

**AGENDA**  
**University Affairs Committee**  
**November 11, 2021**

- I. Approval of Minutes – September 9, 2021
- II. Review of Operational Metrics
- III. Action Items
  - A. Conferral of Degrees
  - B. Honors College Spotlight
- V. Informational Items
  - A. Student Mental Health & Well-being
  - B. Career Services and Academic Planning
    - 1. Student Spotlight – Career Connections



**University Affairs Committee**

November 11, 2021

Agenda Item: I. Approval of Minutes - September 9, 2021

Responsible Person: Leigh Fanning  
Committee Chair

Action Requested: Action

Notes:

**University Affairs Meeting – Board of Trustees**  
**September 9, 2021**

- **Operational Metrics** – Operational metrics from the Divisions of Academic Affairs, Student Affairs and Research, Economic Development and Engagement were reviewed.
  
- **Coastal Research During the Pandemic**
  - Interim Vice Chancellor Mike Van Scott presented a video that highlighted Coastal Research at the ECU Coastal Studies Institute.
  - Dean Reide Corbett was with the committee online and spoke more about the student and research experiences at CSI.
  
- **Greenville ENC Alliance & Intersect East**
  - Merrill Flood provide update on the development of Intersect East and shared several design images.
  - Construction will begin this fall, with groundbreaking kickoff event on Oct. 5, 2021
  - 10 year development; \$350M investment over next decade
  - Historic tax credits are being reviewed and are pivotal to this development
  - Brad Hufford, Vice President of Business Development with Greenville ENC Alliance spoke to the committee. He gave an overview of Greenville ENC Alliance and how the public private partnership supports economic development in the East.
  - Mr. Hufford also talked about the collaborative efforts between ElliottSidewalk, ECU and Greenville ENC Alliance to market Intersect East.
  - Greenville ENC Alliance will be one of the first tenants in the former Export Leaf Building
  
- **Fall Enrollment Update**
  - Dr. Ying Zhou presented the fall enrollment data based on Census Day information on Sept. 3, 2021.
  - 28,005 total enrollment which is a decline of 2.8% even though we had record applications and admittances.
  - Our committee will look forward to hearing more about budget impacts and initiatives to reverse the decline in November.

We had no action items coming out of committee.

Mr. Chairman, this concludes my report.



**University Affairs Committee**

November 11, 2021

Agenda Item: II. Review of Operational Metrics

Responsible Person: Grant Hayes  
Interim Provost

Virginia Hardy  
Vice Chancellor for Student Affairs

Mike Van Scott  
Interim Vice Chancellor - REDE

Action Requested: Information

Notes:



CEO Tracking Sheet  
Fiscal Year - 2022  
University Affairs Committee

KPI	Measurement	Prior Year	Target	Variance	Target	July	August	September	October	
					Monthly Plan	Monthly Actual	Monthly +/-	YTD Plan	YTD Actual	YTD +/-
New Freshmen Applications	Number of new freshmen applications submitted	22,829	23,057		23,057	0	414	847	10,985	
					Monthly Actual			832	10,771	
					Monthly +/-			-114	-214	
					YTD Plan		414	1,261	12,246	
					YTD Actual		0	832	11,603	
					YTD +/-		-414	-429	-643	
New Freshmen Enrollment Deposits	Number of enrollment deposits paid by new freshmen	4,745	4,745		4,745	0	0	36	131	
					Monthly Actual			0	35	
					Monthly +/-			-36	-96	
					YTD Plan			36	167	
					YTD Actual			0	35	
					YTD +/-			-36	-132	
New Transfer Applications	Number of new transfer applications submitted	3,180	3,211		3,211	0	64	68	316	
					Monthly Actual			0	47	355
					Monthly +/-			-64	-21	39
					YTD Plan		64	132	448	
					YTD Actual		0	47	402	
					YTD +/-		-64	-85	-46	
New Transfer Enrollment Deposits	Number of enrollment deposits paid by new transfers	1,603	1,619		1,619	0	0	10	25	
					Monthly Actual			0	6	
					Monthly +/-			-10	-19	
					YTD Plan			10	35	
					YTD Actual			0	6	
					YTD +/-			-10	-29	
New Graduate Admits	Number of new graduate admits.	1,853	1,871		1,871	11	16	4	52	
					Monthly Actual			20	27	68
					Monthly +/-		9	12	23	16
					YTD Plan		11	27	31	83
					YTD Actual		20	48	75	143
					YTD +/-		9	21	44	60
Total Enrollment	Number of registered students	26,324	26,455		Plan	26,455	0	0	0	
					Actual					
					+/-					
					YTD +/-					
Sponsored Awards	Sponsored awards, excluding ECUP and SoDM contracts	\$ 75,169,288	\$62,915,381		Plan	\$62,915,381	8,826,630	6,157,025	5,463,256	3,298,931
					Actual		7,411,980	7,452,607	11,258,256	6,175,300
					+/-		(1,414,650)	1,295,582	5,795,000	2,876,369
					YTD +/-		(1,414,650)	-119,068	5,675,932	8,552,301
Research Awards	Research awards	\$ 36,016,541	\$44,040,767		Plan	\$44,040,767	6,178,641	4,309,917	3,824,279	2,309,252
					Actual		6,135,247	4,753,867	9,822,186	3,239,149
					+/-		(43,394)	443,950	5,997,907	929,897
					YTD +/-		(43,394)	400,556	6,398,463	7,328,360
F&A Awarded	Sum of indirect cost of sponsor awards awarded	\$ 10,796,529	\$ 11,324,769		Plan	\$11,324,769	1,588,793	1,108,264	983,386	593,808
					Actual		1,817,264	1,611,918	2,109,877	1,094,976
					+/-		228,471	503,654	1,126,491	501,168
					YTD +/-		228,471	732,124	1,858,615	2,359,783
Housing Contract Commitments 2022 First-Time First-Year Students	Fall On campus housing contract commitments (Jan-Jun)	3,957	4,000		Plan	4,000	0	0	0	
					Actual					
					+/-					
					YTD +/-					
Counseling Center Visits	Annual Visits	10,592	8,200		Plan	8,200	400	600	1,000	1,100
					Actual		442	608	1,133	1,180
					+/-		42	8	133	80
					YTD +/-		42	50	183	263



## **University Affairs Committee**

November 11, 2021

Agenda Item: III. Conferral of Degrees

Responsible Person: Grant Hayes  
Interim Provost

Action Requested: Action

Notes:

Proposed Motion:

I move that the candidates for degrees, as approved by the Chancellor and Faculty Senate, be authorized for conferral at the annual Winter commencement on Friday, December 17, 2021.



**University Affairs Committee**

November 11, 2021

Agenda Item: III. B. Honors College Spotlight

Responsible Person: Grant Hayes  
Interim Provost

David White  
Dean, Honors College

Action Requested: Information / Action

Notes:

Proposed Motion:

***Memo: EC Scholar Full Cost Scholarship***

***Date: 11.11.2021***

***To: ECU Board of Trustees***

The EC Scholars (ECS) program is the most prestigious merit scholarship award program offered at East Carolina University. It is housed in the ECU Honors College. The ECS scholarship is valued at approximately \$63,000 over four years and it is available to 20 students each year. There are currently 77 EC Scholars. The program includes innovative coursework, networking opportunities with faculty members and community partners, and a required study abroad experience. EC Scholars pursue excellence in every endeavor, collaborate in an effort to cultivate an inclusive and inspiring community, and serve the public while growing as engaged and purposeful citizens. The students we recruit are also being recruited by universities with highly competitive programs and scholarship offers. In response, we must work to position the EC Scholar program as an attractive option for high-achieving students from across the state, region, and nation.

Over the past few years, we have seen a steady increase in the number of ECS applications. During this past application cycle (2020-2021 class), we received nearly 700 applications, a substantial increase over the previous year. With few exceptions, these same students are applying for acceptance to other NC programs for high-achieving students, such as the Park (NCSU), the Morehead-Cain (UNC-CH), and the Levine (UNCC). During this selection process, students compare scholarship amounts, university life, academic programs, funding for summer experiences, research opportunities, alumni successes, and anything else they feel is important to their decision-making process. Students and parents are highly aware of the different levels of financial support for each program. The scholarship amount plays a significant role when a student is selecting a college to attend.

Applicants quickly note that **the ECS Award is the only top merit program among those listed above that does not offer a “full cost” scholarship.** Full Cost scholarships cover tuition, fees, campus housing and meal plan. ECS is currently \$2,922.00 short of “full cost” for North Carolina residents. Also, since the ECS Award for tuition is limited to covering only the NC resident tuition amount, ECS Award recipients from out of state must pay the tuition difference out of pocket. This shortfall is a substantial amount and makes it extremely difficult to attract out-of-state students.

The NC General Assembly provides help to universities in the NC system to attract high-achieving students from out-of-state by allowing those students to be considered in-state students for tuition purposes under certain circumstances. North Carolina General Statutes Section 116-143.6 provides the following full cost scholarship opportunity for students (except athletes) attending constituent institutions. This statute reads,

(a) *Notwithstanding any other provision of law, if the Board of Trustees of a constituent institution of The University of North Carolina elects to do so, it may by resolution adopted consider as residents of North Carolina all persons who receive full scholarships, unless the scholarship is for athletics, to the institution from entities recognized by the institution and attend the institution as*



*undergraduate students. The aforesaid persons shall be considered residents of North Carolina for all purposes by The University of North Carolina.*

*(b) The following definitions apply in this section:*

*(1) "Full cost" means an amount calculated by the constituent institution that is no less than the sum of tuition, required fees, and on-campus room and board.*

*(2) "Full scholarship" means a grant that meets the full cost for a student to attend the constituent institution for an academic year.*

*(c) This section shall not be applied in any manner that violates federal law.*

*(d) This section shall be administered by the electing constituent institution so as to have no fiscal impact.*

*(e) In administering this section, the electing constituent institution shall maintain at least the current number of North Carolina residents admitted to that constituent institution. (2005-276, s. 9.27(a); 2010-31, s. 9.25.)*

This statute will positively impact the future of the EC Scholars program and the entire ECU community in the following ways:

1. By providing a financial incentive to the ESC program to offer all EC Scholars a "full cost" scholarship which increases our current competitive advantage and further alleviates the financial burden our scholars face.
2. By raising the overall academic profile of the University by helping the ECS program to attract and enroll highly competitive applicants from across the state and nation.
3. By allowing the University to direct university wide scholarship resources towards high achieving students in NC (EC Scholars have, at times, used these awards to help reduce the tuition shortfall).

**The ECS program is asking the Board of Trustees to approve the use of this statute.**

If approved, we will continue our fundraising campaign to increase the EC Scholar award from its current level of funding to the value of a "full cost" scholarship. The current annual per-student shortfall amount to be covered by our fundraising efforts is outlined in the chart below.

**Current Annual Value of EC Scholar Award (exclusive of the study abroad stipend amount which is not counted toward meeting the “full cost” of attendance):**

HC Tuition Scholarship – \$4452.00

EC Scholars Award – \$10,000

**Total Value – \$14,452.00**

**ECU “Full Cost” of Attendance:**

Tuition (NC Resident) - \$4452.00

Fees - \$2786.00

Room/Board – \$ 10,136.00 (This difference may vary based on room selection and meal plan, but calculation of “full cost” is based on this cost level.).

**Total Cost - \$17,374**

**Annual Per-Student Difference: ECS Award vs. “Full Cost” of Attendance**

**\$2922.00**



**University Affairs Committee**

November 11, 2021

Agenda Item: IV. A. Student Mental Health

Responsible Person: Virginia Hardy  
Vice Chancellor for Student Affairs

Action Requested: Information

Notes:

Proposed Motion:



**MENTAL HEALTH CRISIS  
A HOLISTIC APPROACH TO BETTER SERVE STUDENTS**

**BOARD OF TRUSTEES BRIEFING**

Greenville, North Carolina  
November 2021

## Executive Briefing Purpose

For decades, college campuses and counseling centers have battled the negative perception and stigma associated with students seeking mental health assistance. During the last ten years, campuses including ECU, have initiated numerous campaigns to minimize the negative perception and stigma associated with students seeking mental health assistance.

College students (and their parents) are now expecting their university to provide the resources they demand related to addressing serious topics, such as suicide prevention, depression, anxiety, and stress. This goes well beyond academic support and guidance to include students anticipating and expecting assistance to manage their daily lives with social support too.

The complexity of student cases has increased. Then when factoring in a global pandemic, students are experiencing even more distress. More students are being diagnosed with anxiety, depression, and social isolation, as well as many stating they have experienced suicidal ideation and self-harm. Then when factoring in a global pandemic, students are experiencing even more distress.

Counseling centers across the country, including at ECU, are overwhelmed, and flooded with appointments. This is creating issues related to staff burnout, staff attrition, higher than normal caseloads per counselor and a drain on available resources.

## Mental Health Crisis has become a Nationwide Counseling Center Crisis

- **ECU Being the Benchmark** - ECU has been contacted by other schools to inquire about how we are better serving our students and meeting some of the demand using third-party vendors, such as MySSP and Protocol. ECU has been able to better serve our students due in large part because of the administrative and financial support from ECU senior leaders as well as from the UNC System Office. The challenge is My SSP comes with a large price tag and the current funding for such services comes from HEERF dollars, which is expected to run out in FY22 or FY23.
- **Staff Vacancies/Retention** - Staff retention is a major concern as campuses aren't able to compete with private practice for workload or pay. The current staffing model is not sustainable long-term.
- **Academic Difficulty on the Rise** - Many students report difficulty taking classes online and a lack of motivation and are not making a connection between academics, mental health and COVID.
- **Case Complexity** - The complexity of cases continues to evolve with an increasing need for more intensive treatment options, e.g., partial hospitalization, daily outpatient treatment, specialized treatment.

## ECU Counseling Center Challenges

- **Counseling Appointments Times Increasing** – EBecause of the increased complexity, one “appointment” may mean spending 1-2 hours providing safety assessment, additional time consulting with staff regarding safety and treatment, time spent researching treatment options

and documentation of session. The days of a 50-minute session are long in the past.

- **External Agencies Recruiting our Staff** – Outside agencies can offer fewer work hours for increased pay. For example, one staff member, who left in August, received a 20% pay increase with the option for bonuses and assurance of telework.
- **Applicant Pools Drying Up** – Applicant pools for counseling center positions have been decreasing over the years. Many campuses trying to grow counseling staffs larger to meet demand while the supply for qualified counselors is depleted and the market is hyper competitive.

## ECU Counseling Center by the Numbers – Fall 2021

- During Fall 2021 semester (August – October) CCSD counselors have seen 956 unique clients with 2,714 appointments; this is the highest number of individual clients and total appointments compared to the same timeframe over the last five years.
- Nearly three out of every four CCSD clients (73%) are female students. Additionally, the top two racial demographics for students seeking counseling assistance are 65% White and 16% African American. The proportion of students seeking counseling services mirrors ECU's overall student population. One of every five students meeting with CCSD counselors self-identified as a first-generation student.
- A common misconception is that the students seeking mental health support on a college campus are predominantly first-year students. In fact, during the Fall 2021 semester at ECU, the breakdown is fairly consistent across the academic classes:
  - Freshman 15%
  - Sophomore 20%
  - Junior 20%
  - Senior 26%
  - Graduate/Professional 16%
  - No Response/Other 3%

**NOTE: 15% of clients identify as transfer students**

## Top Reasons for Client Appointments

- Students visit the Counseling Center for a variety of mental health reasons, and in many cases, students are experiencing multiple issues. The top reasons for counseling visits in Fall 2021 include:
  - Anxiety = 35%
  - Depression = 20%
  - Adjustment to College = 14%
  - Relationship Issues = 14%
- More than half of the 956 student clients (54%) reported having prior treatment. Additionally, 34% of clients report being on some type of psychotropic medication.

- Another alarming statistic is that approximately ten percent of all appointments during Fall 2021 semester is urgent or crisis counseling sessions.

## The First Year Assessment (FYA)

- The First Year Assessment (FYA) was designed in 2019 by Student Affairs Assessment, Research, and Planning (SAARP) with assistance from colleagues in Institutional Planning, Assessment, and Research (IPAR) and a faculty member in the Department of Psychology. The FYA was administered to all potential first-year students who paid an enrollment deposit by early June 2021. The Office of Student Transitions assisted with communication during orientation sessions and emails.
- The collected feedback from incoming students about their past experiences and future expectations to make their transition to ECU as supportive as possible. Ultimately, the information will inform early outreach efforts and design programs and interventions to help incoming students succeed at ECU. Additionally, the data can assist in predicting retention and persistence rates, thus identifying potential factors associated with an increased risk of departure.

The First Year Assessment is comprised of a variety of questions to obtain information specific to each student including:

- College choice and application information, educational expectations, part-time job history and expectations, and academic and social fit with ECU;
- Assessment of preparation for college and anticipated need for academic and non-academic support services;
- Externally validated scales measuring resilience, anxiety, depression, stress, overall mental health, and loneliness;
- Internally validated scales measuring commitment to earning a bachelor's degree, and commitment to continuous enrollment at ECU specifically; and
- Goals and expectations for student success.

## 2021 FYA Data Points

- **Key Takeaways from 2021 FYA**
  - The FYA was completed by 94% of the incoming Fall 2021 class of first year students.
  - Only 42% of students are extremely confident they have sufficient financial resources to finish college.
  - More than one-third of students (34%) anticipated receiving university support services to help them improve their emotional/mental health with 11% reporting that need was “extremely likely.”
  - Three specific sections relate directly to mental health: Perceived Stress, Mental Health and Loneliness.
    - **Perceived Stress** (higher scores = higher levels of stress)  
Females and first-generation college students, North Carolina residents, Pell recipients and FAFSA applicants all reported experiencing higher levels of stress relative to their peers.

- **Mental Health** (lower scores = lower levels of being mentally healthy)  
Females and first-generation college students, North Carolina residents, Pell recipients and FAFSA applicants all reported experiencing lower mental health scores relative to their peers.
- **Loneliness** – (higher scores = higher levels of experiencing loneliness)  
Females and first-generation college students, students east of I-95, economically distressed counties (Tier 1 and 2), Pell recipients and FAFSA applicants all reported experiencing higher loneliness scores relative to their peers.

**Note:** The longer the COVID pandemic continues the greater the expected impact on students entering college. Comparing the 2021 cohort with the 2020 cohort, this incoming class of students experienced higher levels of stress, lower levels of mental health and higher levels of loneliness scores than the 2020 cohort.

## It Takes a Village

- In order to provide a more comprehensive approach to providing steady support to students, ECU applies a holistic system that addresses the whole person, considering mental and social factors, rather than just the symptoms such as fatigue, insomnia, anxiety, depression, and loneliness/isolation. It also addresses factors such as sleep, nutrition, exercise, community support, meditation or mind-body exercises, priority management and life skills empowerment such as coping strategies, emotional acceptance, and academic support.
- The Counseling Center has transitioned its focus in recent years primarily to the clinical side of mental health and works very closely with student affairs, academic affairs and other partners on campus related to outreach, preventative actions, and support:
  - Academic Advising
  - Campus Living
  - Campus Police
  - Campus Recreation and Wellness
  - Dean of Students Office
  - Disability Support Services
  - Office of Faculty Excellence/Faculty Senate
  - Office of Student Rights and Responsibilities
  - Pirate Academic Success Center (PASC)
  - Student Health Services
- Counseling overflow is also impacting other offices. The Dean of Students Office has seen similar increases in cases, between August - October, particularly students who have experienced trauma or expressed thoughts of self-harm. Through campus referrals and case management services like ECU Cares, the Dean of Students Office had over 450 Cares/University Behavioral Concerns Team cases; 230 of those cases related to anxiety, depression, sexual misconduct, or suicidal ideation/attempts. These cases are separate from counseling client/appointment numbers.



➤ **My SSP (Student Support Program)**

- The counseling center expanded services through My SSP to increase counseling support and resources for students. This is a third-party vendor, paid for by HEERF funds but only through FY22 or FY23, and provides a variety of services to students.
- Students can call or chat any time of day or night (24 hours/day; 7 days/ week). My SSP connects students with free, confidential mental health and wellbeing support conveniently available via the My SSP app, telephone, and web. All services at ECU CCSD are confidential and free of charge for ECU students.
- My SSP offers call and chat services in English, Spanish, Mandarin, French, and Cantonese and is ADA compliant and TTY accessible.
- My SSP also offers video therapy (also called teletherapy) by appointment and appointments can be made during or outside standard office hours.
- As a confidential service, no information is shared by CCSD or MySSP without the student’s permission, excluding emergencies involving the safety of oneself or others.

**ECU’s My SSP Data**

Please note that formal implementation did not occur until September 27, 2021 following the institutional contractual process. Marketing methods included press releases, campus-wide emails, informational cards to residence hall staff, The East Carolinian, and presentations to SGA, the graduate school.

ECU	App & web registrations	Cases
Aug.*	36	5
Sept.*	98	54
Oct.	200	54
<b>Total</b>	<b>329</b>	<b>113</b>

- **ProtoCall** – This is a 24 hours per day/7 days per week contracted on-call service, free of charge to students, that connects students in crisis with a team of clinicians to provide emotional support, conduct assessments, and determine what is needed for immediate intervention and stabilization. This national program bridges after-hours coverage for the counseling center with personalized information and resources for students. The UNC System Office purchased this program for all 17 system schools two years ago. ECU has operated ProtoCall since 2016.
- **Kognito at ECU** engages users in role-play conversations with virtual humans, allowing them to try different approaches, get personalized feedback and gain the confidence and skills to lead similar conversations in real-life. At ECU these simulations can help faculty, staff and students develop the knowledge and skills to identify and speak with students on campus who may be dealing with suicidal ideation or other mental health concerns. This service is free of charge to students.
- **HOiST (Helping Our Students Thrive)** is a partnership between the Division of Student Affairs and the Office of Faculty Excellence to provide a series of workshops around creating a broader mental health support network for our students. Each session is led by a campus expert who will

help facilitate a conversation around what campus resources are available and what appropriate levels of helping might look like for individuals without mental health training.

- **Faculty Partnership with Student Affairs related to contact tracing and mental health** Since February 2021, ECU Contact Tracing has included questions regarding a follow up mental health screening. Students, faculty, and staff can indicate if they are interested in an additional call from a team within the Department of Addiction and Rehabilitation Studies. Screenings include assessments on anxiety, trauma, and depression, along with conversations about overall mental health needs and connections to counseling resources or coping strategies while they are in quarantine or isolation. This program has been funded by the SAHMSA Suicide Prevention Grant and has allowed for specific outreach to those impacted by COVID19. As of October 2021, the program has contacted 162 individuals and completed 103 screenings.
- **UNC System – Mental Health First Aid Initiative** is a course that teaches participants how to identify, understand, and respond to signs of mental illnesses and substance use disorders. Additionally, instructor training will be offered to those who are interested in being certified to serve on the frontlines and teach Mental Health First Aid courses throughout their community. Each participant who completes the certification (thereby becoming a trainer) is required to teach the course three times per year. It is anticipated that Mental Health First Aid trainings will reach up to 10,000 individuals across North Carolina by December 2022.

### Proactive and Preventative Measures Crucial to Mental Health Holistic Approach

In 2019, ECU created a cross-collaborative group known as the Well-Being Collective, which includes members from Student Affairs, Academic Affairs, Athletics, Health Sciences, Human Resources, and ECU Physicians. The Collective adopted the Gallup 5 Essential Elements of Well-Being as a model of well-being for ECU.

- **5 Essential Elements of Well-Being** - Gallup, a global research company, conducted a comprehensive worldwide study of more than 150 countries, giving a lens into the well-being of more than 98% of the world's population. The findings revealed five elements that represent overall well-being: 1) career, 2) social, 3) financial, 4) physical, and 5) community.
  - **Career** - sometimes referred to as purpose well-being is how you occupy your time and whether it is fulfilling.
  - **Social** - having strong relationships and love in your life.
  - **Financial** - effectively managing your economic life.
  - **Physical** - having good health and enough energy to get things done daily.
  - **Community** - the sense of engagement with the area in which you live.
- **Thrive** – Well-Being is not simply the absence of illness. The Collective's goal is to help students thrive. Thrive is not the absence of challenges or obstacles; rather to thrive means that the students understand that obstacles will arise and have discovered the tools and resources available to overcome them. It is also important to understand that throughout life, or even the day, that one may be surviving, striving, or thriving.
- **Discover, Explore, Live** – Prevention is essential for ECU students to thrive. The goal is to equip the students with tools to limit their chances of needing crisis intervention. Prevention is the upstream approach to well-being, metaphorically speaking to keep individuals from falling into the water, to begin with. The Collective uses various behavioral theories, and a sales funnel

approach to deliver evidence-based programs and services to create positive behavioral change no matter the student's behavioral stage.

- **Discover** – “Discover” programs are designed to create awareness and interest in healthy behaviors. These are implemented as short opportunities for interaction as students travel to and from classes or browse social media.
  - **Explore** – “Explore” programs and workshops are designed to create desire and action. These often take place in the classroom and are led by Well-Being Ambassadors to promote peer-to-peer learning.
  - **Live** – “Live” programs create long-term adherence and advocacy. These are opportunities for students to work one-on-one with Nationally Certified Health & Well-Being Coaches or Nationally Certified Personal Trainers. Students may also opt into becoming a Certified Peer Educator and provide peer-to-peer learning experiences. Students may also download and utilize BetterYou, a digital well-being coach, to keep them on track to thrive.
- **Meet Them Where They Are** – The goal of the Well-Being Collective is to truly meet students where they are, both physically and mentally. This requires omnichannel delivery to increase the chances of behavioral change. Over the last year, the Well-Being Collective has launched a University Well-Being brand to include a website, resource guides, and signature workshops. Working with strategic partners, a well-being module has been integrated into the COAD 1000 (first-year experience classes) curriculum including a chapter in the textbook and accompanied slide deck/curriculum. Additional partnerships have been created with various groups such as the Honors College, Athletics, Libraries, and academic units.

## ECU Well-Being Programs and Services

- **Better You** - Since January 2021, ECU has partnered with BetterYou to give students access to a digital coaching app. BetterYou is an AI-based digital health coach that maps how users spend their time and links it back to their health and well-being goals. Students set specific goals, based on what matters to them, in four areas of health: physical, social, education and mindfulness. BetterYou then logs progress in the background and provides gentle nudges and reminders to positively influence behavior. As of October 31, 2021, we have reached 100% capacity of students in our soft launch. On average, BetterYou has helped ECU students get 22 more minutes of sleep per night, increase talk time by nine minutes with their favorite people, and improve daily steps (movement) by 27%. The initial launch group of 800 students was co-funded by SGA and Campus Recreation & Wellness.
- **Well-Being Coaching** – When students are unsure how to begin their well-being journey, feel stressed and overwhelmed, or struggle to make healthy choices, then Well-Being Coaching may be ideal. Well-Being Coaches honor that each client is an expert on their own life and will help students co-create a plan based on their values and belief systems. Sessions can help students focus on physical, social, financial, career, and community well-being to help chart a course to succeed both academically and personally. The program includes a consultation and four complimentary sessions.
- **Well-Being Hub** – Students visiting the Hub, located in the Main Campus Student Center and Health Sciences Campus Student Center, can talk with knowledgeable Well-Being Ambassadors, certified peer educators, and nationally certified well-being coaches as well as collaborating campus partners. In addition, they will discover helpful campus resources,

explore programs and special events, and experience evidence-based methods to improve overall well-being and increase life satisfaction.

- **Well-Being Workshops** – ECU offers various well-being related, prevention and harm reduction workshops. Categories include 1) Alcohol & Other Drugs, Movement & Exercise, Mental Health & Stress Management, Nutrition & Body Image, Sexual Health & Health Relationships, Overall Well-Being, and Clifton StrengthsFinders. Well-Being Ambassadors, who are certified peer educators, deliver these workshops to student organizations, fraternities & sororities, on- and off-campus student housing, academic classes, athletic teams, and more. Strategic partnerships have been developed with Student Engagement, ECU Honors College, various colleges, and residential areas. As of October 31<sup>st</sup>, 119 workshops/events/programs have been offered to more than 4,600 attendees during Summer and Fall 2021.
- **ECU Fresh Check Day** - ECU hosted the fifth annual Fresh Check Day, a national award-winning program on October 6, 2021. The concept was created by The Jordan Porco Foundation and designed to bring the whole campus community together to "check-in" on college students' mental health and well-being. The free event was organized by Athletics, Campus Living, Campus Recreation and Wellness, Center for Counseling and Student Development, Dean of Students Office, Department of Psychology, Women and Gender Office, and the ECU Well-Being Collective with collaborating campus departments at ECU, student volunteers, and representatives of The Jordan Porco Foundation.
- **21<sup>st</sup> Birthday Project** – The 21<sup>st</sup> Birthday Project celebrates ECU students as they enter a new season of adulthood and creates awareness surrounding harmful drinking patterns through one-on-one sessions. During sessions, students receive tips and resources related to healthy drinking behaviors, which can empower them to advocate for safe drinking. In addition, students receive education about standard drink sizes, blood alcohol content, and recognizing signs and symptoms of alcohol related emergencies.

## Summary

The entire ECU community is focused on enhancing the mental health of our students while at the same time working to reduce elevated levels of social isolation, stress, anxiety, and loneliness. This problem didn't begin during the COVID, but the pandemic has definitely placed a spotlight directly on college campuses.

The demand for assistance for students is higher than ever before. Counseling staff members are on the brink of burnout with increasing caseloads and the enhanced complexity of each case. Universities simply cannot hire enough people to address the mental health crisis; that wasn't even a solution pre-COVID.

The challenges are real. The root causes extend beyond the walls of our campus to include family mental health history, socioeconomic status, social media pressures, racial injustice, and so much more.

For ECU, mental health and well-being must go hand-in-hand which in turn impacts student success. This is not just a counseling problem. It will truly take all of Pirate Nation to address the crisis going on in America.

## Additional Resources for Mental Health Crisis on College Campuses

- [Crisis on Campus: Mental Health Counselors are Feeling the Crush – “Mad in America” by Amy Biancolli](#) – October 2021
- [Did COVID Break Students’ Mental Health?](#) – August 2021
- [College students’ mental health and well-being](#) – August 2021
- [A ‘Breaking Point’ in Campus Mental Health](#) – July 2021
- [How to Improve Student and Educator Well-Being](#)

# Crisis on Campus: Mental Health Counselors Are Feeling the Crush

 [madinamerica.com/2021/10/mia-report-college-counseling/](https://madinamerica.com/2021/10/mia-report-college-counseling/)

By Amy Biancolli

October 30, 2021



Over the last two decades, mental health and suicide-prevention efforts have blanketed the nation, targeting young people at home and on campus with campaigns to raise awareness, combat stigma, and steer them toward treatment.

And over the last two decades, students have responded. More and more have been diagnosed with depression and anxiety. More and more say they've experienced suicidal ideation and self-harm. More and more are reporting other forms of mental distress and, more and more, are actively seeking help.

One result: College and university counseling services are swamped. At some schools, the wait time for a session can be as much as six weeks. Mental health staffers are taking on a flood of appointments, sapping their energy and strapping them for time. Many counselors are exhausted, their own mental equilibrium disrupted by the constant demand. Many directors are, too, juggling the needs of students and employees along with administrative concerns.

“People are burned out. People are leaving the field,” said Nance Roy, chief clinical officer at the Jed Foundation, a suicide-prevention effort targeting teens and young adults. Job-vacancy postings for counseling-center staff and directors are everywhere.

“Most counseling centers are overwhelmed with the number of students that want to be seen, and they don’t have the capacity to see them,” she said. “And it raises the question of what is the role of a counseling center on campus? Are they supposed to be community centers and have unlimited resources? It’s a question that’s really *the* question in terms of how to manage it.”

That question, and an array of possible answers, is now being mulled by those concerned with campus mental health, from the professionals tasked with aiding students to the students themselves. Everyone can see the crush. Everyone recognizes the plight of counselors. But there’s no consensus on how to proceed, because the approach so far — outreach and treatment, treatment and outreach — has ramped up the strain on counseling centers and those who staff them. Meanwhile, more and more young people are in more and more distress: According to the Centers for Disease Control, the suicide rate among 10- to 24-year-olds **increased more than 57 percent from 2007 to 2018**.

No one takes such numbers lightly. The challenge lies in figuring out how to lower them. How to ease students’ pain. How to foster student wellness, support counseling staff, and nourish campuses as a whole — which are, in essence, communities that mirror society and the paradigm of treatment that has held sway for decades.

Some see funding as the answer: more resources, more counselors. Some, widening the lens beyond the usual narrative, are asking what the broader community can do to ease the stress on centers. Some hope to steer the conversation away from counseling and other treatment to a more all-encompassing view of mental health on a continuum of well-being, one that casts the complexities of youth in more developmental and less diagnostic terms. Some are calling for all of that: More resources, more across-campus efforts to pitch in, more developmental dialogue and efforts promoting wellness. And with that, more attention paid to the mental health needs of those tasked with counseling students.

But something, they all say, needs to be done.

“The place we’ve reached puts us all in kind of a difficult situation,” said Ben Locke, formerly the senior director of counseling and psychological services (CAPS) at Pennsylvania State University. On the one hand, more students are seeking services — which he sees as a positive. “On the other hand, we’ve kind of convinced everybody that every emotional crisis they’re experiencing requires professional help — and that’s not the case. So how do you step away from that mindset? It’s tricky.”

***“What’s the chicken, and what’s the egg?”***

Locke is the founder and past executive director of the Center for Collegiate Mental Health (CCMH), a Penn State research effort that collects data across counseling centers. He doesn't want to deny any student their own experience, their understanding of their own needs, as they seek help. But he wonders about the propensity to classify those needs as illness; perhaps, he said, the swelling numbers of youth reporting mental health problems signify something else.

Chewing on this, he referred to [a 2017 New Yorker article on early tumor detection](#) that noted South Korea's implementation of widespread screenings for thyroid cancer. While diagnoses soared, death rates stayed the same — not because the detected nodules weren't cancer, the piece explains, but because only some cancers lead to illness. The issue wasn't misdiagnosis but overdiagnosis.

In the same way, Locke said, "If you screen human beings for the presence of mental health distress, yes, you will always find it. Does that mean that they're sick? Does that mean that they're mentally unwell? Probably not."

The result, Locke said, is "a crisis of access as opposed to a mental health crisis"; his successor at CCMH, Brett Scofield, called it "a crisis of capacity." With demand outpacing supply, the impact falls on counselors.

Whether and how they're experiencing burnout is "a complex question, and one that we don't have data on," Scofield said. But anecdotally, at least, stressors seem to be associated with higher caseloads and less flexibility.

Which can all add up. Not for everyone everywhere, and not always. Situations vary across individual counselors and campuses, some of which provide better support and more resources, both human and financial. And not all observers call it "burnout." In formal research and informal conversation, different terms are used to describe a maxing-out among college and university clinicians, and different remedies are being weighed in response. But the goal is the same: How to lend helping hands to students when those hands are already full?

The answer, in Roy's opinion, "is to move the needle" away from a focus on counseling centers to a broader and more holistic approach. Others shared similar views, including those who hold a more middle-of-the-road attitude when it comes to the existing biomedical paradigm. But at no point, in on-the-record interviews with 19 people, did anyone say: *This is how to fix everything, full stop*. If the last two decades of campus mental health efforts proved anything, it's that a single approach alone won't solve the problem.

Many institutions of higher learning had already been wrestling with such topics when, in 2019, University of Pennsylvania counseling director Gregory Eells died by suicide. His death startled his colleagues, prompting soul-searching and new efforts to step back and take a look at current approaches and expectations.



“It really talked to how vulnerable, and how weighed down, caregivers are,” said Jan Collins-Eiglin, who has years of experience as a clinician and director and now serves as advisor with the Steve Fund, which advocates for the emotional and mental well-being of students of color. As she travels around campuses, she can see that counselors are “suffering as much as the students are. And so, what is the solution for that? And when you feel isolated, you’re all alone, all of this darkness just hits you. How do you really handle that?”

Combing through all the contributing factors — all the causes, all the data pointing to all the intertwined mental health challenges of students, counselors, and directors— does not lead to any tidy explanations or solutions. Such factors also reflect and embody the wider conversation around mental health management, a sprawling umbrella that can include the biomedical approach (which may be limited, on many campuses, to physicians staffing the health center) along with short-term counseling sessions, more long-term psychotherapy, and broader wellness initiatives.

Bryant Ford, who has decades of experience as a campus therapist and now serves as associate dean of community life and inclusivity at Dartmouth College, said it’s difficult, even impossible, to separate out all the many causes currently affecting campus populations. Students pouring into counseling centers, counselors and directors scrambling to cope, everything exacerbated by COVID-19 — the strands all braid together.

“What I don’t know is how much of this is actually trends that we’re seeing, and how much of this has sort of been revealed to us because of the pandemic. . . . There’s just a lot of complexity behind some of this,” he said. “And it’s really hard to get a sense of what’s the chicken, and what’s the egg.”

***“Not the same job you got hired for”***

Still, there’s a ton of data. Data on students, data on counselors, data on directors.

According to CCMH, the last eight years have seen a 6.9 percent increase in students at campus counseling services who say they’ve had serious suicidal ideation at some point in their lives — bringing the total, right now, up to 36.9 percent.

Further, **the latest report** also shows that students’ lifetime counseling experiences are similarly on the rise, with around 60 percent of students who seek campus services saying they’ve had previous treatment — an increase of more than 12 percent since 2012-2013. The organization’s data over the same span indicate anxiety and depression have also been increasing, with 24.1 percent citing the former as their “top concern,” 18.3 percent the latter. Meanwhile, the percentage of students reporting a traumatic event has gone from 31 percent to 42 percent.

Other research bears this out. **In a 2018 study tracking 10 years of data** from the annual **Healthy Minds Study** surveying college students’ mental health, the authors ticked off increases across the board: From 2007 to 2017, the survey saw upticks in rates of treatment

(19 percent to 34 percent) and students with lifetime diagnoses (22 percent to 36 percent). “The prevalence of depression and suicidality also increased,” they wrote, “while stigma decreased.”

In **the 2020 iteration of the study**, 41 percent of all students reported lifetime diagnoses of mental disorders; 39 percent of them, some form of depression; 34 percent, anxiety. Twenty-four percent said they were on psychiatric drugs in the past year. In the same span of time, 13 percent reported suicidal ideation; 23 percent engaged in non-suicidal self-harm.

“It’s clear that more students than ever are reporting a lot of distress — a lot of feelings of depression and anxiety, more thoughts of suicide,” said the University of Los Angeles’ Daniel Eisenberg, director of the Healthy Minds Network and author of its 2018 trends study. “I think it’s still a little bit of an open question as to what that means — because, you know, one explanation would be that young people are more aware of mental health symptoms, and more open to talking about them, and even reporting them on a survey. I think that probably explains at least some of the uptick.”

That said, “I think it also probably does reflect greater levels of distress that are separate from just the willingness to report.”

Whatever the cause, however it’s defined, all of that puts a load on counseling services. If you crunch the math on workloads, it comes down to caseloads per clinician — how many sessions each counselor at a given campus is expected to handle. A Clinical Load Index (CLI), developed at CCMH, shows annual caseloads ranging from 30 to 310 for the average 40-hour-per-week clinician (providing 24 hours of direct clinical care) within the 567 centers providing data.

That yawning gap between low end and high end underscores a considerable disparity in the experiences and stress levels of counselors, with some of them handling reasonable workloads and others teetering under a heap of professional obligations. For many, the inflation of caseloads and other duties has been gradual: A drip-drip-drip of more sessions, more walk-in shifts, more screenings, more outreach duties and other non-counseling job requirements.

Locke uses a few different metaphors to explain this. Imagine, he said, if someone told you to drive five miles per hour faster every day. Or imagine this: “Every morning when you get up, somebody adds five pounds to the bag you have to carry.” Eventually you’d be dragging around a 60-pound weight.

If you were hired to lug it around from the start, that’s one thing. But for many counselors working today, he said, “The job you’re responsible for today is not the same job you got hired for 20 years ago.”

***“Burnout is incredibly real”***

As interviewee after interviewee pointed out, the work is heavy as is. Listening to students' stories and absorbing their burdens can become another kind of burden, especially when those in need are in an extreme state or even at risk of suicide — and especially when the counselor in question is tired, isolated, or in distress themselves.

“That ‘burnout’ word is very, very prevalent,” said Stephen Elfenbein, a counselor with the Shaw Wellness Institute at Colgate University who also coordinates drug and alcohol services. Although he doesn't see it in his current role (“swearing to God, I don't”), he hears about it from friends and colleagues at other campuses or outpatient clinics — and he's observed it himself in previous jobs.

“Burnout is incredibly real,” echoed Erica Riba, director of higher education and student engagement for the Jed Foundation. “I have unfortunately seen people leave higher education. We don't want that.”



Stephen Elfenbein

A licensed clinical social worker, she previously served as a therapist at Eastern Michigan University and Wayne State University. Asked if she observed burnout herself, she replied; “Oh, yeah. I saw it in my work.” Assessing risk, assessing center resources, factoring in the safety of students in crisis and the needs of others: It's a lot. “You're daily doing your best to support people for their mental health — and it can be common for people to forget about what *they're* going through, and their *own* mental health.”

That became especially notable throughout the COVID pause, as social interaction — and with it, therapy — turned virtual, increasing screen time and exacerbating isolation for students and counseling staff alike. In a way, the experience became a lesson in human nature and the urge to connect.

“I believe that the connection is so critical to our human condition that a sense of disconnect — the inversion of that — lays a foundation for all kinds of feelings. . . . whether it's sadness, or exhaustion, or fatigue, or lack of motivation, or any of it,” said Harry Rockland-Miller, a onetime consulting partner with Greg Eells and former longtime counseling director at the University of Massachusetts, Amherst. He's also co-author, with Hamilton College counseling director David Walden, of [a recent Mantra Health whitepaper](#) on college-provider burnout in the thick of pandemic.

The responses to Rockland-Miller and Walden’s survey were stark. One of its questions: “Are you experiencing some form of burnout?” A whopping 90 percent of surveyed clinicians and 92.4 percent of surveyed directors replied “yes.”

“It’s not a double-blind placebo-controlled study. Not a random sample,” Rockland-Miller said. There were limitations, and he wants to be cautious. “But, yeah, it was really striking to me. . . . The results just — well, you saw them. They were really powerful.”

Even pre-COVID, burnout was already a cause for concern, a topic of discussion, and a subject of research. In 2018, Gregory Lee Bohner’s paper explored the metrics in ***The Relationship Between College Counselor Work Responsibilities and Burnout***, his dissertation for Kansas State University. Now director for disability services at Union University in Jackson, Tennessee, he used various metrics to analyze burnout and test various hypotheses — and developed a “College Counselor Activity Rating Scale” to measure counseling and non-counseling work duties specifically. None of the results point to any simple explanation of causes or definition of “burnout.”

But the gist of his findings: If counseling staff maintain more of a sense of meaning in their work, they’re generally in a better psychological space than those who feel less. It’s not a question of more non-counseling duties at small campuses versus large — which isn’t the case — or even the effects of such duties themselves.

“Perceived workload and administrative activities were positively correlated with burnout,” he wrote, “but finding meaning in one’s work was negatively correlated.”

***“You’re holding all the mental, emotional stress of the students”***

In a phone interview Bohner expanded on this, noting a change over the decades in the role of campus counseling, in the students who access it, and the expansion in the type and scope of work that counselors do. It boiled down to *perceived* workload — how the work was understood by counselors, and whether they performed it with that critical sense of meaning.

“That stands out,” Bohner said. “Because you can have all these different things that you’re doing, but so long as you don’t have that high perceived workload, that’s not going to be connected to the burnout.”

The deeply felt idealism that brings people into the field is one thing, Bohner said. The skills required in learning to switch off feelings at the end of the day are another. Some people might have trouble leaving those feelings at the office, and that’s where burnout becomes a danger. “They don’t quite learn how to build that boundary and to turn it off,” he said.

Bohner calls this his “empathy chip.” At some point in the day, he needs to switch it off — or at least down.

A different metaphor for burnout hit him right then on the phone. “You get done camping, you’re all out of wood. And you either go out into the forest and grab some more — and keep the fire burning,” he said, “or it’s burned up.”

For many clinicians feeding the fire, that sense of meaning described by Bohner — even beyond that, a sense of mission — drives them as they navigate the surge in caseloads and all that it means. That’s why they’re in the business: to help people heal. “There is a sense of calling for many people in the field,” Rockland-Miller said. That sense of purpose “keeps us moving forward.”

But helping people heal isn’t easy, he said. “You’re holding all the mental, emotional stress of the students.” Anxiety, trauma, substance abuse — all of those individual student needs. Add to that the needs of the wider community — faculty, professional staff, other groups. “You’re holding a lot, right?” All of that “can’t be held alone by the counseling center.”

Those on the outside can see it, too. “Largely, I see a workforce that has gone into this work because they cared deeply about people — and they cared deeply about students,” said Alison Malmon, founder and executive director of the student mental health awareness organization Active Minds. But they can’t be expected to carry everything; there needs to be a more public-health approach. Some campuses are doing that. Others, she said, “are not doing as good of a job.”

As Bryant Ford remarked from Dartmouth: “I wonder sometimes, do they really understand how difficult this work can be? And what kind of impact it can have on its employees? . . . Do you really know what it means, understand what it means, to sit and sometimes hold what some of our students are experiencing?” And no, he said, “I don’t know if it’s understood.”

### ***“Representation matters”***

All of this is especially true for counselors of color. They are, to put it bluntly, in demand.

“Oh, my God, that’s an understatement,” said Jan Collins-Eaglin. “They are in so much demand that it burns them out.”

In her various clinical roles, “Students would come to see me because I’m a counselor of color — and I was happy to see them. But then you have all these *other* students that have to be seen also. So how do you begin to balance who sees who? How do we balance this? Do you have the capacity to have specialized services? Do you have the staffing to have specialized services? And that poor therapist,” she said. “Because it really gets to be a whole lot.”

The preference of BIPOC students for BIPOC clinicians is in particular relief at predominantly white institutions, where a young person of color is likely to feel even more isolated. With a shared understanding of systemic racism, poverty, and trauma, “There’s an ease with which they can communicate,” said Ford, who’s African-American. Such counselors “know what it

means to feel marginalized or feel dismissed — and there’s something about knowing someone may have traversed that area that they’ve gone through. There’s a sense of bonding and feeling comfortable.”

But in a counseling profession **that’s also predominantly white**, most campuses have difficulty hiring, and then retaining, caregivers with that shared experience. And that means more work for those already on staff. “Sometimes it does become challenging,” Ford said. If there aren’t enough counselors of color, “Then everybody is clamoring to see them. It can increase caseloads. And that can also increase the stressors that are also associated with the work experience.” On top of caseloads, counselors are often deeply involved in outreach.

Asked what she observed from her work at the Steve Fund and her many years as a counselor of color, Collins-Eaglin zeroed in on the student’s perspective: “What we see happening is that, with everybody else — like everybody else — mental health issues are rising. And that’s consistent across the board. What *isn’t* consistent is the fact that we have unequal access to services and understanding about those services.” BIPOC students “are marginalized in ways that others aren’t. Accessing services is a real issue, right? It’s a big, big, big issue — and, from my perspective, a social justice issue.”

College campuses are, in a way, microcosms of society at large, contained academic biodomes featuring the intricate dynamics, etched-in hierarchies, and diverse, interweaving social groups that can be found in any community, small or large — with the same implications surrounding representation, identity, and access.

“Bingo,” said Collins-Eiglin. “We represent what’s out there.”

Students of color are already reluctant to use campus mental health services. “When they go to the counseling center — or if they go — who do they see? . . . What we hear from students is: ‘I’m not going there. They don’t understand me.’”

Marcus Hotaling, counseling-center director at Union College in Schenectady, NY, and president-elect of the Association for University and College Counseling Center Directors (AUCCCD), said he comprehends the need for diverse staffing. “I do think it’s important,” he said. “Representation matters. It is important that we do our best to offer resources and support services that students can identify with.”

***“That feeling of neglect and being ignored is no longer there”***

At campuses both large and small, the call for greater representation acknowledges students across a rainbow of identities, LGBTQ included. While smaller institutions with tighter budgets might have a harder time hiring staff that reflects them all, regular diversity training is now the norm for campus services, Hotaling said; education of counselors has become more inclusive and identity-minded, as well.

Such priorities mark a notable and ongoing shift in the history of college counseling, which has transformed and expanded in significant ways over the last century. Twenty years ago, Shannon Hodges of Niagara University published **University Counseling Centers at the Twenty-First Century: Looking Forward, Looking Back**, but much of the article's content is as relevant now as it was when it first appeared in the fall 2001 issue of the *Journal of College Counseling*.

Around 100 years ago, counseling was principally academic — the bailiwick of professors advising students. After World War II, with veterans returning, it expanded to include vocational training. In the decades that followed, counseling became more specialized and distinct from the work of student affairs, focusing on personal and mental health matters and moving into the more humanistic realm with talk therapy trained on listening. Later in the 20th century, as the medical model and its focus on psychopathology became dominant, an emphasis on psychiatric diagnoses and treatment emerged on many campuses.

The more developmental approach pushed back as best it could — emphasizing the transition from adolescence into adulthood and the “interpersonal, emotional, physical, and spiritual” changes that typically characterize the college years. That emphasis, which Hodges calls “a remnant of the early days of the field,” remained a hallmark of the profession and its many splintered subgroups as more and more counseling centers served more and more students. By the turn of the 21st century, the diversification of the student body and, with it, the gradual metamorphosis of counseling itself, meant that counselors were addressing a wide range of needs for a wide range of students.

In the two decades since, needs grew. Duties expanded to meet them, and needs grew more. As they did, another “chicken and egg” conundrum came to the fore as research highlighted continually worsening mental disquiet among undergraduates.

John Miner, a partner in College Health and Counseling Services Consulting and a psychiatrist who worked on staff and served as counseling director for Williams College, noted Richard Kadison's 2004 book, **College of the Overwhelmed: The Campus Mental Health Crisis and What to Do About It**, which “really sprang out of” the massive **National College Health Assessment** survey and its first batch of results from four years earlier.

The data “pointed to this notion of students being overwhelmed and really stressed out by being in college,” Miner said. Since then, “There's kind of been an ongoing argument in the field whether students are more disturbed than they were in the last generation” — or whether young people, parents, and society itself are simply changing in how they frame and address experiences.

Do the numbers showing an increase in anxiety and depression indicate an actual downturn in student mental health? Or do they represent a “much more open” culture, and an increased willingness to talk about it?

David Reetz, CAPS director at Rochester Institute of Technology and 2020-2021 president of the AUCCCD, sees it as a change in language and a matter of students feeling more at ease in discussing their mental health. In previous generations, he said, someone might have identified a challenging state as “academic stress — worrying about being able to learn the material, struggling with group dynamics and group projects, being anxious about a presentation in class.” Nowadays, “students are more inclined to label that as mental health distress.”



David Reetz

He also cited the Obama-administration drive for more accountability in higher education, which cranked up the pressure on universities and colleges to produce numbers on all facets of education and campus life. Mental health services, formerly under the radar, felt compelled to meet demand and maintain accountability.

Maybe 15 years ago, he said, most university and college counseling directors “would say that they were there as kind of an afterthought. They were doing their own thing. They were underfunded. And we were just not valued.”

And now? “That feeling of neglect and being ignored is no longer there.”

***“Perfectionism is in the water everywhere”***

Counseling centers have swollen in footprint and prominence, their literal growth mirroring their ever-expanding role.

For a long time, at most colleges, health services in general were located on the periphery of the campus. At a smaller school, it might have been staffed with a nurse. What’s more, Miner said, “Nobody knew who went to the health services. Nobody wanted to *know* who went to the health services.”

But over time, health “became more centralized on campus, and there was kind of a push to integrate services and reach out more” — rather than simply wait for people to show up. Those services grew, with “all of those fields hiring more and more people. And the number of students utilizing those services kept growing, and growing, and growing, as well.”

Just look at the buildings themselves. “Wellness centers are gleaming structures with all these things — that’s a big selling point for colleges,” said Miner’s consulting partner Gerard Fromm, who teaches at the Yale Child Study Center (and, like Miner, is affiliated with the Erikson institute at the Austen Riggs Center in Stockbridge, Mass).



Not too long ago, Hotaling said, a counseling center “never got calls before from parents asking what services were available as they were looking at what college to pick.” But the reduction in stigma, combined with the advent of “helicopter” parenting, means that primo mental health services can now give an institution bragging rights — even promoted in emails and on campus tours. Because of that, “They’re now calling in March, saying, ‘My son, my daughter, my child is considering Union, and we want to see what services are available.’”

The upshot: Pressure in all directions. Pressure on colleges and universities, especially the priciest ones, to be full-service operations. Pressure on directors to keep upper management happy while tending their own staffers and figuring out how best to make do with the resources they have — in many cases, while also handling some individual sessions with students themselves. Pressure on counselors to provide all care, to meet all needs, to be all things for all students.

One outcome, said Vanderbilt University counseling director Todd Weinman, has been an “the erosion of boundaries” in college counseling, which historically etched a line between therapist and student. Formerly, a student would meet a counselor in strictly delineated sessions of maybe 45 or 50 minutes, slowly building a special therapeutic relationship. Now, “It’s all access, all the time, and kind of treating mental health as you would a primary care office.”

Weinman, close friends with Eells, was on a Zoom call with Greg’s wife Michelle. Reflecting on her late husband, she recalled something he often said about the system — and all the loaded expectations being heaped upon counseling services. So many people expect the campus medical and counseling “to fix all their needs, and provide these services that society doesn’t provide.” Instant medical care, instant mental health counseling — none of that is available in the outside world “unless you go to the E.R. And even at the E.R., you don’t get immediate counseling services. So they have this pressure — the university and the center — have this pressure to provide services and fix things that don’t happen anywhere else.

“He said this, of course, more eloquently than I did,” she added. “But it’s true.”

“Yeah,” Weinman said. “Perfectionism is in the water everywhere.”

***“You don’t even notice what you’re carrying”***

For counseling service directors, it all adds up.

“In some ways, all the trauma becomes a little bit cumulative . . . We’re absorbing it without really knowing it,” said Weinman. Managing staff, navigating work dynamics, juggling through-the-roof expectations: that takes a toll. “You don’t even notice what you’re carrying.”

Consider Eells himself, a beacon in the community and admired — loved, even — for his vitality, charisma, and passion for the cause of student mental health. Co-author of a book on the healing powers of nature (***Nature Rx: Improving College-Student Mental Health***, with Donald A. Rakow) and a public speaker known for his **TEDx talk on resilience**, Eells had worked for years as CAPS director at Cornell and was serving in that capacity at the University of Pennsylvania when, two years ago, he died by suicide.

In that tight community, many were friends with Eells, had worked beside him, or had met him at some conference or other. Even those who hadn't were familiar with his work. "Everybody knew him. Greg had a personality that just shined through," said Marcus Hotaling. His death "was definitely a shock to the system." Commented Jan Collins-Eiglin: "It shook all of us who were his friends." At a counseling-service conference held after Eell's death, Fromm said, "the depression was palpable."

In her Zoom call with Weinman, Michelle Eells described a man who "liked to be connected . . . He loved to be around people, with people. He'd have a party every day, if he could."

As humble as he was charismatic, he was also physically imposing — 6'2" and around 250 pounds, much of it muscle. Riding his bike to Cornell, five hilly miles each way, he was known for his "freakishly large calves." At home, they called him "Mr. Incredible." He never stopped feeling committed to his work or rewarded by it, she said. Even up to the end.

But suicides are complex. The reasons behind them aren't straightforward and can't be unpacked easily — or, more often, at all. Eells' wife, friends, and colleagues are all loath to blame work or pinpoint one stressor over another. Michelle Eells, for one, does not characterize what happened to him as "burnout." But whatever the causes, his suicide sparked dialogue among his colleagues, prompting focus groups, workshops, and countless informal conversations brainstorming ways to help counselors and directors while also meeting student needs.

"Everyone struggles, okay? And you may never know what someone is struggling with," Riba said. This is something she's long known. But Eells' suicide — "wow, it was a total shock to the colleagues around him. All of us."

Said Hotaling: "I think that was the first time people were saying, 'We need to be talking about our own health. Because who's helping the helpers?'" For years now, "We were looking into the resiliency and self-care of college students. . . . Now, how do we do that for



Greg Eells (Courtesy Michelle Eells)

everybody helping the students? Whether that be faculty, whether that be administrators and health care providers?”

For Michelle Eells, the chief takeaway is even more searing and plainspoken: “There needs to be change.” Dwelling on the lessons of her husband’s death, she quoted a sentiment conveyed by many, in more or less the same words.

“If this can happen to Greg,” she said, “then it can happen to anyone.”

*“I think our world has gone mad”*

College students have long been wrestling with that same, plainspoken admonition.

Emma Smith, a junior at Drexel University in Philadelphia, was in high school when she first ran across statistics identifying suicide as the **second-leading cause of death for youth and young adults**. She thought, “This is such a big issue. Why aren’t we talking about this more?”



Emma Smith (Photo credit: Jon Shematek)

In school, she attended an event with Malmon, who founded Active Minds after her brother Brian died by suicide. Smith was amazed and relieved to witness someone speaking openly about mental health. Feeling invigorated and empowered, she sought out the Drexel chapter shortly after arriving on campus. She now serves as co-president, reaching out into the student body with efforts aimed at outreach and open communication.

Smith is open about her own mental health issues — a diagnosis of anxiety, an episode of depression. Talking about it is more normalized now than, say, when her mom was in college. But stigma is still an issue. Openness still needs to be encouraged. Asked whether she would classify the waves of students accessing services as a crisis, she replied: “Yes. I think I would.”

For her, those suicide statistics brook no argument. “That’s, like, the final thing,” she said. “I don’t know how to say it. . . . If people are dying at that rate? High suicide? That shows so much is going untreated.”

Which raises a big question: *Why?*

Why are suicides continuing to spike? And why are young people in such distress to begin with?

Could the reasons be iatrogenic — that is, the treatment itself? **A 2014 study by Danish researchers** showed suicide risk increases according to the level of a person’s psychiatric care: from 5.8 times higher for those on medication to 44.3 times higher for those who’ve been admitted as an inpatient.

But could other factors, societal factors, be playing a role? **Could racism, poverty, and other systemic issues** be contributing to malaise? Could the cause be **global warming**, political extremism, **social unrest** — or all of that? Perhaps, some say, it’s life in this particular epoch of history, riddled with uncertainty and strife.

“I think our world has gone mad, and I think that has significant implications for all,” said Nance Roy at the Jed Foundation, “but especially for young people. . . . I think it’s a scary place right now.”

**Social media usage**, and its effect on sleep patterns, was one more potential cause for stress cited by those interviewed; another was the parallel downturn in real-world social interaction, which is always critical in developmental terms as teenagers inch toward adulthood. David Reetz, with the AUCCCD, cited **The Freshman Survey** of incoming American students in breaking down the causes of student anxiety. Conducted each year by UCLA, it has shown **a shrinking allotment of time that they spend with their peers**. Asked about their last year in high school, students are reporting less and less experience in high school clubs, athletics, volunteerism — and other forms of socializing.

“All of that time engaged in social interaction is diminishing,” Reetz said, who also noted **a 2019 study**. “So of course, when they come to campuses, they’re gonna be anxious, because they have less experience in those social interactions.” Talking to peers, engaging with faculty, all of it. “And there’s a learning curve there. And that’s a notable part of this increasing anxiety — that learning curve. Now, is that a mental health disorder, or is that a normal developmental process?”

On top of that: the pandemic.

According to Hotaling, Union College is currently seeing a spike in the number of first-year students accessing services. From the first week of term until Oct. 1, he said, the college saw a jump of “85 percent in the number of first-year students we’re seeing, and a 20-percent jump in the number of appointments we’ve had. So that means the majority of our clients right now are first-year students.”

The reasons why, he postulates: “They haven’t really had normality in a year and a half. Their last normal year was two years ago. Now, all of a sudden, we’re throwing them back into full-time student (life), and classes, and adjusting to college, and overcoming the pandemic, and trying to meet people with masks on their faces. And all sorts of things.”

Smith agreed. “COVID was like a collective trauma,” she said. “But there’s always going to be a student who’s struggling, and we always need to keep that in mind.” And even if students are using the language of mental health to describe stressors that generations past might have identified as academic or social, well, they’re still feeling it.

“I think if you’re reaching out for help and going to therapy — and it’s already stigmatized at that level,” she said, “there’s a reason *why* you’re reaching out.”

***“Crisis is in the eye of the beholder”***

Which prompts another big question: What would help? What would ease the pain of students and the impact on counselors? What should colleges *do*?

Smith had a few answers. For a start: “More counselors. Honestly, just expanding the whole counseling center. They’re really overworked, and, like, the pressure on them — I really empathize with them. . . The counselors try to do the best they can with what’s given to them.”

Others concurred. But many are cautious on this front, both recognizing that students need access and acknowledging that efforts to ramp up that access haven’t solved the problem so far. For years now, students have been in crisis; services needed to expand. But students are still in crisis; services still need to expand.

As a response to the crush of appointment requests, institutions across the country are now instituting some form of triage — a method of screenings, assessment, or stepped care that identifies those in acute need and re-routes others toward less-immediate treatment. Students trying to access mental health services aren’t all suicidal, profoundly depressed, or in some other state requiring immediate care. But some are, and any student who feels in danger needs to be heard. As the Jed Foundation’s John Dunkle put it: “Crisis is in the eye of the beholder.”

Dunkle long served as CAPS director at Northwestern University. There, he said, “the number of crisis appointments were far outsurpassing the number of other appointments” — and so they trained their energies on those most urgent demands. “If a student is expressing it as a crisis, then we had to focus attention there, because it could potentially be someone at high risk.”

But the result can be a bottleneck in longer-term or even shorter-term treatment as counseling centers drop everything and respond — something Dunkle has heard from colleagues across the country. According to the **AUCCCD’s 2020 survey**, the average time for a first appointment is four business days; the wait for a follow-up after a triage appointment is seven days; at schools with between 15,001 and 20,000 students, it’s 10 business days. Other research and news accounts note even longer wait times: At the University of Arizona, **a *Daily Wildcat* story from late 2019** quoted a student who had to wait six weeks for an appointment. Other accounts assert the same, or more. (And in **its 2019 survey**, the AUCCCD listed a “maximum wait time” of 54 days for schools with 10,001-15,000 students.)

“Six weeks. . . . that’s a long, long time,” said Alison Malmon.

Sometimes, students themselves don’t recognize the seriousness of their own mental or emotional state. “You don’t always know the answer to that question until someone helps you see how severe it’s gotten,” she said. “I don’t think it’s an issue of triaging.” Whether they’re suicidal or not, “By the time somebody calls a counseling center for help, it’s extreme for them.”

Riba described it this way: “Every student matters. Every student, no matter the situation. . . . We have to commend students for taking that step and wanting to talk about it. It could be that they’re in a panic or a crisis, and need to be seen immediately.” Or maybe they just need to share. “But counseling centers need to create that space.”

***“It’s a see something, say something kind of thing”***

All such programs — triage, by any other name — still put the onus on counselors. They still follow the established treatment paradigm, routing students toward campus centers for aid, assessment, and counseling. Crisis mode is one thing; broader support is another. Further ramping up CAPS funds, some say, can only do so much.

Jan Collins-Eaglin regards the allocation of more resources as good news. “But the other piece of that is you can’t resource your way out of this situation,” she said. Institutions of higher learning should be considering alternate models of care, weighing the diverse and complex range of students’ needs. “You’ve gotta think about it differently.”

Which raises yet another big question: What does that mean? What would *thinking about it differently* entail? Given the shifting aims and arc of counseling on American campuses, what should the next phase be? For many, the long view requires something beyond that

treatment-oriented model — something that nudges campus mental health into more broadly human territory.

“I’m not saying that we shouldn’t be giving treatment,” said Brett Scofield at CCMH. “But there are students, certainly, where there are alternative routes that might meet their needs — that’s not a professional, long-term, mental health intervention. Faculty supports. Peer supports. There’s connection with others. There’s other support services on campuses. There’s online wellness support services. So there’s alternative pathways where, I think, people can get supportive care outside professional interventions — and faculty could be a part of that.”

This point — that not only counselors should be helping students in need — was made, with similar urgency, by people in positions both on campus and off.

“The responsibility of addressing student mental health issues on campus is really a community issue, and can’t just be the counseling center,” Dunkle said. Added his colleague, Nance Roy: “Not every student on campus needs direct clinical care. But they can all certainly benefit from support, from a warm hand.” And that warm hand could belong to anyone. “Security folks, dining hall people, I mean, you name it. Everyone on campus has a role to play — not to be therapists, but to be caring human beings.”

Maybe a professor notices a student has gone silent in class. Maybe someone else, on some other corner of the campus, notices an absence or alteration of mood. “Reach out,” Roy said. “It’s a ‘see something, say something’ kind of thing.”

As basic as that sounds, putting it into place isn’t easy — because many people don’t know exactly what to say.

“How do you learn to just check in with people?” asked Bryant Ford at Dartmouth. “Because people question whether or not they know how to ask the right question.”

“People are so afraid to say the wrong thing that they don’t say anything at all,” said Alison Malmon, noting that **67 percent of college students tell a friend that they’re suicidal before telling anyone else**. Given that statistic, she asked, “What kind of tools and language can we arm students with?” Awareness is rising, stigma is decreasing, “and yet nobody has ever been taught what words to use.”

Active Minds has developed one approach, **Validate Appreciate Refer (VAR)**, which it highlights online and promotes on campuses. Everyday observation, conversation, and compassion are the keys. As the website explains: “Someone doesn’t need to be in a crisis to seek help; you don’t have to be an expert to provide help; and help can come in many different forms. Being there for someone in a moment of need is what it’s all about.”

Other organizations are promoting similar toolkits and training methods urging people to speak up — and, when they do so, what to say. Advice varies. But in general, open-ended questions (“How are you?”) are encouraged; more specific ones (“Are you depressed?”) are discouraged. Trainings are short, sweet, compassionate, direct. Nothing too time-consuming. Nothing too complicated.

An assortment of other efforts are being promoted and pursued. Jennifer Howard’s 2015 piece in the Chronicle of Higher Education, “**Faculty on the Front Lines**,” looked at “rapid-response” initiatives that engage faculty in different types of crises and quoted Reetz on the need for more campuses to train them. The Jed Foundation also offers materials for professors, staff, and other non-health professionals — ways to educate the community on suicide prevention, language skills, listening skills, and more.

From the wellness center at Colgate, Stephen Elfenbein works with students on Active Minds programs — including the anti-suicide initiative **Send Silence Packing** — and other campus programs. Many such efforts are focused on prevention, mindfulness, self-care (“sometimes, the students need to give themselves a hug”) and positive engagement, stressing a whole-community model and mindset on issues from sexual violence and drug prevention to broader issues of mental health and wellness.

From his standpoint, it just makes sense.

“It’s a campus-wide problem,” he said, “so we’re gonna find campus-wide solutions.”

***“There’s room for us all to grow”***

But the campus is only a piece of it. For many, the larger target for change is society itself — combating the idea of “mental health” as a topic only addressed in terms of the treatment model, and only for those in crisis. Emma Smith, for her part, wishes therapy were considered a preventative measure “for every phase, every part of the spectrum, even if you feel you’re in the best place mentally.”

As Malmon expressed it: “Our goal is to change the culture around mental health— and in some environments, that means starting a conversation around mental health. Because it may be an environment, or a school, where no one is talking.”

The aim is to get people conversing about it in normal ways, on normal days. Not just now and then — say, because it happens to be World Suicide Prevention Day, each Sept. 10, or National Depression Screening Day on Oct. 7. “But also because it’s Thursday,” she said. “And mental health exists on Thursday, too.”

And that, for Malmon and others, is a critical element of the quest to reframe mental health: It isn’t just a concern for those in crisis. No one thinks that way about dental or medical health, she said. No one assumes that only diabetics need to eat mindfully, or only cardiac patients need to exercise. Mental health, stretched along a continuum, is everyone’s concern.



“It’s part of our overall well-being. . . . It’s every day, taking care of what’s going on in your mind. If we wait until something is wrong, we’ve missed a lot of time to help teach coping skills, and help people to feel great, and to thrive.”

She spoke of her brother’s own struggles, which he battled silently for too long. Eventually his family learned of two weeks when he failed to get out of bed, missing all of his classes at Columbia and saying he had mono to anyone who asked. No one questioned that. Back then, she said, “It was okay to have mono.” But it wasn’t okay to feel depressed, and he couldn’t find a way to tell anyone.

He died by suicide in March of 2000. Malmon, then a psychology and sociology major at Penn, created a student group — what became the first chapter of Active Minds — the following year. She founded the nonprofit in 2003.



Alison Malmon with her brother, Brian

So in her view: Yes, students nowadays “are just more open about their struggles.” One student might say they’re having a lot of trouble with a roommate, and another might say they’re grappling with anxiety — “and those two things might be the same situation.” But at least, she said, they’re talking about it.

“There has been an evolution in the acceptance of mental health as being a challenge — or something to take care of, something to acknowledge — in the past five to ten years that didn’t exist in the years prior to that.”

That same change, she added, can and should occur for the people staffing counseling centers — a point that emerged repeatedly in interviews. Caretakers are on that same mental health continuum. They should be taking note of their own needs, and each other’s, along with those of students.

Often, Riba said, counselors forget to do that. They forget to take vacation days, sick time, even lunchtime. They forget to get up from the screen in between telehealth sessions. They forget to stay hydrated. They forget to indulge in exercise and activities that make them happy. All of that needs to be part of the message. “Now, more than ever, we have to prioritize self-care, prioritize our own mental health. We need to recognize that mental health is health,” Riba said, noting an MTV initiative and website employing **that four-word phrase**.

“Therapists, psychologists, physicians, lawyers, everyone: We need to make sure that we’re checking in on our colleagues and that people have resources that they can access as well. . . . You can take notice when your colleagues are struggling,” she said. “There’s room for us to all grow.”

At Colgate, Elfenbein said, a “group supervision model” allows counselors to meet with their supervisors and each other to discuss all the issues they’re facing. “And you can vent about it. You can seek solutions . . . We care deeply for the students, and for each other. And I would say we support each other.”

The key, there or anywhere, is “practicing what we preach about self-care. . . . We need a break, and I think, also, we need a connection. I think that’s something we always are working on.”

***“We can’t ever be a totally solo ship”***

In the second half of that Mantra Health article exploring the spikes in COVID-era counselor burnout, the authors steer toward implications and recommendations for those who run, and staff, psychological services. They urge “togetherness,” the nurturing of relationships with colleagues and the nourishment of support; “boundaries,” emphasizing work-life balance, outside activities, and sleep; and “openness,” calling for clear policies and connection with professionals in equivalent roles.

“For example,” it says, “directors may feel that their unique position makes it challenging to present their own fatigue or uncertainty to their staff or supervisors.” It then advises: “Join a community of other directors.”

This is a recurring theme. For directors in particular, simply talking about their mental health isn’t easy — wedged, as they are, in a middle-management role between the clinicians they supervise and the administrative higher-ups who set goals and establish the policies they’re charged with implementing. What’s more, they generally have no director-colleagues on campus with them.

As Todd Weinman said: “It’s the sort of system where you’re the chief mental health officer,” working to create a healthier community and managing a team. “It’s definitely a sense of, ‘Oh, God, I don’t want something to go awry below me, but I don’t want something to go awry on campus. . . . It’s just hard.’ Whatever happens, ‘It’s your job to fix it. . . and I think Greg and all of us feel like ‘If we don’t fix it, no one will.’”

Charisma, drive, and natural leadership skills help. But many directors rose to the job from their positions as counselors; and part of their new role means absorbing all of their clinicians' stresses, all of their work experiences, without being able to share any of their own with immediate colleagues. Which means the people they can most naturally connect with — the people who would most easily understand — are under their supervision. And directors can't tell them what's going on.

"This is why organizations like AUCCCD are so invaluable," Rockland-Miller said, "because you can talk to professionals who are shoulder-to-shoulder with you, without that kind of worry. . . You need to make room for it. It's just really important, and we can't ever be a totally solo ship, right? We need to have support. We need to have people we can speak with about our uncertainties, or things we're trying to sort out."

After Greg Eells died, there was a lot of sorting out. There still is. Earlier this year, Miner and Fromm organized workshops for counseling directors as a way to address grief over his death and stress over their work. The sessions were designed to help them understand and articulate "what they knew but didn't know about their situations," Fromm said, adding: "We're seeing people who are almost despairing about all that's coming their way . . . and don't have a way to bring what they're learning to those above them, to kind of help guide the institution."

Two half-day workshops were held this past May. After one of them, a participant summed up the effects with three words: "I'm well now."

"And it was stunning," Fromm said. "Stunning."

***"We're all in this together"***

For those who work in counseling, none of this is surprising. Being human means yearning to communicate with others — during a pandemic, or anytime. Erica Riba spoke to this, emphasizing the power of belonging and connecting, the nature of community, and the culture that encourages it. "We have to drive home a culture of caring — of everyone involved in a student's life."

"On a community level, what if we did that?" asked Daniel Eisenberg of the Healthy Minds Study. "What if we could change the community in a way that students feel a greater sense of belonging? They feel more a part of the campus community. . . . They feel less discriminated against — feel they have more connection with their peers and with the campus community?"

He continued, "The reality of actually improving it — it's not simple. It's not basic." It doesn't operate "on an individual or a group level." It needs to be coordinated across all corners of the community at large — a call for change now being voiced with increasing urgency.

“What we’re striving for — in an optimal way, in an aspirational way — is a community of care. *Community of care*,” said Rockland-Miller. “And the counseling center is a critical part of that, but certainly not the only part of that. It’s a community thing.”

Weinman stated it plainly. “We’re all in this together.”

Ben Locke stated something else, just as plainly, about life and its many jagged parts. It tells an age-old story.

“If you’re a human being, you will die,” he said. “And along that pathway you will experience health problems. If you’re a human being, you will experience distress. You will experience loss. You will experience periods of happiness, sadness, and grief — and those are not mental health failures. . . . So my perspective is: How do we move back toward understanding that?”

In Greg Eells’ talk on resilience, he opens with a quote from the Buddha: “Life is Dukkha,” which is commonly translated as “suffering.” But that’s too simplistic, he says. A better translation would be “a bone slipped out of socket” — or “a wheel with a hub that’s just a little bit out of center. At a very core way, the Buddha is describing what it means to be human.” How we bounce back from that out-of-whack bone or wheel hub: That, Eells says, is resilience.

Two years after his death, the counseling community is still working on the bounce-back — still trying to rethink the collective wisdom surrounding campus mental health, still searching for some new way forward, with some new narrative, in the midst of so much hurt.

Erica Riba recalled the last email from him, which included a link to his TEDx talk. She had known him during his time at Cornell, she said. Trained as a clinician, she followed his webinars and appreciated his gifts for educating the field.

His death affected her. Affected the team she worked with. Affected so many others. She wants his family to know “how great he was, and how much he taught those who were wanting to be in the field — how to do this work with empathy, and courage, and humility. I really learned so much from him.”

All of his work on college mental health, all of his energy, all of the ways he reached people and inspired them: “He was transformative.” Is he still teaching? “Yeah,” Riba said. “He is.”

Weinman is also looking to his late friend for guidance. Eells was a man of hope, he said. He always believed that things could get better. He always had faith. But in the aftermath of his suicide, what could that mean? “How do we channel Greg’s optimism in the face of such a difficult event?”

He isn’t sure.

“I do find myself channeling him and trying to do that,” Weinman said. “But it ain’t easy.”

## **6 COMMENTS**

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## **LEAVE A REPLY**

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**University Affairs Committee**

November 11, 2021

Agenda Item: IV. B. Career Services and Academic Planning

Responsible Person: Virginia Hardy  
Vice Chancellor for Student Affairs

Action Requested: Information

Notes:

Proposed Motion:

# Career Services

**MISSION:** Supports and empowers students in their career development to succeed as professionals in a global community.

**VISION:** ECU graduates are prepared to pursue and manage their careers within a global community.



## What We Do

**Confidence:** Provide career counseling and exploration in partnerships with academic units

**Experience:** Assist in gaining career experience through internships, CO-OPs, and career readiness

**Connect:** Host employers and graduate school events through career fairs and online interaction

## Career Services Data Points: June 2020-May 2021

### Programs & Services

• Career counseling appointments	3,494
• Drop-in appointments	186
• Attendance at events and programs	5,578
• Presentations and programs	230
• Employers hosted at career fairs	379
• Employer representatives at career fairs	875
• Student attendance at career fairs	2,526

### Handshake

• Student & alumni logins	46,871
• Unique logins	11,571
• Job applications submitted	37,101
• Positions posted	43,367
• Employers connected	3,005
• Countries represented	104
• States represented	52

## Continuum of Career Readiness Development by Undergraduate Year



### First Year

- COAD 1000 Presentations
- On-Campus Job Fair
- Virtual Job Shadow Flex Lesson



### Sophomore

- Sophomore Success Campaign
- Internship Education Programs
- Networking with Alumni



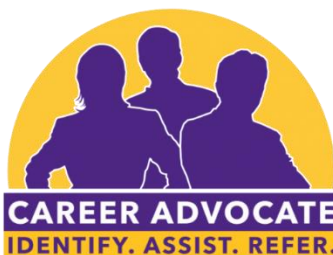
### Junior

- Job & Internship Fairs
- Virtual Interview Practice
- On-Campus & Day After Interviews



### Senior

- Job & Grad School Fairs
- Handshake Postings
- Senior Resume Drop



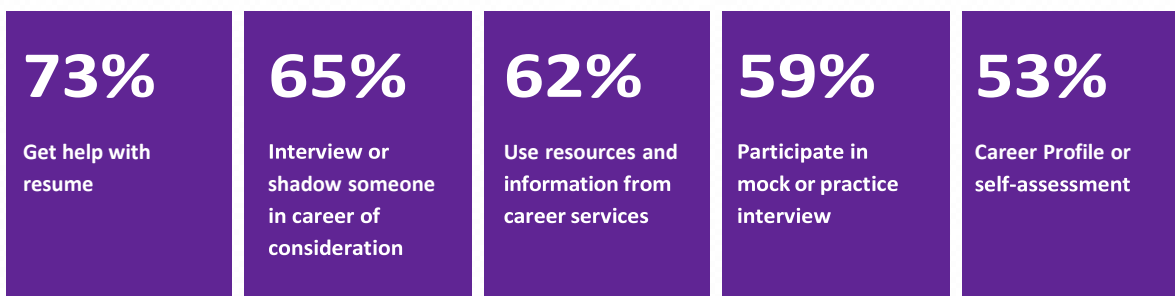
**Career Advocate Networking** is a training for faculty and staff who are interested in learning about the resources and tools provided by Career Services that assist ECU students in their career development. The goal of the training is to strengthen strategic alliances on campus and increase awareness of the exclusive career related resources available to ECU students. Over 315 have been trained as of fall semester 2021.

**Employer Connections:** There are a variety of options for employers to CONNECT with students and alumni while expanding their brand on campus. Over 25,000 employer representatives have connected with students and alumni. Handshake is the newest online tool to facilitate career connections.

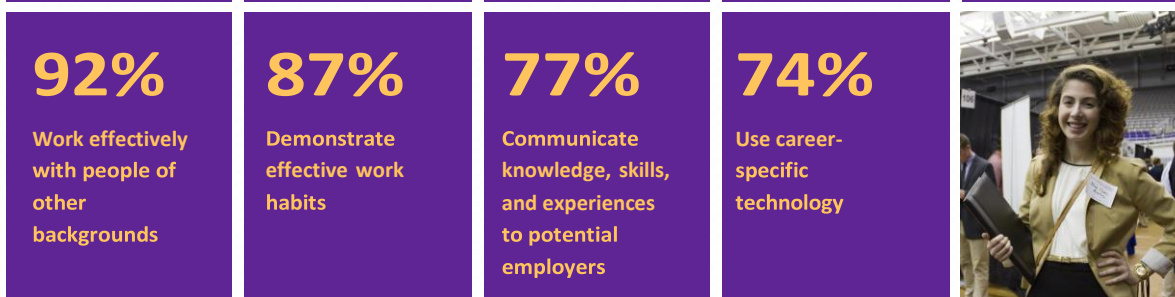
# National Survey of Student Engagement: Career & Workforce Preparation

During spring 2021, ECU included a topical module on Career & Workforce Preparation in conjunction with the National Survey of Student Engagement (NSSE). Four hundred and fifty-eight (n=458) seniors completed the survey, a 14% response rate. The following information provides insights with respect to senior students' career preparation experiences, perceived gains, expectations, and confidence specific to their professional future.

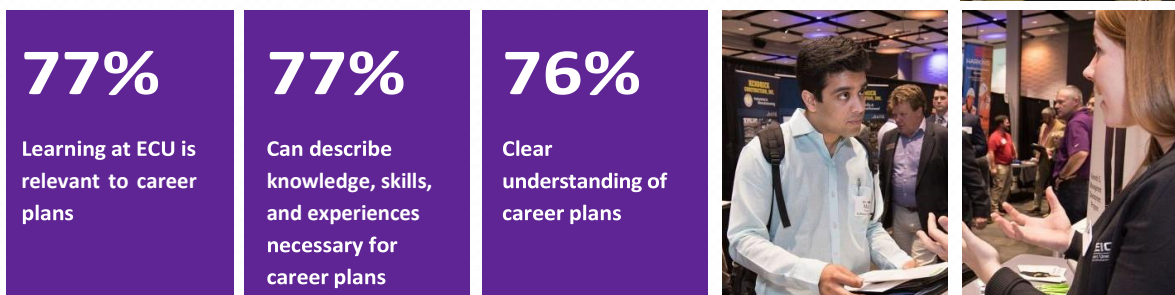
Completed or plan to complete before graduation:



Degree of confidence in ability (quite a bit/very much):



Extent of the following apply to senior respondent:



## First Destination Survey & Dashboard

The First Destination survey is administered to track students' first destination when they graduate from ECU. The survey asks students about their employment, post-graduate enrollment, or involvement in other work/activities. Survey data are combined with other sources and results are reported through a dashboard. This is a collaborative effort conducted between the Division of Student Affairs, Institutional Planning, Assessment, and Research, and academic colleges and departments.

