Chapter 36
Campus–Wide Initiatives

Maureen E. Squires
State University of New York at Plattsburgh, USA

Jean Mockry
State University of New York at Plattsburgh, USA

Melissa Martin
State University of New York at Plattsburgh, USA

Alison Puliatte
State University of New York at Plattsburgh, USA

Denise Simard
State University of New York at Plattsburgh, USA

ABSTRACT

In this chapter, the authors situate mental health issues in the context of U.S. institutes of higher education. They provide a brief history of the provision of mental health services on campus and contends that postsecondary schools should shift to a campus-wide, preventive, proactive approach to promote student flourishing. Four specific areas for interventions are discussed. These include academic or curricular adjustments, increased awareness and knowledge, supportive environments, and appropriate policies and procedures. These initiatives (which are not only the responsibility of "experts") rely on the open communication and collaboration of all members of the campus community.

INTRODUCTION

The authors begin by providing a brief history of the provision of mental health services on campus. Then they discuss four areas in which campus-wide initiatives have been found effective in supporting the mental health of college students. These include curricular adjustments, community environments, mental health literacy, and campus policy. These focus areas have been selected as they are most applicable to this audience: college/university faculty and staff whose background are not necessarily in mental health. These are the professionals who will have regular contact with students, those with and without mental health issues. As such, the initiatives in this chapter can be understood and implemented by professionals without degrees in the mental health field.

OVERVIEW

With the increasing prevalence of mental illness in institutes of higher education (IHE), research suggests that colleges and universities must adapt to better serve their students. Reactive approaches and individualized counseling alone are not sufficient. Moreover, compartmentalized service (where responsibility for college student mental health resides in counseling centers) has limited influence. It is recommended that IHE shift from a targeted focus to a campus-wide focus and direct their efforts toward preventive measures (Fink, 2014; Hartley, 2012; Swaner, 2007; Wood, 2012). In the past few decades several organizations have proposed ways to facilitate this transition.

The Jed Foundation (JED), though not the only organization aimed at promoting emotional and mental well-being, is a leader in this field. It offers support to schools, students, families, and communities to strengthen mental health. JED's 7-point Strategic Plan is comprehensive, attending to the following areas: developing life skills, promoting social connectedness, identifying students at risk, increasing help-seeking behavior, providing substance abuse and mental health services, following crisis management procedures, and restricting access to potentially lethal means (JED, 2016). Such an approach affects multiple levels of the campus community from college policy, to particular organizations like student mental health services, to faculty training and involvement, to curriculum design, to student enculturation.

Building on the recommendations of JED and other relevant literature, IHE can take multiple steps to improve the mental health of college students. Academic adjustments to face-to-face and online courses have been found to mediate the negative effects of stress in academic settings. Such curricular changes include engaged learning models and course offerings in mental well-being (DiPlacito-DeRango, 2016; Fink, 2014; Mitchell, Darrow, Haggerty, & Neill, 2012; Savini, 2016; Swaner, 2007). IHE that endorse social and academic inclusion via residential communities, campus activities, and learning communities are found to be more supportive and promote a sense of student belonging, which are favorable factors of mental health (Condra, Dineen, Gauthier, Gills, Jack-Davies, & Condra, 2015; Fink, 2014). Moreover, IHE at all levels (leadership, faculty, support staff, and students) must be fully aware and fully trained to promote resilience and identify signs of mental illness (Barr, 2014; Condra et al., 2015; Hartley, 2012, Wood, 2010) to create environments in which students can flourish. Additionally, campuses should have the necessary policies and procedures in place to promote well-being and intervene when students are in mental distress (Condra et al., 2015; DiPlacito-DeRango, 2016; Murphy & Baines, 2015; Silverman, 2008; Wood, 2012).

PROVISION OF MENTAL HEALTH SERVICES ON CAMPUS

In the United States, the provision of mental health services in IHE morphed considerably during the 20th century. Amherst College is credited with establishing the first student health services in 1861, yet the first mental health services was not established until 1910 by Princeton University (Kraft, 2009; Kraft, 2011). In the first half of the 20th century, college mental health services were developed and primarily provided by psychiatrists. As the field grew, clinical psychologists and psychiatric social workers began providing services as part of a multidisciplinary team approach (Kraft, 2009; Kraft, 2011). Yet, services were often split between two departments: psychiatric mental health and other counseling resources. This model was expanded mid-century when increasing numbers of students, funded by the GI bill, entered colleges and universities (Kraft, 2009; Kraft, 2011). Increased student enrollment necessitated increased

Related Content

From Science to Practice: Implementation and Clinical Guidelines for an Internet Intervention for Postpartum Depression
Filip Drozd, Silje Marie Hagaand Kari Slinning (2018). *Web-Based Behavioral Therapies for Mental Disorders (pp. 79-110).*
www.irma-international.org/chapter/from-science-to-practice/187301

Advanced Intervention Strategies for Suicide in Patients with Chronic Mental Illness
Shailesh Jha, Amit Khannaand Prerna Khanna (2017). *Chronic Mental Illness and the Changing Scope of Intervention Strategies, Diagnosis, and Treatment (pp. 271-291).*
www.irma-international.org/chapter/advanced-intervention-strategies-for-suicide-in-patients-with-chronic-mental-illness/159947

An Intelligent Ecosystem to Support the Development of Communication Skills in Children With Autism: An Experience Based on Ontologies, Multi-Sensory Stimulation Rooms, and Robotic Assistants
Vladimir Robles-Bykbaev, Martín López-Nores, Jorge Andrés Galán-Mena, Verónica Cevallos León Wong, Diego Quisi-Peralta, Diego Lima-Juma, Carlos Andrés Arévalo Fernándezand José Juan Pazos-Arias (2018). *Autism Spectrum Disorders: Breakthroughs in Research and Practice (pp. 291-315).*
www.irma-international.org/chapter/an-intelligent-ecosystem-to-support-the-development-of-communication-skills-in-children-with-autism/189353

Maintaining Work-Life Balance in Remote Work in COVID-19
Nikita Jain, Deepa Bhardwajand Rekha Dhingra (2023). *Perspectives on Stress and Wellness Management in Times of Crisis (pp. 208-221).*
www.irma-international.org/chapter/maintaining-work-life-balance-in-remote-work-in-covid-19/321227

Virtual Platforms
Katie Taylor (2023). *The Role of Child Life Specialists in Community Settings (pp. 381-399).*
www.irma-international.org/chapter/virtual-platforms/313822