

# FACULTY AND THEIR ROLE IN STUDENT MENTAL HEALTH

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As higher education and the role of educators has evolved over time, more and more faculty have found themselves in positions where they have needed to navigate student mental health concerns. The needs and concerns of students can vary from disclosing a diagnosis for accommodations or needing time to access mental health appointments to experiencing mental health distress or crisis. Faculty and advisors are often individuals that students may first reach out to or engage with. While for many faculty this may be an unfamiliar conversation to have with students, there are resources to help them be compassionate, inclusive, and still establish boundaries with students that reinforces their primary role as educators.

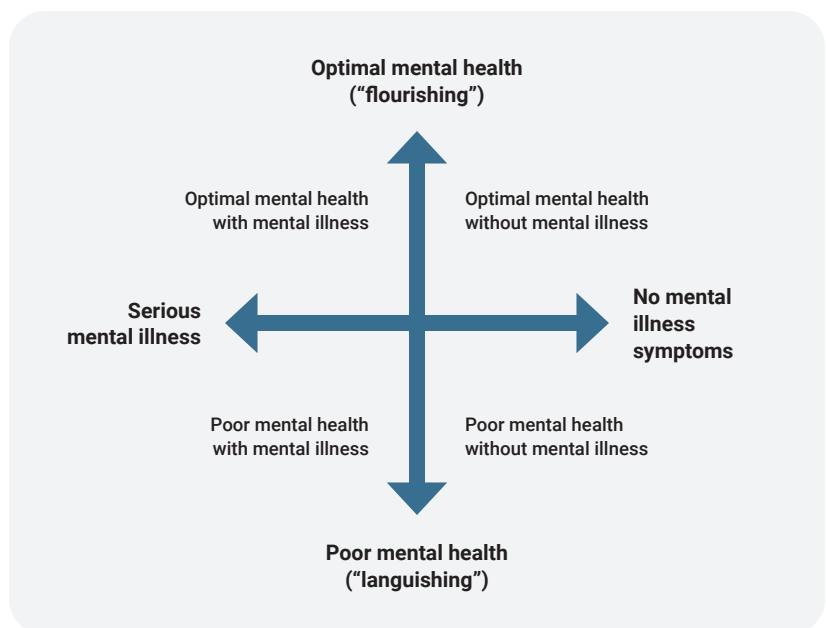
## MENTAL HEALTH VS MENTAL ILLNESS

Mental health and mental illness are not mutually exclusive. With the proper care and support, a student experiencing a diagnosed mental illness may have very positive mental health. Likewise, a student without any diagnosable mental illness may be experiencing poor mental health. Poor mental health may be the result of many factors, such as an inability to cope with demands or adversity, the absence of a support network and meaningful relationships, poor self-esteem, and/or a tendency towards all-or-nothing thinking. Mental concerns can be environmentally and/or chemically driven. Institutions and faculty should strive to have learning environments where students with or without mental illness can experience more optimal mental health.

Not all student mental health concerns would require professional care and intervention. Though supporting mental illness may require tailored interventions, mental health – like physical health – is something that we can all work to manage and support within ourselves and also support in others. Students may be experiencing stressors that they usually manage well with personal efforts and social supports, but it

may require them to be more thoughtful and intentional about integrating those efforts into their lives during particularly stressful times. Spaces that support self-care and provide social supports are great areas for faculty to encourage students to engage in to help them build a habit of intentional wellbeing throughout their lives.

Of course, students should seek immediate guidance from college administrators if they are experiencing mental health issues that are impacting their learning, but institutions also need to do their part to treat mental health as a public health issue that requires systematic approaches. Institutions should promote wellbeing and actively work to reduce unnecessary stress and anxiety, substance abuse, and suicidal ideation. If students begin to experience impairment of their functioning due to mental health issues, it is not uncommon that a student may approach a faculty member or advisor about their concerns.



← THE MENTAL HEALTH CONTINUUM →				
SELF CARE & SOCIAL SUPPORT			PROFESSIONAL CARE	
	HEALTHY	REACTING	INJURED	ILL
	Normal Functioning	Common & Reversible Distress	Significant Functional Impairment	Clinical Disorder. Severe & Persistent Functional Impairment
<b>MOOD</b>	Normal mood fluctuations Calmness and the ability to take things in stride	Being irritable or impatient Being nervous Being sad or overwhelmed	Anger Anxiety Pervasive sadness or hopelessness	Angry outbursts or aggression Excessive anxiety or panic attacks Depression or suicidal thoughts
<b>ATTITUDE</b>	A good sense of humour Good performance Being in control	Expressing displaced sarcasm Procrastination Forgetfulness	A negative attitude Poor performance or workaholic behavior Poor concentration or decisions	Excessive insubordination An inability to perform duties, control behavior or concentrate
<b>SLEEP</b>	Normal sleep patterns Few sleep difficulties	Having trouble sleeping Having intrusive thoughts Having nightmares	Restless or disturbed sleep Recurrent images or nightmares	An inability to fall asleep or stay asleep Sleeping too much or too little
<b>PHYSICAL HEALTH</b>	Being physically well Having a good energy level	Having muscle tension or headaches Having low energy	Increased aches and pains Increased fatigue	Physical illnesses Constant fatigue
<b>ACTIVITY</b>	Being physically and socially active	Decreased activity or socializing	Avoidance Withdrawal	Not going out or not answering phone
<b>HABITS</b>	Limited or no alcohol use or gambling	Regular but controlled alcohol use or gambling	Increased alcohol use or hard-to-control gambling	Alcohol or gambling addiction Other addictions
<b>ACTIONS TO TAKE AT EACH PHASE OF THE CONTINUUM</b>				
	Focus on task at hand Break problems into manageable chunks Identify and nurture support systems Maintain healthy lifestyle	Recognize limits Identify and minimize stressors Engage in healthy coping strategies Get adequate food, rest, and exercise	Identify and understand own signs of distress Seek social support and talk with someone instead of withdrawing Seek help	Seek consultation as needed Follow health care provider recommendations Regain physical and mental health

## HOW MENTAL HEALTH CONCERNS CAN IMPACT LEARNING

Although each mental illness diagnosis is unique, mental illness and mental health conditions can share the common symptoms of impaired learning ability.

Problems frequently experienced include:

- Decreased concentration
- Shortened attention span
- Difficulty in making new memories or storing new information
- Inability to recall information previously learned

Other reported conditions include:

- Difficulty with prioritization of tasks
- Losing track of time
- Difficulty focusing on tasks
- Taking longer to complete assignments

Increased irritability accompanies many of these issues. Low tolerance to frustration may occur as evidenced by an outburst of anger or resignation to defeat when minor barriers are encountered, especially when authority figures or institutional policies create those perceived barriers. Persistent impaired ability to articulate ideas or thoughts and difficulty performing abstract thinking are often noticed when moderate-to-severe mental health symptoms are present.

Medications commonly used to manage psychiatric symptoms and stabilize a person's mental health can also cause adverse effects that impact learning ability. Adverse effects can vary but often include significant fatigue, impaired memory, and impaired executive function involving insight, judgment, and/or abstract thinking. Depending on the medication, the person may also experience restlessness or insomnia.

## MENTAL ILLNESS ACCOMMODATIONS

Many students develop mental health issues while attending college. First-generation learners from low-income and underserved communities are particularly vulnerable. A primary challenge that students have when transitioning to a college campus is ensuring that they have the resources they need to maintain their treatment plans. This usually entails working with their college administrators and counselor/therapist to ensure that they have access to medication as well as social and clinical supports that can set them up for success.

The terms mental illness and psychiatric disability are sometimes used interchangeably to describe a variety of emotional and mental conditions that can impact proper functioning of the human body. Under the [Americans with Disabilities Act](#) (ADA), a mental illness or psychiatric disability refers to a "mental impairment that substantially limits one or more of the major life activities of an individual." These "substantial limitations" relate to the proper functioning of the human body including talking, hearing, moving, seeing, and sleeping. ADA guidelines for "major life activities" include learning, thinking, working, performing manual tasks, and self-care.

The ADA also includes that qualified individuals who have a history of psychiatric disability cannot be discriminated against just because of that history. This would mean that institutions cannot take actions (such as failing to hire, demoting, or denying training opportunities or admission into a program) because they believe a qualified applicant or employee might have a psychiatric disability. Admission committees will want to be extremely cognizant that they are not allowing an applicant's disclosure of a mental illness (ex: in an admissions essay) influence their assessment of the applicant's abilities.

Smaller colleges often pride themselves on cultivating a stronger sense of community, while large universities tend to have funding to provide more diverse services. Regardless of institutional size or funding, colleges need to ensure that they can deliver in terms of accessible counseling appointments and academic accommodations (including flexible mental health leave of absence policies). Most colleges and universities provide various forms of community support and academic accommodations to help students with their mental health.

Types of accommodations include:

- Access to notetakers, recording devices, class recordings
- Individual study skill training
- Support for specially trained mentors and tutors
- Extended assignment deadlines and more time on tests
- A private room when taking tests
- Transportation services
- Tailored on-campus accommodations
- The ability to switch rooms and/or roommates when in dorm housing
- Leave of absence that does not hinder the student financially or academically (e.g., the ADA considers [retroactive withdrawal](#) due to mental health challenges a reasonable accommodation)
- The option to reduce course load
- Substituting one class for another
- Priority class registration

Federal disability law dictates that public and private higher education institutions, inclusive of their faculty, must provide equal access to education for students with disabilities; if these institutions or faculty do not comply, institutions risk losing government funding. However, colleges are not required to offer accommodations that would fundamentally change the nature of an activity, service, or program in regard to learning outcomes.

To support faculty in developing more inclusive learning environments, many top-tier schools have also established a [Universal Design for Learning](#) (UDL) initiative at their campus. Published in 2012, UDL guidelines provide a three-network model for curriculum development that gives all students equal opportunities to learn. UDL is an educational approach based on the learning sciences with three primary principles—multiple means of representation of information, multiple means of student action and expression, and multiple means of student engagement. These methods, materials, and assessments are highly flexible, allowing educators and administrators to customize their strategies to the needs of their students.

## ADVOCATE & ROLE MODEL – NOT COUNSELOR OR HERO

Many professionals within veterinary medicine are trained to notice and fix problems related to animal health. In the realm of human health, faculty often find themselves outside of their element – especially when it comes to students disclosing mental health concerns or being in distress. Usually, faculty are not licensed mental health or human health professionals, but student distress may unintentionally create a dynamic that pushes faculty to feel that they need to embody that role.

Because mental health is complicated, multi-faceted, and comes with its own academic disciplines, it is strongly encouraged that faculty not informally take on the role



### Level 1 – Concern

- Distressed but not of a serious, lasting nature
- Need a listening ear & connection to resources



### Level 2 – Urgent

- Persistent symptoms lasting more than a week
- Connect them to counseling, student services



### Level 3 – Emergency

- Threat of harm to self or others
- Need immediate attention, high-level supports

of counselor or mental health expert based on personal experiences, but to instead view it as an opportunity to be an advocate and role model for mental health and wellbeing in the profession. Faculty normalizing seeking mental health supports and advocating for evidence-based wellbeing practices within the spaces they occupy has a considerable impact on decreasing stigma and amplifying help-seeking behaviors – not just for students, but for interns, residents, technicians, staff, and their peers.

Our member institutions have empathetic and compassionate faculty who may at times have difficulties setting boundaries with the multitude of students who seek their support. It is positive that faculty members have students who trust them and seek them out to discuss a variety of topics. And faculty directing students to the professionals who have the necessary training and can provide the best, most appropriate mental health supports possible for them is a true act of selfless caring. Being the bridge to resources, rather than the destination, can help faculty manage the emotional toll that lengthy conversations with students can have and also set clearer boundaries with students. If faculty find it difficult to refer students to resources due to a lack of confidence or responsiveness in the resources, then institutions can support faculty by engaging in a resource assessment and soliciting feedback from the community about their satisfaction with the current resources. Continual assessment and improvement of wellbeing-related resources is an integral part of a comprehensive, preventative health approach.

There are also faculty who may feel uncomfortable or shy away from being seen as a support for student mental health for a variety of reasons. An individual may self-reflect on why a discussion about mental health is causing them discomfort – is it a lack of knowledge about how to have the conversation or what to do if its serious? Discomfort with strong feelings and emotions? Stigma regarding individuals who experience mental

health distress? Nervous that they won't say the right thing and it will end up on social media? Institutions can help faculty feel empowered and skilled in having resource referral conversations with students that can help prevent student distress from potentially becoming a crisis. Many times, students just need a listening ear and encouragement from faculty that students have what it takes to figure out the solutions to their problems and that there are resources to help them.

The mental health and wellbeing of students is a shared responsibility for all campus community members, and it is especially important that faculty have the needed knowledge to set boundaries and provide role-appropriate supports. This document will not go in-depth about warning signs of distress and responses, as there are accessible [evidence-based resources](#) freely available out in the profession. College and university counseling centers generally have 1-2 hour trainings that provide faculty and staff the knowledge in how to notice a student in distress, respond in a supportive way, and connect the student to the appropriate institutional services and resources. Several colleges of veterinary medicine have made it a goal to have their entire academic community trained in these skills over the next few years and will be utilizing their campus resources to achieve this goal.

## INTEGRATING WELLBEING INTO THE CURRICULUM

Integrating wellbeing competencies into the curriculum and how to assess those has been a growing topic over the past few years. Wellbeing and Diversity, Equity, and Inclusion (DEI) are both topics that can no longer be considered separate from the educational or lived experiences of our students, staff, and faculty. For evidence-based ways to integrate wellbeing into a curriculum and/or conduct wellbeing assessments, please contact [Makenzie Peterson](#), Director for Wellbeing, and for topics related to DEI, please contact [Lisa Greenhill](#), Senior Director for Institutional Research and Diversity.

## CONCLUSION

As society evolves, so does education and the way we create and support inclusive learning environments for our students. Faculty play a crucial role in connecting students to support services and also in role modeling boundaries and personal wellbeing within academia and the veterinary profession at large. We strongly encourage member institutions to explore how to better support faculty in their work and their ability to foster learning environments that allow students to thrive. We all contribute to a culture of wellbeing in veterinary medicine.

*For further information on this document, please contact AAVMC Director for Wellbeing [Makenzie Peterson, MSc at mpeterson@aavmc.org](mailto:mpeterson@aavmc.org).*