

ADVICE

How to Prepare for the Coming Flood of Student Mental-Health Needs

A fall to-do list to help counseling centers get ready for the surge of students who will seek help when classes resume amid Covid-19

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Think of Covid-19 as a huge earthquake in the middle of the ocean. Then picture the resulting tsunami, rolling toward the shore, about to flood everything in its path. That image accurately portrays the surge of mental-health needs heading toward college campuses as we prepare for the fall semester.

Like geologists, campus leaders have tools — surveys, focus groups, years of experience — to detect the strength and

timing of the wave, and help us plan a response. Here's what we know:

- Demands for mental-health care already overmatched campus counseling services and structures, long before anyone heard the word “coronavirus.”
- Students with anxiety, depression, and grief — in the wake of months of loss and uncertainty — will present both clinical and capacity challenges for institutions.
- Some students who have never sought counseling before may be in desperate need of support in the fall.

There's a lot we don't know: It's unclear how many students — new and returning — will enroll, and of those who do, how many will take classes in person (if that's an option) versus remotely. We don't know if we'll be able to keep campuses open for the fall semester, or what the spring term will look like.

To complicate matters further, some of the concerns we are facing are inherently at odds — for example, the need for social distancing versus the emotional dangers of social isolation. The former means we must keep students apart to reduce virus spread, while the latter requires that we bring them together in meaningful ways to protect their mental health. Faculty and staff members must provide the connections and support, yet they too are facing physical, professional, and mental-health challenges.

To manage the coming surge, campus mental-health administrators will need to adopt new strategies and adapt protocols. We have some ideas in mind, based on our years of experience in student services and counseling, to guide institutions in their planning.

Needs vary, and so should mental-health services. Let's begin with students who will be taking classes this fall from remote locations. Some who had relationships with counseling-center staff in the past will be able to continue those services remotely. Others who never made use of campus counseling before might recognize they need those services now.

How can a campus-based counseling center serve students who are not physically on the campus? One approach is to do so via “telemental” health — online therapy using virtual platforms that are compliant with privacy laws ([Hippaa](#)) and provide a high degree of confidentiality.

There are, however, limitations to telemental health services. The most intractable are imposed by state licensing regulations that prohibit services across state lines. While some states relaxed requirements in the first few months of the pandemic, those changes are expiring, and the likelihood they will continue is small, given that proposed federal legislation has failed to gain traction. Relying on a state-by-state patchwork of requirements also means that a counseling center must evaluate each request for services in light of what the student's home state permits at that current time — which could change within the course of treatment.

For campuses that serve a national or even regional student population, that simply isn't feasible. Promoting the availability of services to students based on what their individual state-licensing boards allow — especially since a diverse counseling-center staff most likely reflects a variety of licensing boards (e.g., social work, psychology, mental-health counseling) — would be confusing and frustrating for students and staff members.

So does that mean institutions should refuse telemental health services to out-of-state students?

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Not at all. Counselors can provide more than just clinical or therapeutic services. Indeed, not all students seek clinical services. Case management, for example, does not require a license, nor does nonclinical support, and many students will need both of those services right now. A good case-management approach helps a client — in this case, a student — articulate challenges and explore strategies to meet them. Some of the strategies might relate to treatment (helping the student find a local therapist or physician) but others will be nonclinical (a support group, a connection to a faith-based organization, a contact for financial-support information, or even just a referral to an academic adviser to answer complicated questions about classes and requirements).

When students are anxious, scared, or depressed, the campus counseling center seems like the obvious first call to make. But often, the students do not need therapy. What they need is a careful listener and help with problem-solving.

But what if a remote student *is* in crisis and clearly needs clinical help? Counseling-center staff can carefully hear students, provide effective reassurance, and help them access services closer to home. And we can offer other campus services that demonstrate our investment in their success and in their eventual return to the campus. Colleges and universities are rich with talented listeners, supporters, and problem-solvers. No student in need will be abandoned.

Outsourcing is an option — sometimes. Many institutions have explored the idea of outsourcing mental-health services. Capable contracted counseling services do exist, and have been aggressively marketing themselves to campus leaders. Carefully vetting those companies is critical. Some promise 24/7 availability. It is crucial to make sure the vendor is able to provide what the institution is, in turn, promising its students. It’s equally crucial to note that an outside provider is likely to be less familiar with campus support services, and thus, limited in effectively connecting students to those campus resources.

Before the pandemic, several organizations [developed a useful guide](#) to evaluating telemental health services. It’s worth a read if your campus is considering outsourcing.

A less costly option to consider is “in sourcing.” For students seeking support and reassurance, a call to the counseling center is a way to find connection and encouragement. But this fall, when the counseling center is deluged with such calls, the institution can turn to some of its other personnel to meet the need.

Staff members who might, in a typical year, be employed in residence life, student activities, student-union management, recreation, and athletics, are now in a position to be redeployed. Many of them have an interest in, and experience with, advising and supporting students through common challenges such as homesickness, relationship issues, identity and career questions. Still other staff members are skilled in working with nontraditional students who are struggling with family responsibilities and work obligations.

A lot of students this fall will have difficulties with basic needs — food, housing, health, and grief at the loss of so much in

their lives. A consistent connection with a caring individual who simply checks in and provides a supportive, listening ear is sometimes all that is needed.

Be less distant, but not too close. Some institutions are planning to bring students back to the campus. They are engaged in complex planning to balance the physical connection that makes campus life special, with the competing goals of safe behavior and social distancing. In between figuring out mask compliance, putting up plexiglass separators, and estimating how many disinfectant wipes to stock, mental-health providers must determine protocols that allow in-person services to be offered to students in need.

The key to the complicated logistics is space: Is there enough? Where? And how is it best used?

Begin by looking at the counseling center's own space. Most individual offices will be too small or too poorly ventilated to meet Covid-19 rules governing face-to-face counseling. Instead, set up an office for a clinician to use a virtual platform and connect with a student sitting down the hall in another private office or nearby on the campus. It might seem ludicrous to set up a virtual session with both clinician and student in the counseling center. But it does meet social-distancing requirements, and some students may prefer the privacy of that office space to participating in a virtual counseling session in their dorm room or campus apartment. And if a student is in crisis, with the possibility of a life-threatening escalation, proximity to emergency responders is preferable.

Some creative thinking will be required at institutions that have maintained a central location for all mental-health staff. But for other counseling centers, scattering staff members into empty spaces across the campus will be nothing new. Even before the pandemic, our centers were running out of space. Higher demand for our services led to increased staffing on many campuses, and subsequently, to an office crunch. Some campuses were already embedding counselors in dormitories and student-advising centers — a space-saving strategy that has multiple clinical benefits.

The “dedensification” of campuses — a high priority for residence-life and facilities staff — means that some spaces will go unused this fall. For example, if dining services are primarily grab-and-go instead of sit-down meals, the small dining rooms often found within a large dining complex will not be occupied. Likewise, group-study spaces in the campus library may sit vacant. Such spaces could be repurposed temporarily as virtual counseling locations where students can find the privacy that often evades them in a dorm or in shared off-campus housing.

Think of clinician-to-student interaction amid Covid-19 as a continuum — running from most physical proximity (two people in a spacious, well-ventilated office, six feet apart, both wearing masks) to none (a clinician at home speaking online with a student living at home). It is possible to imagine other points along that continuum that are feasible for a number of students and settings.

Given a choice — telemental or in-person services — most students will choose the latter because it's familiar. Accommodating their preference will drive up density and risk within counseling centers. To limit exposure to the virus, counseling centers will need clear criteria to determine which students will be seen face to face and which will be referred to virtual counseling.

It is also very possible that — along with an increase in students presenting with severe mental-health cases (a trend that predates Covid-19) — we may see a reduction in students with less-severe issues because they are not interested in

remote counseling. For some students, living at home actually reduces the risk factors (social anxiety, peer conflicts, access to alcohol and drugs) that often lead to their mental or emotional distress, and thus, reduces their need for counseling.

Organize more support groups for students. Getting students to shift from individual to group therapy is a chronic and well-documented challenge, but in this unique moment in history, they are demonstrating remarkable flexibility. Support groups, led by staff members or peers, are a good solution for students who are not in need of a clinical intervention.

We have already seen students adapt to online education, so it is not unreasonable to think they might also show more openness to remote, nonclinical support groups. Organize them for students facing similar challenges — like, for example, staying sober or getting along with now-omnipresent parents. Unique to this particular time, remote support groups could become a highly welcomed and vital service.

Here, too, if the counseling staff is already overwhelmed, other student-affairs personnel can be brought in to help build these support groups, check in with them regularly, and refer particular students who are showing warning signs of needing more direct help.

A fall to-do list. The possibilities and permutations are limitless — a source of anxiety itself for many campus leaders. But we all know the value of planning. Here are some specific steps to make sure your campus mental-health services are as ready as possible:

- Clearly articulate to students which mental-health services will be available, and how to access them.
- Create an easily accessible list of campus resources to guide faculty and staff members in referring students who are struggling with mental-health challenges.
- To offer digital counseling services, adopt a virtual platform that is robust, reliable, and Hipaa-compliant.
- For in-person interactions with students, establish carefully considered policies and protocols that prioritize safety and compliance with local and state public-health guidelines.
- Expand nonclinical mental-health services, like case management and support groups, to help students seeking assistance.
- Conduct an audit to identify potential “deputies” on your campus who are capable of building and maintaining relationships with students.
- Conduct a thorough analysis of space, both within the counseling center and elsewhere on the campus, in order to provide a continuum of approaches for students who return to campus.
- Devise a clear set of criteria to qualify for face-to-face clinical services.

We can't anticipate every drop of the coming tsunami, but thoughtful preparation can make the difference between success and failure. We have enough time and experience to get ourselves to higher ground and, in so doing, protect our students and our colleagues.

If you have questions or concerns about this article, please [email the editors](#) or [submit a letter](#) for publication.

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