained members of the Counseling Center staff to talk about their struggles and problems. Some groups focus on specific topics or problems, while others address multiple concerns. Under the skilled direction of group facilitators, the group supports, offers alternatives, or gently confronts individuals. In this way, group members resolve difficulties, learn alternative behaviors, and develop new social skills or ways of relating to people.

Workshops

Led by Counseling Center staff, workshops are skill-based, ranging from three to four sessions, where each session builds on the next. Types of workshops include anxiety management, depression management, relationship skill building, and mindfulness.

Psychiatry Services

The Counseling Center offers psychiatric evaluation and other psychiatric services. Our staff psychiatrists consult with both our professional staff and our clients. After an initial evaluation for medication, your psychiatrist will help you manage your medication and monitor your progress during follow-up appointments. Concurrent therapy will continue to focus on dealing with underlying issues and skill-building.

Triage

This is a brief meeting with a triage clinician to assist students in identifying the best mode(s) of mental health service moving forward. Students discuss presenting concerns, needs and goals, and safety-related concerns, as well as learning about various services available through the stepped care model and community as appropriate.

Case Management

Case management connects students with specialized or longer-term mental health services not currently provided by the Counseling Center. Case managers meet with students to discuss and make appropriate referrals based on presenting concerns, goals, insurance, transportation, and other relevant elements. Follow-up and additional referral support is also provided as needed.

Off-Campus Referral Database

The NC State Counseling Center offers a referral database powered by MiResource of community mental health providers. Each provider was invited and vetted by the NC State Counseling Center staff. This database is available to anyone searching for mental healthcare in their community. Common reasons for seeking off-campus care include wanting longer-term treatment or specialized services, preferring an off-campus provider, or ineligibility to receive

Counseling Center services. In addition to the MiResource referral database, a list of national databases is provided to offer specialized and diverse referral options.

On-Call Services

The Counseling Center provides 24/7 crisis support to any student in need. At the end of each day, our clinicians take on the role of the On-Call counselor and ensure that all students presenting in need in the final hours of the work day are supported, assessed, and provided resources.

After hours and on weekends and holidays, our crisis services shift to ProtoCall — a contracted service that university counseling centers highly regard. ProtoCall provides telephonic counseling by licensed clinicians to any student in need. They connect with the student, identify immediate concerns, assess well-being and safety, provide brief interventions, and connect the student to the Counseling Center. They can manage risk and crisis by initiating welfare checks and hospitalizations when needed.

Counseling Center staff are available when needed for consultation or coordination of care. Activity reports are created for each caller and entered into the Counseling Center's EMR. The front office team ensures that the appropriate clinician, case manager, and treatment team is informed to ensure continuity of care.

Let's Talk

Let's Talk is a program that connects NC State students with support from experienced counselors from the Counseling Center without an appointment. Counselors hold drop-in hours at several sites on campus. Let's Talk offers informal consultation; it is not a substitute for regular therapy, counseling, or psychiatric care.

Let's Talk is available during the fall and spring semesters and does not run during breaks. Talking with a counselor can help provide insight, solutions, and information about other resources. Let's Talk drop-in visits are: free, confidential, and no appointment necessary. Let's Talk hosts sessions at the African American Cultural Center, GLBT Center, Multicultural Student Affairs, Women's Center, and multiple academic colleges.

Crafting and Connecting

The Women's Center and Counseling Center host Crafting and Connecting two Tuesdays monthly for a communal healing space for students to make crafts and connect with peers. Counselors will also be available for students to individually meet with if desired and to help students process emotions and seek support. The space will be available on a first-come, first-served basis for the first 20 people.

Self-help Resources

Students might want to learn more about their mental health and wellness concerns on their own. Information and knowledge about various concerns are available through self-help resources for students to arm themselves with the knowledge to make decisions about getting help they need and being their best on their journey to well-being.

Tuffy Fund

The NC State Tuffy Fund provides for immediate needs related to financial assistance for alcohol-related issues. Funds can be used for (but are not limited to) counseling or therapy, transportation, medications, and hospital visits.

Online Screenings

Free online screening for a range of common emotional conditions is available through the Counseling Center website to help determine the root causes of these feelings. Screenings are anonymous and only take a few minutes. The feedback received from screening is not a medical diagnosis, but can help inform students whether they might benefit from counseling. Online screenings are available for depression, bipolar disorder, anxiety disorders, alcohol use disorders, eating disorders, and post-traumatic stress disorder.

Treatment Teams

The treatment teams at the Counseling Center are multidisciplinary teams that are places to provide guidance, consultation, and share resources. The current teams are: Addictive Behavior Concerns, Eating Disorders, IPV Treatment Team, TRaC (Threat, Risk, and Crisis), Triage and Case Management, and Academic Services.

Committees

Committees are internal to the Counseling Center and focus on different aspects of the Counseling Center. Current committees include Assessment, Continuing Education, Clinical Services Advisory, DEIB/Outreach, Community Engagement, and Groups and Workshops.

Partnership with Academic Units through Embedded Counseling

Embedded counselors are housed in specific colleges and areas and serve that population of students. Currently, there are embedded counselors in Athletics, College of Veterinary Medicine, Advanced Analytics, Campus Health, College of Agriculture and Life Sciences/College of Sciences, College of Engineering, and Wilson College of Textiles/The Graduate School. The following colleges are in the process of creating or filling embedded clinician positions: Poole College of Management, College of Natural Resources/College of Education, and the College of Humanities and Social Sciences.

Outreach

Counseling Center staff provide psychoeducational opportunities to learn about mental health in various settings such as classrooms, student organizational meetings or general sessions. Some examples include QPR-Question, Persuade, Refer, which is a training for suicide prevention or Signs and Symptoms helps students, faculty and staff recognize common mental health concerns. Additional arms of outreach include presentations and tabling during orientation and training for resident advisors in University Housing.

Postvention

In collaboration with Emergency Management, the Postvention Coordinator, Prevention Services, and the Counseling Center works to meet campus needs in response to the aftermath of a death on campus or affecting the campus community.

Training

The Counseling Center offers comprehensive training opportunities for emerging mental health professionals. Supervised practical training plays an essential role in career development, and these programs emphasize counseling that is both ethical and multiculturally affirming. Each trainee becomes a valued member of the Counseling Center team and gains clinical experience with individual and group counseling, crisis assessment, consultation, and outreach services. Training programs include counseling practicum and internship (master's level), social work internship (master's level), graduate assistantships, doctoral psychology internship, and post-master's counseling/social work fellowship.

Crisis Response

Students experiencing a mental health emergency during business hours (M-F 8 a.m. to 5 p.m.) can call the Counseling Center or walk in to receive same-day services.

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