[00:00:00] Bonni Stachowiak: Today on Episode 373 of the *Teaching In Higher Ed* podcast, Sarah Lipson and Laura Horne join me to talk about the role of faculty in student mental health.

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[00:00:24] Bonni: Welcome to this episode of *Teaching In Higher Ed*. I'm, Bonni Stachowiak, and this is the space where we explore the art and science of being more effective at facilitating learning. We also share ways to improve our productivity approaches so we can have more peace in our lives, and be even more present for our students. Joining me for the first time today is Dr. Sarah Kelchen Lipson. She, her, hers. She's an assistant professor in the Department of Health Law Policy and Management at the Boston University School of Public Health.

Her research focuses on understanding and addressing mental health and disparities therein, particularly in college student populations. She is co-principal investigator of the national Healthy Minds Study, an annual survey of undergraduate and graduate student mental health, which has been conducted on hundreds of college and university campuses. Sarah's research has been funded by the National Institute of Mental Health, and William T. Grant Foundation among others.

Her work has been featured in the *New York Times*, Boston Globe, Huffington Post, on NPR, and in numerous other national and international media outlets. Sarah completed a dual PhD at the University of Michigan in the schools of public health and education. She received her bachelor's degree from Tufts University, her master's from Harvard University, and was a Fulbright scholar.

Sarah teaches a range of graduate-level courses at the Boston University School of Public Health. Returning to the podcast today is Laura Horne, the Chief Program Officer for Active Minds. Laura develops innovative strategies and unique partnerships to empower students to help schools and society embrace a comprehensive public health approach to mental health.

Prior to Active Minds, Laura led public health initiatives at the national association of county and city health officials and Tulane University. Laura earned her master of public health degree in community health sciences from Tulane University and her bachelor of arts degree in communications from Loyola University, New Orleans. She enjoys running, reading, finding adventure with her husband and three girls. Sarah, welcome to *Teaching In Higher Ed* and Laura welcome back to *Teaching In Higher Ed*.

[00:03:10] Sarah Lipson: Thank you so much for having me.

[00:03:13] Laura Horne: Thank you for having us.

[00:03:14] Bonni: As we begin our conversation, what can you tell us about the student mental health trends that you're seeing going on in your research?

[00:03:23] Sarah: I'll start us off and I'll be jarring on data that my colleagues and I have been collecting through the Healthy Mind Study, which is a population-level survey, an online survey of undergraduate and graduate students and their mental health. I'm going to focus on symptoms as opposed to diagnoses. When I talk about prevalence, I'll be talking about the prevalence of symptoms, then maybe, later on, we can talk a little bit about treatment-seeking and help-seeking, but in this case, I'll talk just about prevalence.

What we've seen in over 10 years of collecting data through the Healthy Mind study, and this comes from over 400,000 students across the country, is a significant increase in the prevalence of depression, anxiety, eating disorders, suicidality every year in the survey. In particular, over the last five years, since about 2016, we've seen an even sharper increase. I'll put some numbers behind this and we use validated screening tools. I'll talk about depression and anxiety.

For depression, we measure symptoms using a nine-item screening tool called the patient health questionnaire, and for anxiety, we use a seven-item scale called the generalized anxiety disorder seven scale. In both of these scales, a score of 10 or more is considered a positive screen for having clinically significant symptoms. In 2013, healthy minds data, 22% of students screened positive for symptoms of major depression and 17% for symptoms of anxiety. Already if you stop and just back up and think about that, that's around one in five students in 2013, who had clinically significant symptoms.

That's really troubling. In 2016 those numbers were 25% for depression and 21% for anxiety. We've seen an increase, but not a major increase, and then going from 2017 to 2018 up and up to our most recent semester of data from fall of 2020, where 39% of students screened positive for symptoms of depression and 34% for anxiety. 2013, it was 22% up to 39% in 2020, and then 17% to 34% for anxiety. Roughly a doubling of prevalence and the prevalence was already quite high in 2013, and we've really seen an increase over the past five years in particular.

[00:05:55] Bonni: Those are, of course, market increases and to make it even more troubling, what can you tell us about how those increases got distributed among certain populations?

[00:06:07] Sarah: We certainly see large inequalities in terms of prevalence rates particularly for LGBTQ students. Sexual and gender minority students who have significantly higher prevalence rates overall, and there's a lot of system-level risk factors in terms of discriminatory policies that shape those inequalities. A lot of opportunities for prevention and trying to advance equity, which this being pride

month in June is exciting to have even more attention on this topic, and trying to create equity in mental health for LGBTQ populations.

I think college settings are a really important place to start with that. Some of the other bigger inequalities that we see are in terms of who's actually accessing services. I can transition to talking about some of the inequalities in help-seeking if that would be helpful.

[00:07:05] Bonni: No, absolutely. I know we want to talk a lot about that. You piqued my interest a little bit. Now I'm almost ready to ask the question because I am so interested in the answer and I know we have so much to talk about today. You talked about discriminatory policies, are there a couple that really come to your mind in the forefront of, wow, people aren't thinking about this enough and aren't realizing the ways that our structures are impacting things?

[00:07:30] Sarah: Yes, definitely. Name change policies are one really key set of policies. If students are not able to change their preferred name in the campus record, in the student information system, that means that every interaction they have with the campus, whether that's the faculty member in a new class that they're enrolling in or a visit to the health center, they're going to be dead named. A name that they no longer use it's going to be used to refer to them, and there's a lot of evidence in other settings around how dead names are detrimental for mental health and conversely, how using people's preferred names and pronouns is protective for trans and gender-nonconforming youth mental health.

There are a number of other key policies related to campus resources and building. Whether there's gender-neutral or gender-inclusive restroom options for students on campus, whether student health insurance covers hormone replacement therapy. Even whether the campus has a non-discrimination policy that's inclusive of protections against gender identity and gender expression, a lot of campuses have protections against discrimination around sexual orientation but fewer around gender identity and gender expression. Those are a few of the key policies that come to mind and there's so much variation across the country in terms of the policies that campuses have in place.

[00:08:55] Bonni: Laura, is there anything that you wanted to add around this broader question of the student mental health trends before we look at the student academic performance?

[00:09:06] Laura: I think, of course, we saw an increase in mental health issues during COVID, but I think what's really important besides is, as Sarah has mentioned, the increase in need for mental health services, the disparities that existed were there before COVID, will be thereafter, and we here at Active Minds just a great interest among students and being a part of solutions and being a part of discussions on campus around what's being done to impact these issues.

Students are just as aware as anybody that mental health issues should be a priority on their campus, and I think often we see a big need for universities to not only invest in mental services, but also think about how they're communicating back to students about what's being done to address it.

[00:09:53] Bonni: This is all really helpful to lay a foundation. Sarah, what can you tell us then about how these inequities, how this system affects student academic performance?

[00:10:08] Sarah: I think for a long time we've had these two really separate conversations about equity and persistence and retention in higher education, and equity in terms of mental health. Really, what our team at Healthy Minds and many of our partner organizations are trying to bring those two conversations together and it's not a reach to bring those conversations together, it makes a lot of sense.

The same groups of students who are the least likely to be able to access care when they're struggling with their mental health, these are students of color and first-gen low-income students as well as international students, but focusing particularly on students of color, first-gen low-income students have significantly lower rates of mental health service utilization controlling for symptom level. Those same populations have the lowest rates of persistence and retention in higher education.

There are some really key shared risk factors like financial stress, which has been amplified by the pandemic, and that's going to affect both persistence and retention as well as student mental health. I think really trying to bring these two conversations together to advance equity, both in mental health and academic persistence and retention is just really should be a shared goal.

Then I'll also say, stepping back a little bit, what we know about the relationship between student mental health and academic performance. My colleague, Daniel Eisenberg, has led longitudinal research over time, tracking students and looking at how their mental health predicts their academic performance or their GPA, as well as whether they stay at the institution and graduate. I think the key finding from that work has been that depression is associated with a two-fold increase in the likelihood of dropping out or stopping out of college. A significantly higher likelihood, twice as likely if you have depression, to not persist in higher education.

There's a really strong return on investment or economic case for investing new resources in mental health prevention and intervention and treatment. Given that we know there are effective approaches out there and we're likely to be able to retain students, and therefore, retain that tuition, colleges and universities, I think now more than ever, many are in very precarious financial situations, and investing in mental health is actually one of the strongest investments that institutions can be making in terms of that return.

[00:12:36] Laura: I can add to that, Bonni, and share that what I also find is interesting is that we know that mental health impacts what happens in the classroom, like Sarah spoken to, but also, what happens in the classroom impacts mental health. During COVID especially, we asked students about what was most impacting their mental health, and we were surprised to learn that it was related to their academics, and specifically uncertainty around how flexible expectations may be for a student who is struggling with their mental health.

We don't typically think of what happens in the classroom or within the relationship between a faculty member and their students as an opportunity for mental health

intervention, but it has been a learning for us in Active Minds, especially emphasized by the unique challenges of COVID. I think also, even outside of COVID, that flexibility and compassion from faculty really can go a long way toward supporting a student's mental health. I really agree with Sarah and her findings here that there's definitely an opportunity among faculty to support student wellbeing, and it's never been more important than now.

[00:13:42] Bonni: There's a body of research in the realm of the scholarship of teaching and learning that does look at some of the disparities you talked about, the populations that much of this research looks at, first-generation students, students of color. We have to be careful, of course, in putting our research minds [laughs] to questions like this. It's not causation.

There are some real market differences that can take place when we go from a class that would be traditionally relying on lecture as a method of teaching to using, for example, active learning and more specifically, something called retrieval practice, where you're practicing retrieving the information from your brain and challenging and working at that more than you are taking in information more passively to oversimplify things.

I'm wondering, in your research, are there some low-hanging fruit opportunities where you just see these market differences, where you see disproportionately the bad stuff happens more to certain populations, where you can reduce those inequities through certain kinds of interventions? What's showing up in the research as far as these kinds of things go for you?

[00:14:59] Laura: I will share a little bit. I think this is an area where we can maybe use more research. I know from talking to students, the strategies that they recommend are not that different. In the last semester or so, we've really focused on supporting BIPOC student mental health, and the strategies that were elevated by young adults as important to them are a lot of the ones that we had already identified.

Hearing from faculty about mental health resources and services in the classroom, making sure that there's cultural competency training available for faculty and staff, so they understand the populations that they are serving and can better understand when they have challenges that they're facing.

[00:15:46] Sarah: I've been thinking a lot about the role that the faculty can play in creating environments that are just conducive to student wellness. That's the basic first step, and I think there's some really low-hanging fruit. One of the things that I say to colleagues is, what time are you making assignments due? If you're making an assignment due at 9:00 AM, students are going to pull an all-nighter. If you're having an assignment due at midnight, they're going to work through dinner.

If you have an assignment due at 5:00 PM, that's likely one of the healthiest times. It might be different at a community college or a school where a lot of folks are working full-time, but either way, the point is just to be intentional about the time that is selected. Then in COVID and in general, having flexibility, the effects of COVID are disproportionately distributed across the population. It is students of color and low-income students who are by far the most likely to have either had a family member who was sick, to have lost a loved one, to have had to pitch in in some other way to financially support a family. All of those things affect a student's ability to show up and perform their best in a classroom.

Building in flexibility, and it depends on the discipline and the class structure, but whether you get to drop your lowest assignment or for me, I really laid out a clear process to students where I was trying to eliminate any shame in asking for an extension. Saying, here's the process. It's simple, it's uniform, it's not a mystery. Here's how you do this. My hope for you is that you can ask for an extension with plenty of time in advance.

Of course, if something happens day of that prevents you from completing something, that's a different story, but if you know a week ahead of time or four days ahead that you're not going to meet this deadline, know that there's a person at the other end of this email, me or at the other end of this Zoom conversation, who's going to give you the benefit of the doubt and give you that extension.

I think the shame and fear that students had to feel on top of the stress that COVID created and that online learning created is one piece that faculty can reduce through just articulating, here's the process for asking for an extension. I'm trying to build in flexibility and acknowledgment of the fact that this is a really challenging time. I think there are a lot of other things that faculty can do, but those feel like really quite low-hanging fruit that I think every faculty member could stop and say, "That's something I can implement in my classroom."

[00:18:27] **Bonni:** Annemarie Pérez wrote in a blog post that she titled *Looking Back with Sadness*. It was so powerful, she talked about exactly the thing that you're talking about, Sarah. I'm actually just going to read from her words because I can't do it justice. She wrote, "As a friend who was first-generation academic told me, first-gen students like her got where they are by following the rules. It would never have occurred to her that "no late work accepted" had an unwritten caveat of "unless you've had a serious emergency."

This brought home to me in my early days of teaching at CSU Dominguez Hills when I was meeting with a student to discuss her final paper and her grade for the class. In checking my records, I saw that she was missing one of three earlier essays and that this seemed surprising because she had done "A" work in all the others. When I asked her about it, she got uncomfortable and said she hadn't been able to do it on time and knew I didn't take late work. While I was trying to digest that, she apologized and went on to say, "You see, my baby died and I couldn't get out of bed for two weeks."

Reading her words, it just struck me because I know I've done that kind of thing. I know that I've contributed to this and I'm so glad that you're bringing this up as an important issue. I think too many times we, and I include myself in this, over many years of teaching, we assume a lot of intent toward the negative. You're not turning it in sign in time because you've been irresponsible or lazy or all of these negative things.

I found for myself, we can retrain our brains. What if we did the same thing, but it was just instead in the other direction. I assume about you. You would have gotten

this in on time. Were it not for something getting in your way? It's not that people won't be irresponsible. It's not that people won't do make choices we wish they wouldn't make, to me, it just as a protective barrier around the fallacies that my mind will make up in certain circumstances.

If I have to err on one side or the other, wouldn't I rather the assumption that there might be something going on like a horrible devastating event in someone's life like Anne Marie wrote about so powerfully. That has been really helpful for me too. I'm not saying that I've completely been able to retrain my brain away from biases like that, I just prevent it from having as horrible of effect. If you build it into your policies in the first place, Sarah, you reduce that high stakes. All kinds of effects could happen less likely for there to be issues around academic integrity.

If I don't feel like I have to make up a story or whatever it is, then that part gets better. Also the ways in which these affects get disproportionately applied to certain populations that also comes down. I think it's so important that we can both in advance build structures and systems that will support what you're talking about. When something happens rather than sending out the email, how dare you, this is not the accusatory, but always asking the question from more of a helpful tone, a curious tone, and information-seeking tone.

It really can make such a tremendous difference. Thank you so much for sharing those examples. Laura, I don't know if you have any others that you'd like to share just around this idea of the ways that we can then try to set up systems and structures and approaches that will better foster the kind of equities that we really want to design into our teaching and into the ways that we approach students.

[00:22:13] Laura: One of the things that I found really surprising in Sarah's research was the percentage of faculty who expressed interest in getting more resources and training around mental health because I think we assume that faculty already overburdened, they already have so many obligations. They don't want just one more thing added to their plate. I think her research shows that they already are basically in that role of supporting students' wellbeing, whether they knew they would be or not before they entered the field.

How can we equip them with practical solutions for doing that? The work that **...** with ACUE and creating our guide, creating a culture of caring really puts forward solutions that faculty validated as feasible for them and students validated as meaningful to them. It all came down to basically what Sarah just shared is validation.

The primary question that we get from faculty members often is, well, how do I balance holding up a standard of excellence with supporting students with their wellbeing?

How do I know I'm not being taken advantage of? It's also the same question we get from employers, by the way, and about their employees. It's all about like validation really comes from like the statement of, I believe you, and let me approach this first with belief in what you're saying, even if I don't fully understand it. Then how can I just be human with you?

I think hearing the faculty more interested in training, one of the things that I think is really important and besides for faculty is that if you're afraid of training in any way, I think of it less as training and more of like an awakening because we all experienced mental health and it's never been more apparent than COVID. We can all somehow draw from an experience when we struggled with our mental health and think about what that might be like for somebody who struggles on a daily basis.

How do I just approach them as a human and whether we're an employer in the workplace or we're a faculty member in the classroom, there were there for a reason in the classroom are there to learn. I think being able to get to the basics about this is a person who has to feel their best self in order to be a really great learner in my classrooms. How can I help them be themselves here? How can I, I'd you said, allow them a space, to be honest?

If I find out like through their honesty that they are having to ask for too many extensions or whatever it might be and that's a great indication that something that's going on with this student personally, is impacting their learning. How can I

then be just aware of what resources I can then refer to that student after I've already validated their experience?

For me, it just comes back to being human and not feeling like I have to become an expert in an area that's really not my expertise. I hope that really reduces some of the barriers that faculty might feel or the fear they might feel in being in the role that they're in.

[00:25:15] Bonni: I'm so glad that you brought up this fear because it's really real. It's really scary for some people to meet any human being, regardless of if they're a student or not, who are in such grave pain or distress. It's just a natural human reaction to feel like, gosh, I should do something to fix this because this is terribly uncomfortable to witness that thing. I think sometimes it can be helpful to practice what that first sentence might sound like.

One thing I would just encourage people is that, regardless, you mentioned that there probably isn't anyone listening, who can't draw from some memory of having some type of mental health challenge, although I'm not entirely, everyone necessarily would be able to understand the broad domain, which is mental health. That might be something interesting for us to clarify a bit, but to not start out with, oh, yes, I know exactly how you feel because you did mention, I might be able to draw from a memory, but it is not even.

If I had suffered from depression, for example, it's still not that exact situation. That's not the helpful first sentence to say is I know exactly how you feel. We don't want to jump to-- We want to approach it with empathy, but we want to also approach it I think with humility too that, wow, this person's experience is likely one that I know very little about. Do you have any thoughts about what do you notice yourself doing of that first sentence or two when someone has approached you and it might be sometimes in writing of course, and sometimes it might be them actually speaking to you, where you're able to see facial expressions, et cetera?

Any thoughts about that first sentence or two either, if you have any other ideas of, don't say this or an ideas about, here's a really good thing to memorize because

while you're memorizing what you might say, first thing, you can reduce your own anxiety because to me then asking a question gets us into, oh, now I don't have to feel all this pressure. I have to fix this. Does this resonate with either of you?

[00:27:16] Laura: Absolutely. I think it does go back again to validation and some phrases that communicate validation are that sounds really difficult. That's really hard. Even I can't imagine what that's like. It's possible that maybe you have experienced depression and you haven't and instill, we say don't lead with your own experience before validating someone else, because this is about them in this moment and appreciating that it probably took a lot of courage for them to be vulnerable because in a lot of settings, it isn't encouraged to bring your personal to the academic environment.

That must have taken a lot of courage and it must mean that you are struggling. I think those are all really helpful phrases to use. With my own kids, I will say ever since learning this technique, what I say with my kids when they fall, I say out, because they can understand that. I want them to stop crying. My body reacts. I go into a shock and I just want it to be over and I don't want to feel what they're feeling, but when I pause and just say, ouch.

It helps so much more. We get there so much faster If we first just acknowledge someone's struggle and let them know that they did a good thing by sharing with you what they're struggling and then think about referring them to resources and not just the professional resources, but the host of resources that are often available on a campus communities to support wellness.

[00:28:48] Sarah: I think that's so well said. I'll maybe take a slightly different spin on this because I couldn't say it better than that but another approach that faculty can take is talking to an entire class about like the, I teach first-year students. This fall. I said, it has got to be very difficult that you don't know your classmates, that you are working in groups with students that you've never met in person.

I know for myself you are having peer groups, being able to lean on folks with key to my ability to enjoy learning, to be successful in learning to be supported when

things were difficult and you don't have those things in the same ways that we're used to having in the pandemic. I think acknowledging those shared difficulties, I could almost feel like a shared exhale of on some fundamental level, she's putting her trying to put herself in the shoes of what it would feel like to be starting in a pro in an academic program and the midst of a pandemic.

I think that's a nice starting place to invite those conversations where people do feel like you're taking a validating approach and it's Normalizing and humanizing and all of the things that we know are productive for having these types of conversations.

[00:30:06] Bonni: I appreciate what you just shared, Sarah, because it's also reminding me of us thinking about that these things happen to individuals but we're now seeing more than ever. Not that this hasn't been the case but just more of us are seeing the collective mental health challenges, the collective trauma, and that kind of thing. I have found that what works for me well, is not to rush past that. When something happens I might ask, "Hey, some things came up in the news. Did you hear anything about it this week? What have you heard? How have you been feeling about that?"

To take a few moments at the beginning of a class to do that check-in. For me, it's been important to both separate myself from my own emotions, yet, also show the empathy. It's hard to describe but it's just something whenever if it's some of these things should not be controversial and they are controversial. Rather than me come in with my own opinions and thoughts and emotions and anger and all of that, I've seen that not really work very for me because there are people in the class who are actually more effective in more significant ways than I have by the kinds of issues.

I need to separate myself. They don't need to hear all of that. They do need to hear that you empathize that you're aware but then sometimes I've also found it helpful where I don't say it quite this explicitly but just now we're going to go and we're going to play a game. I realized it feels weird to play a game when we just talked about this very serious subject but almost creating some healthy

compartmentalization. The other thing that I hear from students is they don't want to talk about hard traumatic stuff the whole class.

They do appreciate when something gets acknowledged. There was a student who died by suicide a couple of years ago. It was before COVID but it was a student that was a major where I literally had 70% of the students in the class who knew this young man very. We acknowledged it. Is there anything else you want to talk about and that there but then they didn't want to all stay in that place. It was like but then we just transitioned and we're going to get back in.

I found that that to be something that, to me, feels like acknowledging both those individual experiences as the collective ones. Then also being a safe place trying to be a safe place where we can also have a little bit of fun and laugh but not for the purposes of, oh, gosh I can't handle your feelings but for the purposes of wouldn't it be nice if we all got to take a little bit of a break from it? I don't know if that makes any sense or if that has showed up at all for you in your lives or in your research.

[00:32:44] Sarah: Certainly, like creating space for some amount of reflection. One thing that I said like around election time in the fall was on top of everything that's going on right now. It would be really almost impossible to imagine that everyone is coming into this classroom and have their 100% concentration on that. You're like laser focused on what I'm saying and what your peers are saying and that you read every word of what was assigned to you. That feels like analogical assumption. If you just step back and think about what's going on in the world and the stakes of this moment on top of everything.

That's another moment where I felt like I could hear like an exhale like that does feel like a much more reasonable expectation for me that I bring what I can to this class. I think one of the most important determinants of student learning is motivation. If you can tap into that and remind students like you're here because you want to be here, you're here because you're interested in this material.

Again, I'm giving you the I I'm assuming that everyone here is interested and curious and wants to learn but I'm not assuming that you are bringing every ounce of your

intellect and focus right now because I myself am not able to do that because I'm distracted. If you're someone, again, as you just said, who's even more affected by racial traumas and or grieving a loss in COVID. It's impossible to think that you're bringing your full focus into a class.

[00:34:15] Bonni: I love that part about that, when we go into a thing like that where we can assume that you're here because you want to learn because boy that's not assumption. We can count on everyone having made. That's a wonderful way to enter into a space for learning. Michelle Miller who's a cognitive psychologist, she wrote a blog post recently which I'll link to in the show notes. She teaches classes research methods and statistics. She enters it.

The opposite of what you said is she said something about I'm assuming you didn't choose most of you but by the way some might but I'm going to assume the vast majority of you didn't wake up one day hoping you take a class about statistics especially when it's for non-majors and it's harder for them to apply, but then she goes on to say, I guarantee you by the end of this class, you will wake up and be excited because when you see the magic I don't know if she uses the word magic but it was something I'm just getting them excited about what the power of what they're about to learn and that can really be infectious and set that stage.

I love that. Well, I want to hear a little bit more about the findings from the faculty survey itself specifically around what faculty shared with you about their own experiences in addressing some of these concerns or struggling to address them and also their own mental health needs as well. What can you tell us about that?

[00:35:41] Sarah: In spring of 2021, we had the opportunity to do a survey of about 1700 faculty on 12 US college and university campuses. This was an online survey in partnership with the Mary Christie Institute the BU School of Public Health the Minds Network. We had an incredible board of experts who helped advise us in developing the survey. Laura was one of those experts and it was funded by the Hazelden Betty Ford Foundation. A lot of stars aligned to make this possible and we actually planned it even before COVID hit. It became an even more important topic as the timeline progressed.

We have data from 1700 faculty. What they show is that about 80% of faculty say that they have had one-on-one conversations with students about student mental health. The majority of faculty are already having these conversations. That's the starting point really key to now yet only about half the faculty actually feel confident having these conversations feel like they have the tools to talk about some of the things to approach these topics in the ways that we've been talking about here on the podcast.

Excitingly, their faculty expressed a lot of interest in more professional development. They're already having these conversations. There's a lack of confidence. It does make sense that faculty are saying we want more resources to be able to do this. It's also important to note we're not trying to think about faculty as mental health professionals. That's not that's not the role of faculty and that's not an efficient use of faculty time to think about training them in some clinical capacity but more so basic understanding of the resources that may be available for student mental health on campus, how to bake those referrals, how to have these conversations as I said.

We got a lot of information through the survey about the types of resources that faculty are most interested in but overall it's just really exciting that faculty are interested in getting this training. In fact, many of them think that a basic training in how to address student mental health should be mandatory for all faculty. There's a lot of attention right now on student mental health. There's not enough attention on thinking about faculty mental health as well. We found in our survey of faculty about 50% of faculty had at least one symptom of depression and about 20% of faculty had sent indications of major depression

That's really important to note. Faculty actually reported relatively high levels of knowledge about the resources that are available for student mental health on their campus and much lower knowledge about the resources that might be available for faculty mental health. In the broader context of Campus Mental Health, the topic of faculty mental health is just not being talked about enough. I think it's related as. If faculty are and have their mental health supported they're

going to be better teachers and they're going to be better in their role supporting students. It's all connected.

[00:38:49] Lauren: Definitely. I would agree with that. I think it's because we're all part of a Campus Community. This is a community and we're all a part of it. It's a place of learning but it's also a workplace. What's interesting we found ... started working more and more with employers who are trying to support their employees working remotely from each other. A common thing is people are not utilizing their EAPs or their or there benefits that their workplaces offered to them?

I think there's a lot of work to be done in all work environments including academic environments to demystify bringing more awareness to normalize resources for employees including faculty and supporting their own being and mental health. Not just because there'll be better able to support students and students' being but just because this is a workplace and faculty spend as much time here if not more than students do in some cases. How can we be a healthy community across the board that really prioritizes mental health with a lot of authenticity and make it central to our mission and core values as an entity together.

[00:40:05] Bonni: Before we get to the recommendation segment I just wanted to ask a question about what's next and I realized neither one of you are futurists but I keep for myself personally I think about so many of my colleagues are really in distress and the distress that they're in, yes, some has been related to COVID but I just find myself on almost a daily basis wondering, how much of this is just parts of people's lives that I didn't ever get slices into because of the way that we're living now I see them more and how much of it is just an effect of a worldwide trauma then drips into other areas of tragedy.

I sound so cheerful for this final topic for today's episode. When we think about moving beyond where we're seeing the evidence of COVID so much in our life, what are we thinking about that we should be thinking about and still trying to change when it comes to mental health? What should we be carrying forward I guess from the learning that we're experiencing now?

[00:41:08] Laura: I know, for us, we recently polled our network about what are they thinking post-COVID? Are they excited? Are they nervous? Most of us are feeling anxious. We're feeling like most COVID life could be challenging. An aspect to that rose to the top was I think many of us have experienced a lot more empathy and flexibility during COVID and the ability to do life at our own pace.

I think students especially have noted that and are hoping and wondering and not quite sure if all that will still be available post COVID. What will it be like come August or September when we're back in school. Everyone going to be in a rush to just assume things are normal and just go back to the way things were because it was really traumatizing to be part of COVID.

We just want to go back to the way things were but actually, a lot of students want to make sure that mental health is still a priority and they want to be able to have flexibility to do work at their own pace and to ask for accommodations. When it comes to faculty, I worry about faculty and what they've just experienced because I don't know personally allow faculty members who would say they've experienced a lot of flexibility during COVID. For me on that level I think we have only just begun to support faculty mental health and there's so much more to do there and it's really important that continue to be top of mind.

[00:42:34] Sarah: I agree with everything that Laura has just said. I'll add one very logistical next step so we're continuing this workaround faculty and staff. We're actually going to expand the survey to include staff and we'll be surveying them about their own mental health. Then our mission with the healthy minds network is really to collect data that can be used by campuses to effect change. Having data from faculty and staff on campus has the potential for institutions to do exactly what Laura just said and really prioritize that.

[00:43:10] Bonni: Before we get to the recommendations segment of the show, I just wanted to take a moment and thank today's sponsor and that is TextExpander. If you've been listening to *Teaching In Higher Ed* for a while, you already know this about me. When the first things I install on a new computer or a new device is TextExpander. It saves me so much time. What TextExpander does is it use

commonly used text whether it's something that's harder to remember like for me my work phone number or something that requires a lot of customization but is essentially the same thing.

Every set of show notes for *Teaching In Higher Ed* has the episode number, the guest number, what's the name of the show? What is the category that the episodes should be posted in? I get prompted for that through a snippet where I just type in T I H E S N as in *Teaching In Higher Ed Show* notes and instantly, I'm queued up to provide it with that information and all of the rest of the templated information gets placed in the show notes in the right format with the right verbiage and exactly what the people need who are going to take it from what I've done with it and are going to actually produce it into a full episode on all the different services, et cetera.

I highly recommend TextExpander. It's a great tool to have to help us save time so that we can spend time on the things that are more important than typing the same thing over and over again so head on over to textexpander.com/podcast, the link is also in the show notes and you can get a free trial and a discount on your subscription. Thanks again to TextExpander for sponsoring *Teaching In Higher Ed*.

We're going to change up the order of our recommendations because and Sarah may not know this but on a recent episode, Phil Newton recommended that people get a dog and Sarah has just gotten a dog. I don't know if there's any correlation here if she's going to maybe recommend that we get a dog, recommend that we don't get him dog. During her recommendation, we may hear what it is like to have a dog and that's okay because that's the magic of audio, and people like feeling like they're with us right now. We're with Sarah as she is going to give us her recommendation as her dog ranger shares in the background what it thinks about her recommendation.

[00:45:34] Sarah: My recommendation does not have directly to do with getting a dog though I do endorse that. My recommendation is for a podcast that I love called Beautiful Stories from Anonymous People or Beautiful Anonymous. It is a one-hour podcast hosted by a comedian named Chris Gethard who is actually his focus

is mental health and that's really what his career in comedy has been built around transparently talking about his own mental health. This podcast is a one-hour unscripted conversation with someone who just calls in and randomly gets through and has a chance to talk to him so it's slice of life and it comes out every Tuesday. I don't think I've missed an episode in five years.

[00:46:19] Bonni: Oh, my gosh. That sounds amazing. That sounds great. Well, I'll share my recommendation and then I'll pass it over to Laura who can close us out. My recommendation is for a book by Angie Thomas and some of you might have heard of Angie Thomas from her amazing best-seller *The Hate U Give*. This is a powerful prequel for that book and it's called *On the Come Up*. I have read both books and it has been such a long time since I've recommended a book on this podcast and it is not because I don't love books, it's because apparently, I can't read them anymore.

It captivated me so much. I read the entire thing in less than a day and that is really hard to do. It was over a holiday weekend but it's still really hard for me to do. I tend to find I like shorter easier to get through things have trouble with the longer concentration but that was not an issue here. It was one of those things I got captivated where I just could not wait to pick up my device to start reading the next section of it.

It's so so so very good. It's called *On the Come Up* and I'll just read a little bit of the description and then I'll pass it over. 16-year-old Bri wants to become one of the greatest rappers of all time or at least when her first battle. As the daughter of an underground hip hop legend who died the night before he hit big, Bri has got massive shoes to fill. It just talks a little bit about her life and about music and about the challenges that she experiences and it's just a wonderfully captivating important story.

If you liked her first book and you read it it's great. Even if you didn't read her first book it wouldn't be important because, again, it's a prequel that's how prequels work you can actually start with *On the Come Up* and then still read the book that turned into a movie. *The Hate U Give* was a movie and everything so you could

have the best of all worlds. That's my recommendation for today. Laura, I'm going to pass it over to you to close this out with your recommendations.

[00:48:14] Laura: Great. I'm going to recommend a website called UpWork. It's upwork.com and this is a platform that connects freelance workers to businesses. Lately, I've been on the hunt for a graphic designer for a specific project and I've had a lot of trouble because all the other designers I've reached out to have been busy with work which I'm really happy to hear that the designers are being supported but someone told me about this website, UpWork and I already have 15 proposals to this project.

Some of them look really really great and it basically saved my project and if you're a freelance, writer, designer, or whatever it would be and you're looking for work, I also recommend UpWork to you to post a profile about yourself and get connected to jobs from all over the country.

[00:49:01] Bonni: Oh, thank you so much. Thanks to Laura. Thanks to Sarah. Thanks to ACUE for connecting me with both of you, what an important conversation that you had today and then I know you're continuing to have in your work. I'm just so grateful for what you do and thankful that you could contribute your time and expertise to us today.

[00:49:18] Sarah: Thank you so much for inviting us to be part of this conversation.

[00:49:22] Laura: I really enjoyed it. Thank you, Bonni.

[00:49:28] Bonni: Thanks once again to Sarah Lipson and Laura Horne for joining me on today's episode of *Teaching In Higher Ed*. Thanks also to each of you for listening and for being a part of the *Teaching In Higher Ed* community. Have you have yet to subscribe to the weekly updates? That will come into your inbox and we'll provide an overview of the most recent episode as well as the information from the show notes and some quotable words and additional recommendations that don't get shared on the show so head on over to teaching in higher ed.com/subscribe to subscribe and receive that weekly updates. Thanks so much for listening and I'll see you next time.

[music]

[00:50:29] [END OF AUDIO]

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