College students’ mental health and well-being
Lessons from the front lines of COVID-19

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CENTER FOR HIGHER EDUCATION EXCELLENCE
COVID-19 has taken a dramatic toll on college students’ well-being, but there were concerns even before the pandemic. What can colleges and universities do in response?

Beyond the numbers

Over the past year, COVID-19 has taken a dramatic toll on college students’ well-being. But studies show that student mental health, an important component of overall well-being, was worsening even before the pandemic. Consider what is happening on our nation’s campuses right now:

• One in three students reported having a mental health disorder in 2020.¹

• One in four students is taking psychiatric medications.²

• Rates of major depression on campus doubled from 2009 to 2019 from 8% to 18%.³

• In 2019, 13% of students reported seriously considering suicide.⁴

The root causes of the rising numbers in mental illness and diminished mental health extend beyond the campus, and range from family issues to social media, from economics to politics to racial injustice. But college students face a host of additional potential stress points—including academic pressures, finding a job after graduation, and, for many, the challenge of adjusting to life away from home. Regardless, universities have a vested interest in developing solutions to address these challenges since effective learning cannot occur without a foundation of good health and well-being. Further, well-being challenges have generally grown too large to be handled just by the limited resources and scope of campus health centers.

Although students and administrators sometimes use the terms “mental health,” “health,” “wellness,” and “well-being” interchangeably, they are distinct terms. In a general sense, we think of wellness and well-being as highly personal and subjective measures that include mental and emotional health, while mental health can be objectively measured through a variety of clinical assessments and survey scales.

This paper shares insights that are relevant to improving student mental health and, more broadly, well-being. In researching this challenge, Deloitte interviewed students, administrators, and health and well-being leaders on campuses across the nation. The observations from this research cover: the mental health crisis, the three strategies for improving student mental health and wellness, and the journey ahead.

• The mental health crisis: What is behind the mental health crisis on campus? How extensive is it? How do students and administrators perceive it?
• Three strategies for improving student mental health and wellness:

- **Curriculum and campus programs**—incorporating building personal mental health skills into the curriculum and creating campuswide psycho-educational learning opportunities

- **Building connection through technology and data**—using technology and data tools to broaden access and pave alternative paths for engagement

- **Activating the whole campus community**—engaging faculty, staff, and students, while also looking at the policies, systemic practices, and physical environment of the campus

• **The journey ahead:** How colleges and universities are charting a course for student mental health and well-being in the future

### The mental health crisis

The trends around student mental health are alarming. Almost a third of students have sought counseling in the past year, a number that has doubled from a decade ago. Meanwhile, a 2021 report found 34% of campus counseling centers have waitlists. Figure 1 shows additional troubling trends related to mental health in colleges and universities.

#### FIGURE 1

**Undergraduates and graduate students are more likely than they were even in recent years to struggle with mental health**

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt overwhelming anxiety</td>
<td>58%</td>
<td>66%</td>
</tr>
<tr>
<td>Felt things were hopeless</td>
<td>48%</td>
<td>56%</td>
</tr>
<tr>
<td>Felt so depressed that it was difficult to function</td>
<td>35%</td>
<td>45%</td>
</tr>
<tr>
<td>Seriously considered suicide</td>
<td>10%</td>
<td>13%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>1.6%</td>
<td>2%</td>
</tr>
</tbody>
</table>

During interviews, students shared just how challenging the past academic year has been. “The virtual learning environment is quite taxing, as we have dealt with the same workload with additional pressures [and] anxiety due to the pandemic environment,” says one University of Southern California student. “This has resulted in less time dedicated to personal life.” According to this student, the university has attempted to alleviate some of those issues by implementing wellness days, dedicated to recharging from constant remote learning sessions.

Universities have been increasing their emphasis on mental health—again, a trend that began before the pandemic but has only grown since. A 2019 survey of university presidents found eight in ten agreed student mental health was a greater priority on campus than in years prior. Additionally, an April 2021 survey by the American Council on Education found 73% of university presidents ranked student mental health as their most pressing issue (figure 2).

Several themes emerged from our interviews across a range of institutions: Well-being is a very complex construct; mental health is a concept that is personal with strong cultural variations, and it requires an active and constant journey; and there are multiple dimensions to an individual sense of belonging and connectedness among students. (See sidebar, “In their own words: What does well-being mean to you?”)
FIGURE 2
Most pressing issues facing university presidents due to COVID-19 in February and April 2021

<table>
<thead>
<tr>
<th>Issue</th>
<th>April</th>
<th>February</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health: students</td>
<td>73%</td>
<td>72%</td>
</tr>
<tr>
<td>Enrollment numbers for summer and/or fall</td>
<td>53%</td>
<td></td>
</tr>
<tr>
<td>Mental health: faculty and staff</td>
<td>48%</td>
<td>58%</td>
</tr>
<tr>
<td>Racial equity issues</td>
<td>40%</td>
<td>37%</td>
</tr>
<tr>
<td>Long-term financial viability</td>
<td>32%</td>
<td>41%</td>
</tr>
<tr>
<td>Loss of revenue and viability of auxiliary services</td>
<td>27%</td>
<td>35%</td>
</tr>
<tr>
<td>International student enrollment</td>
<td>16%</td>
<td>26%</td>
</tr>
<tr>
<td>Fall semester operating plans*</td>
<td>23%</td>
<td></td>
</tr>
<tr>
<td>Food and housing insecure students</td>
<td>16%</td>
<td>15%</td>
</tr>
<tr>
<td>Emergency aid</td>
<td>16%</td>
<td>18%</td>
</tr>
<tr>
<td>Fundraising</td>
<td>15%</td>
<td>21%</td>
</tr>
<tr>
<td>Short-term financial viability</td>
<td>14%</td>
<td>23%</td>
</tr>
<tr>
<td>Sustain online learning</td>
<td>14%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Note: *Denotes data available in the February survey only.
IN THEIR OWN WORDS: WHAT DOES WELL-BEING MEAN TO YOU?

University leaders and students shared their input. The responses reveal how the current campus climate is largely focused on what creates mental health beyond the absence of a mental illness (figure 3).

FIGURE 3
What does well-being mean to university leaders and students?

Leaders
- “The ongoing search for equilibrium.”
  —Kimberly Goff-Crews, secretary and vice president for university life at Yale University

- “Well-being is a communal construct. You can’t have well-being without some kind of community. Wellness is the opposite of illness, and wellness is a subjective term. It is incredibly difficult to measure. It’s all about if you are better than yesterday and what that means to you.”
  —Paula Swinford, director of Health Promotion at University of Southern California

- “A state of being and a state of awareness for our capacity to cope with the stresses of life.”
  —Dr. Rae Lundy, associate vice president of Student Health, Counseling, and Wellness at Wiley College

- “Wellness is a verb. There’s not anything static about it. It’s not a noun, and it’s not something that has a set shape, size, or direction.”
  —Dr. Todd Misener, chief wellness officer, Oklahoma State University

- “Wellness is the optimal state of living well.”
  —Dr. Bernadette Melnyk, chief wellness officer, Ohio State University

Students
- “Wellness and well-being are how I feel on any given day and also my outlook for the future. This is a combination of physical, mental, and emotional health—so I feel like it takes commitment to work toward personal well-being.”

- “To me, wellness represents the act of managing mental health, emotional stability, and energy levels. There are many components to this, but for humans, this translates to having the space to deal with the weight of survival and ideally, prosperity.”

- “Personally, wellness and well-being represent the physical, mental, and economic health that an individual can achieve given their circumstances at that moment. Since the pandemic—given limited social interaction and physical isolation—mental health has played a more paramount role in my overall well-being.”

Sources: Deloitte interviews of university students and well-being leaders, 2021.
Three strategies for improving student mental health and wellness

The perspectives we gathered from students and higher education leaders reaffirmed the current focus on personal mental health as the bellwether for wellness. While recognizing that well-being is much more than a synonym for mental health or emotional wellness, institutions can work to incorporate mental health into the entire educational experience for their students, faculty, and staff. This becomes the foundation for wellness and a precursor to well-being. Below are three strategies that have already started to take hold in higher education.

CURRICULUM AND CAMPUS PROGRAMS
Because so much of students’ time is spent in the classroom—whether remote or in person—it is critical that mental health and emotional wellness initiatives are woven throughout the curriculum, rather than isolated to one specific course or made the responsibility of any one department or unit.

The classroom offers a great opportunity to create connection. The University of Texas at Austin, for example, brought on a curriculum specialist, who guided professors on topics such as the importance of learning names and articulating both an academic and personal investment in their students. The university additionally published a handbook with guidance for faculty members on how to make their classrooms more welcoming, such as by sharing anecdotes of their own academic struggles.

Meanwhile, at Yale University, a course called “Psychology and the good life” emerged as the most popular class in the university’s over-300-year history. The course provides insight from psychology and neuroscience about what drives happiness, helping students build the capacity to change their behavior through exercises and activities. Yale also offers a similar “Science of Well-Being” course, which members of the public can audit online via the website Coursera. All this, combined with the university’s “The Happiness Lab” podcast, has provided wellness tools to its students and a much broader audience.

In 2011, Emory University made a one-credit personal health course a general education requirement for first-year students. The course, led by upperclassmen “peer health partners,” emphasizes physical and mental health, teaching time management skills, and providing guidance for coping with stress.

Institutions should pay attention to signals regarding interest, and expand initiatives, and address policies that see student engagement. A series of group meditation classes at Duke University, for example, saw enrollment increase during COVID-19, from 193 students in the fall of 2019 to 334 in the fall of 2020. By understanding demand, universities can address student needs before further issues surface. As Duke Associate Dean Thomas Szigethy put it, “If we are only working with the ones who seek support in a crisis, then we’re really minimizing the number of people that we can positively impact.”

Further, institutions should look beyond providing awareness education and advance to teaching students skills in empathy, kindness, and how to have courageous conversations with their peers. These actions can ultimately help to build resiliency.
BUILDING CONNECTION THROUGH TECHNOLOGY AND DATA

“"I think the campus community could do a better job creating interactive events or online experiences to make up for the fact that we could not be in person. I missed out on a lot of activities in my final two semesters of college due to COVID and wish there could’ve been more online/virtual experiences to try and make up for them.””

— Student

Our relationship with technology is “complicated.” Technology can be a tool for reaching those in need and building meaningful connections, but it can also be harmful if not used correctly. We heard from several students who expressed increased difficulty connecting with friends and family during the pandemic. “Since COVID began, I’ve had to look for ways to feel connected with friends and family from a distance, given the inherent dangers of in-person interaction,” says one student who shared his thoughts with Deloitte. “I’ve learned to stay connected with online tools like Zoom and group messages with friends, but also started doing more outdoor activities like walking or playing golf.”

Even prior to the pandemic, technology tools were being adopted to support the mental health and emotional wellness needs of students, and many institutions have since ramped up the use of technology substantially to deliver counseling, telehealth, and other services.

Going forward, technology will likely play a larger role in reaching students who are enrolled in remote or hybrid courses.

Expanding the use of technology has also enabled institutions to reach staff, faculty, students, and alumni in new ways, enlarging campus communities. For example, New York University offers an easy-to-use mobile wellness app that provides 24/7 support: Students can call, text, or chat with a counselor who will route them to appropriate resources. Such programs can greatly improve institutions’ ability to reach and serve their communities, provided they consider matters of equity when designing them. For instance, issues such as a lack of broadband access could disadvantage some students if they are unable to access materials.

WELLNESS TECHNOLOGY AT ARIZONA STATE UNIVERSITY

When Arizona State’s Center for Mindfulness, Compassion and Resilience was forced to cancel its annual conference due to COVID-19, technology helped turn disappointment into opportunity. Center leaders moved their programming online, launching a Caring and Connection initiative with livestreamed mindfulness broadcasts on YouTube. The center has archived more than 200 hours of material since March 2020 on topics ranging from loneliness and isolation to love languages and human-animal bonding. All are available for on-demand streaming. By moving to an all-virtual platform, the center was able to remove traditional barriers and exponentially increase the conference’s reach—to more than 82,000 people in 94 countries.
Data plays an important role in identifying problems and building connections

By capturing population-level data across the entire institution, universities can unlock new insights and better direct resources for initiatives and policy changes. To do this, institutions must break down silos and set up a robust data analytics and governance strategy.

Oklahoma State, for example, has developed a robust data model using campuswide data paired with publicly available data sets to help measure student outcomes. This integrated data set has enabled university leadership to track the engagement of students across the institution and identify which students may be most at risk. For Oklahoma State, the data revealed engagement to be a critical variable in student mental health. Using this knowledge, the school’s chief wellness officer now regularly collaborates with the student affairs office to drive engagement and build a sense of belonging and connectedness among students. Oklahoma State’s model also integrates data from the American College Health Association–National College Health Assessment (ACHA-NCHA) to connect each health variable to student retention, GPA, and engagement. This allows the school to better quantify the impact of its efforts—both for individual students, various student communities, and the student population as a whole.18

Looking to the future, universities should go beyond traditional participation metrics and shift the focus to outcomes. According to Duke’s Szigethy, metrics have been limited to how many people participated in a program and whether they liked it. By measuring outcomes such as resilience, self-control, and self-compassion, he says, institutions can better understand a program’s true impact.19 This will be a difficult step for many institutions as the data to measure outcomes is more difficult to obtain.

How you use technology can be critical

In some cases, technology can exacerbate feelings of social isolation and generate privacy concerns. According to Arizona State’s chief well-being officer, Dr. Teri Pipe, technology is not a panacea. “To really shape programming and shape dialogue, [services need] to be based on what the individual needs,” she says. “We should use technology and automation, but not become over-reliant on it.” Dr. Aaron Krasnow, associate vice president for Health and Counseling Services at Arizona State, agrees, citing a lack of human connection at the center of the majority of well-being issues: “The role of technology as an enabler is important, but not at the expense of creating more isolation.”20 Meanwhile, Ohio State’s Melnyk stresses the importance of providing students with a menu of options, rather than relying solely on technology: “A lot of students will start these [remote] programs, but then they fade away, they don’t finish them.” She says that it is important to strike a balance; her team is currently undertaking a comparative study to better understand which approaches are most effective at driving desired outcomes.

Universities’ growing use of technology also poses privacy concerns. The way data is stored and collected, students’ ability to opt out, and the implications of a potential data breach are all crucial considerations. However, when used responsibly, technological tools can play a critical role in bringing new capabilities to campus communities, as noted above.

ACTIVATING THE WHOLE CAMPUS COMMUNITY

Long gone are the days when issues of physical or mental health and wellness were considered the sole responsibility of the campus health center. By making mental health an institutional priority, campus leaders signal a commitment to care that can create change. Everyone on campus—from administration to teaching faculty to support staff to students—can play a role in fostering this well-being.
One way to formalize this commitment is to elevate the well-being leadership position on campus. In 2011, the Ohio State University was one of the first institutions to move wellness to the C-suite, with the creation of the chief wellness officer position. Other schools followed suit, including Arizona State University in 2016, creating a similar role at their campus. But such positions do little good without influence or infrastructure. Some positions lack a strong voice at senior decision-making levels. By elevating these officers and providing a seat at the table, universities can begin to organically incorporate health, wellness, and maybe even well-being into everything they do.

However, the onus is not only on the president’s cabinet. According to Oklahoma State University’s Chief Wellness Officer Dr. Todd Misener, “Well-being leaders need to be at the forefront of lobbying for change.” One strategy is for leaders to tailor their messages to financially minded stakeholders. In many cases, a single percentage-point increase in student retention—brought on by more robust initiatives, with policy and environmental change—can lead to a more reliable revenue stream from tuition that results from retaining and educating more students. This work requires a settings approach and systems thinking; it is important that the full campus community is involved. “For me, wellness requires a supportive culture,” says Misener. “It’s not one person’s job, and it’s not my job to be all things wellness to everyone. My job is to advocate for a healthy environment for students, faculty, and staff, and their families.” Arizona State University’s Pipe also emphasized collaboration, indicating that it is essential to bring together people with similar roles and incorporate their ideas, adopting cohesive and personalized efforts, rather than a “command-and-control” approach.

Johns Hopkins University has similarly embraced holistic governance at their institution. The university’s Office of Student Health & Well-Being serves as a coordinating hub for efforts across campus, driving alignment across departments, crafting and operationalizing strategy, and assessing successes and opportunities for continuous improvement.

THE ROLE OF SUSTAINABILITY IN WELL-BEING

Whether getting students outdoors and in a natural environment, or building campuses with sustainability and biophilic design, institutions are increasingly recognizing the role buildings and spaces can play in supporting well-being. Thomas Szigethy, director of the Duke Wellness Center, describes the benefits of students connecting directly to the earth itself through “biological grounding (earthing),” believed to help reset biological rhythms. As he points out, the physiological effects have been demonstrated to be instantaneous when measuring the results of an individual coming into contact with the ground. Having bare feet on surfaces such as soil or grass or concrete can increase blood flow, reduce inflammation, and balance cortisol levels. Thus, it is no surprise biophilic designs now apply nature to man-made spaces, as popularized by tech companies such as the Cupertino headquarters of Apple, Facebook’s Frank Gehry-designed Menlo Park masterpiece, featuring a 3.6-acre rooftop garden and over 200 trees. Institutions are following suit: The Student Services Building at the University of Texas at Dallas is flooded with daylight overlooking lush green landscaping and fountains, and Harvard University’s new Paulson School of Engineering and Applied Sciences building is a laboratory complex designed to unite environmental and health needs to promote sustainability, wellness, and equity.
Outreach approaches should be tailored to reach different audiences

Just as it is critical to enlist the broader community in promoting mental health as one aspect of well-being, it is also important to reach different populations in need.

Many graduate students, for example, have felt increasingly isolated during the pandemic. Because they often live by themselves off campus and might be taking only virtual classes, their needs can vary greatly from those of undergraduates.

Taking it one step further, it’s important to understand that each university is unique and will have different challenges while building connections and improving mental health outcomes. Oklahoma State’s Misener says he finds campus-specific information far more useful than the more generalized types of data that can often inform decisions: “It is imperative that we know the health issues impacting our campus population. We do not focus on the national prevalence of specific health issues; we focus on campus specific prevalence data to assess our program priorities and progress toward health-related goals.”

Arizona State University has developed a tailored and customized communication plan to reach students across departments. It has found that creating personalized wellness materials—such as “design your health” messaging for design students, or “engineer your health” for engineering students—helps better reach the intended audience.

At the Ohio State University, a Wellness Ambassador Program allows students to mentor their peers on how to live healthy lifestyles and achieve goals. Students must apply to become an ambassador, then complete a three-credit training course to bolster their leadership skills, wellness knowledge, and ability to effectively support their peers. Hamilton College offers a similar program, in which highly trained peer counselors are available to connect with students in person during designated evening and weekend hours when the campus counseling center is closed.

Mental health challenges are magnified for students from traditionally underrepresented populations

The mental health toll is even greater among students from traditionally underrepresented populations. According to a 2018 study, about 45% of white students with mental health challenges sought treatment, compared with only about 33% of Latinx students, 25% of Black students, and 22% of Asian students. As a result, university leaders should consider how to better support and communicate with students of all backgrounds.

Throughout researching this paper, we were told by multiple leaders that diversity, equity, and inclusion are central components of well-being. Loyola University Maryland, for example, provides resources to community members to learn about antiracism. Such resources include virtual support groups, Black Lives Matter Meditation for Healing Racial Trauma and strategies for disarming racial microaggressions. The program additionally offers guidance on topics such as antiracism, allyship, and advocacy.

Just as any initiative is more effective when it is repeatedly reinforced and woven throughout the curriculum, a diverse network of faculty and staff can be crucial to improving outcomes. Students may more easily relate to faculty and staff with whom they are more likely to have shared life experience. For example, Wiley College has developed a network of “wellness ambassadors” as well as hired “wellness interns” via their Career Services Office. These individuals come from diverse backgrounds and can help to relate to the student body. The latter serves the dual purpose of building a caregiving community while addressing student interns’ financial needs.
The journey ahead

What immediate next steps can campuses take to effectively reach students and achieve the best possible outcomes? The professionals we spoke with emphasized the actions outlined below, and they stressed the need for urgency. As students return to campus following the pandemic, there is an opportunity to apply the lessons learned during COVID-19 to build new structures that support students and change humans for the better.

TRANSITION FROM A MINDSET OF TREATMENT TO ONE OF PREVENTION
Rather than only reacting and trying to fix what is wrong, universities can strive to change the culture to one of proactive prevention and trying to reinforce what is right: in short, equipping students to not only cope but thrive. According to the Ohio State University’s Melnyk, “We must change our paradigm from crisis to prevention. Wellness is not something that should be optional for students. Wellness must be integrated throughout their coursework and in their onboarding to university.”

ELEVATE AND EXPAND THE WELL-BEING CONVERSATION
Institutional leaders should continue to make not only health or mental health a focus but embrace all aspects of well-being as an institutional priority and elevate the conversation to the president’s office and the Board of Trustees. This can help to incorporate well-being into all strategic decisions that the president and cabinet face. An international vision for this work exists in the Okanagan Charter for Health Promoting Colleges and Universities, which aims to embed health into all aspects of campus culture.
CONTINUE TO LISTEN TO STUDENTS
A full return to campus should include a new look at mental health interventions, including those that students wish to keep and those they would like to reimagine. This can be done through surveys, focus groups, and individual conversations. Every institution will have a different profile, starting point, and set of needs.

FOCUS ON MEASURING WELL-BEING AND THE SUCCESS OF APPLYING PROVEN INITIATIVES
Campus leaders should collaborate to set a few key performance indicators as shared measures for determining progress. Currently, there are several instruments to measure the level of health, equity, and sustainability that can be applied to the campus setting. Instruments to measure aspects of well-being are more difficult to find, but several are in development. As technology and data capabilities expand, institutions should work to benchmark aspects of well-being; set key performance indicators for alignment of efforts throughout the campus; and support research to gain an even deeper understanding of the complex system of infrastructure, policies, and environments that support well-being on their campuses.

IN THEIR OWN WORDS: “WHAT’S NEXT FOR WELL-BEING IN HIGHER EDUCATION?”

• “The next generation is integrating wellness into the classroom—becoming an integrated part of everything we do.”—Dr. Rae Lundy, Wiley College

• “Giving students more choice about how they would like to work, and how they best study and perform.”—Tracy George, cocreator of the Good Life Center at Yale University

• “Create an environment that practices the application of daily behaviors to support well-being and prepare students to manage stress in small increments. Put funding into developing a community which promotes the practice of daily wellness behavior versus primarily being a reactionary community which only responds to fix issues after people feel broken.”—Thomas Szigethy, Duke University

• “Well-being is not a destination. Look for what is not working and redesign it, and so we are in a big and continuous redesign loop.”—Dr. Teri Pipe, Arizona State University
Endnotes


2. Ibid.

3. Ibid.

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5. Ibid.

6. Ibid.

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18. Deloitte, Interviews at Oklahoma State University, 2021.

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