

SUPPORTING STUDENTS FACING MENTAL HEALTH CHALLENGES

Karishma Collette, Sara Armstrong, and Christine Simonian Bean

Introduction

University life is widely publicized as an adventure—a chance to engage with new ideas, people, and opportunities. While these vibrant interactions can be part of the college experience, participation in a competitive, high-stakes academic environment like U-M can pose very real challenges. Students must learn to navigate campus norms and culture, meet rigorous academic expectations, and manage financial, social, and personal pressures. Navigating these often-competing demands can create or exacerbate mental health concerns and jeopardize student well-being. In addition to these general complexities, individuals who hold identities that are marginalized in U.S. higher education spaces (e.g., students of color, LGBTQ+ students, undocumented students, students from low income families, international students) face additional burdens: emotional stress and labor arising from daily microaggressions, taunting, harassment, or worse.

Mental health challenges are a common concern for students at U-M. In 2018, a random sampling of 12,003 U-M students were invited to participate in the National College Health Assessment (NCHA), a survey designed by the American College Health Association (ACHA).¹ 57% of survey respondents reported feeling “overwhelming anxiety” at some point within the past twelve months. 39% reported that they felt “so depressed it was difficult to function” at some point within the same period (up from 36% in 2016), and 10% indicated that they had “seriously considered attempting suicide” during the past year (U-M UHS, 2018; see slide #35). U-M student data mirror national figures collected with the same survey instrument. With self-reports of such significant levels of distress, the state of mental health on college campuses is frequently called a crisis. These mental health challenges have a strong correlation with students’ ability to persist in higher education. Findings from the National Alliance on Mental Health’s report “College Students Speak” (Gruttadaro & Crudo, 2012) show that 64% of students who have dropped out of college connect their departure to a mental health concern (p. 8).

In recent years, U-M’s Counseling and Psychological Services unit (CAPS) has seen a surge in demand for its services. Their 2016-17 annual report highlights that service requests have nearly quadrupled since 2010, with an average increase of 5% per year that significantly exceeds U-M’s annual increase in enrollment. In 2017-18, this annual increase continued with

¹This survey had an 18% response rate, down from 21% in 2016. Data was weighted by gender, race, domestic/international, and undergrad/grad/professional status to match U-M Winter 2018 enrollment. <https://uhs.umich.edu/files/uhs/NCHA-2018-web.pdf>

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CAPS reporting a 6.7% increase from the previous academic year. The growth in demand for services, though alarming enough in its own right, is likely to be an underestimate of the actual incidence of mental health distress experienced by U-M students. Students may not access counseling support due to stigma surrounding mental health issues. They might also choose not to seek support via formal mechanisms because of cultural norms related to their identities or because of an actual or perceived lack of support professionals who share relevant identities. A recent national study on mental health problems and use of mental health services among college students shows that diagnoses, medication use, and therapy are lower among students of color relative to white students (Lipson, Kern, Eisenberg, & Breland-Noble, 2018). At U-M, Asian/Asian-American students were “least likely to have utilized mental health services and were most likely to report higher levels of self stigma and perceived stigma from family and friends for seeking psychological help” (U-M CAPS, n.d., Phase III). Similarly, the Equity in Mental Health Framework (n.d.) jointly released by the Steve Fund and the JED Foundation notes that while African-American students are more likely to report feeling overwhelmed most or all of the time during their first term at college, students of color are less likely to seek help than their white peers.

Academic work has a complex relationship to student mental health. NCHA respondents also identified stress, anxiety, sleep difficulties, and depression—all experiences connected to mental health issues—as the top four impediments to their academic performance. Academic work can also play a role in causing mental health concerns. Academic distress was, alongside social anxiety, the most reported mental health concern shared by students regardless of age, gender, or race (U-M CAPS, n.d., Phase IV.) A report prepared by a student-led Mental Health Taskforce (U-M CSG, 2017) echoes this concern, citing academic difficulty as a primary reason why students solicit professional support for mental health concerns. This is reinforced by U-M’s NCHA data: 48% of respondents in 2018 reported that academics were “traumatic” or “very difficult to handle” in the past year.

The interconnected relationship between mental health and academics highlights the important role instructors can play in (1) proactively cultivating learning environments that support student well-being and (2) productively responding to mental health concerns that emerge in college classrooms.² Both U-M students and instructors have identified a need for instructors to respond knowledgeably and compassionately to student mental health concerns. In fact, a large majority of instructors who participated in a parallel survey administered

² Note that “classroom” implies before, after, and during class, office hours, email, etc., and encompasses a variety of formal instructional settings such as labs, studios, lecture halls, etc.

by Central Student Government’s Mental Health Taskforce indicated that they desired the knowledge and skills to effectively support students experiencing concerns of this kind. This Occasional Paper is designed to assist instructors in developing their personal capacity in this domain. It will introduce them to role-appropriate strategies to facilitate positive academic and health outcomes for their students. To that end, this document shares strategies for proactively supporting student mental well-being (pp. 2-4), presents principles that can productively shape interactions with students who disclose a mild to moderate level of distress (pp. 4-6), and distills best practices for responding to students in severe distress (pp. 6-7).

Proactively Supporting Student Mental Well-Being

Instructors’ choices regarding course format, assessments, classroom practices and more affect students’ lives. In this sense, instructors hold a good deal of power in shaping and supporting students’ experiences. Proactive support of mental health requires regular conversations about the commonness and prevalence of academic struggle on campus, and an emphasis on transparency and feedback in course design. These practices alleviate stress for all students and are particularly helpful to those who manage mental health conditions or challenges. This section outlines instructor practices that promote positive mental health in the classroom and enable students to feel valued and validated as whole people.

Include language on mental health support in your syllabus.

In addition to providing information about a course’s timeline, goals, and required assignments, a syllabus can also act as a powerful instrument for messaging and a tool for student learning. Instructors can use the syllabus to signal their commitment to student well-being, normalize the occurrence of mental health challenges, and introduce students to the range of support services available to them at U-M. As part of their advocacy in this domain, the Central Student Government has drafted sample syllabus language that works toward these three aims:

As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance or reduce a student’s ability to participate in daily activities. The University of Michigan is committed to advancing the mental health and well-being of its students. If you or someone you

know is feeling overwhelmed, depressed, and/or in need of support, services are available. You can learn more about the broad range of confidential mental health services available on campus via <http://umich.edu/~mhealth/>.

Instructors who are situated in schools and colleges that have embedded counselors can use the following language:

The [school name] has CAPS Embedded Counselors available to its students. Embedded Counselors are located in school/college buildings and services are tailored to the school's climate. For more information, please visit <https://caps.umich.edu/caps-embedded-model>.

Explicitly promote self-care and wellness throughout the semester.

Instructors can build upon the work begun in a syllabus statement by explicitly promoting self-care and wellness throughout the semester. This reiteration and amplification could take many forms. Instructors might check in with the class at times when student stress or anxiety might predictably increase (e.g., close to due dates for major assignments or after a campus hate incident). In tandem with or separate from these check-ins, instructors could highlight the benefits of self-care strategies like adequate sleep, proper diet, and regular exercise. They might also use a few minutes at the beginning of class or send an announcement via CANVAS to publicize campus wellness events or resources (such as CAPS wellness zones and relaxation videos, or free one-on-one coaching available through Wolverine Wellness). Demonstrated attention to student mental health and concern for student well-being lay a positive foundation for any one-on-one instructor-student interactions that may need to occur as a student navigates mental health challenges.

Normalize academic effort and struggle, and promote a growth mindset.

U-M attracts high-achieving students who may not have encountered academic struggle before. Feeling challenged in class and encountering “failure” on assignments is new and unsettling to many. Other students may come in feeling less prepared than their peers, and the classroom may immediately feel high-stakes and stressful to them. Situated in an institution whose unofficial mantra is “the leaders and best,” students may experience anything short of immediate mastery and perfect execution as an unacceptable personal deficiency which can create or exacerbate existing mental health challenges. To anticipate and counter this detrimental mentality, instructors can intentionally structure the work of their course in terms of a growth mindset. In this framework,

challenge and struggle are a normal, expected, and useful part of the learning process (Dweck, 2006).

Normalizing academic effort and challenge helps students develop a more realistic understanding of the learning process. Instructional choices that emphasize a growth mindset can counter impulses toward perfectionism and promote learner behaviors that are characteristic of academic resilience. Intentionally employing instructional practices that promote resilience is important. Data collected by CAPS from the U-M student population suggests that the presence of hope and resilience may buffer the relationship between stress and depression (U-M CAPS, n.d., Phase IV).

To normalize challenge and promote growth mindset, consider adopting the following practices:

Talk about or make visible the effort required to master rigorous coursework or discipline-specific skill sets.

Instructors might, for example, highlight the necessary failures that preceded important scientific discoveries or note how many times an assigned lab experiment might need to be conducted to obtain desired results. Instructors might point to an academic support service (e.g., the Sweetland Center for Writing) as a commonly used—rather than remedial—resource available to students. They could also verbalize their thought process in solving problems, marking places where one might get stuck or take a “wrong turn.” Personalized stories of how instructors met and worked through academic challenges are often particularly meaningful for students. Students meet their instructors as fully-formed experts in their field. By sharing a growth-through-failure narrative, instructors can provide their students a concrete (and familiar) example of how expertise is built by sustained effort and not simply the result of innate ability.

It is important to note that this strategy might feel less available to instructors who hold identities in which area expertise is not always presumed by students. In such cases, instructors might still choose to share details of their biography that establish how they grew their knowledge or skills over time. This pedagogical choice could provide students with a greater understanding of the steps an instructor took to become an expert in a given area without necessitating the disclosure of personal challenge, a move that might feel unduly vulnerable for some.

Create structured opportunities for all students to reflect on challenges they encounter while learning.

For example, an instructor can invite students to anonymously share on a notecard the “muddiest point” from the day’s material at the end of a class session (Angelo & Cross, 1993; for example, see <http://tiny.cc/hc8f0y>). Data gathered from

such an exercise can provide instructors with valuable information about common misunderstandings and point to concepts they might need to review in subsequent class sessions. This practice also implicitly communicates to students an understanding that immediate mastery of all course material is not expected.

An instructor might choose to use “exam wrappers,” a slightly more resource-intensive strategy, to accomplish similar aims (Ambrose, Bridges, DiPietro, Lovett, & Norman, 2010; for example, see <http://tiny.cc/8c8f0y>). These are reflective questions designed to facilitate student thinking about their performance on a graded activity such as an exam, the effectiveness of their preparation process, and future adjustments to study habits. An exercise with clear metacognitive benefits, this activity frames assessments—even those administered at the end of a term—as formative activities providing valuable feedback, rather than as summative evaluations of knowledge or skills acquired. Student “failure,” when it occurs, is not understood as an ultimate outcome, but as a step in an ongoing learning process. This reflective activity invites forward-looking movement toward more effective practice.

Design courses so that the stakes of failure are lower.

Building courses around a small number of high-stakes assignments (e.g., a course where a student’s grade is determined primarily by their performance on a midterm exam and a final project) necessitates that failure carries extreme consequences. Poor performance on one course component can significantly impact a student’s grade, which has implications for scholarships or financial aid and even long-term career outcomes—a cause of stress and anxiety for many students. Structuring a course around more frequent, low-stakes assessments makes it more possible for students to rebound from failure. This structure also creates an opportunity for more regular feedback, a key component in student learning (Ambrose et al., 2010). Though more resource intensive than other strategies discussed, this kind of structural course redesign has the potential for tremendous impact on student well-being, particularly if the goals of this approach are transparently communicated to students. In this learning environment, students are encouraged to think of challenges they encounter not as evidence of personal inadequacy, but as important opportunities to receive feedback that (when incorporated) will bring them closer to achieving the learning goals of a given course.

Be attentive to changes in student behavior.

While most instructors cannot (because of lack of expertise) and none should (legally) position themselves as a

diagnostician, the repeated interactions instructors have with students over time do provide them a unique vantage point from which to observe potentially troubling changes in student behavior. For example, an instructor might see a dramatic change in a student’s appearance, participation, and/or general mood. They might notice a student’s repeated absences, consistent late arrival, uncharacteristic failure to adequately prepare for an exam or assignment, or a marked increase in demonstrated anxiety about grades or course performance. While these kinds of changes are not a sure sign that mental health concerns are at play, sudden changes in behavior or performance are some of the most common manifestations of mental health distress in students. These behaviors are also reliable indicators of academic distress more generally. The university encourages instructors to attend carefully to these shifts. When concerning changes seem present, an instructor can invite students into a one-on-one conversation about their observations (without presupposing or intimating that a mental health concern is the cause of the identified behavior). They can also activate a network of support by contacting the student’s advisor or the Dean of Students (DOS) Office. When reaching out to other individuals, the instructor should not offer an assessment of the student’s well-being (for example, “She seems depressed,”) but rather should describe the observed behaviors that led them to be concerned.

Communicating with Students During a Mental Health Challenge

This section shares information to help instructors effectively communicate and collaborate with students reporting mild to moderate distress. This paper classifies distress as mild to moderate when the student is unwell and therefore might have difficulty meeting deadlines and expectations, but does not exhibit violent behavior and has not made claims about being harmful to themselves or others. While crisis situations with students in severe distress might seem more pressing to instructors, they are less common than encounters with students in mild to moderate distress. When a student reports a mild to moderate distress, the instructor’s primary responsibilities are to express concern for the student’s health, connect the student with the support and resources available to them, and collaborate with the student to resolve any uncertainty regarding the course or program expectations. While the most useful choices an instructor might make in an interaction will vary based on the specifics of the student’s situation and the particularities of the academic context, there are three principles that can usefully guide instructors’ choices across a range of different circumstances and scenarios. The following sections detail the three principles, including a brief explanation and a non-

exhaustive list of strategies that instructors may find helpful when implementing them.

While an instructor's primary responsibility is attending to students' academic concerns, they also have a role to play in communicating concern for students' well-being.

While most instructors feel prepared to offer academic support to students who are struggling to learn core skills or master key concepts in their disciplines or courses, many feel less well-equipped to offer their learners emotional support. This perceived interpersonal deficit and the discomfort that often attends it can lead some instructors to avoid engaging with students in this way at all. Mental health professionals are clear: an instructor's demonstrated concern for student well-being can be particularly valuable for an individual facing a mental health challenge. An instructor's obvious regard for a student as an individual, independent of academic status, acknowledges that their identity is multifaceted, that they are more than just a student. It also clearly signals that their health and well-being are important to others, and supports the creation of a rapport that may help the student see themselves as a valued member of the U-M community.

What are ways that instructors might usefully address student well-being in their interactions?

- **Explicitly express concern for the student's well-being.** This might include thanking the student for sharing, acknowledging the challenge the student is experiencing, normalizing it, and sharing resources.
- **Separately address questions of personal well-being and academic success.** By disentangling academic concerns from health concerns, an instructor can reinforce the idea that a student's well-being is valued regardless of their performance in the classroom.
- **Check in with the student about suicide.** This can be uncomfortable, but it is a recommended practice. When checking with a student about self-harm, an instructor should be gentle but straightforward, maintain eye contact, and ask, "are you considering suicide?" If a student answers in the affirmative, offer to walk or escort them to CAPS to see the Counselor on Duty. For more information, see "Supporting students in severe distress" (pp. 6-7).
- **Don't overpromise.** Overpromising could include offering confidentiality (rather than discretion), complete insulation from academic consequences, or academic options not actually available to them because of institutional or unit policies. To clarify

options, instructors should contact advisors in their unit.

- **Observe role-appropriate boundaries.** While an instructor has a clear role to play in communicating concern for student well-being, they are not in the position to provide extensive longitudinal emotional support, professional therapy, or diagnoses. While an instructor shouldn't shut down conversation or pathologize a student's impulse to share, it is reasonable and appropriate to explain that they cannot adequately support a student in those ways.
- **Refrain from suggesting that an instructor's personal experiences offer a direct corollary to any particular student's experience.** Some instructors are tempted to share their personal experiences with mental health as a way of empathizing with a student or of normalizing mental health challenges. Though occasionally helpful, this tactic can have unanticipated negative consequences. For example, a student may feel alienated if the instructor's story seems to presume a support structure that they don't have. A student might also experience this uninvited intimacy as an uncomfortable transgression of traditional instructor-student boundaries.
- **Invite the student to share their preferences for how the instructor might check back in with them about their well-being.** An instructor might share a desire to follow up with the student, verify that the student would be open to this kind of outreach, and inquire as to the best way the follow-up might occur (e.g., a meeting, email, quick talk after class).

Students are best supported by a balance between accountability and reasonable flexibility.

While it may seem frustrating to instructors, there is no single right way to address the academic considerations of a student who is also attempting to manage a mental health concern. Every student's situation is different, and next steps are best addressed on a case-by-case basis. Instructors should consult their department's policies and procedures regarding this process, and consider the following list of strategies for further ideas.

How can instructors determine useful paths forward while honoring the different factors in any given scenario?

- **Remember that mental health issues should be treated the same as other medical issues that affect a student's ability to meet academic expectations.** If an instructor does not require a doctor's note

to excuse an absence or grant an extension for a physical ailment or injury like a broken arm, they cannot require a doctor's note for a (potentially) less visible mental health issue. If an instructor does require documentation of student illness (physical or otherwise) before providing accommodations, they should be aware of a number of factors that might complicate the process for students experiencing mental health struggles. Certain mental health conditions often appear for the first time in early adulthood, and students with these conditions may be in the very early stages of learning to manage them. They may not yet be willing to seek medical support, know how to access services through Services for Students with Disabilities, or connect with service providers. This situation makes providing an instructor with documentation in a timely fashion difficult or impossible.

- **Clarify your course policies and how they apply to the student's particular situation.** It is helpful for an instructor to adopt policies that anticipate students' inability to meet expectations for a range of reasons. Given the behaviors observed or the concerns disclosed by the student, the instructor can help them understand how these policies apply to their particular situation.
- **Normalize struggle as an expected part of academic endeavors.** Ideally this practice has been embedded already in an instructor's course design and instructional practice. A moment of disclosure can be an important time to reiterate this idea, or introduce it.
- **Explain, if appropriate, that there may be consequences for not meeting academic expectations.** This is true even when circumstances outside of the classroom have reasonably affected a student's ability to meet expectations.
- **It is possible that the student may have an incomplete or inaccurate understanding of the academic issues at play. If this is the case, redirect the student's concerns to address appropriate areas.** The instructor might outline how the different assessment components interact to determine their overall performance in a class. Alternately, they might offer an assessment of in-progress work that differs from the student's own or help them think about the "big picture" of their work across classes.
- **Discuss pros and cons of various courses of action.** This approach can help students make more

informed decisions given the options presented. It also casts the instructor-student interaction as a collaborative one.

- **Develop a plan, in collaboration with the student, to follow up on their academic progress.** It is important to lay out clear expectations and determine the ways that progress toward a goal will be monitored or assessed.
- **Remember that one student's mental health challenges may affect others with whom they have a working relationship.** Acknowledge the challenge this dynamic may pose for other students, be thoughtful about how you facilitate communication between students, and be open to alternate ways of evaluating student progress.

Instructors play a key role in making students aware of the resources available in the university and/or community that could assist them.

In addition to introducing students to relevant academic resources (p. 3), instructors are encouraged to consider it an integral part of their teaching preparation to familiarize themselves with mental health support services on campus. This early preparation facilitates more effective communication with a struggling student and timely outreach to others on their behalf when issues arise.

In order to facilitate this process, CRLT conducted interviews with mental health professionals, student services professionals, instructors, advisors, and administrators to compile a list of relevant campus resources (updated yearly) that instructors can find online at tiny.cc/distresssignals. Instructors can keep this resource on hand for easy access when needed.

When introducing available resources to students, be mindful that there is **no "one size fits all"** resource. Students may be drawn to one over another because certain aspects of privacy, cost, transportation, wait time, etc. feel most convenient and feasible, or because they perceive a match between their need and the skillset and background of the service provider. An instructor who is knowledgeable about campus support structures and willing to talk through options can be an important resource for the student in that moment, especially one unsure about or unaware of the help available.

Supporting Students in Severe Distress

Adapted from "Helping a Student in Distress" on U-M CAPS website

Sometimes the level of expertise required to support a student

in mental health distress exceeds the limits of the instructor's role. If an instructor encounters a student in severe mental health distress, their only job at that time is to get help for the student and avoid escalating the situation. A student in the midst of a severe mental health crisis might be highly disruptive (hostile, angry, violent), unable to communicate clearly (slurred, garbled, disjointed, or rambling speech), or might claim to hear, believe, or see things that are unconnected or loosely connected to reality. They may engage in stalking and/or threatening behaviors and words (in person, on social media, via email and discussion boards), or make references to suicide, self harm, or harm to others. These are readily identifiable signs that call for immediate action. Instructors should trust their instincts. They should not put themselves in positions that feel unsafe.

Depending on the situation, instructors should do the following:

- If you feel there is an immediate threat to yourself or others, call 911 or the Department of Public Safety and Security (DPSS) at 734-763-1131 or text 377911.
- Offer to walk or escort the student to CAPS Crisis Services to see the Counselor on Duty and access help immediately (<http://tiny.cc/crisis-services>).
- Call the Psychiatric Emergency Service at Michigan Medicine for emergency/urgent walk-in evaluation and crisis phone services that are available 24 hours a day, 7 days a week, for people of all ages (Phone 1: 734-936-5900; Phone 2: 734-996-4747; Webpage: <http://tiny.cc/emergency-service>).
- Contact the Dean of Students Office (<http://tiny.cc/critical-incidents>).

After the instructor has secured help for the student, they must contact the Dean of Students (DOS) Office if they have not done so already. This will ensure that DOS staff can begin the process of collecting necessary information and informing relevant campus partners about the student's situation.

When the instructor is notified/receives updates from the DOS Office that the student is out of harm's way, they may follow up with the student to discuss plans for completion of assignments, etc., for their course.

Conclusion

Students encounter a myriad of challenges while pursuing higher education. While the issues students face can be complex, instructors can leverage their role in the classroom to normalize a focus on students' mental health and set up an academic experience that promotes a growth mindset

and increases resilience. When mental health issues arise, the instructor can provide empathy and academic guidance, connecting students to critical support and resources. This Occasional Paper shared information and strategies toward establishing learning environments in which mental health challenges and the necessity of care are explicitly acknowledged, discussed, and supported. By adopting these practices, instructors can reduce the stigma associated with seeking mental health assistance, and begin to facilitate a smoother path for students toward degree completion and success beyond college.

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