

# Reflections on Students' Emotional Health and Wellness and the Role of Faculty

Michelle Scott, Christa N. Hogan, and Stephanie A. Sabatini

**Abstract:** This article reflects our experiences with the mental health challenges of college students and our approach to assist faculty in supporting those students' emotional health. Given the rise in mental health challenges of college students before and after the pandemic, colleges and universities have increased their attention to student wellness. We discuss the challenges and two solutions—the red folder campaign and the addition of health and wellness resources into class syllabi—to bring faculty into the conversation and to enhance faculty ability to support students' emotional health and wellness. Additionally, we reflect on the perceived usefulness of these techniques gathered through a brief survey. While faculty's primary focus may be on academic success of their students, a student cannot achieve that success without their emotional health and wellness being stable and strong; therefore, faculty have an important role and opportunity to support their students holistically.

**Keywords:** college students, red folder campaign, health and wellness resources, classroom syllabi, classroom technology, mental health

A student had shared little pieces of their mental health story with one of the authors over the course of several weeks through written assignments, journals, class participation, and casual conversations after class when they needed support or when class content triggered them. They shared that a family member died by suicide, and each year since the death, they had been hospitalized on the anniversary of the death. They shared that the anniversary of the suicide was that weekend. They talked about how they planned to get through it, assuring the author that they had an appointment with their therapist on Saturday and had plans with their friends on Sunday. They agreed that they would check in after the weekend. They were reminded of the services available on campus if they felt that they needed help. The author is a social work professor and a licensed clinical social work practitioner. Although she was not wearing the hat of a therapist at that time, she knew that she could not ignore the risk factors and warning signs. The student denied any suicidal ideation at that time. Monday came and the student did not show up for the appointment. As a social worker, the author knew this was of potential concern and immediately tried to reach them with no luck. She contacted student life and requested that they do a well check. A few hours later she was informed that, minutes before the well check, the student had made a serious suicide attempt. One of the authors, being a licensed clinical social worker, knew what to look for and who to contact, ultimately, intervening to help save this student's life.

Given this author's experience in social work practice, she was very concerned about what would happen to students like this if the professor was not knowledgeable about what to do, what to say, and where to get help for this student. Would this student have gotten help if this happened to a professor in a discipline other than social work or another helping profession? Or, if the professor did not know the significance of the student not showing up for the scheduled

check-in because they were unaware of the risk factors associated with suicide? Or, if the professor did not know where to get help or did not feel confident in acting on their instincts of concern? Social work faculty are often practicing clinical providers. This dual position provides us with the unique perspective to identify if our students may be experiencing emotional challenges and to know when and where to connect the student to supports and resources on campus. What can we as social workers do to help our fellow faculty colleagues be safety nets for our students?

This narrative shares the coming together of colleagues in a school of social work who each have different strengths and knowledge bases. Christa Hogan is a practicing licensed clinical social worker as well as the BSW program director at Monmouth University who teaches clinical practice and field. Michelle Scott is a professor of social work who specializes in the prevention of suicide among youth in her service, research and grant writing for program implementation, and training. Stephanie Sabatini has worked with both Christa and Michelle as a student, graduate assistant, and program specialist; she makes all the magic happen. This narrative will provide you information about our journey of connecting the dots to implement a few strategies to engage with faculty to be part of the competent community of prevention of youth suicide and mental health challenges on campus.

### **Mental Health Needs of College Students**

It would not be a surprise to anyone teaching on a college campus that colleges have seen students arriving on campus with an increasing rate of mental health challenges. The American College Health Association's (ACHA, 2019) annual survey and Active Minds' (2020) student survey serve as excellent resources for current snapshots of the mental health and emotional issues currently facing college students in the United States.

An assessment of 10 years of HMN survey data showed an increase in mental health diagnoses among college students from 22 percent in 2007 to 36 percent in 2017 (Lipson et al., 2019). Students arrive to college campuses with a variety of pre-existing mental health conditions and with prescriptions for medications for those issues (Haas et al., 2003). Of college students, 44 percent report having seen a therapist; 16 percent report having seen a psychiatrist (ACHA, 2019). When students arrive on campus with or without prior mental health histories, they are met with a range of new risk factors and stressors. Biologically, the majority of mental illnesses emerge by the late teens and early twenties (Kessler et al., 2007). In addition, the college environment presents a variety of risk factors that can lead to emotional challenges.

As academic advisors to first-year students as well as to our own social work students, we see students being challenged to adjust to a new environment and newfound independence. They experience a shift in friendships and support systems, as well as a new schedule, changes in sleep habits, possibly heavy course loads, studying challenges, and being home sick, among many other worries. Pre-existing mental health challenges, and/or emerging ones, clashing with new changes and transitions may lead to poor academic outcomes—i.e., lower grades and increased likelihood of dropout (Eisenberg et al., 2009; Kivlighan et al., 2021).

These are not just anecdotal stories; national surveys document the rates of mental health symptoms and challenges. The ACHA conducts several studies on the status of health and mental health among college students. In spring 2019, data from approximately 68,000 college students from 67 college campuses across the United States was collected (ACHS, 2019). A third of students reported having a mental health diagnosis, a quarter with an anxiety disorder. While a fifth of students were diagnosed with depression, the majority of college students reported symptoms of depression (55.9 percent reporting hopelessness, 87.4 percent feeling overwhelmed, and 65.6 percent feeling very lonely)—with 70.8 percent feeling very sad and 65.7 percent reporting overwhelming anxiety in the past 12 months. There is a significant prevalence of suicidal thoughts (13 percent thoughts of killing oneself) and behaviors (i.e., 8.6 percent self harm/injury, 2 percent serious attempts; ACHS, 2019). While as previously stated some students reported seeing a therapist or psychiatrist, only 21.9 percent reported using on-campus counseling services.

The recent COVID-19 pandemic has made the mental health and environmental conditions of students worse; Active Minds (2020), a suicide prevention non-profit for college/university students, found that 80 percent of college students reported that their mental health was negatively impacted by the COVID-19 pandemic, with 20 percent reporting that their mental health has significantly worsened. Students specifically mentioned worsening anxiety, stress, sadness, and loneliness, which as noted above is already at substantial levels.

Not only has the pandemic affected the mental health of college students, but in a study of 2,282 students from a large public university in New York City in April 2020, a large proportion of students reported financial, housing, and food insecurity due to the pandemic (Jones et al., 2021). More than half of students (54.1 percent) reported that they or someone else in their household (68.9 percent) lost income as a result of the pandemic. Almost half (49.8 percent) of students reported being housing insecure (i.e., being very or somewhat worried about losing their housing). Half reported experiencing food insecurity (i.e., often or sometimes being worried they would run out of food before being able to afford more) with almost 20 percent reporting often or sometimes having gone hungry for lack of access to food (Jones et al., 2021). These environmental conditions can increase the risk of emotional challenges.

In light of these challenges, it is a significant concern that the majority (55 percent) of students reported not knowing how or where to go for emotional support and help (Active Minds, 2020). Students who are younger, male, and live-off campus are less likely to know where to go for mental health help on-campus (Yorgason et al., 2008). Campus counseling services can help students' emotional wellness and safety. Kivlighan et al. (2021) studied 1,231 students who sought counseling on a college campus and found that counseling reduced psychological distress, leading to improved academic success and grade point averages (GPA) post-counseling compared to pre-counseling GPA. This emphasizes the need for students to have more information about both campus and off-campus resources and how to get help for themselves or others when in need.

Faculty play a key role in observing changes in student behavior, as they see them in class and observe their academic performance. All faculty have a role in helping to connect students with

mental health or other resources on- and off-campus. We cannot minimize the need for all faculty (not just the helping profession faculty) to know the risk factors for mental health concerns and suicide—as well as what to do, including where to refer students for help if, and when, they see them struggling. This is not something that we can avoid.

### **What Can Faculty Do to Support Student's Emotional Health and Wellness?**

Recognizing the need for all faculty to know what to do to support students' emotional health and wellness, our school of social work, and university as a whole, sought to support faculty and students by increasing knowledge about what to do and where to get help for emotional concerns. Our actions are not different from other universities and colleges who have begun to recognize the need to do something. Many colleges and universities often begin by providing gatekeeper trainings (i.e., training of faculty, residential life staff, and students, etc.) about the signs of mental health challenges and resources available to get someone help. Gatekeeper trainings include programs such as CAMPUS CONNECT, Question Persuade and Refer (QPR), Kognito At-Risk web-based suicide prevention training, and Mental Health First Aid (see Suicide Prevention Resource Center for additional information on gatekeeper trainings: [www.sprc.org](http://www.sprc.org)).

These types of trainings are effective in increasing knowledge, preparedness, likelihood to assist, self-efficacy, and skills (Lipson, 2013; Mitchell et al., 2013; Rein et al., 2018); however, there is not necessarily an association with an increase in students getting help or using services (Lipson et al., 2014). Furthermore, the success of gatekeeper trainings is dependent on people attending seminars that can last anywhere from one hour to a couple of days. Faculty who are not clinical in nature may be uncomfortable with the content or not see addressing students' mental health as part of their already overburdened job description of teaching and advising. Therefore, unless attendance is mandated, this may result in only the individuals who are interested in the content attending versus everyone who needs the information.

Unfortunately, our experiences suggest that advising and in classes are exactly where faculty have a role in helping students. While advising first-year students during orientation, Christa was approached by a student who shared they were struggling and did not have a safe place to process their feelings when at home. The two talked briefly, but somewhat superficially, and Christa referred the student to campus counseling services. Several weeks after the semester started, this student came to her again and, this time, shared that they were struggling with their gender identity and were feeling deeply depressed, uncomfortable, and disconnected from the campus community. Christa knew there was a relationship between isolation, lack of acceptance, feelings of depression, and suicide risk among students struggling with gender identity; she asked if the student was suicidal. They explained that they were. Christa and the student spent some time talking and agreed to walk together to the counseling center. Christa waited with them until they were seen.

Faculty need to be aware of the risk factors for suicide, know what to say (i.e., how to ask the question about suicide), and know where and how to connect someone to help. This may not have been part of the faculty's job duties years ago, but we are now seeing the increased need to

care for the overall well-being of our students. We have to recognize that if students are psychologically unwell, hungry, in an unsafe environment or relationship, experiencing homelessness, etc., they will struggle to perform academically. Faculty must embrace their students holistically for them to be successful. Since the move to remote learning, we have observed faculty members anecdotally reporting feeling overwhelmed by many students' limited at-home support and access to health and wellness resources. This is understandable since most faculty are not, nor expected to be, trained in mental health and ways to help support a student's well-being (Di Placito-De Rango, 2018). Despite the pandemic increasing faculty's stress—leading to feeling overwhelmed, exhausted, sad, feelings of loss, and a never-ending cycle of repetitiveness with little direction and focus (VanLeeuwen et al., 2021)—there may be one unseen benefit of the COVID-19 pandemic. The pandemic has led faculty to recognize the need to learn more about how to help students with emotional health concerns (Johnson et al., 2020).

In January 2021, Boston University School of Public Health (BUSPH), the Mary Christie Foundation, HMN, and the Hazelden-Betty Ford Foundation (2021) collaborated in surveying 1,685 faculty members at 12 colleges and universities across the United States. Almost 90 percent of faculty reported that they believed that students' mental health had "worsened" or "significantly worsened" during COVID-19. The majority of faculty (79.3 percent) reported having one-on-one phone, video, or email conversations with students about their mental health/wellness. However, only half of faculty reported that they had a good idea of how to recognize that a student is in emotional or mental distress, with two-thirds (69.7 percent) reporting knowing what mental health services are available (if any) on campus for students. The good news is that 73 percent of faculty reported welcoming additional information and training on mental health gatekeeping (BUSPH et al., 2021). Most (85.5 percent) faculty reported encouraging a student to come to them for help. The question is—do they know what to say and where to connect students to support and resources? BUSPH et al. (2021) reported that approximately 95 percent of faculty know where to refer students for academic and disability challenges. Fewer report knowing where to refer students to mental health/emotional (86 percent) and physical health (80.5 percent) challenges. Less than half of faculty (46 percent) know where to refer students for environmental concerns like housing, food, insurance, and childcare needs.

Even though faculty care and want the information to help, the reality is that unless attendance is mandated, it will be very difficult to get people to attend trainings. Over the past 10 years, Monmouth was fortunate to have receive significant funding through the Garrett Lee Smith Suicide Prevention Initiative funded by the Substance Abuse Mental Health Services Administration, allowing us to bring in a variety of evidence-based trainings to support faculty and students. We tried everything from in person trainings, to online trainings, to even developing an app for people's phones. Nothing worked! We could not get faculty to buy in to these trainings and use the resources. If faculty will not attend trainings or use the resources—which may not even lead to increased service utilization—what can universities do to make sure all students and faculty know how to help a student and where to get help on- and even off-campus?

We eventually developed a few “old-school,” “low-tech” approaches that we call the “low hanging fruit” that takes little to no resources to implement: 1. the “red folder” campaign for faculty and 2. “health and wellness resources” for students, included on class syllabi and electronic classroom management systems (i.e., Blackboard, Canvas, eCampus).

### ***Red Folder Campaign: Helping Faculty Know What to Say and Do to Support Students***

If faculty are not likely to attend trainings, how can we provide information to faculty so they are ready and able to support the health and wellness of their students? Working with our director of campus counseling services, we decided to implement the “Red Folder” campaign. The University of California created the “Red Folder” campaign in 2012, which has subsequently been adopted by multiple colleges and universities and distributed to their community members. The “Red Folder” serves as a quick, single-source, comprehensive reference guide for faculty/staff. The folder’s content consists of a range of concepts: common signs of student distress, tips for how to approach students in distress, directions guiding faculty/staff through campus protocols clarifying who to contact in the event of an emergency, how to connect students with the appropriate resource, and other policy information as appropriate (i.e., FERPA regulations, confidentiality). The folder sits on the faculty members’ desks in hard copy and is accessed, if needed, when working with a student with emotional or environmental concerns. A PDF version can also be shared electronically on a faculty resource page or emailed directly to faculty, which takes little financial resources and can be accessed during remote instruction or advising. The folder doesn’t have to be red—some think that might be stigmatizing if a faculty member pulls out a red emergency type of folder during a student meeting (unless your school colors are red). We used our school branding colors, which consist of shades of blue and white. Folders were distributed at the beginning of the school year and continue to be disseminated through human resources and onboarding orientations of new faculty/staff.

The “Red Folders” can be a supplement or substitute for training. The distribution of the folders demonstrates the university’s commitment to the health and wellness of the campus community by enabling open conversations about mental health on campus and educating campus community members on the resources available. The folders provide tips on what to do and say in specific situations, allowing for a common language across all community members when addressing mental health and providing proper responses to talk to distressed students and when addressing crisis situations.

We implemented the “Red Folder” campaign in September 2019 by distributing the folder to all faculty (full-time and part-time) as well as to all staff and administration who interact with students. Content of the folder was developed in consultation with the psychological and counseling services on campus and modelled after “red folders” of other colleges/universities—readily available through a Google search. The folder has content on all four sides and includes tips of what to do or say in specific situations, a flow chart of who to call and when, what happens when contacting the counseling services from the faculty and students’ perspective, as well as a list of contact numbers for various resources on campus ranging from counseling, substance use, health, Title IX, discrimination/ harassment, food pantry, and more.

**Acceptability of “Red Folder” Campaign Among Faculty.** At the end of the academic year (May 2020), part of which was remote due to the COVID-19 pandemic, 122 full-time and part-time faculty provided feedback. More than three-quarters (77.8 percent) of faculty reported that the folder provided new information. Four-fifths (80 percent) reported that the folder was “very” or “extremely” helpful when working with students. Some of the positive feedback provided was that the folder provided “easy access” to resources, “all in one spot,” and some faculty thanked us for providing “contact information for services.” A professor from a non-mental health related school/department shared,

I have been working as a professor for 35 years. We never saw the kinds of mental health struggles that students are dealing with today. It is way outside of my comfort zone to dive into mental health issues with my students—this is not my field of expertise. However, when I meet with students during office hours, they spill a lot about their private lives. I can pull out the “resource folder” and know what to say and where to connect the student for support. The numbers are right there, and I don’t have to search, which makes it a great resource for me and my students.

Faculty were asked to compare the folder to an in-person training. The majority (65 percent) of faculty thought the folder was a much better method of receiving the information, 10 percent thought a training would have been better and 25 percent felt they were the same. Faculty were asked to compare the folder to having this information on a website. In this comparison, most (50 percent) thought they were the same, with 38.9 percent reporting that having the information on the folder was better, 11 percent felt having the website would be better. It is important to note that the survey was taken during May of the first semester of the COVID-19 pandemic, when most individuals were remote. Therefore, 85 percent of faculty reported wanting an electronic version of the folder as a resource when they were away from campus.

It is important to note that the folder should not be the only method to get resources to faculty—rather, using a multi-layered approach of hard copy folder and electronic copies both emailed and posted on a website for faculty to access may be the best approach. Everyone has their own methods of how they hold information; redundancy is the best way to meet the needs of as many faculty members as possible. Some are still primarily using hard copies, while others are doing everything electronic. We wanted to be sure to make this easy and accessible to all folks teaching and interacting with our students. And just like faculty, our students have preferences about how they want to be given information.

### ***Health and Wellness Resources for Class Syllabi/Technology***

As mentioned earlier, less than a quarter of students report using campus mental health services (Active Minds, 2020). Students may not seek help from campus services for a variety of reasons: 1) the faculty are not linking the students to services or 2) the students are not sharing their need for or accepting help, perhaps due to stigma and fear of telling faculty that they need emotional support (Mazza, 2015). If faculty are educated about what to look for in students who may need help, what to say or do, and where and how to refer a student to mental health support,

but still students are not aware of how to get help, what can be our next steps? What tools can we provide that empower students to seek help when they need it? On- and off- campus resources need to be distributed to students in a direct and clear way. Students need easy access to off-campus resources in case they or someone they know needs help when school services are not an option.

Christa has been a professor at Monmouth for several years and has observed the increase in students needing emotional support in recent years. Students seek out her support after class, during advising sessions, during office hours, and, at times, request to Zoom with her. During these meetings, students often express concerns and not knowing what to do. In the student world, professors and advisors are often logical contacts if they need help. Christa would find herself connecting them to various resources. In some instances, resource needs went beyond psychological counseling services on campus. Student needs included resources for LGBTQI supports, veteran services, interpersonal violence, food and housing insecurity, etc. Therefore, she would find herself Googling local programs or checking her own resource list or “red folder” for places to connect them. All of these interactions made her wonder—while many college campuses may have support services available to students, how do students learn about them? Not all college campuses have the resources for all of these services; however, if they are available, students may learn about resources at orientation the summer before their first year. This is a time where students receive extensive information about campus, classes, activities, majors, etc. What happens after that first year? How do they stay informed about resources? After orientation, the resources may be lost, especially if, at the time, the student did not think it was something that they would need to access. After orientation, campuses may provide emails, posters, presentations, and other campaigns about mental health and resources—but again, if the student is not in need at that moment, are they keeping that information for future use? Furthermore, what happens when they are not on campus or are learning remotely? Where can students easily access support service information? Some campus websites are easy to navigate; some are not. Do campus websites provide off-campus, local, or national support numbers? Do students know where to find help? Can they find that email with the resources when they need it? What we do know about when someone is in crisis is that they may not be thinking clearly and may revert to black-and-white, concrete thinking. They may be too overwhelmed to navigate a website to find the resources they need. They need something easily accessible and digestible.

It is great if students feel comfortable coming to a professor, like in Christa’s situation, but what happens when students do not feel safe approaching their professor/advisor but still need the resources? Christa had this thought—wouldn’t it be great if we found the best resources, vetted them, and embedded them into each syllabus? She thought if the vetted resources were embedded in the syllabi, students would not need to cross a personal boundary by sharing with the professor or anyone else if they didn’t want to. They could simply check the syllabus. One would hope that this is a document all students are often referencing anyway and are used to looking at to get academic support.

Faculty have the unique ability to connect with each student on campus through the course syllabi and perhaps an electronic web-based classroom management platform (i.e., Blackboard,



Canvas, eCampus, etc.). Faculty are a fountain of knowledge and resources for academic information inside the classroom and for emotional health and well-being information outside the classroom. All students receive syllabi from faculty. The majority of faculty (90.4 percent) report that the syllabi is an essential mechanism for communication about course content, instructor information, grading/assignments, and specific policy information (Fink, 2012). However, syllabi are also seen as a place to set the tone as a socialization process of expectations inside and outside of the classroom. Communication by faculty in the syllabi can balance the focus on teaching with a caring and nurturing side for the student (Thompson, 2007). Syllabi may include resources to help students improve their academic skills, tips on how to do well in the course, or to provide information about campus resources to support the students (Parkes & Harris, 2002). Several universities have encouraged faculty to include mental health resources in their syllabi (e.g., Carnegie Mellon University Eberly Center for Teaching Excellence and Educational Innovation, n.d.; Northwestern University Office of the Registrar, 2025; State University of New York College at Geneseo Teaching and Learning Center, n.d.; University of Illinois Urbana-Champaign Student Affairs, n.d.; University of Wisconsin-Madison Office of Student Assistance and Support, n.d.). The student advisory board for Counseling and Psychological Services at University of Michigan (n.d.) likewise suggested that faculty could support student mental health by putting resource information in their syllabi. Including health and wellness resources in syllabi can be an effective way to disseminate this crucial information to students while also communicating the acceptance and importance of health and wellness on campus and by the faculty. Having these resources embedded in the syllabus can also empower faculty teaching the course to assist students while also supporting the students' own independence and agency, especially if having to ask for help creates a barrier to accessing help.

The goal of putting health and wellness information in the syllabi is to make it easy to find and use in a time of crisis for the student, themselves, or for someone the student is trying to help (either on- or off-campus). Campus resource information can include psychological counseling services, the university police department/security, and the health center as essential services. We also included contact information for our campus food pantry and the Title IX/harassment/discrimination office. We provided details like location, office hours, and specific services along with hyperlinks to the specific resource website. This was especially helpful during remote learning during the COVID-19 pandemic, as hours and logistics of services changed. We also included local and national resource hotlines for concerns, such as suicide prevention (i.e., the National Suicide Prevention Lifeline, 1-800-273-8255) and more recently the 988 suicide and mental health lifeline, veterans' services, local mental health crisis support or screening, sexual assault/interpersonal violence information (i.e., RAINN), and LGBTQ+ services (i.e., The Trevor Project). Given the difficulty of adding an exhaustive list of resources to each syllabus, a link to a more comprehensive list of services, agencies, and resources available through campus, local, and state organizations were provided. Providing this information directly in syllabi shows that faculty take this seriously—that they are willing to discuss these topics and be available to support students.

So how do we make this happen? Christa thought to ask her colleague, Michelle Scott, who currently had a suicide prevention grant for the campus, whether she thought Monmouth should

put health and wellness resources in our syllabi. Christa was thinking Michelle would say that she was being too ambitious to think folks on campus would embrace this idea. Well, Christa was wrong. Michelle took the idea and made it happen. They spent time together thinking about what resources would be most needed, where there were overlaps in services, etc. They had to cut back their list and needed to acknowledge that they couldn't address every concern but hopefully could be as comprehensive as possible. Faculty were already expressing some concerns about syllabi being too long—so they wanted to be mindful of this. Christa and Michelle wanted to provide a grid type of format so that it would be easy to read, insert in a syllabus or eCampus announcement, and to take up less than a page of the syllabi. Once that was formatted, they had to get it to the faculty.

Given Monmouth has a faculty council and shared governance, Michelle presented a comprehensive explanation and rationale for the need for health and wellness resources being included in the syllabi and what specifically we were suggesting to the faculty council. The hope was to get the faculty council to agree to have the language as part of the faculty handbook of required elements for the syllabi. While mandating this language for syllabi was not possible or approved, we were strongly encouraged to share the information directly to all full-time and part-time faculty via a mass email. Faculty were provided language for syllabi to support students' health and wellness in January 2020 (shortly before the semester started) and again two weeks after we moved to remote learning due to the pandemic in March 2020. In a very short time, we found that we had a lot of support for the idea, and it was embedded in the syllabi in social work almost immediately and several other departments and schools on campus soon after.

Shortly before each semester (three times a year: in late summer, winter break, and late spring) when faculty are working on developing syllabi for the semester, Michelle double checks the resources to make sure the links and phone numbers still work and then distributes the health and wellness information with some supportive language introducing the resources to all full-time and part-time faculty. Without fail, within a few hours of sending the email, she gets messages from faculty thanking her for the resources; with faculty sharing stories about how it has helped their students. Several faculty shared how they use the information in the syllabi to initiate conversation about health and wellness with students and how that has allowed students to share how important having access to these type of resources right there in the syllabi have been to them. In fact, one semester the table of resources had left the sexual assault/interpersonal violence resource off by accident, prompting a faculty member to contact Michelle to relay how one of her students had shared the importance of that resources to the student's own health and wellness.

In addition to anecdotal stories, at the end of the semester (May 2020), 122 faculty shared their experiences and use of the health and wellness language through a brief survey. Almost all faculty (92 percent) reported that they planned to share the resource in the future while 52 percent of faculty had already shared the resources with students, 38 percent of which did after the move to remote learning. Most faculty (78.9 percent) shared the resources in the syllabi directly with their students; 58.2 percent of faculty posted the information on their web-based classroom management platform; 40.6 percent emailed their students the health and wellness

resource information; and an additional 9.5 percent of faculty announced the information in the classroom or planned to “use it as needed” or “with specific individuals.” It is interesting to note that there were no significant differences in utilization by faculty status (full-time vs. part-time) or school/department.

**Acceptability of Sharing Health and Wellness Resources with Students.** Several faculty provided positive reviews about sharing health and wellness resources with students. Faculty reported that sharing resources would help reduce stigma around help-seeking. One faculty stated, “This is a really valuable means to continue to reduce the stigma, apprehension and/or anxiety around help seeking and community support related to mental health, cultural sensitivity and well-being.” Faculty also reported that posting information in syllabi or on web-based classroom management platforms is very helpful. A faculty stated, “This info is so important, should be on University home page for students and faculty to see every time they log on to eCampus.” Another faculty stated, “Providing messages that can be shared with students that have necessary names/links/contact information is very helpful.”

A member of the counseling services on campus shared an anecdotal experience with a student:

We were working with a transfer student veteran who disclosed that he was feeling suicidal even though he was in counseling off-campus. He explained that he struggled with suicidal ideation on a daily basis but did not have a plan to harm himself. He shared he was finding it difficult to continue to pay the co-pay for his private therapist off-campus so admitted that he was skipping appointments. He was not aware that the campus had free psychological counseling that he could access until he saw the resources on his class syllabus that provided the contact information for the campus-counseling center. He shared that he walked over after seeing the information. We were able to set him up with an appointment right away. He continued to struggle but expressed during a follow up talk with me that he felt more at ease and safer knowing that he had this campus resource.

It is important to note that not all faculty thought it was appropriate or worthwhile for faculty to share health and wellness resources via syllabi or classroom avenues. Less than 10 percent (8.5 percent, n=9) of faculty reported they did not plan to share the health and wellness resources with students. Reasons for not sharing included that they felt the resources were available other places. Others felt putting this information in the syllabi would overwhelm students and make the syllabi too crowded. Another faculty stated, “This should be shared individually and not overwhelm students with information on the syllabi.” Another stated, “I don’t really want to clutter my syllabus with this information. I would be far more open to putting up a relevant flyer or graphic on my eCampus course shell, than I would be in including it in my syllabus.”

### **Implications and Conclusions for the Helping Professions**

The purpose of this article is to reflect on and share what we have seen in the college setting regarding students’ poor mental health and the role faculty can play in supporting the health and wellness of those students. As social workers who can also be clinicians, we have a knowledge

base that may make it easier to bridge the two very different tasks of 1) identifying students with mental health challenges and 2) getting those students engaged with the resources and supports that they need. Not all faculty are comfortable talking about mental health or know what to say or do. However, due to the COVID-19 pandemic, faculty seem primed to take on this additional role. Social work professors who are clinical- or research-focused have knowledge that they can share to support other faculty to meet the needs of their students. In doing so, not only will they help the student's emotional well-being but may support their academic success. Based on the joint experiences, knowledge, and willingness to collaborate between clinical and research social work faculty, we brought ideas for two resources to support faculty and students—the red folder campaign and the incorporation of health and wellness resources into class syllabi—into practice at a university-wide level:

- In our informal evaluation of the red folder campaign, we found faculty across all disciplines embraced the method. Faculty reported enjoying the ready availability of centralized, relevant knowledge in both hard copy (for use “in the moment” with students in person) and digital (for use remotely and for reference) forms.
- Anecdotal reports also support adding resources into syllabi and/or classroom management platforms, which empowers students to make their own decisions regarding what they divulge to faculty, how they approach their mental health, and what types of help they access. Campus counseling services and faculty noted that students benefited directly from easy access to resources in such a familiar, frequently-viewed place.

Helping professionals are well positioned to support their campus communities. It is our hope that the reflections on our strategies that we have implemented on our campus will inspire other campus-based helping professionals to help non-mental health faculty bridge the gap between student's needs and connecting them to campus resources.

## References

Active Minds. (2020). *COVID-19 impacted college students' mental health hardest*.

<https://www.activeminds.org/studentsurvey/>

American College Health Association. (2019). *American College Health Association-National College Health Assessment II: Reference group data report spring 2019*. American College Health Association.

Boston University School of Public Health, Mary Christie Foundation, The Healthy Minds Network, & Hazelden Betty Ford Foundation. (2021). *The role of faculty in student mental health*. <https://marychristieinstitute.org/wp-content/uploads/2021/04/The-Role-of-Faculty-in-Student-Mental-Health.pdf>

Carnegie Mellon University Eberly Center for Teaching Excellence and Educational Innovation. (n.d.). *Syllabus*. Carnegie Mellon University. Retrieved July 23, 2025, from <https://www.cmu.edu/teaching/designteach/design/syllabus/syllabussupport.html>

- Di Placito-De Rango, M. L. (2018). Situating the post-secondary instructor in a supportive role for the mental health and well-being of students. *International Journal of Mental Health & Addiction*, 16(2), 284–290. <https://doi.org/10.1007/s11469-017-9740-4>
- Eisenberg, D., Golberstein, E., & Hunt, J. (2009). Mental health and academic success in college. *The B.E. Journal of Economic Analysis & Policy*, 9(1), Article 40. <https://doi.org/10.2202/1935-1682.2191>
- Fink, S. B. (2012). The many purposes of course syllabi: Which are essential and useful? *Syllabus*, 1(1), 1–12.
- Haas, A. P., Hendin, H., & Mann, J. J. (2003). Suicide in college students. *American Behavioral Scientist*, 46(9), 1224–1240. <https://psycnet.apa.org/doi/10.1177/0002764202250666>
- Johnson, N., Veletsianos, G., & Seaman, J. (2020). U.S. faculty and administrators' experiences and approaches in the early weeks of the COVID-19 pandemic. *Online Learning*, 24(2), 6–21. <https://doi.org/10.24059/olj.v24i2.2285>
- Jones, H. E., Manze, M., Ngo, V., Lamberson, P., & Freudenberg, N. (2021). The impact of the COVID-19 pandemic on college students' health and financial stability in New York City: Findings from a population-based sample of City University of New York (CUNY) students. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 98(2), 187–196. <https://doi.org/10.1007/s11524-020-00506-x>
- Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Bedirhan-Ustun, T. (2007). Age of onset of mental disorders: A review of recent literature. *Current Opinions in Psychiatry*, 20(4), 359–364. <https://doi.org/10.1097/ycp.0b013e32816ebc8c>
- Kivlighan, D. M., III, Schreier, B. A., Gates, C., Hong, J. E., Corkery, J. M., Anderson, C. L., & Keeton, P. M. (2021). The role of mental health counseling in college students' academic success: An interrupted time series analysis. *Journal of Counseling Psychology*, 68(5), 562–570. <https://doi-org.ezproxy.monmouth.edu/10.1037/cou0000534>
- Lipson, S. K. (2013). A comprehensive review of mental health gatekeeper-trainings for adolescents and young adults. *International Journal of Adolescent Medical Health*, 26(3), 309–320. <https://doi.org/10.1515/ijamh-2013-0320>
- Lipson, S. K., Lattie, E. G., & Eisenberg, D. (2019). Increased rates of mental health service utilization by U.S. college students: 10-Year population-level trends (2007–2017). *Psychiatric Services*, 70(1), 60–63. <https://doi.org/10.1176/appi.ps.201800332>
- Lipson, S. K., Speer, N., Brunwasser, S., Hahn, E., & Eisenberg, D. (2014). Gatekeeper training and access to mental health care at universities and colleges. *Journal of Adolescent Health*, 55(5), 612–619. <https://doi.org/10.1016/j.jadohealth.2014.05.009>

Mazza, E. T. (2015). Working with students with psychiatric disabilities or other emotional problems. *Journal of Teaching in Social Work*, 35(4), 425–448.  
<https://doi.org/10.1080/08841233.2015.1066916>

Mitchell, S., Kader, M., Darrow, S., Haggerty, M., & Keating, N. (2013). Evaluating question, persuade, refer (QPR) suicide prevention training in a college setting. *Journal of College Student Psychotherapy*, 27(2), 138–148. <http://doi.org/10.1080/87568225.2013.766109>

Northwestern University Office of the Registrar. (2025, March 12). *Northwestern University syllabus standards*. Northwestern University. Retrieved July 23, 2025, from <https://www.registrar.northwestern.edu/registration-graduation/northwestern-university-syllabus-standards.html#:~:text=accommodation%20request%20form,-,Support%20for%20Wellness%20and%20Health,meeting%20to%20avoid%20being%20dropped>

Parkes, J., & Harris, M. B. (2002). The purposes of a syllabus. *College Teaching*, 50(2), 55–61.  
<http://doi.org/10.1080/87567550209595875>

Rein, B. A., McNeil, D. W., Hayes, A. R., Hawkins, T. A., Ng, H. M., & Yura, C. A. (2018). Evaluation of an avatar-based program to promote suicide prevention awareness in a college setting. *Journal of American College Health*, 66(5), 401–411.  
<https://doi.org/10.1080/07448481.2018.1432626>

State University of New York College at Geneseo Teaching and Learning Center. (n.d.). *Syllabus design*. State University of New York College at Geneseo. Retrieved July 23, 2025, from <https://www.geneseo.edu/tlc/syllabus-design-0#:~:text=Suggested%20items%20to%20support%20academic,Food%20Security%20for%20Geneseo%20Students>

Thompson, B. (2007). The syllabus as a communication document: Constructing and presenting the syllabus. *Communication Education*, 56(1), 54–71.  
<https://doi.org/10.1080/03634520601011575>

University of Illinois Urbana-Champaign Student Affairs. (n.d.). *Faculty & staff: Syllabus statement & teaching resources*. University of Illinois Urbana-Champaign. Retrieved July 23, 2025, from <https://wellness.illinois.edu/faculty-staff-syllabus-statement-teaching-resources#:~:text=Mental%20Health%20Statement%20on%20Syllabus&text=The%20statement%20can%20be%20added,those%20who%20care%20about%20you.&text=This%20statement%20is%20approved%20by%20t>

University of Michigan Counseling and Psychological Services Student Advisory Board. (n.d.). *Student suggestions on how faculty can support mental health*. University of Michigan.  
<https://caps.umich.edu/article/student-suggestions-how-faculty-can-support-mental>

University of Wisconsin-Madison Office of Student Assistance and Support. (n.d.). *Supporting mental health of students*. Retrieved July 23, 2025, from <https://osas.wisc.edu/guide/supporting-mental-health-of-students/#:~:text=Example%20Syllabus%20Statement,of%20Student%20Assistance%20and%20Support>

VanLeeuwen, C. A., Veletsianos, G., Johnson, N., & Belikov, O. (2021). Never-ending repetitiveness, sadness, loss, and “juggling with a blindfold on:” Lived experiences of Canadian college and university faculty members during the COVID-19 pandemic. *British Journal of Educational Technology*, 52(4), 1306–1322. <https://doi-org.ezproxy.monmouth.edu/10.1111/bjet.13065>

Yorgason, J. B., Linville, D., & Zitzman, B. (2008). Mental health among college students: Do those who need services know about and use them? *Journal of American College Health*, 57(2), 173–181. <https://doi.org/10.3200/jach.57.2.173-182>

**About the Authors:** Michelle Scott, PhD is Professor and Director, School of Social Work/SRF Suicide Prevention Research and Training Project, Monmouth University, West Long Branch, NJ ([mScott@monmouth.edu](mailto:mScott@monmouth.edu)); Christa N. Hogan, MSW, LCSW is Senior Lecturer and BSW Program Director, School of Social Work, Monmouth University, West Long Branch, NJ ([chogan@monmouth.edu](mailto:chogan@monmouth.edu)); Stephanie A. Sabatini, MSW, LCSW is Clinical Therapist, Emergency Psychiatric Services, Hackensack Meridian Health Bayshore Medical Center, Holmdel, NJ ([sabatini.lcsw@gmail.com](mailto:sabatini.lcsw@gmail.com)).