Bolstering Mental Health on University Campuses:

Intervention Through a Team Based Approach

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Introduction: Mental Health and Residence Hall Life

Depression and anxiety are serious mental health issues that have the potential to ruin a student's academic success. As such, it is paramount that higher educational institutions embrace methods that help those who need it. Especially as depression and anxiety rates are extremely high among college students. According to a 2020 study, rates could even be as high as 75% for those suffering from some form of generalized depression, and 88.4% for those suffering from anxiety (Asif et al., 2020.) This means that it is of the utmost importance that there are protocols and programs in place to ensure everyone gets the help that they need.

One important place to monitor students is in college living spaces, namely residence halls. These living spaces have changed drastically over time. Though still popularly known as "dormitories" or "dorms," most people who work in public affairs and residence life only use the term "residence halls." This is because these spaces have evolved to be more than where one sleeps, as the other name implies ("dorm" coming from the Latin word *dormitus* meaning "to sleep.") Nowadays, residence halls exist as centers that bolster student's educational and social needs (many universities jump at the opportunity to show off the discretion between those who live off campus vs those who live in on-campus housing, the latter usually boasting a higher GPA.) They offer resources, have student and faculty leaders that act as safety nets, and feature a closeness to campus that can be beneficial for student success. There are, however, some flaws in current systems that still leave some students at risk, and there are several methods that Universities can employ to better mental health in residence halls.

Specifically, several pieces of university faculty need to work as a unit to ensure that student outreach is secured.

The First Prong: Role of Residential Assistants

Residential Assistants, notorious parts of the college experience, are often seen by Universities as the first line of defense in catching, dealing with, and monitoring mental health issues. Residential assistants are clearly important and serve an important role. Although sole responsibility cannot be placed on their shoulders, there are a number of things that they are capable of doing that bolster student mental health. Broadly they can attempt to ensure that everyone has a sense of belonging on campus, something important to the mental health of residents, and something extremely important to focus on with first-generation college students as they often report lower life satisfaction and lower sense of belonging on campus (Roberts, 2018.)

Aside from the aspects of an RA's job that can indirectly affect mental health, one of the largest things they can do is ensure that students have knowledge about mental health resources on campus. This, however, seems to be lacking. In one study, Only 26% of a sample of students said that they were aware of services available to help with suicide (Westefeld et al., 2005.) Furthermore, anecdotally, as a residential assistant myself at Missouri State University, it seems all too common that residents do not learn about mental health resources (such as counseling sessions offered by the university or third-party mental health applications such as TogetherAll and WellTrack which are paid for by the university) until they have reached drastically poor mental health statuses, or they have had a mental health episode of some form. Ensuring that

residents know about these resources earlier in their academic career is an important element of setting up more mental health positive living spaces.

Although residential assistants are an important factor in contributing to the mental health of students, they themselves are also students and should only act as one small piece of a much larger puzzle. In fact, residential intervention with student mental health can only go so far. One study found that residential assistants that received gatekeeper training (a model of mental health intervention utilized by 30% of universities) "… did not effectively increase RA intervention behaviors or RA awareness of resident suicidality over time." Rather, ensuring that trusting relationships are formed between residential assistants and residents, such that residential assistants are in a better position to refer residents to resources, is more important and effective. (McLean & Swanbrow Becker, 2017). This would also help make residents feel more at home at a university, an aforementioned problem with first generation college students. Furthermore, residential assistants themselves often deal with their own mental health issues, sometimes a result of the position. They often must juggle school responsibilities with job responsibilities and deal with role ambiguity (feelings of uncertainty about one's responsibilities). Furthermore, by dealing too much with resident problems, they can develop secondary trauma and compassion fatigue (Murray, 2021). Because of these factors, it is important that residential assistants only make up a small part of the string of safety nets.

The Second Prong: Trained Counselors

Another important part of this net is counselors or psychiatrists on campus that can help students with their mental health. These counselors need to ensure that their methods meet the needs of college students. They need to reduce the barriers that are in place that keep some students away from accessing mental health resources. At the most basic level, general accessibility is one reason why many students don't get the help they need. Some universities' approach is to implement mental health experts in the residence hall system to be always available. These embedded counselors heighten access on both a day-to-day level, giving students the basic help they may need, and in emergency situations. Most universities have a system in which a certain number of residential assistants and upper-staff members of residence life are "on-call," meaning they remain in the building to ensure someone is there to respond to incidents that take place in the building. With the implementation of a counselor that works with the housing system, they are accessible by those on-call to get help to those who might otherwise have to wait to access resources. This also alleviates some of the mental health issues that often plague residential assistants, as stated in an article on the subject by Kate Bellows, "RAs have increasingly tended to students' complex psychological issues late at night when other resources are unavailable, even though they lack professional training." (2023) Overall, in-house counselors bolster the mental health of the entire living space, including the residential assistants.

University students also often struggle with time management. In fact, time pressure (the difference between the amount of time that is needed to complete a task and the amount of time that is available) can lead to exhaustion, which eventually leads

to health-related productivity loss (Gusy et al., 2021). This could potentially lead to a vicious cycle in which students don't have time to complete assignments, which leads to burnout, then to mental (or even physical) health issues, which then reduces the speed at which one can complete assignments, essentially increasing the burden of time pressure. Although university housing cannot change the workload of university students, they can ensure that the resources that they offer work around the time pressure that many students are facing. This means that counselors need to offer short term, but nevertheless effective therapy methods (Roberts, 2018). Two such therapies are cognitive behavioral therapy (CBT) and online approaches. CBT is excellent as it is a great way to treat a variety of concerns, including depression and anxiety. It works by providing rapid relief through the change of disordered thoughts and unhelpful behaviors that contribute to the student's mood difficulties (Roberts, 2018). Although getting at risk students the help they need is the primary objective, it is also important to ensure that the help they are receiving suits their needs and works in conjunction with their lives and needs as a student. CBT ensures timely, and effective therapy for all students.

The Third Prong: Online Assistance

In addition to in-person assistance, online, and specifically online acceptance and commitment therapy, also proved to be helpful. Being able to access help from anywhere is extremely beneficial to busy students and can allow clinicians to potentially reach more students than in person therapy sessions (Roberts, 2018). It is more important than ever that universities introduce digital services to approach mental health. Simply put, it is almost impossible for counselling centers to meet the needs of every student

suffering from mental health issues on campus. With the ratio of counselors to students in 2009 being 1:1,527, and the need for student counseling increasing from year to year, there simply needs to be accessibly mental healthcare that exists outside of counseling centers (Gallagher , 2009) However, with the rise if technology, and especially considering our reliance on remote connection over the course of the covid pandemic, now, more than ever, is it possible for students to reach care if it is being offered through digital sources. This would be especially important to offer as students would be able to access the resources from the comfort of their own room, and despite the stigma of some online resources, the use of digital CBT in treating depression and anxiety showed similar results to that of in-person therapy (Saddichha et al., 2014).

Additionally, there are digital resources that exist outside of therapy itself. Implementing a newsletter system to report information and new resources to students as they become available, compiling a list of resources, developing interactive handbooks, and integrating digital screening tools to catch those who otherwise might slip through the cracks (Roberts, 2018). With the implementation of digital resources, students will have easy access therapy, possibly diagnoses, and other informational resources that can be accessed by anyone, anywhere, at any time.

Conclusion

This team-based approach works by ensuring no leg of the team is lifting too much weight. Residential assistants are tasked with building an environment for students that feels welcoming and safe which allows them to share resource information with residents in the building. The main sections of resources exist in three prongs. First, in-house counselors which take much of the load off of residential assistant

shoulders by being able to address mental health issues as they arrive, and by providing a broad support system for residents. Next, therapy in counseling centers that ensures that is taking into account the busy lives of college students by utilizing cognitive behavioral therapy. Lastly, the utilization of digital resources that remove any other existing barriers and allows students to access help anywhere, anytime. The conjunction of these things are imperative for the academic success and psychological wellbeing of students, and versions of each fragment should be implemented in some way or another within residence hall systems throughout the world.

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