



WHITE PAPER

Meeting Whole-Student Needs: The Value of Peer Support in College

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Section One

There's a crying need to confront the scarcity of mental health support

Over the past several years, headlines have screamed about a mental health crisis among college students. But the truth is, the disruptions of COVID-19 simply unmasked a longstanding reality. The real crisis is that colleges and universities simply cannot keep up with the demand for mental health services.

“Over the last two decades, college counseling services have experienced a well-documented soaring demand for services, while the capacity to treat the growing number of students seeking care has not been equivalently increased” (Center for Collegiate Mental Health, 2022, p. 17).

Common “identify and refer” interventions without commensurate growth in treatment capacity have contributed to this crisis—and more of the same will exacerbate the challenge. The status quo is not working. “[T]he increase in mental health and related problems has put tremendous pressure on the capacity of existing traditional college counseling and other support systems to handle the need for their services ... and there is no question that new approaches are needed to deal with the increasing demand for help” (National Academies of Sciences, Engineering, and Medicine, 2021, p. ix).

More than 80% of college and university presidents are prioritizing student mental health, according to an American Council on Education survey (Chessman & Taylor, 2019). But even institutions that are striving to increase capacity will not catch up anytime soon. One study found that 53% of college students screen positive for a mental health condition (Healthy Minds Network, 2021, p. 3). In comparison, only about 11% of students, on average, get help from college counseling centers (American College Health Association, 2022, p. 13) — a 42% gap between the need for and provision of services.

How did we get here?

Sheer numbers tell part of the story about the capacity crunch. In 2000, there were about 15.3 million undergraduate and graduate students in the U.S. (Hanson, 2022). By 2020, with growing recognition that most living-wage jobs now require at least some postsecondary education, that figure had risen to 19 million (Irwin et al., 2022). While more than 1.3 million students dropped out of college during the pandemic (Adedoyin, 2022), enrollment could rise in coming years as in-person education makes a comeback.

Another major factor is that mental health is not such a taboo topic as it once was. Culturally, American attitudes have largely shifted from perceiving mental health disorders as stigmatized illnesses to broad awareness and acceptance. More than 50% of people in the U.S. will be diagnosed with a mental illness or disorder at some point in their lifetimes (Centers for Disease Control and Prevention, 2021)—and serious mental illness often presents itself during the college years. Everyone knows somebody who has struggled.

In fact, in a nationwide survey of nearly 33,000 students, 94% indicated they wouldn't think less of someone who has received mental health treatment (Healthy Minds Network, 2021). In addition, treatments and accommodations for many mental health conditions, such as anxiety, depression, and attention deficit hyperactivity disorder, have made it possible for more people to enroll and succeed in college.

Many students now are very willing to seek mental health services. That was not the case two decades ago. Indeed, many students (and their parents) now expect colleges to provide mental health support; for some students, this is a factor in deciding which college to attend. Some states also require the provision of mental health services for college students.

Taken together, these changes have resulted in unprecedented demand, a dearth of capacity, and campus counseling centers being stretched alarmingly thin.

Caseloads in campus counseling centers nationwide are high. Staff morale and cohesion have suffered. Nearly 60% of centers have experienced turnover in one or more positions; 70% of centers with open positions had difficulty recruiting. Work conditions were the top-cited reason for turnover (Gorman et al., 2022, p. 31). Some college counseling centers have responded by shifting from weekly to biweekly appointments for students, reducing the duration of counseling sessions, or both (Gorman et al., 2022, p. 18). In effect, this is “a shift away from traditional and effective treatment towards short-term crisis support and diluted treatment” (Center for Collegiate Mental Health, 2021).



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Perspectives from our partners

“It’s a problem when students muster the courage and strength to ask for help, and then they hear on the other end of the phone, ‘it’s going to be five weeks until you can see somebody.’ Although it cannot replace therapy, peer support services can provide a unique way for some students to get their wellness needs met.”

Markie Pasternak

Senior Manager of Higher Education,
Active Minds

“More students are coming into college with histories of mental health services, access to psychiatric medications, and diagnosed mental health disabilities for good reason. Disability law has been successful in that way. But there’s a very big issue around disability and accessibility on campus. Most people find out about disability when they’re about to drop out of college. Peer support is about emotional support, but it also should be about navigating the higher education environment, particularly for students with disabilities. The process of accessing accommodations and support from professors can be really difficult.”

Kelly Davis

Associate Vice President for Peer and Youth
Advocacy, Mental Health America

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There is an important caveat to these shifts in attitudes, expectations, and pursuit of services, however. “First-generation students, students who graduate from under-resourced high schools, non-native English speakers, and students from underrepresented groups such as students of color and students in sexual and gender minorities face additional challenges and stress. Moreover, the stigma of mental illness is particularly powerful for many young people in these groups, thus exacerbating the problems” (National Academies of Sciences, Engineering, and Medicine, 2021, p. 4). Other groups of students have particular challenges and support needs, including college athletes (Adedoyin, 2022), males, veterans, and older students.

Support for students with mental health conditions also is vastly inequitable, ranging from fewer than 1% of students served at some institutions to, at best, about 39% at the smallest institutions with 1,500 students or fewer. The mean is under 11% at all institutions (Gorman et al., 2022, p. 13). But they’re all overwhelmed. The most common number of appointments per student per year in campus counseling centers is just one (Center for Collegiate Mental Health, 2022, p. 19). Off-campus community health centers are also inundated, and it can be a challenge for students referred to off-campus providers to find the time and means to get to them.

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We have this really powerful and unique window of opportunity right now to talk to the country about mental health, and to actually take action on mental health, in a way that we haven't had in the last few decades.

U.S. Surgeon General Vivek Murthy
(Adedoyin, 2022)

Where do we go from here?

The capacity crisis provides an opportunity for new approaches that colleges and universities should seize. It's time to reimagine how we support all students, not just those who step forward to ask for help or those in crisis. The burden cannot rest on college counseling centers alone. It's impossible—and unnecessary—to route an entire student population through a treatment center.

Instead, colleges and universities should focus proactively on creating an ecosystem of population health and wellness, preventive care, and inclusiveness across the full spectrum of students and mental health care. This approach mirrors how the medical community aims to address physical health comprehensively, with attention to social determinants of health.

New approaches must attend to three overarching challenges:

1. **Inoculation** (building a culture of awareness and 24/7 access to mental health and wellbeing support on pathways and platforms students use today)
2. **Breaking down barriers** (providing no-hurdle access, engaging at-risk and hard-to-reach populations, reducing stigma, promoting inclusion)
3. **Building treatment capacity** (increasing funding, aligning with aspirational mission statements focused on a comprehensive approach to students' interpersonal development) See Togetherall Chief Clinical Officer Ben Locke's alignment model, which uses the Clinical Load Index (CLI) to guide counseling center staffing (Locke, 2022).



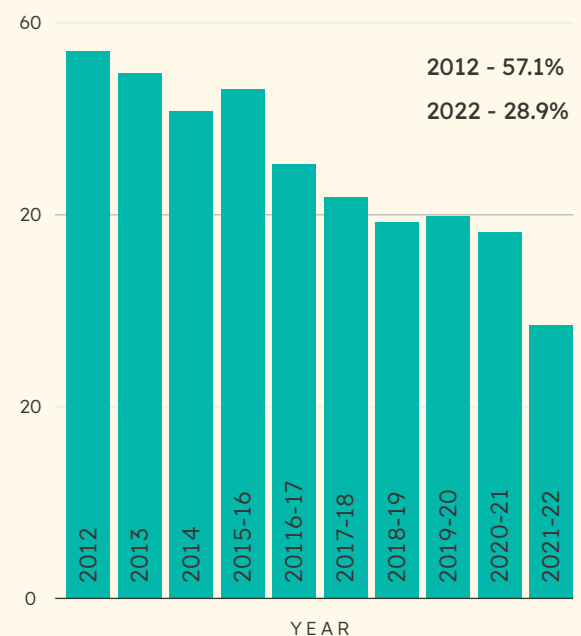
Fortuitously, the urgent need for new approaches coincides with better understandings of mental health and wellbeing. Mental health disorders and episodes of mental health distress are not anomalies; they are part of the normative human experience. And, while most people can benefit from counseling, the capacity of one-to-one treatment is just not there.

Mental health is more than the absence of mental illness. Sociologist and psychologist Corey Keyes's evidence-based flourishing model identifies dimensions of social, emotional, and psychological wellbeing (Keyes, 2007). Flourishing encompasses healthy relationships, emotional intelligence, and productive functioning in daily living. Languishing encompasses "emptiness and stagnation, constituting a life of quiet despair..." (Keyes, 2002). Both flourishing and languishing can coexist with mental illness along the mental health continuum.

Students experience a range of mental health issues along the continuum of flourishing and languishing, from normative human and situational distress to serious mental illness to short-term or major crises, response, and recovery. College counseling centers know this all too well:

In 2021-2022 national Healthy Minds Study data, one of the most notable trends has been declining levels of flourishing*, especially over the past year, from 57.1% of students flourishing in 2012 to 28.9% in 2021-22.

Decreasing rates of flourishing (positive mental health)



*Based on the 8-item Flourishing Scale, which measures key dimensions of positive wellbeing, including optimism about the future, self-esteem, relationships, and sense of purpose.



Presenting concerns at college counseling centers

Not all students with mental health challenges need clinical or counseling services. But they do need some support to flourish—and avoid relatively normative experiences spiraling into serious problems.

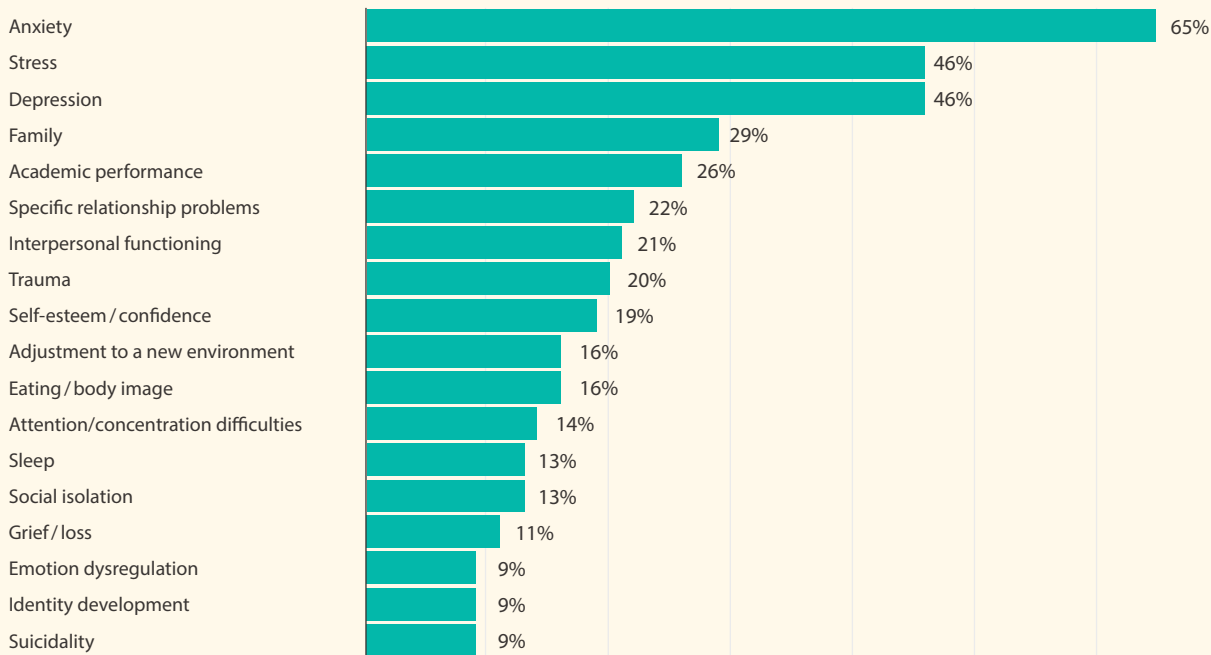
We can and we must do better. Higher education institutions must embrace new approaches to whole-student support, intrinsically connected to academic life and student experiences.

Togetherall wants to be part of the solution to meet the needs of entire student populations. Our specialty, clinically moderated peer support, has

well-established benefits and guardrails to keep every student safe and secure. Students experiencing mental health difficulties often turn to their peers for support, and peers are often the first to notice when a friend is in distress. Peer support can be a lifeline for managing difficult situations and connecting with peers from similar backgrounds who can share similar experiences and offer practical advice. Peer support also can be a comforting point of entry to stepped-up care.

Presenting concerns identified by more than 150,000 students seeking mental health services at hundreds of college and university counseling centers. (Percentages are rounded.)

Source: Center for Collegiate Mental Health. 2022 Annual Report.



Why does mental health matter to college and university leaders?

Unaddressed mental health issues come at a high cost for both students and higher education institutions. Stress is the most-cited reason when students consider “stopping out” of college: 76% of students pursuing bachelor’s degrees and 63% of students pursuing associate degrees cite emotional stress as a factor weighing on them. From 2020 to 2021, these figures increased by 34 percentage points for students in bachelor’s degree programs and by 39 percentage points for students in associate degree programs (Gallup & Lumina Foundation, 2022, p. 16).

Majorities of students are motivated to pursue higher education credentials to obtain knowledge or skills (65%), pursue a more fulfilling career (61%), and get a higher-paying job (60%) (Gallup & Lumina Foundation, 2022, p. 19). For students who languish without mental health care, academic performance could suffer, and long-term, adverse emotional and physical health problems could persist (Bruffaerts et al., 2018). For students who drop out, dreams are deferred or denied—and lifetime career prospects and earning power are diminished, which has societal consequences as well.

When students leave school before graduating, institutions face financial losses in terms of tuition and, for students living on campus, room and board fees. Failure to provide timely access to safe and effective mental health supports could result in serious legal and reputation risks as well (see, e.g., Wan, 2022).

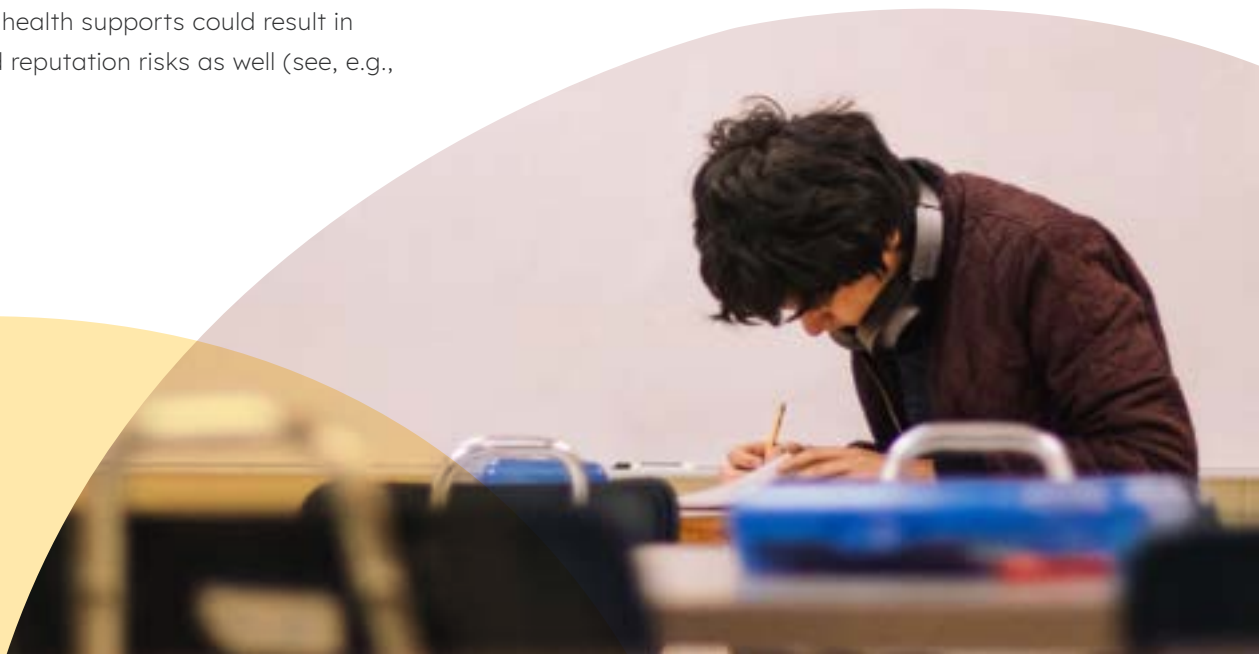
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There might be a better resource than a college counseling center if you’re struggling with a breakup, the stress of classes, family issues, or financial issues. These are all very real issues. They’re not invalid, they’re very stressful, and they can accumulate into bigger issues if they’re not talked about and taken care of. There are many options for how we can get this work out of the counseling center and make it a holistic, community approach to mental health.

Markie Pasternak

Senior Manager of Higher Education,
Active Minds

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Together, we can change the narrative

We may be in on the verge of a tipping point in the capacity crisis. College counseling centers are already shifting their practices in response to the needs on their campuses. They know they cannot continue what they have been doing for at least the past two decades, but they are also struggling to define a clear path forward.

Because the changes to clinical practice have been unplanned, however, they are resulting in unintended consequences. For example, data from a random sample of 205 counselors at U.S. university counseling centers reveals “a trend toward a narrowing scope of practice ... to accommodate higher acuity and demand for services on campuses” (Newhart, Pohto, & Mullen, 2021). This is not a blip. The trend was first identified five years earlier (Center for Collegiate Mental Health, 2016), based on data from more than a decade ago and explored in detail in 2021 (Center for Collegiate Mental Health, 2021).

There is clear evidence that vulnerable students who need traditional, routine counseling and support could be falling through the cracks and at risk of deteriorating. Higher caseloads are associated with less improvement in mental health (Center for Collegiate Mental Health, 2020, p. 10). Even students with needs that are often prioritized by institutions receive significantly less treatment as caseloads increase, according to data from 130,000 students seen at 130 college counseling centers (Center for Collegiate Mental Health, 2022, p. 8). The decreases

in treatment provided to students as a consequence of high caseloads are startling as the data below demonstrates.

Treatment decreases associated with high caseloads

Recent serious suicidal ideation

-43%

Recent self-injury

-43%

Histories of sexual assault

-42%

Histories of trauma

-41%

Transgender identity

-48%

Registered disability

-45%

First-generation identity

-34%

Various racial/ethnic identities

-38%

Source: Center for Collegiate Mental Health, 2022, p. 8.



How can we meet this moment?

To help counter the demand–supply imbalance, colleges and universities need to create a holistic, evidence-based mental health system that is:

- **Safe**
- **Effective**
- **Available**
- **Accessible**
- **Affordable**
- **Scalable**
- **Sustainable**

Meeting this moment requires a “both–and” approach to mental health—both treatment capacity and population-based public health strategies. In practice, this means continually growing treatment capacity in under-resourced campus counseling centers and adopting a diversity of solutions that inoculate entire student populations and break down barriers to accessing mental health support. Colleges and universities must meet students where they are (McBain et al., 2021) and provide mental health and wellness information, resources, education, and multiple entry points into safe and effective mental health support across the continuum of care.

A comprehensive, population-based approach to mental health can help colleges and universities address the challenges of stigma and inclusion that are still prevalent among some groups. When institutions cultivate a campus-wide culture of awareness, openness, and understanding, no one should feel excluded or ashamed to seek help. Everyone should see a door they are willing to open, a first step they can take. Everyone should know how to refer a peer in need to those who can help. Engaging high-risk groups with tailored messaging and support can improve access, reduce stigma, and help more students flourish.



Often students will only seek help when they find themselves in a mental health crisis, requiring more urgent resources. But how can we create systems to foster wellness before they reach that point? ...All students should receive mental health education, ideally as part of the required curriculum.

Sarah Ketchen Lipson

Assistant Professor, Department of Health Law, Policy, and Management at Boston University and Principal Investigator of the Healthy Minds Network

It’s important for schools and anyone in a leadership position to talk to the people they serve and make as many pathways to wellbeing as possible.

Kelly Davis

Associate Vice President for Peer and Youth Advocacy, Mental Health America



Peer support adds value to any mental health strategy

Peer support integrates with any collegiate mental health strategy—comprehensive or otherwise. Togetherall’s clinically moderated online mental health community meets students where they are, with anytime, anywhere access to judgment-free peer-to-peer support, combined with 24/7 safeguarding by licensed clinicians.

Togetherall is a strong advocate of professional mental health treatment for people in need. Round-the-clock clinical moderation of our peer community enables immediate intervention and stepped-up care for students in crisis. Mostly, though, students just want to voice their feelings, listen to peers, and be heard. Peer communities are natural support systems that play a powerful, effective healing role.

Peer-to-peer support aligns with a population-based approach to mental health as a first-line, barrier-free system available to all students on a campus. Peer support is a “plus one” value-add that works hand in hand with any traditional or established systems of mental health care.

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Community colleges not having mental health services is a disservice to our students. Everyone, regardless of if they are a two-year or four-year college student, deserves easy access to mental health resources. Our students deserve to feel heard, valued, and taken care of.

Mesha Shamblin

Vice President for Student Services & Human Resources, Mountwest Community & Technical College, Huntingdon, WV

Source:

Togetherall. (n.d.). [Breaking stigma for their students: Mountwest Community & Technical College](#). [online]

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Mobilizing youth and young adults to drive mental health change

Active Minds is the largest nonprofit in the US working to end the silence and change the culture around mental health by mobilizing the next generation. The organization has reached global acclaim with partnerships and signature programs at more than 1,000 schools and communities including the Send Silence Packing® suicide prevention exhibit, Active Minds Speakers, and the Active Minds National Conference, all powered by a network of chapters at colleges, high schools, and communities nationwide. A groundbreaking study by the RAND Corporation in 2018 validated that Active Minds' efforts to change the climate around mental health works, and saves lives.

Active Minds was established in 2003 by Alison Malmon following the tragic suicide of her only sibling -- Columbia University student, Brian Malmon. Determined to combat the stigma that had caused her brother to suffer in silence for three years before ultimately taking his own life, Alison created the first Active Minds chapter on her campus at the University of Pennsylvania. After graduating, she formed the nonprofit organization and has served as its Executive Director ever since. Active Minds has become the nation's premier nonprofit organization supporting mental health promotion and education for the next generation.

"Active Minds can help bridge the gap between the student body and a diverse array of mental health programs and services provided by the campus.," said Markie Pasternak, senior manager of higher education at Active Minds. "Active Minds chapters can mobilize large groups of students to hold awareness events, social campaigns, and help advocate for better policies around mental health. They can convene meetings to discuss mental health topics, hold a Stress Less Week™ event before finals, bring in therapy dogs, and make it fun to talk about mental health."

Validate, Appreciate, Refer (V-A-R)® is Active Minds' everyday tool for everyday conversations. This memorable and powerful tool teaches people how to show up for those around them in a meaningful way. People want to be there for those around them, but very often don't know what to say. Changing how we communicate about what we are going through—in big and small ways—can make all the difference.



Solutions are in plain sight

There is a vast, largely untapped legion of mental health allies in higher education: the millions of college students nationwide who could provide peer support.

Already, peer support is gaining attention as a mainstream strategy to tackle what the Chronicle of Higher Education terms an “epidemic of anguish” (Adedoyin, 2022).

In a State of the Union Address, President Biden called for “a major transformation in how mental health is understood, accessed, treated, and integrated—in and out of health care settings” (The White House, 2022). Peer support is among the recommended solutions in the Biden-Harris administration’s comprehensive national strategy for mental health. Colleges and universities can tap the American Rescue Plan’s Higher Education Emergency Relief Fund to strengthen their systems of mental health support.

UNDERSTANDING PEERS AND PEER SUPPORT

At a macro level, all college students are peers in that they are pursuing educational credentials in a shared campus community. At a more granular level, peers are people they identify with in some way, such as age, gender, sexual orientation, or language (Mental Health America). In the arena of mental health, peers are people who share similar lived experiences with mental health issues.

Students already belong to many peer groups on campus—think roommates, clubmates, teammates, classmates, and other affinity groups. Social connections can be a valuable source of support in times of trouble. But if friends and acquaintances have not experienced similar mental health issues as a student in need, their capacity to provide effective support could be limited. Friends and acquaintances also can contribute to a student’s mental health distress. Students need to be able turn to peers outside their familiar social circles.

As digital natives, students also routinely interact with peers—known and unknown, near and far—on multiple social media and messaging platforms. These platforms can help students connect in positive ways with some peers, but they are also designed to be addictive and can put students at risk of anxiety, depression, and physical ailments (McLean Hospital, 2022). Cyberbullying on unmonitored platforms can cause mental and physical distress as well.





The energy of our student body is fantastic around mental health—energy in advocacy, providing peer support, and providing peer education efforts. And involving a mix of ‘in-person’ support as well as using technology—apps, online supports, phone supports, they are all available when students need them, 24/7.

Todd Sevig

Director of the University of Michigan’s Counseling and Psychological Services, who has led the campus-wide effort to transform student mental health and wellbeing. (University of Michigan Health Lab, 2022)

Thus, not all peer forums are beneficial to students’ wellbeing—and the most widely used are known to be detrimental. Professionally monitored, university-sanctioned peer support services can harness the positive power of peer-to-peer interactions and mitigate the risks of unmonitored social-media platforms. “This could be sharing knowledge or providing emotional support, social interaction, or practical help. ... Research shows that peer support can improve people’s wellbeing, meaning they have fewer hospital stays, larger support networks, and better self-esteem, confidence, and social skills,” (Mental Health Foundation, 2022).

While peer support is just now being adopted in higher education, it has been well-established in addiction, mental health, and health care for decades. Alcoholic Anonymous and similar 12-step programs have been helping people for more than 85 years. Peer groups for people with cancer and many other medical conditions, and their families and caregivers, have been supporting people for decades as well. Peer specialists in the Veterans Administration Health Support System, an emerging peer support workforce, typically are in recovery from mental illness, substance use disorder, or both, and receive formal training to support those who can benefit from their experience (Peers for Progress, 2021).

EXPLORING A HOLISTIC, SCALABLE, AND SUSTAINABLE MODEL OF PEER SUPPORT

It’s likely that recent advocacy for mental health support is also elevating the need for one-to-many solutions. Peer support works as both a one-to-one and one-to-many model and with in-person and virtual forums.

Unlike peer counseling, which focuses on students in need, clinically moderated peer support can help all students at every stage of their mental health journeys. Peer support addresses student needs comprehensively:

- Health and wellness
- Preventive and protective care
- Common struggles, such as episodic stress and anxiety
- Sustained mental health diagnoses and concerns
- Distress
- Elevated risk
- Crisis
- Recovery and long-term coping

Peer support promotes reciprocity—a mutually beneficial experience for students who are “giving back” or “paying it forward” to support peers in need and for students who gain an empathetic perspective and practical strategies for managing in daily life, building resilience, and avoiding crisis situations.



Choosing the right peer-support tool

With so much attention, energy, and advocacy focused on the role of peers in student mental health, selecting the right peer support model can be challenging.

“Peer support” is a term that describes a broad range of roles and activities. Peer support seeks to maximize the benefits of connecting peers with similar lived experiences to advise, direct, support, or guide each other without the hurdles of more traditional/formal support systems. These roles can include in-person support roles (such as providing advice and direction across a wide range of offices and services), peer education, online/tech-enabled interactions focused on a specific concern, and informal topic-specific peer support programs (e.g., 12- step), etc. A [report published by the Mary Christie Institute and the Ruderman Family Foundation](#) provides a review of selected peer support programs in use in higher education (Humphrey, Malpiede and Ragouzeos, n.d.).

In contrast to licensed professional mental health services and traditional peer counseling, peer support roles are flexible, multi-dimensional, can be easily adapted to the context or concern, and focused on any shared experience/expertise that creates a sense of belonging and affinity between peers. Investing in the implementation of a wide range of peer-support roles demonstrates a valuing of the role that students can have in the success of their peers and the broader institutional mission.

Peer counseling, a more specialized form of peer support, has played an important role in student support going back to the 1960s. This peer-support model typically

provides intensive training to highly motivated peers in the basics of counseling, can be selective in nature, is intended to support students with more intensive needs, and provides supervision of counseling interactions. Peer counselors are usually students interested in the helping professions and they are trained and supervised by mental health professionals to provide peer support that approximates counseling.

Peer counseling models are valuable in several ways including:

- the provision of training,
- structured clinical experience with expert supervision,
- providing space for students to use their lived experience to support other students with similar needs in a more intensive manner, and
- meeting student-body needs related to identity/ experience characteristics such as sexual and gender diversity, race and culture, first-generation status, disabilities, or even specific health concerns that may be difficult or impossible to meet via formal services.



While peer counseling is confidential, it's important to note that communications are not always legally protected. Institutions need to pro-actively identify and manage any risk disclosed to a peer-counselor and ensure processes are established for crisis management and referrals for higher levels of care. One particularly effective strategy for implementing peer-counseling is to locate targeted programs within existing student-support or identity-focused offices where supervision and overhead can be managed without significant costs. When implementing a peer-counseling model, institutions should also consider which students will be drawn to providing counseling, which students will feel comfortable seeking/receiving counseling from a known peer, and the logistics of supporting all aspects of the program. Well run peer counseling programs provide a vibrant, valuable, and mutually beneficial experience/service to communities in need. It is also true peer counseling models are typically smaller in nature, resource intensive, and not intended to solve large-scale mental-health treatment capacity needs.

Finally, some students may be interested in pursuing [credentialing as a certified peer specialist](#) (Mental Health America, n.d.), which varies by state/country, to help others with their lived experience/expertise and earn income. While requirements vary by state, certified peer specialists have personal/lived experience and will typically complete specialized trainings, document their experience (work, volunteer, education), and complete a state-defined examination.

Institutions looking to implement peer support should take time to define the goals they hope to achieve and design/implement the peer support model with the best fit.

THE VITAL IMPORTANCE OF CLINICAL OVERSIGHT FOR ONLINE PEER SUPPORT

Given the challenges with social media and online messaging platforms, it is incumbent upon online peer support services to provide 24/7 clinical oversight to manage risks such as risks to self and others, grooming, trolling, and bullying that can occur in the online environment. Clinical oversight is essential for fostering a welcoming, vibrant, and inclusive atmosphere; ensuring supportive and healthy interactions; and identifying, managing, and escalating risk.

Togetherall practices these pillars of safety and risk management. Our digital, peer-to-peer community is monitored around the clock by a large, multidisciplinary team of licensed and registered mental health practitioners. Clinical moderation creates a safe and supportive environment for all, resulting in increased engagement, interaction, and overall improvement in wellbeing and resiliency. Togetherall integrates with existing campus counseling and mental health services, after-hours lines, and institution-specific resources.

A 2021 survey reveals that 87% of Togetherall members report improvements in mental health wellbeing and 36% indicate that our community is their primary form of mental health support.



Conclusion

College and university leaders need to understand that we are not experiencing a generic “mental health crisis.” Rather, we are struggling to respond to a crisis of capacity in meeting students’ many mental health needs. This crisis has been building over the course of decades, due to increasing enrollment, attitudinal shifts, and soaring demand for mental health services that we have directly encouraged.

Even with increased funding, investing in more of the same will worsen today’s problems. We need new, evidence-based approaches to address both familiar challenges that students and institutions are facing and respond to new expectations, insights, and opportunities. Many students (and their parents) now expect their colleges and universities to provide mental health support as a matter of course: This can be a differentiating factor for them. The science of mental health has advanced with new understandings about mental health disorders as a normative part of the human experience. Likewise, the field of mental health has developed new models of support and care that can help more students meet their full potential in higher education and beyond.

Colleges and universities are much more aware now that students from historically marginalized and under-represented groups are disproportionately ill-served by traditional mental health services. Institutions have a duty to attend directly to this dynamic by offering a range of services that reduce stigma and eliminate barriers to accessing traditional care systems.

No single solution can address all student needs. We need a population-based public health approach that addresses mental health comprehensively, from health and wellness to prevention to escalation, crisis, and recovery. Everyone needs some support at one time or another; most students do not need to be routed through overwhelmed college counseling centers.

The attributes of a next-generation collegiate mental health system are safety, effectiveness, availability, accessibility, affordability, scalability, and sustainability. Clinically moderated peer support is one promising strategy in this regard. Peer support is a “plus-one” valued-add to any mental health system.

Together, we can change the narrative on mental health. Let’s get moving.



About



ABOUT TOGETHERALL

Togetherall is a safe, online community to share feelings anonymously and get support to improve mental health and wellbeing. In the community, people support one another, safely monitored by licensed and registered mental health practitioners.

togetherall.com



ABOUT ACTIVE MINDS

Active Minds (activeminds.org) is the nation's leading nonprofit organization mobilizing youth and young adults to drive mental health change. Through award-winning programs and services, Active Minds is empowering a new generation to speak openly, act courageously, and change the conversation about mental health for everyone.

activeminds.org



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CONTACT US

info@togetherall.com