

Thriving at the Liberal Arts College: Key Issues, Service Models, and Research for Mental Wellness

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Abstract: In the past decade the number of students entering college with mental health concerns has climbed dramatically. Current research suggests a 10 to 15 percent increase in students reporting ever being diagnosed with depression during the past 15 years. This increase in prevalence has been accompanied by an increase in demand for services of all types including direct mental health support, group therapy, and supportive campus communities. To date, however, there is a paucity of empirical information for college administrators and other interested stakeholders about the nature and magnitude of the impact of mental health related impairment on academic success, and to what extent it may vary by student characteristics. Now in its third year, the 2017 Grinnell College ‘Thriving Conference’ focused on these critical issues surrounding mental wellness. This session will provide summary findings from opening and closing keynote presentations as well as three key areas related to mental wellness: 1) Prevention in mental health, the role of the college; 2) Models for mental health services; 3) Research collaboration on mental wellness and health. Conference participants included faculty and staff from both large and small colleges and universities, the Associated Colleges of the Midwest, and the RAND Corporation.

Introduction

In the past decade the number of students entering college with mental health concerns, *specifically anxiety and depression*, has climbed dramatically. The ACHA-NCHA national survey of students also indicates that there has been a 10 to 15 percent increase in students reporting ever being diagnosed with depression as compared to the year 2000 (American College Health Association, 2015). This rising rate of mental illness appears to be a trend that will continue and is present in a variety of populations. The National Comorbidity Survey has indicated that about half of all adults will meet the base criteria for at least one mental health disorder in their lifetime (Kessler, et al., 2005).

Students with mental illness are more likely to drop out of school and have a lower GPA than their peers (Eisenberg, Golberstein, & Hunt, 2009). Availability of counseling services should be of critical importance, yet, of the 47 percent of college students who have met criteria for a mental health disorder in the last year, only one fifth utilized services (Blanco, et al., 2008). A survey conducted in 2010 indicated that over 90 percent of counselling center directors at postsecondary institutions were concerned about the increasing number of students with psychological problems (Gallagher, 2010).

In May of 2017, Grinnell College hosted a third annual student success conference to explore the promise and the challenge of mental health and wellness at liberal arts colleges. This conference series has its origins in the college’s “Quality Initiative (QI),” one of the elements of ongoing preparation for continued regional accreditation. During the summer of 2014, President Raynard Kington established a Student Success and Accreditation Task Force, charged with the goal of maintaining our accreditation relationship with the Higher Learning Commission (HLC).

For the QI, which involves the selection of “one major improvement project that meets its current needs or aspirations”, the Task Force developed a plan that promotes our understanding of and support for student success and retention at Grinnell College: “a systematic analysis of student success and persistence to completion of the baccalaureate degree. [...] using aggregate data to model features of student success, to examine these features to understand student behavior, and to enhance those support services that promote student success.”

The rationale for this initiative stems from three primary considerations. First and foremost is the college mission which includes explicit language about degree completion. Second is the increasing public interest in and awareness of 4, 5, and 6-year graduation rates at colleges and universities. Graduation rate, operationalized as the six-year graduation rate, is an important mission metric of the College and is reported to the Trustees annually. Since 2008 the six-year graduation rate at Grinnell has fluctuated from 84 to 90 percent. While this range of completion rates is better than that of higher education as a whole, several institutions in our peer group routinely achieve rates in the 94 to 96 percent range. After deliberations regarding the graduation rates of our national peers and discussion of achievable goals, we believe that we should aspire to at least a 92 percent six-year graduation rate. Third and most importantly for the focus of this work, are the implications of student attrition. The college makes a very substantial personal commitment to, and financial investment in, every student. As a result, attrition may be seen as a failure on the part of the institution to adequately support its students. It also has an impact on campus morale as well as explicit replacement costs and potentially lost investment in institutional aid.

In connection with the multiple initiatives by both researchers and practitioners that are embedded within the QI, Grinnell has hosted spring conferences on student success and thriving topics for the past three years. To-date these conferences have attracted the participation of faculty and staff from more than a dozen liberal arts colleges and five universities. Detailed summary papers have been presented at the National Symposium on Student Retention for the past two years and are available in the conference proceedings.

Success and Thriving in College - a Complex Issue

Our own research and the results of the past three conferences have helped to reinforce the complexities found in success and thriving concepts. For small, selective colleges and especially for those like Grinnell that meet 100 percent of demonstrated need, attrition might be described as a “syndrome” with many complex, correlated factors not related to academic talent or financial need. Figure 1 below illustrates this point.

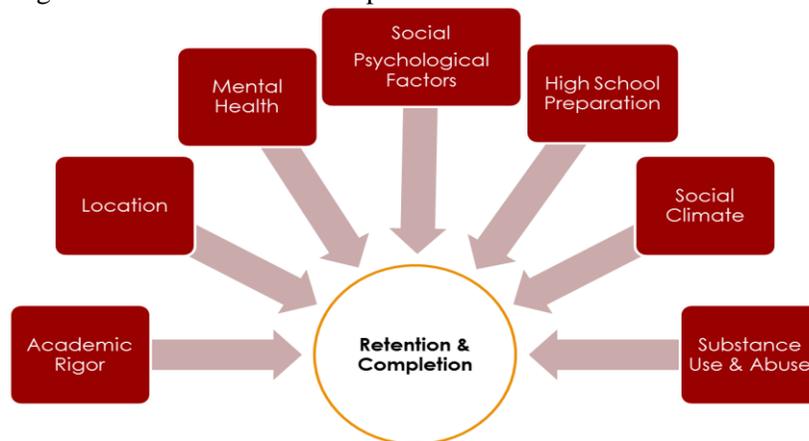


Figure 1. Attrition as a syndrome

For the institutions that are the subject of this paper, a holistic approach to the analysis of the student experience can be particularly valuable.

Conference Proceedings

For our 2017 conference, we chose to introduce and frame the meeting with a keynote on how people, and especially students in liberal arts colleges, can find a sense of purpose and establish meaning in their lives. This was followed by three panels focused on mental wellness and health. We concluded the day with a review of the most recent lessons learned from the National Survey of Student Engagement. In the following section, we provide more detail on each of these elements of the conference.

Opening Keynote: On Purpose: helping students find meaning in their lives

Paul Froese, Associate Professor of Sociology and Director of the Baylor Religion Survey delivered the opening keynote for the 2017 conference. He is an expert on the relationship between religion and politics, secularization, and the sociology of culture and meaning. His most recent book is *On Purpose: How We Create the Meaning of Life*, which explores how people talk about, think about, and conceptualize the meaning of their lives. The abstract for his presentation follows:

Academia has been criticized as being either too morally ambiguous by trying to divorce fact from value or, conversely, too morally fanatical in our commitment to “political correctness.” I think both criticisms merit serious analysis but both fail to see the moral depth and richness of the liberal arts experience. These natural strengths can be more intentionally fostered to ensure that today’s college students forge meaningful lives in an uncertain age.

Professor Froese set the stage for the mental wellness and health panels by drawing parallels between the virtues of the world’s religions and a liberal education with regard to establishing a sense of purpose for one’s life. For example, this can be done by examining the historical purpose of the disciplines found in the education setting, by fostering a moral community during the college years, by the development of a positive self-image, and finally by an intentional exploration of how best to live one’s life. He concluded by suggesting the use of three questions for self-examination: 1) What is the purpose of my studies? 2) How do I know what is right?, and 3) What is good about me? He said, “College is often a wonderful time when young adults naturally burst with moral idealism and candid optimism. By guiding and nurturing a student’s moral questions about themselves, their interests, and their studies, we can continue to not only improve a student’s mental health while in school but her sense of self for the rest of her life.” The full text of Professor Froese’s keynote is available at the Grinnell College Office of Analytic Support and Institutional Research webpage.

The Panel Presentations

In this section, we provide brief synopses of each of the three panel presentations that were used to structure the conference. Additional presentation details and handouts are available

at the Grinnell Office of Analytic Support and Institutional Research Web site.
<https://www.grinnell.edu/about/offices-services/institutional-research>

Prevention in Mental Health – The Role of the College

The role of the institution in providing for the mental health and wellbeing of its students to date has been fairly nebulous. With ongoing demands from students, parents, and the public for robust mental wellness support on-campus it has become increasingly important that institutions define their place in this support. This panel focused on what role colleges and universities are currently playing, what role they might play in the future, and the role of prevention work in supporting mental health.

To begin the panel Dr. Barry Schreier outlined the roles of the campus mental health center; primary, secondary, and tertiary care options. The specific focus of the discussion was on the prevention (primary) and intervention (secondary) aspects of care. Schreier noted that in many cases, individuals on staff (faculty or other staff) in the campus community may find themselves in a situation with a student in crisis or in need of some form of mental health intervention. In these cases, he notes, most individuals intuitively understand what they should be doing or saying to help the student in crisis. Indeed, this is a most personal and basic human connection that one can make with another. And often students need someone to listen to them vent their frustrations or simply someone to be there while they talk through some concerns or issues. But, due to the sensitivity and risks around dealing with students with mental health concerns, many 'talk themselves out of' connections with students indicating that they weren't sure how to approach the situation or if they were 'allowed' to discuss these issues with students. This approach is dramatically limiting the amount of outreach that can happen within campus communities.

As others noted during the conversation, the student health center and mental health practitioners should not be the only 'hammer' or resource for students. The issues surrounding mental health require an integrated, campus wide approach to helping improve the mental health and wellness of all members of the community. The campus health center can be a model of this integration. Integrated models of care whereby medical and mental health services are located or operate closely together provide for holistic care which may facilitate more accurate diagnoses and timely care for those in need. Additionally, this model of holistic care may provide for an extension and improvement upon the traditional outreach that often occurs in the college community. At many colleges outreach is based on a medical model of illness identification wherein the problem lies within the individual student. This approach largely ignores the system wide or culture specific influences that may shape the mental health and wellness of the population. The 'social justice outreach' approach discussed by Dr. Fast encourages not only appropriate treatment and diagnoses (as with the medical model) but also a focus on changing systems which adversely impact student's wellbeing. This may be as simple as creating 'nudges' which help students make health-promoting choices. Additionally, this model has a much wider impact on students wellbeing as it shifts the focus to a population level, as opposed to an individual level, whereby everyone may benefit from outreach, not only those who are struggling with mental illness or who might be under ongoing treatment.

Additionally, all of the panelists for this session spoke on the importance of a community wide partnership to promote mental wellness. This takes many forms including innovative locations of mental health staff (for example in dorms or academic units), as well as collaborations with other key areas of campus including athletics, student organizations, and other areas that have high rates of contact with students. All of these approaches serve to extend the reach of traditional mental wellness promoting activities.

One important additional consideration during this panel was the use of technology to substitute (in some cases) or assist in promoting mental health. There are a variety of applications for mobile devices as well as other phone based services that can act both as an early intervention and a treatment support service during times of need. These services have come to light primarily due to their demonstrated utility and relatively low cost when compared to hiring additional staff. The integration of technology and mental health services, which have been traditionally very interpersonally focused, is an interesting area for further exploration.

Research Collaboration on Mental Wellness and Health

Despite the recent research at many larger institutions, there is limited empirical information available to those 'on the ground' regarding the effectiveness of campus-level interventions to support students with mental illness. This panel discussed their current research efforts, gaps we might address with joint research, and the unique challenges of research related to mental health.

Dr. Rafiq Dossani, senior economist at RAND Corporation described in detail the current research in mental health in the college population. It comes as no surprise given recent news that approximately one-fifth of all students in the college going age group have a severe mental health impairment or distress; of these students only another fifth end up seeking help. To date, the majority of mental wellness programs fall into one of four buckets; awareness, barrier reduction, identification, and response. Each of these program types may target a different portion of the population; individuals, personal or community networks, departments, and professional services on or off campus.

Although wide reaching in many respects, it is still unclear from research literature the relationship between academic performance and mental health issues (which are widely under or misreported) especially in unique college settings, how we might target interpersonal networks to maximize the impact of interventions, or how less formal response options might be implemented with individuals who have lower levels of training.

In addition, recent writing in popular culture has focused some degree of attention on the idea of 'nudges'; the pertinent question here being how one might design and implement an effective 'nudge' in the college setting. All of these questions are underscored by the larger issue of resource allocation within an institute of higher education. Some participants at the conference reflected the view that higher education is not required to nor should institutions provide robust mental health services, while others described the provision of mental health services on their campus as a necessary part of supporting the student community.

Kristin Mckinley and Julie Haurykiewicz were able to share the results of the recent implementation of a three-year grant funded intervention grant focused on suicide prevention. This grant focused on many of the existing routes to service delivery as described above, specifically network activation and awareness, but with elements of all four of the larger categories described by Dr. Dossani. More detail on this extensive and well-organized effort can be found at the Lawrence University Lifeline Project website.

Of particular importance for research consideration is the evaluation and assessment of the efforts funded through the grant. This evaluation included a pre/post survey design to assess the impact of suicide prevention training on knowledge of suicidal behavior, warning signs, and risk factors as well as confidence in incorporating new knowledge into mental health focused interactions with students.

At the end of this panel it became clear through question and answer that there are key elements of data security and sharing that need to be addressed for future research. In particular the potential for connecting data between mental health centers (health records) and academic

performance records often housed in administrative datasets on campus. Although health data is typically covered under the Health Insurance Portability and Accountability Act of 1996 (commonly known as HIPAA) it is yet unclear how HIPAA requirements for data security and sharing might interact with security issues related to educational data covered under the Family Educational Rights and Privacy Act (FERPA). HIPAA applies specifically to individuals, organizations, and agencies that act as health care providers ("but only if they transmit any information in an electronic form in connection with a transaction for which HHS has adopted a standard", this typically is referred to as billing), health plans (company health plans or others), or health care clearinghouses (which process healthcare data). In some cases this *may* mean that college health and counseling centers are not covered under HIPAA, but instead under FERPA as part of the educational institution. There are interesting considerations here for the collection and use of data, which will require additional discussion and guidance to pursue. These discussions may have a strong impact on the future of research in this area.

Models for Mental Health Services

There is a breadth of literature surrounding medical care models in the United States, but this literature does not always translate into mental health care delivery in the college setting. This panel discussed how their services are organized and considerations related to how the institution delivers care to students.

Tara Girard from Beloit College presented a description of their model of service, which is entirely contract based, thus the college itself does not employ the providers of care. This model provides the college with on-campus counselors during regular business hours through the Beloit Health System Counseling Care Center. This model is interesting in that many institutions of late have opted to employ their own care providers, shifting the risk onto campus as opposed to through a traditional health care provider practice or system. An important line of future research in this area may include treatment satisfaction, availability, and relative cost as compared to an employed provider model.

There are many different types of providers that can deliver mental health care including psychiatrists (M.D.), psychologists (Ph.D., Psy.D.), social workers, psychiatric nurse practitioners, psychiatric nurses, marriage and family therapists, and licensed professional counselors. This variety of options allows for a number of different input mixes with which to deliver and coordinate care. Jean Underwood, a psychiatric nurse practitioner spoke to the extent of her practice, how it compares with what psychologists and psychiatrists do, and the holistic role she often plays in treating mental health issues in the college going population. It is yet unclear how many institutions are taking advantage of the variety of mental health care inputs or if there is a clear understanding of how the input mix may serve various issues within the community best.

Victoria Ngo took the discussion of input mix one step further, describing in detail a model of care that has integrated multiple levels of providers to result in improved treatment access and outcomes. This model, termed collaborative care, allow for specialists to support non-specialists (for example lay health workers or community members) in the delivery of very specific components of depression care. This model expands on what was discussed during the first prevention panel of the day (including more individuals in supporting mental wellness) and formalizes the mix of inputs to deliver a relatively lower cost and highly effective form of depression treatment. This model of care has seen success in low-resourced international communities (Uganda, India, Chile, Pakistan, and Vietnam specifically). Importantly, this model does not remove any aspect of specialized care, but provides additional trained resources to the community as needed.

Because of the natural format of the college community, many non-specialist staff already take on some of the role of assisting students through emotional turmoil and in some cases through mental health issues or crises. This setting, with multiple levels of inputs, teams, and collaboration but often limited resources is thus a natural fit for the structure of a collaborative care model. In addition, the impact of improving treatment outcomes in the college setting may have a wide-reaching impact on the population at large as nearly 65 percent of American high school students attend postsecondary education.

Closing Keynote on the National Survey of Student Engagement

Jillian Kinzie, Associate Director at the Center for Postsecondary Research and the National Survey of Student Engagement (NSSE) Institute at Indiana University School of Education, delivered the closing keynote. She conducts research and leads project activities on effective use of student engagement data to improve educational quality, and serves as senior scholar with the National Institute for Learning Outcomes Assessment (NILOA) project. The abstract for her presentation was:

Research by Laurie Schreiner and colleagues suggests that *engaged learning*—in which students meaningfully process class material, are energized by what they are learning, and continue to think about it outside of class—is an important component of student thriving in college. In this session, Jillian Kinzie, PhD, Associate Director of the Center for Postsecondary Research and NSSE will discuss what findings from the National Survey of Student Engagement suggest about engaged learning, and how NSSE findings may contribute to the development of alerts and predictive models for student success.

One of the speakers at the 2016 student success conference at Grinnell was Eric McIntosh who has worked with Professor Laurie Schreiner on the development of the Thriving Quotient™ (TQ), “an instrument that was developed to measure the academic, social, and psychological aspects of a student’s college experience that are most predictive of academic success, institutional fit, satisfaction with college, and ultimately graduation.” Engaged Learning – a measure of the degree to which students are meaningfully processing what happens in class, energized by what they are learning, and continuing to think about it outside of class – is one of five scales contained within this instrument. It is important to note the connection between thriving in college and meaningful engagement in one’s studies as suggested by Professor Froese, Professor Schreiner, and many years of work by those involved with the NSSE survey.

NSSE is an instrument that has been used by more than 1,600 institutions since 2000, with responses from more than 5.5 million students. In the NSSE context, student engagement “represents two critical features of collegiate quality. The first is the amount of time and effort students put into their studies and other educationally purposeful activities. The second is how the institution deploys its resources and organizes the curriculum and other learning opportunities to get students to participate in activities that decades of research studies show are linked to student learning.”

Survey items within NSSE are linked to “good practices” in higher education as confirmed by research. Results corresponding to a number of engagement indicators (e.g., higher-order learning, reflective and integrative learning, collaborative learning, learning with diverse others, student-faculty interaction, and quality of interactions) are provided. NSSE survey results are widely used as a source of indirect assessment of student learning.

Professor Kinzie shared some of the key findings from 2013 through 2016 NSSE results from 1,196 NSSE-participating institutions. These findings included both first-year student engagement correlations with retention and graduation rates and those related to effective support

for learners. The institutional emphasis on studying and academic work as well as the average number of hours per week students spent preparing for class had strong, positive correlations. A key point made as part of her presentation was:

“Students do not necessarily enter college with the tools to be effective learners. Our findings show that students who get help with coursework invest more time in their studies and make greater use of effective learning strategies, and these behaviors pay off in higher academic achievement. Students who get the help they need are also less likely to consider leaving their institution. These results call attention to the imperative to ensure the availability and effectiveness of learning support services and to ensure students take advantage of those services when they confront academic difficulty.”

Next Steps

As noted earlier in this paper, we have piloted a new mental health survey at Grinnell that have provided us with a wealth of information about depression, anxiety, and substance abuse among our student population. We intend to follow up on this work with additional research related to collaborative care service models and their potential for use in higher education settings. A collaborative care model may have particular relevance for smaller schools with a strong face-to-face support network in the form of advising, student services, or mentors.

Associated with this focus on mental health research is a growing interest in sharing generalized data around utilization of healthcare services on campus in a way that would promote discussion among like institutions and the ability to benchmark costs, services, and practice patterns.

Discussion

Among the conclusions that have developed from the conference the following have risen to the top for future action and importance. There is a strong connection between mental health and having a sense of purpose in one’s life. In the words of Professor Paul Froese, keynote speaker for the conference that is the subject of this paper, “...we find that happiness, self-esteem, mental health, good relationships, and productivity are all tied together and wrapped in the belief that life is meaningful. And the causation also seems to work in all directions, each outcome affecting and enhancing the other.” He notes that liberal arts colleges have been and need to continue to be intentional about establishing a moral community which provides students with a sense of history and belonging, a positive sense of self, and a faith that life has deep meaning.

The role of the college in prevention of mental illness and promotion of holistic wellness is still nebulously defined. What we can gather is that the role of staff across the institution is expanding dramatically in the prevention and promotion sense; many faculty and staff are being asked to and have offered to play key roles in this work. Additionally, it is clear that without a cross-campus collaborative effort there will be little change in the trends of current mental illness and treatment seeking behavior in the campus population. Additionally, there exists a large gap in the current research literature on how to effectively mix inputs of service delivery (provider types among others) to produce the most benefit for students at a reasonable cost. Although there are models of service delivery that may help to guide this research, none have yet been implemented in the college setting in the United States. Ongoing research is needed in this area and in establishing best practices for service delivery in various college settings.

Research by Laurie Schreiner at Azusa Pacific University and the NSSE team at Indiana University has identified *engaged leaning* as a key element in positive outcomes and thriving for

college students. To achieve these outcomes, it is especially important for faculty to be aware of and employ best educational practices and for students to take responsibility for their own learning and to devote appropriate time to their studies. Both the NSSE and Thriving Quotient surveys provide results that can provide insights for faculty and students alike.

While a great deal of the research work we have done at Grinnell to-date has been focused on students who are either enrolled or recently withdrawn or suspended, we recognize the growing national interest in outcomes beyond graduation rates. At Grinnell, the Office of Careers, Life, and Service (CLS), has grown dramatically in its services and its impact during the past five years. Now, every student has a CLS advisor from day one in addition to those for academics and student life. We expect that post-graduate success will be a key element of our conference in 2018.

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