

Opportunities to Address Student Mental Health Concerns in Fully Online, Asynchronous First-Year Writing Classes

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As online education's prevalence increases, postsecondary institutions have not met online learners' mental health needs. In-person learners benefit from accessible and robust campus services and activities to support well-being. However, many postsecondary institutions do not offer teletherapy or comparative social activities. Furthermore, online instructors have difficulty assessing student needs and referring them to the appropriate services. Several promising practices exist to address the disparity: postsecondary institutions can improve supports for online learners, and instructors can incorporate mental health and well-being resources and activities within curricula. While some evidence suggests the benefits of the solutions above, more research is needed.



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INTRODUCTION

Amidst the growing mental health crisis in higher education, instructors must take steps to address student well-being, with some of the greatest unaddressed opportunities found among online faculty, particularly among first-year writing instructors. The high prevalence of mental health disorders in postsecondary students has been repeatedly found across numerous studies for more than a decade (Bruffaerts et al., 2018; Hunt & Eisenberg, 2010; Kessler et al., 2007). According to Bruffaerts et al. (2018), "Epidemiological studies suggest that 12–50% of students meet criteria for one or more common mental disorders" (p. 97), and approximately 34.9% of college freshmen live with mental health concerns. According to the American College Health Association (2019), within a 12-month

period, over half of all students expressed symptoms of depression (i.e., feeling hopeless, overwhelmed, lonely, and very sad). Reviewing survey results from 788,235 U.S. students, Duffy et al. (2019) found that many students experienced severe symptoms of a mental health condition, including difficulty functioning (45.1%), overwhelming anxiety (65.7%), overwhelming anger (43.3%), self-harm (8.6%), seriously considering suicide (13.3%), and attempting suicide (2.0%). The prevalence of students with mental health problems has increased rapidly and substantially over the past 5–10 years, which could not be explained by the greater comfort and inclination young adults have in reporting psychopathological symptoms (Eisenberg, 2019).

Students with mental health conditions experience various negative academic and personal consequences and are less likely than their peers to succeed within and beyond post-secondary education. Mental health conditions negatively impact students' education, including decreased attendance (Blanco et al., 2008), lower rates of completion (Barr, 2014; Blanco et al., 2008; Bruffaerts et al., 2018; Eisenberg et al., 2009), decreased academic performance (Barr, 2014; Eisenberg et al., 2009), and lower quality social relationships (Merianos et al., 2013). Depression, suicidal ideation, and anxiety correlate with a lower grade point average (Bruffaerts et al., 2018; Eisenberg et al., 2009). Typically, students who function at the 50th percentile drop to the 38th to 23rd percentile in the presence of mental health symptoms (Bruffaerts et al., 2018; Eisenberg et al., 2009). Experiencing symptoms of a mental health condition can result in a nearly doubled risk of attrition (Eisenberg et al., 2009). Students with mental health conditions fair worse than students with other disabilities, possibly due to mental health's lack of visibility, stigma, and misunderstanding (McManus et al., 2017). These results are concerning as postsecondary institutions aim to maxi-

mize student potential and promote methods for increasing student retention and long-term success.

First-year students, in particular, face devastating mental health risks that could impact their long-term livelihood. As they transition into adulthood and independent education, first-year students engage and struggle with rigorous coursework, time management, and other possibly underdeveloped life skills, as well as new professional and personal relationships (Conley et al., 2013). Young adults entering postsecondary institutions experience multiple stressful life events listed on Holmes and Rahe (1967) stress scale, meaning that even without a preexisting mental health condition, they face a 50–80% chance of a major health breakdown within 2 years. Consequently, first-year students represent one of the most at-risk groups for having mental health issues, with more than one third of first-year students reporting symptoms of a mental health condition (Bruffaerts et al., 2018). Furthermore, first-year students with mental health concerns experience an even more significant impact on academic functioning than other students (Bruffaerts et al., 2018). Therefore, if universities can improve the mental well-being of first-year students, they may be able to increase overall academic performance and long-term outcomes.

Living with a mental health condition in higher education impacts the remainder of a person's life. Even after accounting for other factors, living with a mental health condition long-term can result in negative outcomes, such as ongoing symptoms of the illness itself, physical health problems, relationship dysfunction, difficulty finding and maintaining a job, decreased lifetime earnings, and difficulty obtaining and maintaining housing (Bruffaerts et al., 2018; Eisenberg et al., 2009; Storrie et al., 2010). If the student cannot graduate due to their mental health condition, they face consequences such as decreased lifetime earnings, increased unemployment and

poverty rates, and job dissatisfaction. Individuals with at least a bachelor's degree will likely make 43–51% more than those without a degree (Tamborini et al., 2015). Individuals without a degree also face a more than doubled unemployment rate and nearly tripled poverty rate (Taylor et al., 2014). However, addressing mental health conditions early in life can improve long-term outcomes (Bruffaerts et al., 2018; Ketchen Lipson et al., 2019).

Due to the short- and long-term implications of living with a mental health disorder, universities should use their available resources to address the needs of these students. As Hunt and Eisenberg (2010) noted, it “represents the only time in many people’s lives when a single integrated setting encompasses their main activities—both career-related and social—as well as health services and other support services” (p. 3). Universities can play a crucial role in helping young adults transition into adulthood and teaching valuable skills (e.g., time management, coping mechanisms, and stress reduction techniques) students can use throughout their life to counteract the impact of mental health conditions (Classroom Mental Health, n.d.; Eisenberg, 2019). If universities can support students with mental health concerns during this transitional time in their life, they may have improved long-term outcomes.

CURRENT SOLUTIONS

Universities have multiple avenues to address the mental health crisis. Ketchen Lipson et al.’s (2019) research indicates that campus leaders can improve student mental health and well-being through stigma reduction by speaking out about mental health, pursuing partnerships to ensure comprehensive mental health approaches, investing in accessible mental health services tailored to the needs of diverse students, as well as listening and responding to student needs. This mission can be

accomplished through mental health services, student social interaction, and faculty participation.

By providing students access to free or low-cost mental health services, universities can alleviate the symptoms of mental health conditions in their students. Greater access to psychotherapeutic services by mental health professionals appears to be effective (McAleavey et al., 2019). Many campuses have been expanding their mental health services and hiring more mental health professionals (Eisenberg, 2019). However, given the prevalence of mental health conditions among students, these services tend to be under-resourced and have difficulty reaching many students in need (Lattie et al., 2019). In 2018, “over half of directors reported that they needed more hours of psychiatric services than they currently had to meet student needs” (Hadler et al., 2021, p. 5). To improve students’ mental health, universities must invest in better psychiatric care.

Unfortunately, although nearly half of aged individuals meet Diagnostic and Statistical Manual of Mental Disorders-IV criteria for at least one psychiatric disorder (Bruffaerts et al., 2018), only 34% seek treatment (Hadler et al., 2021). Even when students do not seek treatment, feeling accepted and belonging to a social network can decrease a person’s risk and severity of mental health conditions. Regardless of a mental health condition, low-quality social support is associated with low academic performance (Merianos et al., 2013). Additionally, social support prevents students from developing a mental health condition and decreases the severity of existing conditions (Hefner & Eisenberg, 2009; Merianos et al., 2013). Compared to postsecondary students with high-quality social support, students with low-quality social support are at greater risk of mental health concerns, including a sixfold risk of depressive symptoms (Hefner & Eisenberg, 2009). Students are more likely to seek support from social relation-

ships than from mental health professionals (Di Placito-De Rango, 2018; Merianos et al., 2013). To improve student well-being and long-term outcomes, universities must invest in helping students develop social relationships with peers.

Ultimately, universities' greatest strength in battling the mental health crisis are instructors who can help increase accessible mental health support to students and incorporate proactive and preventative strategies in their classrooms. Before students even exhibit symptoms of a mental health condition, instructors can create an open, accepting classroom environment where students feel safe expressing themselves. To create a positive classroom climate and thus improve student well-being, instructors can create a curriculum that openly discusses mental health and disabilities, assign collaborative assignments, ensure open lines of communication, and teach students to look out for each other (Classroom Mental Health, n.d.; Di Placito-De Rango, 2018). Additionally, instructors can provide students with techniques for stress reduction, diminishing procrastination, and time management (Classroom Mental Health, n.d.), as well as coping and resilience skills (Eisenberg, 2019). Merely making mental health a normalized topic in the classroom can help eliminate mental health stigma (Classroom Mental Health, n.d.), encourage students to reach out if and when they need to decrease symptoms of mental health conditions, and improve student well-being (Di Placito-De Rango, 2018).

As faculty members who regularly communicate with students, instructors are in the optimal position to recognize mental health concerns and refer students to available mental health professionals. As Whitley et al. (2012) noted, "teachers and other school personnel are often the first to observe behaviors that indicate either the development or worsening of mental health problems" (p. 58). Within an in-person classroom, instructors may notice

warning signs, including patterns of poor academic performance (e.g., late assignments, failing quality of work), atypical behavior (e.g., becoming irritable or disrespectful), or unusual behavior (e.g., bizarre or fantastical comments). Students may exhibit changes in hygiene, dress, or physical behaviors (Barr, 2014). If an instructor notices alarming behavior from a student, they can refer that student to services provided by the university.

Furthermore, to help improve mental health outcomes in their students, some universities have trained their faculty to recognize the symptoms of mental illness in their students and what steps to take. Programs such as QPR (Question, Persuade, Refer) or RRR (Recognize, Render, and/or Redirect) inform faculty and staff how to identify and refer students who exhibit symptoms of mental illnesses (Di Placito-De Rango, 2018; Eisenberg et al., 2009). In such programs, instructors function as mental health "screeners" who identify possible concerns regarding a student's mental health and refer those students to existing resources (Di Placito-De Rango, 2018). Especially given the stigma surrounding mental health and often unknown resources available to students, instructors in these programs "fulfill an important role in the identification and management of mental illness" (Hunt & Eisenberg, 2010, p. 7).

If students do not seek help from mental health professionals or take advantage of other institutional resources (e.g., disability centers), instructors can help manage and improve student well-being in their classrooms through curricular alterations. Even without official accommodations, instructors can adjust assignments, time allotments, testing locations, or even class schedules (Di Placito-De Rango, 2018). By accommodating students' needs, an instructor can help relieve the stresses of a mental health condition and, in some cases, prevent the onset (Di Placito-De Rango, 2018).

As an oft-required course, instructors of first-year writing classes serve an especially vital role in addressing student mental health and well-being. Interdisciplinary and experiential courses (e.g., first-year writing classes) provide an effective opportunity for providing all students with techniques and resources to address or prevent their mental health concerns during a key transition year in their life (Johnson, 2018; Ketchen Lipson et al., 2019). Writing courses also promote self-reflection and help foster student voice and often include personal and reflective writing, which may prompt self-disclosure of mental health concerns or lead students to reexperience past trauma (Berman, 2001; Hart & Thompson, 2013). As institutional faculty, Valentino (as cited in Hart & Thompson, 2013) surmised that although instructors are not trained therapists, they “have an ethical obligation to react responsibly” (p. 4) when students submit writing describing traumatic events. Thus, considering the number of students reached and the possibility that those students engaging in critical self-reflection could benefit from access to mental health resources, first-year writing instructors have a critical opportunity to infuse mental health resources and well-being strategies into their courses.

IDENTIFICATION OF UNMET NEEDS

Unfortunately, instructors teaching fully online courses lose valuable interaction with students, who may also lack institutional resources, resulting in more undetected and untreated mental health conditions in this student population. Despite the rapidly growing number of students enrolled in online courses, there lacks parity in available mental health services for online learners compared to resident learners (i.e., those attending in-person classes), with only 59% of colleges offering telemental health services (Hadler et al., 2021). Telemental health services are

further complicated because of “licensing restrictions for medical providers and psychotherapists in providing medical care and psychotherapy across state lines” (Hadler et al., 2021, p. 2). Although COVID-19 forced universities to give more significant consideration to online learners, adequate solutions have not been found more than a year into the pandemic. As of December 2020, 55% of students stated they did not know how to access mental health services, even though 80% reported that “COVID-19 has negatively affected their mental health,” and 85% claimed difficulty with schoolwork due to stress (Hadler et al., 2021, p. 2). At present, universities fail both remote and resident learners with a lack of adequate mental health care.

The disparity in human support infrastructures between resident students and online learners leads to support services of inconsistent quality. Online learners already at a heightened risk of developing a mental health condition do not have access to the same free or low-cost mental health care provided by the institution as resident learners (Barr, 2014). Ultimately, this can result in worse mental health outcomes for online students, poorer academic performance, and greater support burdens on online instructors (Su & Waugh, 2018). Even when accounting for other high-risk variables, online learners have greater attrition rates than resident learners (Su & Waugh, 2018). Students with mental health disorders enrolled in online courses are significantly less likely to complete and pass courses than their peers (Richardson, 2014). As mental illnesses place a tremendously high burden on students, affecting their current and future success and well-being, gaps in mental health resource availability can exacerbate long-term disparities in academic and mental health outcomes between resident students and online learners.

Higher education's first-responders—instructors—also have greater difficulty identifying students with mental health concerns in online classes versus in-person classes because instructors cannot recognize observable symptoms of mental health conditions, such as changes in behavior, hygiene, or class attendance and participation (Barr, 2014). Furthermore, many strategies discussed for instructors to help improve mental health outcomes (e.g., QPR or RRR, discussing mental health in the classroom, assigning collaborative activities, or teaching students to look out for one another) simply do not translate well to online courses. Educational and mental health resources shared in face-to-face classroom settings are presented immediately and uniformly to the students, ensuring they receive the information. However, in online class settings, students can ignore the resources provided, taking control away from the instructor. In first-year writing classrooms, students may be more able to censor their writing and reactions to prompts than in an in-person classroom and, therefore, provide less opportunity for the instructor to recognize an issue. Due to the combined lack of resources and interaction online learners receive, they may be at an increased risk of mental health disorders and, therefore, may face significant consequences.

Lastly, while social relationships provide supportive connections that offer greater resilience from mental health problems, online learners do not have the same social interactions with peers compared to resident students (Eisenberg, 2019). Without sharing physical space in a classroom or meeting socially in gathering spaces, students lose meaningful opportunities to interact both formally and informally, leading to feelings of isolation, which can further harm their educational attainment and personal well-being (Eisenberg, 2019; Hart & Thompson, 2013; McManus et al., 2017). Moreover, without in-person inter-

action with peers and positive social feedback, students with mental health conditions may feel more stigmatized or distressed in an online forum than in an in-person classroom (McManus et al., 2017). Ultimately, the three avenues universities currently have to address student mental health disintegrates in the online classroom.

OPPORTUNITIES TO REDUCE DISPARITIES

Universities can utilize existing digital mental health services to overcome the existing disparities between resident students and online learners. Technology can “assist with the diagnosis, assessment, or treatment of psychological disorders” through “videoconferencing, phone calls, email, texting, computerized interventions, and smartphone applications” (Petersen et al., 2020, p. 113). Telemental health services (i.e., those offered via an electronic device) offer the possibility of providing students with helpful mental health resources and strategies that circumvent the barriers of accessing in-person mental health services (Mitchell & Gordon, 2007; Rai et al., 2016). Furthermore, they do not come with the same stigma and time constraints that might prevent students from seeking professional help while attending in-person classes (Hadler et al., 2021; Renton et al., 2014). Initial research shows that digital mental health interventions can improve postsecondary students' mental health (Lattie et al., 2019). Therefore, universities should provide students with digital mental health services to quickly and anonymously access.

More so than in in-person education, online instructors exist as the core connection students have to the institution and, therefore, can improve student mental health and well-being for online learners more than nearly any other campus resource (Barr, 2014). In their digital classrooms, instructors can translate traditional

methods of addressing and preventing mental health concerns into a virtual medium. Similar to in-person classrooms, instructors can provide access to institutional resources in their syllabi and their (virtual) classroom. Although little to no research exists to corroborate this claim, with alterations to how information is delivered to students, students in online courses may have *more* access and *more* interaction with institutional resources than resident students who only hear about resources a few times per semester at best. Even then, they cannot immediately research the resources. In an online platform, instructors can provide links to institutional resources on their course home page or in an easy-to-find location where students can regularly peruse the links. Suppose institutional resources are all located in one region of the course. In that case, students may also more regularly see counseling services when they seek further instruction from tutors or the writing center.

Even if higher education institutions do not provide online learners with adequate mental health services, instructors can frequently provide students with techniques to improve mental health and well-being. While in-person instructors worry about wasting precious face time with students, online instructors can provide helpful videos, articles, and other resources to students without the same concerns (Barr, 2014). Online instructors can add information to each week's course materials, including mental health education, information about crisis services, self-help services, disability services, and counseling services (Rai et al., 2016).

Over the past 2 years, I have increasingly integrated such strategies into my online first-year writing classes. First, I always have a module/folder titled "Helpful Resources," in which I included general writing guides (e.g., information about

writing introductions, conclusions, and thesis statements), grammar tutorials, institutional resources, technology guides (e.g., how to create a cover page or hanging indent in Microsoft Word), and what I call "life skills." The life-skills section contains information on academic literacies (e.g., goal setting, study skills, and time management techniques) and those about physical and mental well-being (e.g., sleep, guided imagery, and exercise).

To ensure students are more likely to access the life skills, I also include a single, relevant life skill at the beginning of each week's learning material. During peer review week, I provide information on one form of stress reduction. The week before finals, I remind students about the benefits of sleep on academic performance and how to form good sleep hygiene routines. At the beginning of a research project, I include information about time management or goal setting.

Although reviewing the life-skills page/folder is optional, many students claim throughout the semester and in end of semester reflections that the life skills are their favorite and most relevant information gleaned in the course. In one semester, at least half of my students engaged with the weekly life-skills lessons, as evidenced by their commentary on end-of-week reflections. Nontraditional students have informed me they transferred some of the time management techniques to their work and recognized immediate improvements. Athletic-minded students, many of whom have already learned about the benefits of guided meditation or deep breathing, have expressed that seeing the information presented in the online classroom helped them transfer their preexisting mindfulness practices to education. Importantly, students have commented that simply having these resources presented weekly makes them feel that their instructor cares about their mental health.

NEXT STEPS

Overall, the prevalence of student mental health problems is well-documented, along with the association between those mental health concerns and the negative academic and social consequences. However, for postsecondary institutions to operate on the best available evidence in implementing mental health promotion and prevention strategies, more research is needed in several domains.

First, universities need a better understanding of the causes of mental health concerns for first-year students. The most effective method for addressing mental health problems is to address the underlying causes. To date, research has focused on assessing the prevalence of mental health problems with fewer data available on some of the root causes of first-year mental health struggles. Psychological research offers some insight into how transition-age young adults often face higher stress levels, self-evaluation, and peer evaluation, which can cause greater distress, which could lead to anxiety and depression. This data can be further complemented by systematic reviews of existing literature and studies evaluating cross-disciplinary domain factors, such as individual characteristics, socioeconomic factors, demographic factors, psychological history, educational settings, interpersonal assets, curriculum demands, and more to determine better which variables have a more significant impact on first-year students' mental health.

Secondly, more research is needed to understand how mental health problems and outcomes differ. Students experience mental health conditions and concerns in various ways and have disparate outcomes to the same mental health conditions. Further investigation is needed to understand the diverse ways mental health concerns manifest. By assessing students with the most beneficial outcomes and students most at risk of adverse outcomes, research can identify more effective strategies for

addressing the various mental health concerns and conditions impacting students' short- and long-term well-being. Strategies can then be tailored to address the needs of individuals effectively. This data can help to identify and address existing disparities and enhance the effectiveness of mental health promotion and prevention strategies.

Lastly, little research exists related to applying effective mental health promotion and protection strategies in online courses (McManus et al., 2017). Research has primarily focused on strategies that benefit from accessible, in-person mental health resources. Further research must validate the anecdotal effectiveness of the adaptation of in-person mental health promotion and protection strategies for online courses. Specifically, research should (1) assess the outcomes of current mental health promotion and protection strategies applied in online settings, (2) identify and implement methods for adapting strategies to an online setting, and ultimately, (3) continuously evaluate and improve upon the effectiveness resulting adaptations.

CONCLUSION

Ultimately, first-year students have the highest prevalence of mental health concerns and conditions among all postsecondary students and experience associated mental health consequences more severely. These struggles occur during a critical transition period in a student's life and academic career. Unidentified and unaddressed student mental health concerns can worsen, often leading to attrition and long-term physical and emotional problems.

Consequently, postsecondary institutions have invested in various strategies to promote and protect student mental health. Universities aim to promote student mental health through free to low-cost counseling services, a wide range of

social activities, and instructor support. Course curricula can exist as a valuable asset to reaching students with mental health concerns and referring them to the appropriate services. Particularly in first-year writing courses, in which student activities often lead to self-reflection, students may self-disclose their mental health concerns and possibly reexperience trauma, making first-year writing courses an ideal and essential setting to promote strategies to improve student mental health.

While existing strategies to address students' mental health have been effective in face-to-face settings, a gap exists in implementing them online, which has become increasingly evident through the rapid growth of online education. The most effective strategies currently rely upon in-person human support services. Online education cannot provide the same level of support, causing a disparity that could lead to first-year students in online classes having mental health concerns unidentified and unaddressed, impacting short- and long-term outcomes.

Ensuring all students have sufficient mental health support is critical. Universities must remedy the growing disparity between resident and online students' mental health, especially as enrollment in online and distance-learning programs continues to grow. Because first-year students are most at-risk for mental health concerns and conditions, first-year writing instructors can serve as first responders to address the mental health crisis. Additional research is needed to identify, implement, and evaluate best practices to promote and protect student mental health in online settings.

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