

*Listening to Students  
Who Ever Thought about Leaving College  
or  
Did Leave College and Came Back*

Student Perspectives.....	2
Introduction to this Project.....	12
Part 9: The Need for Greater Mental Health.....	13
For Students.....	16
For Faculty and Staff.....	21
Conclusion.....	32

**Listening to Students  
Who Ever Thought about Leaving College  
Or Did Leave College and Came Back...**

*“I left for a year prior. I wish I hadn’t but my mental health was really really bad. Although it was the best thing to do I wish I could have had some support, or maybe I just ignored it because of my situation. But I wished I would have taken a couple classes that way I would have been done with school. I just came back to school this spring. I’m honestly really glad I did even if I still have some semesters to go. I also want to have more support with counseling and advising, but I don’t always know where to go. Overall school is going good.*

*(What kept you here or is keeping you here taking classes—or what got you to come back, if you did leave college?) I have to get the units I need to be able to apply for a subbing credential.*

*(What can Sacramento State University do better for you?) There are many resources but I don’t know how to get to them. So maybe some type of guide. Reaching out to students. I don’t know.”*

— I am a 23 year old latina/hispanic. I am first generation college student. I am bilingual. I currently work in the education system as a team leader for kinder students.

*“(What made you or is making you want or need to leave college?) I like to read and write but I felt that professors were injecting too much of their own opinions into analysis and if I didn’t think exactly that way I was unwelcome. I also didn’t see how it was preparing me for a real world job. Also I was depressed.*

*I met a girl and realized I couldn’t live at home forever. It’s very difficult to make a living without a degree so here I am!*

*(What can Sacramento State University do better for you?) Hopefully it will be better now that my first semester is in the books but the culture shock from ... where the counselors meet with you whenever you want and help you come up with a plan for graduation versus here where I felt very thrown to the wolves was really upsetting. Trying to register for classes had me near tears.... An expert would have been really appreciated.*

*I think all my professors so far have been excellent.”*

—I’m 43, married man

*“The death of a family member and mental health issues have left me considering leaving college multiple times.*

*I never left but what keeps me at Sac State is the fear of upsetting my family and losing their support as well as the fact that I want to graduate in 4 consecutive years.*

*I think Sac State should prioritize mental health. More professors should be empathetic of students personal problems especially when a student experiences a death in the family. One of my professors required me to attend class the same week my family member died which was very heartbreaking. I felt as if my emotional well-being and sadness over this loss was not taken into consideration.”*

— Female, Native American, Catholic, a commuter, junior at Sac State

*“During the online classes in the pandemic I was struggling with mental health. At the time I had no idea what I was feeling and I was very depressed and anxious. I tried to keep going through the semester with my classes but I just felt very miserable and had no motivation. I decided I needed to take a break from school because I felt that my grades were going to suffer. I withdrew from all my classes about 4 weeks into the semester.*

*When I was trying to decide if I should leave school, I felt very stressed and tension. I would ask people for advice and one of my cousins told me not to leave because people who drop out don't go back to school. I knew that I would be going back to school because I had already started my college journey and wasn't going to just drop everything and not go back. Dropping out of college forever was not a thought in my mind. It was clear in my mind that I was going to be back. Graduating with a degree was my main goal in current life. I returned the next semester. My brother had decided that he wasn't going to go to school anymore because of the pandemic too. His reasons were different. During online classes, he says that it was hard for him to concentrate and do assignments at home. We live in a house of 7 people including a toddler and 5 year old at the time. So he didn't register for any classes the following semester. My mom was sad when she saw the semesters go by and he wouldn't go back. I caught her crying a time or two. He worked full time at a grocery store and then a car rental company. My mom encouraged him to look at trade schools so that he can get a certificate of some kind. He decided he was going to try to go to a trade school but later he decided to apply again for sac state. I think that he decided to come back because he had already done 2 years and needs 2 years more. Maybe he was tired of working everyday and needed a change in schedule.*

*(What can Sacramento State University do better for you?) I have tried getting counseling or therapy at sac state before, I don't remember what it is called, but I remember I made appointments through the patient portal. I remember it was in the beginning of a semester and I was feeling depressed and anxious again and I really needed an appointment. I called and they said they didn't have any appointments available for another 2 weeks. Maybe having extra support during the first weeks of the semester for mental health appointments would be helpful for Sac State students.”*

—female -first gen college student -mexican american -immigrant parents  
-speaks spanish -4th year in college -21 years old

*“I must earn a living for my family. Consequently, enrolling in a daytime, in-person class becomes impossible. If online courses are not a viable option and my rent is rising, I may be compelled to discontinue my college education.*

*I am staying here as I still have the opportunity to enroll in online classes. Additionally, I am thankful for the Financial Aid I received, as without it, affording college would be beyond my means.*

*If CSUS could provide more online and nighttime courses, that would be appreciated.”*

—Gen X, Asian, first-generation college student, parent, and multilingual learner

*“I had to leave college due to a lack of understanding of the university culture, dealing with aculturalization, and lacking strength in my English language skills. Having been the first generation, oldest in the family, and a male, I feel the cultural, social, and personal pressures of having to make money, pay for my rent, food, and the only avenue I have seen to help me do this was to join the military, something that had to take me away from school for a few years. Coming back, and having to deal with all the struggles that came after serving in Iraq, eventually led me on the road to find ways to ease my mental health instability, and now, after figuring out my traumas, challenges and a daily battle with impostor syndrome, a lot of language I learned after seeking help, I have a more precise understanding of what I want to do. Keeping my mental stability balance is still a daily challenge, but I'm getting it done.*

*I had to come back to get a degree that would leverage a better-paying job. After coming back, and getting a deep understanding of (my field of study), I now realize that I want to continue my education and become a leader that can help change and implement policies that impact students who may face challenges like the ones I did.*

*Mental health is real, and the University has a lot of resources available for students, but there needs to be education among student staff, faculty, and employees, to find better language and build communication skills that can help us communicate better. (Staff) needs to be more aware of who they are serving, a lot of times they don't even know the resources, contacts, or processes to do certain things, leaving processes or documentation to the veteran student, but the issue is, we don't know what state of mind we will be at any time, they are adding an extra stress to a mental condition that we already have a hard time dealing with....*

*(What can Sacramento State University do better for you?) I love the quiet rooms at the union, with increments of 15 minutes to relax, mind and body...on a bed or chair... but here is the problem, as a veteran student, someone dealing with PTSD, Anxiety, Sleeping disorder, and depression, 15 minutes are just not enough to get to a level or relaxation that will transition to a full meditation moment, 45 mins to an hour is what my therapist and hypnotherapist have recommended, and just the idea of having a staffer coming up to nudge on me and move me, bring me back to the state that I walk in the room. Are there rooms available in the veterans resources center? Meditation rooms are great, but students come in and go, a quiet, maybe dark room, empty, sometimes is ideal, maybe too much to ask.”*

— Male, Mexican, 4th year, immigrant and first college generation student, US Veteran, bilingual, Spanish and English, and currently under the attention of the Students with disability due to Military Service Related conditions.

*“I left school over 20 years ago because I started working full time and at the time I felt that school wasn't right for me.*

*I did leave school and I came back last year because I had always wanted to finish getting a degree and found a great program at Sac State for people like me.*

*I really enjoy the CCE program, I would like to have more in-person classes or events.”*

—Male, 47 years old. Hispanic, parent to 2 children, bilingual. I am currently a senior.

*“I left college to better my mental health. I struggle with depression and anxiety. I had to find the right medication. I was hospitalized. That was in 2018. Currently I am doing better than ever and have straight A’s.*

*I came back because I want to go to field school. I also have a passion for education.*

*I feel like Sacramento State does everything pretty well.”*

—I am 29. I’m a female. I am also a junior.

*“(What made you or is making you want or need to leave college?) The cost is causing undue stress. It isn’t just the cost of attendance, but then books, and parking passes, and time away from work.*

*(What kept you here or is keeping you here taking classes—or what got you to come back, if you did leave college?) The only thing that has kept me here is the desire to finish since I have already spent two and a half years here and it feels within my reach.*

*(What can Sacramento State University do better for you?) Lower the prices of parking passes, and encourage more no cost textbook classes.”*

—A 20 year old who is paying for their own college and receives no aide from their family or the school because their family makes enough but their family refuses to help.

*“(What made you or is making you want or need to leave college?) The fact that many of my classes were cancelled this semester, along with the fact that I feel that more classes should be online and ‘herky flex’ in my programs,”*

—Anonymous

*“(What made you or is making you want or need to leave college?) The lack of support when you need guidance on how to study or tutors available.*

*My grades very low because I feel I need the help of a tutor but still here trying.*

*(What can Sacramento State University do better for you?) Have tutoring for (my) classes”*

—For me is the lack of support from different centers. The tutoring center doesn’t have tutors for my classes....

*“(What made you or is making you want or need to leave college?) Unrealistic demands from professors mixed with a lack of flexibility. A professor telling me I don’t belong in academia when I try to advocate for myself and be open about mental health struggles*

*(What kept you here or is keeping you here taking classes—or what got you to come back, if you did leave college?) One professor who has worked very hard to get me through my program, and who tries to advocate for me when other professors go after me. Also the fact that I need the degree for a job.”*

—Struggles with mental illness, from a rural background

***“I left college because it is a system that was not built for people who are mentally ill. People/society/communities continue to do the bare minimum for people who are suffering. A university like yours says they care and you even have the audacity to make a survey like this but what are you actually doing to help. THINK ABOUT THAT ONE.***

***(What kept you here or is keeping you here taking classes—or what got you to come back, if you left college?) None.***

***(What can Sacramento State University do better for you?) If the University actually cared for PEOPLE OF COLOR, the LGBTQ+ community, and MENTAL HEALTH. Not the phony we care but we don't do anything. ACTUALLY DO SOMETHING FOR ONCE. Why do you think so many college students drop out because there is absolutely no help anywhere. And even if there is you practically have to beg and plead for it.”***

— I am a Mexican American young woman who suffers with mental illness.

***“(What made you or is making you want or need to leave college?) Financial insecurity, did not know how to navigate academia, lack of diverse faculty***

***(What kept you here or is keeping you here taking classes—or what got you to come back, if you did leave college?) Financial aid, access to virtual classes, EOP***

***Since I am a first generation student, I would like to have better guidance when it comes to the classes expected of me. I do not know how to navigate academia and would like more hands-on counseling. My program assigns me an advisor, but it is just a faculty member who does not seem too invested.”***

—30 years old, Mexican, Junior, first generation college student, Spanish speaker

***“(What made you or is making you want or need to leave college?) Family trauma and financial.***

***I came back because I was determined to show my children that no matter what you can still make your dreams come true.”***

— I am a 48 year old black woman, who has been married for 25 years. I have four children and 1 grandchild. I started my college journey in 2008 at ARC I graduated in May of 2011, then transferred to Sac State in the fall of 2011. In January 2012 my family suffered a tragedy in losing three family members in a car accident that left one member with brain damage. We adopted another family member who was in an abusive relationship. I had to leave school in 2015 due to financial hardships when I was close to graduating. It has taken me 8 years to get back into school. This semester I am taking my last two classes to finish my bachelor's degree....

*“During my freshman year of college in Fall of 2019, I carpoled to the campus with another student as I had not received my driver's license yet. What made me hesitant to drive on my own was my overwhelming anxiety which also impacted my ability to do well in college and make new friends. I completed my first semester successfully, but struggled once I began the Spring 2020 semester. A big factor which affected my studies that semester was the straining relationship which developed with the student I had carpoled with. I was 18 years old at the time and albeit still very emotionally immature. I struggled with my mental health and was too socially inept to reach out for help. If I did not reconcile the relationship I had with my friend, I would not have a reliable way to attend class anymore which was what happened eventually.*

*Before this misfortune though, I experienced hostile reactions from one of my professors. She was rude and inconsiderate to me in class when I had expressed ideas for one of my essays aloud. She stated that she hated it and that I didn't know what I was talking about. My classmates were shocked by her reaction as well. When I think back to that interaction, I am angered and saddened, because I know she could have treated me a bit nicer. It was quite frankly unacceptable and I should have escalated the situation to the university. Since I was still a relatively new college student, it made me wonder if I would always be met with such hostility from my future professors again. It was not an environment I wanted to be a part of, so ultimately I made the decision to leave.*

*Though I did leave during that semester, I tried attending again in Fall of 2020. Since this was during the Covid-19 Pandemic, classes were held online and I thought I would have a much better experience considering the fact that I would no longer have to deal with rude professors in person or commute to the campus anymore. I turned out to be wrong and this was when I realized online classes had their own set of complications. I was working an essential full-time job and felt like I just didn't have enough time or motivation to study. The classwork always seemed to feel optional and it was simply too easy to be overlooked as I was too occupied with ‘real life.’ I left college once again feeling defeated and disappointed in myself.*

*After two years, I decided to return to Sac State in the Fall of 2022. Though I had no intention of coming back previously, I did it because I realized how much I've matured during the time-off. I was still working full-time and I was able to finally get my driver's license. I rarely was stressed out from juggling too many things and my anxiety was getting better over time. As cliché as it may sound, I really did ‘find’ myself and grew up when I was away from college. I just wasn't ready for college immediately after high school which I've finally come to terms with.*

*The main reason for coming back to college is because I discovered what life and career goals I wanted and a college degree is necessary for me to do those things. I wanted to try yet again and so far, I am doing well. Though I am still commuting to campus three times a week, soon enough I will be moving to Sacramento which will allow me to minimize my drive and be able to seek new opportunities which I am very excited about. The Sac State academic advisors and professors I've met with this time around have been so accommodating and understanding of me which I am truly grateful for. I hope I continue to have a better experience than I did when I first started.*

*The reasons I've given for leaving Sac State doesn't necessarily imply that the university hadn't helped me enough, but rather just situational hinderances which could have been alleviated if I had the social-emotional skills to seek help. I was well aware of the various resources offered on campus, but was much too scared to do anything about it. I did not have enough willpower or motivation to continue.*

*That being said, I do hope that Sac State continues to put emphasis on prioritizing student mental health. It is such an important thing to address and talk about since so many other students might be experiencing something similar to what I did.*

*Professors should always be sensitive and helpful when an issue involves the topic of mental health. It isn't something easy to talk about, but it doesn't have to be scary if there is just one person willing to hear us out.”*

—Female, 21, Southeast Asian (Cambodian), I am a first generation college student who regularly commutes an hour or so to the campus.

*“(What made you or is making you want or need to leave college?) I didn't see an end. At this point I am only here because it will make my mom happy and I might as well finish it to the end.*

*If it wasn't for me living with my mom I would be gone. Also if my Associates was considered more than an advanced high school degree that would have been nice.*

*(What can Sacramento State University do better for you?) Pay its teachers better.”*

—Transfer from American River College - earned associates in science I am 24, Male White and Philipino Started college in 2018 Only speak english fluently live with parents

*“I have thought about leaving college before, but never have. While I was in Junior College I only carried 9 units and worked part time. But, this semester I am not working and carrying full time units. The main reason for wanting to leave college is the financial and emotional distress. I have tried to receive mental health counseling this semester, however appointments are weeks away.*

*The one thing that keeps me going to classes is finishing what I started. If I left now, all my work has been for nothing in the job market. Plus, the only way out of financial distress is to finish.*

*(What can Sacramento State University do better for you?) Walk in mental health counseling, without seeing an Urgent Care Dr.”*

—Hello, I am a first generation student. This is my first semester at Sacramento State as a transfer student. I am currently a Junior. I am a mother of two, and a wife. I am part of the student disability services, as well. Culturally, I am white.



*“For me the only times I ever considered leaving school was times after being assaulted. The first time I didn’t leave school but it had an impact on my grades and mental health. He was a sac state student so I did not want to report and deal with being forced to answer questions and go through a process that could impact me further. The second time I was assaulted was much more violent and he was not a sac state student. This time I failed all of my classes for the semester and only took one the following year. I never had the intention of fully leaving, but I was put on academic probation and my financial aid was taken. In order to stay in school with aid I had to file an appeal with documentation. The SAP appeal is uniquely difficult for someone that was a victim of assault. I didn’t fill it out the first time around because I had so much anxiety and trauma around the situation I would have a break down every time I tried explaining or providing proof of what I was going through. Without filing that appeal I did not have enough money to continue with my coursework, nor to live. Which then left me hungry, behind on rent and severely depressed.*

*What kept me in school and allowed me to return for a full courseload this Spring, was finally having had enough time to heal from the trauma and force myself to file the appeal. Once I filed the appeal and started attending classes, I also scheduled a meeting with the WEAVE representative on campus. She was the first person who made me feel like I can come back and get the support I needed to graduate. She recommended me to a therapist, wrote in support of my sap appeal, and wrote a letter to encourage a professor to allow me to finish my incomplete. It was her actions that first gave me a plan and was able to rely on other campus resources to graduate. Getting a job on campus has also helped me be more focused and immersed in campus life and my schooling.*

*(What can Sacramento State University do better for you?) I want there to be a more clear plan for student who have been victimized by sexual assault.... Also in regards to the SAP appeal, it asks very specific details and for supporting documents on what could have impacted students but once I was approved to go back to school that was it. I was required to meet with a counselor to get my course work signed off on but that was it. I believe there should be a different process for students victimized by assault. If I report that I am failing out of school because I was violently assaulted, why is there not more done? The school should have had someone reach out to me or given an option at the bottom of my appeal that has a box I can check stating that sexual assault is part of this appeal & I would like to receive support. There should be an emergency counseling session available, or someone to talk to. Or a different appeal application guided around assault.”*

— I am currently a 22 year old women, mixed race (black and white), who is living on my own for the first time away from my family

*“I thought of leaving college many times, but I had goals I wanted to achieve. I stayed for my family and myself. I wanted to make them proud.”*

— I am a first-generation college student. It has been hard to balance school and work these past few years. My parents came to this country to give their kids a better life. They worked with what they had and knew. I, as a first-generation college student had to figure out a lot on my own, such as FAFSA, scholarship opportunities, finding a major that was in demand. Often, I struggled alone because my parents had other responsibilities and there was a major cultural barrier.

*“I left college when I was 18 because I had to work in order to survive. I was unaware of any scholarships or assistance that could be provided to me. I came back to school once the pandemic hit and classes were online. This gave me a way to work and go to school at the same time.*

*I’m staying because I have become more informed about scholarships and the programs that are available to assist me and my journey. I am also married and don’t have to worry about becoming homeless if I miss one shift at work.*

*(What can Sacramento State University do better for you?) Have more online options for things they do in person.”*

—First gen, 28, Mexican salvadorian, bilingual, junior year student.

*“(What made you or is making you want or need to leave college?) Lack of affordability. Financially, if paying for college out of pocket without incurring loans it is major expense to further your education.*

*The end goal of obtaining my BA and gaining a salary increase in my current career is the incentive to stay in school and finish even with how expensive college is.*

*(What can Sacramento State University do better for you?) You can make college more affordable to offer more opportunities for those who can’t afford it and don’t want to be in student loan debt.”*

—Female, white, 38 years old, senior, parent, first generation college student.

*“I was raped and didn't know how to get help. I had a tremendous amount of shame, pain, and suffering and when I let my professors know what had happened, the only accommodations was a delay in taking my tests by a week. I didn't want to give up going to school, but I needed more help. I stopped attending and was put on academic probation for a semester. I tried to pick myself up and try again the next semester, but I couldn't pull myself together. My rapist lived in the apartment under mine, and continued to harass me. I didn't have family I could move in with nearby, and I was so spent emotionally I couldn't get myself help to make any moves.*

*It took me another six years before I could return to school, and the passing of my mom to convince me to try again. Life is too short, and I didn't want what happened to me be the thing that stopped me from achieving my dream of finishing college.*

*I was asked so many times to explain what happened to me and why I failed when I attended college the first time. I had to explain this in my application process, as well as when requesting financial aid. I felt this event followed me around, and I had no process that I could opt-out of having to explain my circumstances at the time....”*

—I am a woman.

*“I left college because of unresolved trauma from my childhood. I then waited until my daughter was old enough so that I could juggle school and single parenting. Now I am excited to be back.*

*I am motivated toward a legal or mental health career, probably both. However, now that I have more direction, undergraduate work is fun and manageable.*

*Sacramento State has been instrumental in helping me. I could not ask for a better university to finish my undergraduate work.”*

— I am a Marine Corps veteran and a single father. I am also of Lakota and Caucasian descent. I'm 41 years old. I am an orphan and a first-generation college student.

*“(What made you or is making you want or need to leave college?) Prioritizing mental health, financial needs, & knowing exactly what it is I truly want to accomplish with my life/with college in general/career wise.*

*(What kept you here or is keeping you here taking classes—or what got you to come back, if you did leave college?) Community, opportunities to expand my network, truly being educated in topics that I valued learning about, developing professionalism and confidence in the well rounded individual I'm continuing to become, work experience*

*(What can Sacramento State University do better for you?) Financial support is the biggest thing really. Overall my personal college experience has been a journey of self discovery. It's helped me to develop in ways and enrich my experience but I've used it in ways that go beyond just trying to attain a piece of paper. I understand the value of a degree & I definitely want one but there were other things I needed to figure out and do for myself that had nothing to do with that. I had to resolve my mental health stuff. I feel like I've done a great job of that.*

*Now I'm in a space where I'm working a lot to support myself & im almost done with school & I want to have opportunities to maximize my earnings & I know that getting a degree can allow me to do so so I want to finish whether it be here or online however I want to do what makes the best financial sense. I'm not entirely sure what that is or what the best process is because I don't want to stop making the kind of money I've been making since prioritizing finances and doing things for me that make me truly happy rather than doing what is socially accountable terms of staying in school and in a sense sacrificing my individuality and freedom to do what I want when I want. This is why I think finishing online might be a good avenue to explore because I can still earn what I want and go at my own pace. But we will see.*

*I have every intention of graduation with a college degree regardless and that will be a huge weight lifted but I don't and will not add pressure to myself or rush that because by the grace of God my needs are met and I'm self sufficient and able to support myself the way I desire to and that's the most important thing to me in addition to my happiness.”*

—Anonymous

## **Introduction**

Millions of students enroll in higher education in the nation each year. Some will complete their educational journeys, yet many may struggle to stay and still others will go.

### ***Those Who Leave College***

The number of Americans with some college but no completion of a credential or degree (SCNC) rose to 40.4 million, according to the National Student Clearinghouse Research Center report, [“Some College, No Credential,”](#) for the most recent academic period studied. This growth of 1.4 million students “is due to a lack of re-enrollment among the 39 million previously identified SCNC students and the 2.3 million new SCNC students (recent stop-outs).” By state, California has the highest number by far, at 6.6 million SCNC students, and the 6% rate of recent stop-outs of the national total SCDC population is also in the higher range.

### ***Those Considering Leaving College***

And many of the students who are enrolled in higher education are struggling. According to the Gallup/Lumina Foundation report, [“The State of Higher Education,”](#) based on a survey of students currently enrolled in college, 41% surveyed said that it was “very difficult” or “difficult” to remain enrolled in their program, up a bit from last year. When asked whether or not the student had considered withdrawing from their school for at least one term in the past six months, 41% of students responded yes, a number that has risen steadily in the past few years the survey has been done.

### ***The Risks of Stopping Out***

Once a student stops-out, they are statistically less likely to come back—and those who do are less likely to complete to degree. The National Student Clearinghouse Research Center report, [“Some College, No Credential,”](#) notes that fewer SCNC students re-enrolled than in the previous year (down 8.4%, totaling 864,800 students) and fewer SCNC students persevered into their second year of re-enrollment (down 4.3%, totaling 508,700 students) from the previous year.

A student may discontinue college for any number of significant reasons, especially in the wake of a global pandemic, continuing economic uncertainty, and mental health epidemic, and all of this in addition to the problems long associated with college enrollment, including cost, time, and competing work and/or family responsibilities. Yet research tells us that for the student, achievement of a college degree means more career paths and promotions available, greater likelihood of financial prosperity and security, and better health and quality of life. The nation needs its most educated workforce to maintain its standing in the world economy and for its judicial, political, healthcare, and education systems, and other important sectors of society. And we, as an institution, need our fullest, most diverse student body for the betterment of all our campus experiences, learning, and scholarship.

### ***This Project—and Our Work***

*Listening to Students Who Ever Thought About Leaving College or Did Leave College and Came Back* is the unfolding of survey responses from students on this campus this year, centering on the different factors in their difficulty in enrollment and consideration of leaving or actually leaving—and what gets them to stay or come back. Each section of the project will focus on one key aspect of keeping students on-track and successful in college life through to completion.

This section, Part 9, focuses on the need for greater mental health on campus.

## **Part 9: The Need for Greater Mental Health**

Almost seven in ten students in a Gallup/Lumina survey said emotional stress is the top reason for thinking about stopping their college studies (69%), followed by personal mental health reasons (59%), according to the report, [“Stressed Out and Stopping Out: The Mental Health Crisis in Higher Education.”](#) “Though COVID-19 undoubtedly added to the stress facing U.S. college students, it only exacerbated a longer-term trend among teens and young adults,” the report notes, citing research findings that “serious psychological distress” has increased over 70% among young Americans (age 18 to 24).

The rising numbers of students with mental health struggles was occurring before the pandemic, but now has increased alarmingly, especially the rates of anxiety, depression, social anxiety, and suicidality.

The Surgeon General issued the advisory [“Protecting Youth Mental Health”](#) two years ago, noting the concerning rise in mental health struggles and the need for more to be done: “Mental health challenges in children, adolescents, and young adults are real, and they are widespread. But most importantly, they are treatable, and often preventable.”

This is the age group now here in college—and coming in the future. And the numbers of mental health conditions are rising for more than just younger Americans.

### ***Mental Illness***

The [National Institute of Mental Health](#) reports the following statistics on the rising prevalence of mental illness in the U.S. for the most recent year reported, and each of these numbers has increased since pre-pandemic times:

57.8 million people 18 years old and up have a mental illness of some sort (22.8% of adults).

Of these, 14.1 million people 18 years old and up had a serious mental illness (5.5% of adults).

Mental illness can range from mild to severe, and includes anxiety disorders, bipolar disorder, borderline personality disorder, depression, eating disorders, obsessive-compulsive disorder, post-traumatic stress disorder, schizophrenia, and substance use. Some mental health conditions are temporary, and others are lifelong. Some mental illnesses accompany another—a person may have two or more co-occurring conditions. Many people with mental illness lead good and productive lives, with treatment and support. Others, however, may really suffer.

### ***Suicide***

The [Centers for Disease Control and Prevention](#) reports that suicide rates have increased about 36% in the past twenty years, and provides the following statistics on suicide in the U.S. for the most recent year reported:

Over 48,000 people died by suicide—approximately one death every 11 minutes.

12.3 million people reported they seriously thought about suicide.

3.5 million people reported they planned a suicide attempt.

1.7 million people reported they attempted suicide.

### ***In College***

According to the American College Health Association survey of college students, with findings provided in the [“Executive Summary for Undergraduate Students.”](#)

When asked questions to determine the level of psychological distress:

24% of students were found to have low or no psychological distress

53% of students were found to have a moderate amount of psychological distress

23% of students were found to have serious psychological stress

When asked about mental health conditions they had ever been diagnosed with:

36.1% of students reported Anxiety (e.g., Generalized Anxiety, Social Anxiety, Panic Disorder, Specific Phobia)

28.4% of students reported Depression (e.g., Major Depression, Persistent Depressive Disorder, Disruptive Mood Disorder)

8.4% of students reported PTSD, Acute Stress Disorder, Adjustment Disorder, or another trauma- or stressor-related condition

7.3% of students reported Eating Disorders (e.g., Anorexia Nervosa, Bulimia Nervosa, Binge-Eating)

7.0% of students reported Obsessive Compulsive and Related Conditions (e.g., OCD, Body Dysmorphia, Hoarding, Trichotillomania and other body-focused repetitive behavior disorders)

2.9% of students reported Bipolar and Related Conditions

1.7% of students reported Borderline Personality Disorder, Avoidant Personality Disorder, Dependent Personality, or another personality disorder

1.5% of students reported Alcohol or Other Drug-Related Abuse or Addiction

0.04% of students reported Schizophrenia and Other Psychotic Conditions (e.g., Schizoaffective Disorder, Schizophreniform Disorder, Delusional Disorder)

Some students reported none of the above, while other students may have more than one of the above. For example, 24.5% of students reported both diagnosed Depression and Anxiety.

When asked questions regarding self-harm,

13.0% of students indicated they had intentionally cut, burned, bruised, or otherwise injured themselves in the past year.

When asked questions regarding suicidal behavior,

69.1% of students were found to have a negative suicidal screening score.

30.9% of students were found to have a positive suicidal screening score.

2.7% of students indicated they had attempted suicide in the past year.

### ***The Stress of College Life***

Coming to college can be seen as fun, exciting, and a positive change in one’s life, but may also cause stress, homesickness, anxiety, fear, financial strain, uncertainty over lack of clear life path, pressure to succeed, overwork and overwhelm, and more—any or all of which can exacerbate existing psychological symptoms or bring on the first onset.

Younger college students are at greater risk: Most estimates show that the onset of lifetime mental disorders usually occurs between the ages of 14 to 25, and young adults 18-25 years old have the highest prevalence of serious mental illness (11.4%), in comparison to older adults 26-

49 years old (7.1%) and 50 years and older (2.5%), according to the [National Institute of Mental Health](#).

### ***The Demands of Academics***

College coursework can be challenging for most students, but for some, made even more difficult. Science tells us that mental health conditions are biologically based brain disorders that can negatively impact the structure or the physiological processes of the brain involved in learning and cognition, depending on the specific condition. The symptoms of psychological disorders and/or accompanying mental or physical conditions or medication side effects may cause: Troubles concentrating in class or reading; difficulty summoning motivation to start or complete assignments or study for exams; sleeping problems and physical aches and pains that can take a toll on energy, morale, and interest in learning; and communication difficulties that potentially hinder likelihood of asking questions or asking for help with coursework from peers, faculty, and staff.

The impact on college life can be tremendous. Research shows lower persistence and GPAs, and greater dropout rate for students with untreated mental health struggles.

### ***The Imperative***

Mental health conditions can affect an individual's emotional well-being and physical health and, in turn, potentially impact personal relationships, professional success, quality of life, outlook on the future, achievement of goals and dreams, and self-actualization. In higher education, mental health challenges can hurt course learning and performance, quality of college experience, and student retention and graduation rates, all to the detriment of our academic mission. Two of the University's stated [Campus Imperatives](#) are Learning and Student Success, as well as Safety and Wellness, making the work for greater mental health on our campus essential.

There's been a mounting call throughout higher education in the nation to meet the challenge, to create a greater culture of awareness and support, take greater holistic and proactive measures, and do all we can for students in times of mental health struggles.

More broadly, the Surgeon General, in that recent [advisory regarding mental health decline](#), argued:

Everyone has a role to play in combating this mental health pandemic. Without individual engagement, no amount of energy or resources can overcome the biggest barrier to mental health care: the stigma associated with seeking help. For too long, mental and emotional health has been considered, at best, the absence of disease, and at worst, a shame to be hidden and ignored. If we each start reorienting our priorities to create accessible space in our homes, schools, workplaces, and communities for seeking and giving assistance, we can all start building a culture that normalizes and promotes mental health care. This is the moment to demand change—with our voices and with our actions. Only when we do will we be able to protect, strengthen, and support the health and safety of all ... and ensure everyone has a platform to thrive.

### ***In this Document***

To follow, you will find suggestions for students, faculty, and staff to strive for greater mental health on our campus.

## **For Students With Mental Health Struggles**

Dear students,

*We hope you are doing well. That is our wish for you.* But we also know that struggles with mental health have been on the rise these past years, and this may be impacting you and/or the people you care about.

### ***Mental Health Conditions and Challenges***

If you have or think you may be experiencing a mental health condition or illness, then please know *you are not alone!*

- One in five people in the nation have a diagnosable mental illness.
- Over half of us will experience a mental health condition in our lifetime.
- 39% of students in college experience a significant mental health issue.
- 75% of mental health issues begin by age 24.

### ***Signs and Symptoms***

While some students may have been diagnosed and understand their symptoms, other students may be going through something, but aren't sure what or what to do. [Active Minds](#), a nonprofit organization leading the charge for mental health on college campuses across the nation, offers the statistics above, as well as the list below of some signs and symptoms:

- Feelings of hopelessness or worthlessness; depressed mood, poor self-esteem, or guilt.
- Withdrawal from friends, family, or activities you used to enjoy.
- Changes in eating or sleeping patterns. Are you sleeping all the time or having trouble falling asleep? Are you gaining weight or never hungry?
- Anger, rage, or craving revenge. Are you overreacting to criticism?
- Feeling tired or exhausted all of the time.
- Trouble concentrating, thinking, remembering, or making decisions. Are you suddenly struggling in school? Are your grades dropping?
- Restless, irritable, agitated, or anxious movements or behaviors.
- Regular crying.
- Neglect of personal care. Have you stopped caring about your appearance or stopped keeping up with your personal hygiene?
- Reckless or impulsive behaviors. Are you drinking or using drugs excessively? Are you behaving unsafely in other ways?
- Persistent physical symptoms such as headaches, digestive problems, or chronic pain that do not respond to routine treatment.
- Thoughts about death or suicide.

“These signs are not universal,” as different people can experience symptoms differently, the Active Minds organization notes. “However, if you recognize any of these signs for more than several days in yourself, a friend, or a family member, seeking help should always be your first step” to get the care needed for you or another.



If one or more of those symptoms fits you or you just don't feel yourself, *please don't struggle with mental health challenges alone*. Getting help sooner means feeling better sooner, before symptoms get worse, and this will help to lower or prevent problems or issues that may occur as a result of mental health struggles in personal life, school, and work. Treatment and support are effective, and people get better, studies show. So many people completely recover, and those with lifelong mental illness learn to manage symptoms, leading good and productive lives, including faculty, staff, and students all around you.

In the page to follow you will find a list of campus resources available to you for help.

### ***Thoughts of Suicide***

Mental health struggles or experiencing a distressing or traumatic event can lead to thoughts of suicide.

[The National Institute of Mental Health](#) offers the following list of some of the warning signs that someone is thinking about suicide. "If these warning signs apply to you or someone you know, get help as soon as possible, particularly if the behavior is new or has increased recently," the organization advises.

#### ***Warning Signs***

Talking About:

- Wanting to die
- Great guilt or shame
- Being a burden to others

Feeling:

- Empty, hopeless, trapped, or having no reason to live
- Extremely sad, more anxious, agitated, or full of rage
- Unbearable physical or emotional pain

Changing Behavior, Including:

- Withdrawing from friends, saying goodbye, giving away important items, making a will
- Taking dangerous risks (such as driving extremely fast)
- Displaying extreme mood swings
- Eating or sleeping more or less, using drugs or alcohol more often
- Making a plan or researching ways to die

If you are thinking about suicide, please reach out and let others know you are struggling.

*This world cannot lose you, this campus cannot lose you, the people who care about you cannot lose you.* People who have thought about or attempted suicide and then received help so very often say how much life turned around, how grateful they are for the opportunity to continue on, how much help they found there was, or how they hadn't realized just how much others all around cared until they shared how much pain they were in. *Please hold on, keep holding on, and reach out and let people know what you are considering. This world needs you, and there is so much good to come in life for you.*

In the page to follow you will find a list of campus resources available to you for help.

## *Help and Support*

Campus Counseling (a part of Student Health, Counseling, and Wellness Services) helps students to cope with such things as stress, academic difficulties, relationship issues, anxiety, depression, grief, post-traumatic symptoms, questioning sexuality and coming out, eating disorders, addiction, and negative treatment or threats because of race or ethnicity, immigration status, sexual orientation, gender identity, or other aspects of identity. Students can start with one counseling visit or make more, choose individual counseling or group counseling, and receive urgent care when in crisis. Counseling is free to students (paid as a part of tuition) and confidential. *Even one counseling visit can be truly helpful!* And you can typically get a counseling appointment here sooner than with off-campus community mental health providers.

Location of Counseling Services: The WELL, 2<sup>nd</sup> Floor      Phone: (916) 278-6461

Location of Urgent Care Clinic: The WELL, 1<sup>st</sup> Floor

***Students in an immediate crisis*** should contact 9-1-1 or the National Suicide Prevention Lifeline at 9-8-8.

***Students with urgent concerns who would like to see someone right away*** may walk in to receive counseling at the Urgent Care Clinic (WELL, 1<sup>st</sup> Floor) any time during its hours of operation or after business hours can call the 24/7 Nurse Advice Line: (916) 278-6461, for support and resources.

***Students who want to receive individual counseling or explore if counseling is right for them*** may schedule an appointment by calling (916) 278-6461 or going online to make an appointment through the Patient Portal on the Counseling Services website.

***Group Counseling*** is also available to Sac State students in a variety of mental health topic areas. Decades of research have found that group therapy is just as effective as individual therapy, and people feel better faster in group therapy. Being in a group helps you feel less alone and isolated, and students benefit from mutual support and learning with others who share similar concerns. For more information or to express interest, please visit the Counseling Services website.

***Peer Counseling*** is an additional resource support for students. Peer Counselors are current Sac State students trained to be supportive, helpful listeners who offer non-judgmental and confidential space to discuss concerns. For more information or to make an appointment, please visit the Counseling Services website.

The CARES Office provides support to students who are experiencing challenges to their education or are in crisis. CARES gives referrals to campus and community resources and follow-up support to address a variety of issues, including mental or physical health, and financial, housing, and food struggles. *Help is just a visit, a phone call or an email away.*

If you are struggling for any reason, please reach out to someone on campus! You have a great big campus here for you. We are a Hornet Family and there are people all around you who care about you. What you may not realize fully as a student, but what becomes very clear when you start to work here, is this: *There are so many people working all across this university who are rooting for you, caring about you, wanting to make your learning and experiences here better, trying to plan the best programs, services, and courses for you, wishing for your happiness and well-being, and wanting you to reach out if you need anything at all.*

### ***And to Help Others with Mental Health Struggles—***

We may not always know exactly what to say or do to help when someone we care about seems to be struggling with mental health or confides in us that they are hurting. But we do know from research that people are likely to be more receptive to getting help when someone close to them suggests it. To follow is information on what you can do and some ways to get help:

- The National Institute of Mental Health offers [Five Action Steps You Can Take to help someone in emotional pain who may be considering suicide.](#)
- Active Minds provides the following information for [Offering Help and What to Expect When a Friend or Loved One is Struggling with Mental Health.](#)
- If you're worried about a friend or family member who is a student here, you can walk them over or help them to get campus support, be there with them and for them. You can also share your concerns with a faculty or staff member, and they can help to get that student the support they need.

### ***Mental Well-Being***

It has been an incredibly difficult past few years for just about all of us. Stress levels and mental health struggles are up. This makes it imperative that we incorporate well-being practices into our lives to lower stress, prevent or lower the symptoms of mental health conditions, and to achieve well-being. Here are some key ways to do this:

#### ***Be Good to Yourself***

Good, nutritious food, good sleep, good walking and other forms of exercise, and good outdoor time in the sun and in nature are well-known ways to lower stress and promote well-being. Self-care also means taking the time to do what you find fulfilling, such as hobbies, interests, and creative outlets. Self-care also includes: Good times with friends and family members—the people and also pets in your life you care about. Good movies, books, games, and music for distraction, relaxation, and fun—laughter has proven benefits. Good time for yourself—be sure to unplug, quiet your mind, and simply be. And a good mindset: Be kind to yourself, remember that stress can get in the way of a lot, and just do the best you can with school, work, and other responsibilities under the circumstances and conditions of your life at that time. Good stress-reduction strategies are also needed, including breathing techniques, mindfulness, meditation, and yoga, and journaling, finding or leaning into faith, and practicing gratitude for the better, brighter parts of daily life. *Ask yourself: What gives me hope, meaning, joy, peace, centering?* The answers may provide good ways to calm, fortify, and uplift yourself.

#### ***Connect with Others***

Research shows just how beneficial social connections are for dealing with stressors, lowering the risk of mental health struggles, and supporting those with struggles to better cope. Please connect with family, friends, faculty, staff, and classmates, work colleagues, mentors, coaches, faith and spiritual leaders, and others in your life. Shorter conversations or longer talks, hanging out or sharing in activities with others, this allows you to connect. This may be really hard for some to do, but *it's important*. The nation's [Surgeon General issued an advisory last year on the epidemic of loneliness in society](#) and the dangers this poses to both physical and mental health, including increased risk for developing depression and anxiety and experiencing more severe symptoms of mental health conditions. This advisory also notes that social isolation is one of the biggest predictors of suicidal thought and behavior, but “social connection may be one of the strongest protective factors against self-harm and suicide among people with and without serious underlying mental health challenges.”

## *Academics*

Any student can find themselves not doing well in their courses, but mental health challenges can sometimes hurt academic performance even more.

### ***How Mental Health Struggles Can Impact the Brain***

Dr. Mays Imad is a professor and neuroscientist who studies the role of stress, emotion, mental health struggles, and trauma in learning. In her work, she describes how when human beings experience distress or trauma, survival and stress will take precedence over learning. The mental energy and resources needed for course learning and assignment completion are diverted to the more dire threat of mental and physical well-being and survival. The survival and emotion parts of the brain really kick in, in turn “putting the brakes” on the part of the brain responsible for executive functioning—attention, motivation, problem solving, decision making, complex thinking, and reasoning. This can leave us feeling mentally foggy, without energy or motivation, and finding it hard to pay attention, learn, and do homework. What she’d want you to know is that if you’re experiencing mental health struggles and aren’t doing as well as you typically would in class, then this is why. Neuroscience tells us our brains literally work differently when experiencing acute or longer-term stress or trauma. It’s not because you’re lazy or incapable—it’s because you’re going through something, and this is your body’s way of coping.

### ***Getting Academic Help***

If mental health struggles are creating academic struggles for you, then here are some options:

- Reach out to your professors, in person or by email/Canvas message, or both. Professors who understand what’s going on and why you’re struggling may decide to grant time extensions or allow late assignments, sit down and assist you directly, and/or offer other forms of support, depending on your needs and circumstances.
- There is also great academic support on campus—the [Peer and Academic Resource Center \(PARC\)](#), the [Reading and Writing Center](#), the [Math Lab](#), and [Smarthinking](#) (the 24-7 online tutoring for a number of subjects and writing), and all of the tutoring centers in the many departments and programs of study.
- Please note, as well, that students with diagnosed mental health conditions may submit an application to the [Disability Access Center](#) to see about receiving class accommodations appropriate to their specific condition, such as extended test-taking time, a quiet test-taking location, or other accommodations for learning or coursework.
- If you find closer to the end of the semester that you don’t think you can complete some of the assignments remaining in a class, then consider asking if the professor will grant an Incomplete, which will give you time after the semester to finish the work (please see the [campus policy for incompletes](#) for further information). If final grading for the course is done and you didn’t pass a class, then look into repeating the course (please see [campus policy for repeating a course](#)). You may also file an Academic Standards Petition through OnBase to see if you’re eligible to have the grade deleted and replaced with a W (withdrawal). Please note that it’s wise to discuss all these options with an advisor first.

And if at any point you feel you cannot continue with coursework due to mental health, please discuss with an advisor your options, which may include withdrawal from a class, or withdrawal from the university or a one semester break or longer leave of absence (please see the [campus withdrawal policy](#) or [leaves of absence policy](#) for further information). Please understand: *We don’t want to lose you!* But we want what’s best for you, and if a break is needed for mental health, then we will be here for you when you come back.

## **For Staff and Faculty To Help Students Struggling with Mental Health**

Mental health struggles can hurt class learning and performance, and retention and graduation rates, making mental health awareness and advocacy a very necessary part of our academic mission. And on a very human level, we want the best for our students, wanting to do our best for students, especially in times of greatest need.

The American Council on Education advocates for both a public health-informed approach and a trauma-informed approach to striving for greater mental health on college campuses, as one of their [Six Considerations for Student Mental Health in Higher Education](#). This coming section will similarly be divided, with the last part devoted to discussion of trauma-informed practices, but first, suggestions for faculty and staff to strive for greater student mental health and well-being.

### ***Be on the Lookout***

We can't always tell when a student may be going through something. The student outwardly may appear quite calm or content but keep strictly hidden private struggles. There are, however, things to look or listen for:

#### ***Indications a Student May Be Going through Something—***

A downward slide in course performance, missing assignments, becoming tardy or absent more frequently, appearing exhausted or complaining of sleep difficulties, significant weight loss or gain, disheveled appearance (not taking care of themselves), mood swings, withdrawal or isolation, distractedness, frequent and marked preoccupation, apathy or extreme emotion (e.g., tearfulness, depression, panic), signs of substance misuse, concern for the student shown by classmates or peers.

#### ***Potential Triggers of Distress, Depression, or Anxiety—***

Extreme homesickness, loneliness, or difficulty adjusting to college life; pressure to succeed or the rigors of academia; high anxiety or uncertainty over finding a major or career path; personal illness or psychological difficulties; a bad situation where they work or live, in a class or relationship, or in family life; a painful break-up, falling out with friends, or ongoing roommate conflict or workplace strife; financial stress or legal difficulties; loss of their job, home, or someone they love.

#### ***Groups at Greater Risk of Stress or Distress—***

Students of color, LGBTQ+ students, student veterans, multilingual learners, and students who are former foster youth, have disabilities, or are newer to the campus (first-year, transfer, reentry, and international students).

#### ***Warning Signs of Suicide—***

Talking about wanting to die or hurt oneself, feeling trapped or in unbearable pain, being a burden to others, feeling hopeless or having no reason to live.

Looking for a way to kill oneself, such as searching online for a means or obtaining a gun, increasing the use of alcohol or drugs, acting anxious or agitated or behaving recklessly, sleeping too much or too little, withdrawing or feeling isolated, showing rage or talking about seeking revenge, displaying extreme mood swings.

### ***Build a Safety Net of Connections***

We will not always see when a student needs help, and they may never reach out to us. But someone else in that student's life may see and assist that student in need, and this makes building connections so important. When students connect with one another and faculty and staff, they have people they can turn to and lean on: People they feel they can talk to, people who will listen. People who can sometimes divert them from their troubles, get them to take a calming breath or a walk, encourage them to smile and laugh despite their struggles. People to advise or assist when things aren't going well, and support them in times of stress or distress. People to keep an eye out and direct them to help when they need it. *The key is people who care and strong, healthy connections.* Research tells us that social connections are a wonderful protective factor when in place and a risk factor for mental health struggles for those without that support system. Connections also, of course, increase academic success, becoming all the more imperative. This makes building student-to-student connections and student-to-faculty/staff connections so essential.

Developing connections with others can be more difficult, as students with distress and trauma may withdraw or shut down from others, and become more anxious in interactions, as well. We also know that social anxiety is on the rise, and even absent any mental health struggles, many young adults these days find it difficult to interact easily with others. We can help to ease students into interactions by creating a supportive climate with our own warmth and good energy. Icebreakers and introductions can help students to feel more comfortable and open up conversation with their peers. Introducing students to one another in casual conversations in departments, offices, or out on campus is also helpful in forging connections. Highlighting the unique qualities, interests, and achievements of students, academic or otherwise, also offers a way for students to learn more about their peers, creating conversational openers and connection. You can provide further opportunities for students to continue to talk to one another and work together in campus workshops, events, and in the classroom, through discussion, pair or group learning activities, team projects, and more. We can also take the time to introduce the student to colleagues, and announce campus events and extracurricular activities for students to further engage with the campus community and build connection with others.

### ***Build a Culture of Caring***

We can build a culture of caring through talk:

This begins with modeling and teaching respectful reference to mental health challenges, including:

- Using person-first language, because a person is so much more than their mental health conditions (e.g., saying “he has Bipolar Disorder” rather than “he’s bipolar”).
- Being sensitive when discussing suicide (e.g., saying “lost to suicide” or “died by suicide,” rather than “committed suicide,” which has negative connotations of crime or implies a choice, when many so often feel suicide is their only way out of the terrible pain they feel).
- Not using stigmatizing words (e.g., “psycho,” “neurotic,” “insane,” “deranged”) to refer to people with mental illness or in slang expression.
- Not using mental illness names in reference to things outside of the condition (for example, saying “she’s so OCD” simply because that person likes things clean, but doesn’t have OCD).

We can also clear up misconceptions regarding mental illness and suicide, including these:

- False: Mental illness makes people violent. True: People with mental illness are statistically far more likely to be the victim of violence or to harm themselves, than to harm anyone else.
- False: Only weak people seek help. True: It can take tremendous courage to reach out for support and directly deal with pain through counseling.
- False: We shouldn't talk openly about suicide or ask someone we're concerned about if they have thoughts of suicide, because this will plant the idea in their minds. True: "Studies have shown that asking people about suicidal thoughts and behaviors does not cause or increase such thoughts," and, in fact, "may reduce rather than increase suicidal thoughts," according to the National Institute of Mental Health. And asking someone directly if they have suicidal thoughts opens the door to having that conversation, and that person may feel less alone in these thoughts, a sense of relief in telling you, and the feeling that you really care to ask that difficult question.

We can also put mental health and getting help front and center in campus discourse. We can talk openly about mental health struggles, normalizing the fact of mental illness and the act of seeking and receiving help. We can smash through the stigma that can prevent someone in need from seeking help or that is internalized by that person, causing a negative view of self. Stigma, of course, can also result in others responding with judgement toward a person with mental illness who decides to turn to them for help, and cause prejudice toward the person who is open about their mental illness in their life or society, more broadly.

A culture of caring is also built through practices and behaviors:

We can remind students again and again of the campus services they have available to help them with mental health and other challenges: [Student Health, Counseling, and Wellness Services](#), including [Counseling](#), and [CARES](#).

We can spread awareness of the importance of self-care and self-care techniques and campus services, workshops, and events, and incorporate this into our teaching and campus work. We can practice self-care ourselves, as well, in order to lead by example.

We can show up for campus events that promote mental health awareness and advocacy, including the annual spring Out of the Darkness Campus Walk for Suicide Prevention.

A culture of caring is also built through compassion and understanding, which can be shown in different ways. Here are a few below, and there are more to follow, in this document.

We can hold ourselves back from taking personally or misconstruing the reasons for a student's behavior in our interactions or campus spaces, understanding that mental struggles or stress may mean a student may not be their best self.

We can be especially compassionate during peak stress times. Midterms and final exams can be a particularly rough time for students with anxiety, depression, and other mental health struggles, or any time a big test, paper, or project comes due in the semester. A controversy, calamity, tragedy, or triggering event arising on campus, in the community, or country, too, can increase mental health struggles and requires our utmost empathy.

We can extend grace and flexibility, as much as possible, in our individual spheres of work, should students miss appointments or classes, or paperwork or coursework due.

### ***Protect Them***

The [Suicide Prevention Center's report, Suicide among College and University Students in the U.S.](#) provides the following list of some identified Protective Factors, which lower the likelihood of suicide and protect students from other risks, as well. These protective factors can also help with mental health struggles, more generally.

**The Individual:** Psychological and emotional well-being, self-esteem, positive beliefs about and hope and plans for the future, desire to finish school, internal locus of control over the circumstances of one's life, problem solving and coping skills (e.g., conflict resolution), management of emotions and tolerance for frustration, spiritual beliefs or regular church attendance, cultural and religious beliefs that celebrate life and discourage suicide, physical activity, and a sense of responsibility to family or friends (not wanting to hurt them by harming themselves).

**Their Support System:** Connection with and support from family, friends, and romantic partners, and support from others such as teachers, mentors, coaches, bosses, student group leaders, workplace bosses, and faith leaders. Ongoing support and support to call on in times of crisis.

**Their Campus and Surrounding Community:** Supportive and inclusive peer and mentor environment, connectedness to the school and sense of belonging to the campus community, availability and accessibility of student support services and staff, involvement in extracurricular activities (e.g., student clubs and organizations), and access to effective medical and mental health care.

These factors provide a buffer to stress and adversity and lower incidence of self-harm. Knowing what these are also helps us, as individuals and as a campus community, to cultivate these protective factors in all the ways possible in our various spheres of responsibility and exposure to students. Ask yourself: *What can I do in my campus role, directly or indirectly, to create or foster any one or more of the above protective factors?*

### ***Understand How Very Hard It Can Be to Ask for Help***

Seeking help can be hard to do for just about anyone due to the sense of vulnerability of reaching out and opening up, feeling embarrassment, guilt, or shame, or the belief you should be able to handle stress and struggles on your own. Yet for some students, it can be even harder, including: First generation college students and students of color, who may already feel out of place or lacking in academia; student veterans, who are typically trained to be fiercely independent and always show strength; and young men, who can develop a hyper-masculinity, whereby seeking help is seen as weakness. Students, too, may worry about stigma and possible repercussions to academic standing or enrollment. Now factor in the professional nature of the employee-student relationship, typically with a power differential, and it becomes even harder to open up for many. And younger people can be intimidated by faculty and staff, and ever more so these days find even the most routine of conversation a little awkward or difficult, much less disclosing something of this more personal nature.

### ***Let Them Know You Are Here for Them***

We may not always know when students are struggling unless they come to us. Being available as much as possible before and after class or meetings for student-talk, being present in office hours and emails, and being open and approachable in manner, all show you are there,



should students need to reach out. Engaging in small talk opens lines of communication and asking how students are or what's going on in their lives shows interest in them, you caring. Telling students directly—more than once—that you want to do all you can to support them in their college journey at any time, but especially in times of stress or distress in their lives, can mean so much. Letting students know that should they stop coming to class, stop doing well in the course, or stop seeming their usual self, you will be sure to reach out to make sure they're okay, this shows you are there and will be there for them.

### ***Reach Out to Students in Need***

At times, we may see students in distress. We may become concerned for a student who appears to be struggling. Checking in with students can make a world of difference. You will often see faces lighten, the student showing up more often and more mindfully, and gratefulness for somebody reaching out. And when that somebody is your professor or a university employee wanting to make sure you're okay, that can mean so much.

### ***And Be There and Be Present When They Need You***

When students come to us or we initiate or find ourselves in that discussion of mental health struggles, we may really feel the weight of doing our very best in these conversations.

#### ***Listening***

Our instinct may be to problem solve and go straight to suggesting campus resources, when the best thing to do typically is to listen first. *We may be the first person to whom the student discloses how they're feeling or the first person who really listens to them when the student tried to share their struggles.* Sometimes, a student may only need someone to listen in order to feel better at that time and moving forward. And students may be more receptive to suggestions of campus resources after we have listened to them, when they really feel we understand what's going on, and a foundation of rapport and trust has been established.

And so our ability to truly listen becomes imperative. This means showing support that the student can see in our nonverbal responses and hear in our words of empathy, paraphrasing, and questions to better understand. This means patience during silences as the student struggles to tell you what they are going through, and no judgement at what you may hear. Listening with an open mind and open heart can help a student to give voice to struggles, work through emotions, gain perspective on what they're going through, and formulate the steps they need to take—and feel they are heard and their humanity acknowledged.

*“Students need to feel we are emotionally engaged when listening,”* Dr. Ron Lutz, Director of Counseling on our campus, has said, that they aren't burdening us, that we are fully present to the pain or trauma they may be sharing. Yet it can be hard to hear their stories, he notes, and we may develop a hard protective shell in defense. We may listen, but with less mindfulness or empathy, wanting to distance ourselves emotionally, or rush students through these conversations and to counseling, to avoid the distress of emotion contagion on us. Certainly, faculty and staff around the nation are increasingly at the frontlines of these very difficult discussions and increasingly report feeling the effects, including compassion fatigue, burnout, secondary traumatic-stress, or re-traumatization. He suggests doing what you need to do to focus and stay in the moment, such as deep

breathing, asking the student to slow down so that you can understand more fully, or simply acknowledging that this is difficult, but you are there for the student.

Dr. Lutz also recommends creating spaces for faculty and staff to talk out these experiences, to debrief and find support. Counseling center staff utilize weekly meetings to do this—but *where can faculty and staff go?* Holding regular meetings in the department or group setting, creating a buddy-system (with employees paired with a colleague to whom they can turn), or establishing a space for support at the institutional level, for example, can help to cope with emotional overwhelm and prevent development of that hard shell of protection that hinders true listening. Ultimately, he says, we need to be “soft and vulnerable in our listening” to student pain or trauma, while also “grounded, our feet firmly planted, because students need to feel they can count on you.” This may be difficult to continually achieve without greater institutional support for faculty and staff in one of the most critical parts of their jobs—doing their best to support students in distress at this time of gravely rising mental health struggles.

### ***Campus Support***

We can also make sure that students know about campus [Counseling](#), provided by Student Health, Counseling, and Wellness Services (SHCWS). Showing the student the website or describing how to make an appointment is helpful. Mentioning any times that you may have sought help when you were a student or in your present position may be just the encouragement needed for the student to seek that help they need. We can offer to walk a student over to Counseling (located in the WELL, 2<sup>nd</sup> Floor), because you accompanying a student may be very appreciated, especially if they have a closer relationship with you. We can also walk students over to Urgent Care for counseling when students are in immediate need (the WELL, 1<sup>st</sup> Floor). Following up later to see how they’re doing also shows wonderful support.

To learn and do more, there are many campus resources:

- For further information, please see the [Faculty Resource: Supporting Student Mental Health](#) and [Red Folder: See Something, Say Something, Do Something: Assisting Students in Distress](#), offered by SHCWS.
- For further learning, staff/faculty can take the SHCWS [Assisting Students in Distress Workshop](#).
- For consultation, faculty and staff can contact SHCWS Counseling at (916) 278-6461, and they can then reach out to the student to offer support and services.
- For instances of behaviors of concern that have the potential to compromise campus safety, staff and faculty can report to the [Behavioral Intervention Assistance](#) a distressing student or distressed student, someone who exhibits concerning behavior or talks of harming themselves or others (including electronically, in a paper, or verbalized to another person). The Behavioral Intervention Team will then reach out to the student to intervene, provide support, and connect them with resources that can assist them.
- For instances of student behavior that is escalating or an emergency (the safety or harm of the student or others is at imminent risk), call Campus Police.

### *Understanding the Impact of Trauma*

Some experiences can create distress and trauma, right then at the time and/or later, even years later, and to varying degrees and in different ways for a person, including frequently being a contributing factor to a number of mental health conditions, such as anxiety and depression.

“Individual trauma results from an event, series of events, or set of circumstances that is experienced by the individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being,” according to the Substance Abuse and Mental Health Service Administration’s (SAMHSA) [Concept of Trauma and Guidance for a Trauma-Informed Approach](#). Trauma can include grief and loss, poverty and hardship, illness and injury, violence and abuse, bullying, and discrimination or harm to groups, including racism, sexism, homophobia, and transphobia.

Trauma-informed practices or pedagogy is an approach to education that begins with the acknowledgment that past and present trauma can adversely impact the student in countless ways, physically and mentally, and, in turn, their learning and performance in academics and retention and persistence through college. Feelings of distress, overwhelm, grief, loss, fear, depression, and anxiety make it harder to come to class, harder to pay attention, harder to be motivated in coursework, harder to learn, harder to remember anything you did learn, harder to write papers and takes tests...and harder to accomplish all of the other responsibilities of a college student.

But there is more going on than all of that: Neuroscientist and professor of pathophysiology and biomedical ethics, Mays Imad, has been a strong voice bringing to educators’ awareness just what happens in the brain during times of stress and trauma. In [“Leveraging the Neuroscience of Now,”](#) she explains that “when the brain is under traumatic stress, it goes into survival mode by prioritizing what matters—conserving energy to stay alive.” She adds, “when we experience trauma, whether consciously or subconsciously, the limbic system (emotions) hijacks the cerebral cortex (reason). Learning, which requires expenditure of energy, becomes *physiologically* less of a priority to our brain—making it difficult to learn.” When in distress or experiencing trauma, past or present, survival mode in the brain overrides the executive function center of our minds responsible for attention, memory, learning, problem solving, reasoning, and decision making. This is the body’s way of coping, of surviving.

The concept of trauma-informed care began over a half century ago with the study of PTSD in war veterans. In education, it’s a fairly recent field, spurred greatly by the events of the past few years: The pandemic, with the forced social distancing and school closures, and grave racial unrest and violence, political and social upheaval, and economic uncertainty and job losses. Any one of those factors could have been traumatic for a person, and certainly multiple factors ever more so. Yet even absent any of those causes of trauma, the greater stress of the pandemic likely created a rise in the incidence of other traumatic events, as stressful times do, and may have exacerbated ongoing traumatic situations and/or hurt recovery thereof. And, of course, just because the pandemic is over doesn’t mean that the trauma is, for some.

Now factor in that so many students experienced trauma even before all of that, in their childhood, early teens, young adulthood, and in their lives going into the global pandemic and now coming out, in the present.

Trauma-informed practice acknowledges the significant impact of trauma on student success and persistence in college and strive to adapt services and teaching to the student experiencing trauma, as so many are these days.

In [“Trauma-Informed Practices for Post-Secondary Education: A Guide,”](#) a summary of research is given on the prevalence of trauma in students’ lives: “By the time they reach college, 66 to 85 percent of young adults report having lifetime traumatic event exposure, with many reporting multiple exposures.” Once enrolled in college, they’re at higher risk of “experiencing a new potentially traumatizing event,” with up to 50 percent in the first year.

The harmful effects of trauma have been well-documented and can variously include physical aches and pains, hypervigilance and fight-or-flight response to certain stimuli, and recurrent or intrusive thoughts, nightmares, or flashbacks of the event. Trauma can create feelings of anxiety, fear, or depression, cause withdrawal and isolation, lead to risky behaviors and substance use, and impair judgement, decision making, and emotion regulation. Both past and present trauma can harm attention and focus, information processing, learning, retention, and motivation for learning and coursework. Trauma present in a person’s life can deplete physical and cognitive resources, with the brain striving to process and work through the trauma and emotional response. And even after the traumatic event has ended, the aftermath and survival mode may continue to hinder class learning and performance and student well-being in these ways.

“Six Key Principles of a Trauma-Informed Approach” were provided by [SAMHSA](#) in that prior referenced report to guide trauma-informed practices in a variety of settings. These are: (1) Safety, (2) Trustworthiness and Transparency, (3) Peer Support, (4) Collaboration and Mutuality, (5) Empowerment, Voice and Choice, and (6) Cultural, Historical, and Gender Issues. [“Trauma-Informed Practices for Post-Secondary Education: A Guide,”](#) the source discussed at the top of this page, presents campus-level strategies for higher education adapted by others from SAMHSA’s principles.

If we adapt some of the principles to higher education at an individual level, for faculty and staff, the core components to helping students with trauma to flourish and succeed in academia would include those to follow. These suggestions would likely prove beneficial for all students, with or without trauma and mental health struggles.

### ***Help Students to Feel Safe***

This means safety in every sense of the word, including physical safety, emotional safety, interpersonal safety, and a sense of academic safety or security.

We can create safe spaces in interactions with students inside and outside of the classroom, with respect and acceptance for who they are and empathy and compassion for what they may be going through. This also means honoring preferred names and pronouns, being inclusive of different backgrounds, abilities, and identities, and making students feel comfortable and free to be their full and authentic selves.

We can create safe spaces by having in place ground rules for good communication in on-ground and online classes and campus events and organization and club meetings. This also means guarding against microaggressions on the part of others or even yourself,

and dealing constructively with those that may occur with grace and the goal of learning, rather than in a way the microaggressor feels deficient or defensive or, conversely, not addressing the microaggression at all (inaction by a faculty or staff member can sometimes be worse than the microaggression, for some). A microaggression, itself, can be a cause of distress and trauma, and, certainly, does harm to places and spaces, making people feel unsafe. A safe space also means being mindful of triggers—activators of traumatic memories or emotions, inside and outside of the classroom—and giving a content warning of what’s to come, allowing students to take a break or leave that event or class lesson if they choose, or opt-out of the reading or lesson, choosing an alternative to the learning instead.

Students also need to feel a sense of safety in their sense of academic place—that they belong in academia, in class, and at the institution, that they are intelligent and capable. This means creating a climate where mistakes are a natural part of the learning process, and handling with care student perspectives given in class or at events and student questions asked in office hours or in campus programs or services. This also means being careful to give students the feedback they need for them to understand what they could do better on coursework and strengthen in areas of improvement, but without the student left feeling stupid or shamed. All of this is simply to say faculty and staff members can be incredibly impactful on students, as agents of an institution of higher education, and we need be ever mindful of our responses to students in class, events, one-on-one interactions, and especially written feedback or correspondence (where the lack of nonverbal may mean something is misinterpreted and we don’t have the opportunity to see how we’re coming across to the student and adjust, as needed).

### ***Build Trust with Students***

Trauma can cause people to shut down, disconnect, and even distrust others, yet trust is needed to feel safe and to connect. And as we know from years of research, student-faculty/staff member connections are pivotal to student success. Creating a sense of safety for students in the classroom, at events and gatherings, and in one-on-one interactions, all discussed above, can help to build trust with you. To follow are some more ways:

Being there for students can build trust, as discussed earlier in this document and here briefly again: Let them know you are there for them and want to do all you can to support them in their college journey at any time, but especially in times of distress in their lives. Engaging in small talk opens lines of communication and asking how they are or what’s going on in their lives shows interest and caring. Reaching out to students with greater absences, grade slide, or other concerns shows you want to be there for them.

Showing reliability can build trust. Returning emails and messages in a timely manner, coming to class, office hours, or appointments dependably, and following through and following up with a student after a meeting or interaction when needed, all show reliability.

A sense of stability also helps to build trust: Create routines for class or for meetings and events that you hold regularly, and try not to change things too much for students without letting them know what will be different and why, with advance warning, when possible. Being clear and consistent in course structure and practices—and helping students to understand that structure and routinely follow those practices from the first to last day of class—this builds a sense of security, too. Letting students know exactly what to study for exams and what the grading criteria will be for assignments—and sticking to that—is also important.

Transparency can build trust, too. Being open about who you are can help students better know you, and sharing some of your own dilemmas or struggles in work or life can help them feel more comfortable with you and pave the way for trust. Being open about the reasons for your choices in teaching and course creation or the processes you take in your work on campus can show an openness that lets students in and also helps lay a foundation of trust. If any mistakes occur, being honest about what happened and why, and what you will do to rectify the situation, can help students maintain trust in you.

### *Create Opportunities for Empowerment*

When there is trauma in one's past or present, there may come a sense of helplessness.

You can help to build a sense of agency by providing all the resources a student may need, academically (to strengthen academic capabilities) and personally (to practice wellness, recover, and heal). Creating choice and involving students in decision making and class planning are also important: Faculty can, for example, give students their choice in ways to learn course content and assignments to complete, decide on class activities or due dates, and invite students to share readings or resources corresponding to course content.

You can build self-efficacy by helping students to add to their skills sets and expand their knowledge base—and to realize their progression of learning and capabilities. You can encourage students to see their resilience, appreciate and cultivate their strengths, and improve in needed areas. You can create challenging tasks and learning experiences that let students experience themselves being successful and achieving. You can also build self-efficacy by teaching self-efficacy—what it is, why it's important, and how to develop it—in your work with students in class, groups, or one-on-one. Explaining and encouraging a growth mindset in students, as well, is helpful to achieving a sense of self-efficacy.

You can help to empower students by giving that space and freedom for them to share their stories with others and come to know the transformative act of voicing and the power of community support. You can also encourage students to share their own knowledge, understanding, perspective, or experience in relation to the topic at hand in campus groups, events, and class. Integrating opportunities for students to apply and draw upon their personal backgrounds, lived experience, and identities in collaboration and discussion helps students to see themselves as active co-creators of knowledge. This, too, is empowering.

### *Help to Create Hope and Healing*

That leading proponent of trauma-informed practices in higher education, Mays Imad, offered and continues to offer numerous suggestions in her many speaking engagements and writings, but central to her recommendations has been hope and the healing of emotions:

Offering encouragement and support for the student in the present, and optimism and hope for the future, can center and fortify students.

Incorporating mindfulness practices and gratitude exercises into your work with students can lower stress and anxiety, and creating moments of fun and delight can override the stress response.

You can help students to process experiences and emotions and progress in healing through the expressive arts, such as music, writing, art, and dance.

You can ask students to notice and search for what gives them meaning and fulfillment in life, to help to nourish their spirits and progress toward healing.

You can inspire students to set goals that matter to them and make a difference in this world, that help them to be forward-looking and excited for their future.

Trauma-informed practices are a part and parcel of equity and inclusivity in higher education, and ever so much more needed at this time, post-pandemic, with the grave rise in student trauma and mental health struggles.

Trauma-informed pedagogy “allows us to challenge students to learn to their fullest potential” by “cultivating a space where students can relax into learning...(and) feel safe and empowered so when they are challenged academically, they continue to seek support to learn and thrive,” Dr. Imad wrote in the article, [“Trauma-Informed Education for Wholeness.”](#) It’s about “seeing the humanity and complexity of students” and showing them “that we are on their side, that we have their backs, that we see them and validate their struggles and that they matter.”

## Conclusion

This section of “Listening to Students Who Thought About Leaving College or Left and Came Back” highlights the need for greater mental health on our campus and offers suggestions for students, faculty, and staff to strive for better mental health for all.

College is a time of greater mental health struggles and trauma, statistically—and the typical onset for lifetime mental illness corresponds with the average age range of the majority of our students, 18 to 25 years old.

Mental health struggles can cause bewilderment and isolation, devastating pain and anguish, deep sorrow and grief, physical health problems and conditions, and the loss of hope, peace, or joy. These struggles can also cause or exacerbate problems in personal relationships, work, and college life, or with substance use or the law.

Students who flounder in college due to mental health decline may lose academic self-efficacy and sense of belonging. Should they leave college, they may lose their sense of self, goals, dreams, and opportunity for greater financial prosperity and quality of life in their futures.

Our positionality and proximity afford us the opportunity to be there for students in their greatest time of need, get them the support they need, and potentially change the trajectory of their lives, the lives of the people who love them, and our lives, as well.

For more perspectives from students and information regarding this work, “Listening to Students Who Thought About Leaving College or Left and Came Back,” please see the sections:

- [“Part 1: The Pivotal First Year in College”](#)
- [“Part 2: The Need for Belonging”](#)
- [“Part 3: The Need to Do Well and Feel Confident in Coursework”](#)
- [“Part 4: The Need to Manage Stress and Cope with Struggles”](#)
- [“Part 5: The Need to Manage Costs and Financial Pressures”](#)
- [“Part 6: The Need to Finish Each Semester as Strongly as Possible”](#)
- [“Part 7: The Need to Return”](#)
- [“Part 8: The Need to Be Engaged in Learning”](#)
- [“Part 9: The Need for Greater Mental Health”](#)
- [“Part 10: The Need for Diversity, Equity, Inclusion, and Justice”](#)
- [“Part 11: The Need to Find One’s Path”](#)
- [“Part 12: The Need to Graduate”](#)

This work is part of the larger [\*Listening to Students\*](#) project done at this institution.

With so very much appreciation to Elijah Martin, Outreach Coordinator, Black Honors College, for his great skills and insight so invaluable to this project, and to Ruth Williams, Director, Black Honors College, and Dr. Marcellene Watson-Derbigny, Associate Vice President, Student Retention and Academic Success, for their extraordinary support, assistance, and wisdom shared over the years in this work. *A special thank you to Ron Lutz, Director of Counseling, Student Health and Counseling Services.*