

THE ROLE OF FACULTY IN STUDENT MENTAL HEALTH



Boston University School of Public Health



MARY CHRISTIE
FOUNDATION



Hazelden Betty Ford
Foundation

Summary and Key Findings

The Boston University School of Public Health (BUSPH) partnered with the Mary Christie Foundation (MCF) and the Healthy Minds Network (HMN) to pilot a survey aimed at understanding faculty members' perspectives on the current state of student mental and behavioral health. The survey was funded by the Hazelden Betty Ford Foundation.

Survey responses come from 1,685 faculty members at 12 colleges and universities across the United States. These institutions range in size from approximately 2,000 to 20,000 students and are located in 10 states. Findings address faculty's perceptions of student mental health needs, faculty's experiences supporting students, as well as the need for institutional resources to address both student and faculty mental health.

This study is grounded in the idea that higher education faculty are increasingly involved in responding to student mental health concerns. Many faculty members have observed their students' mental health worsening over the years, and many are particularly concerned about declining student mental health during the COVID-19 pandemic. Results from the survey indicate that a majority of faculty members would welcome more training in how to support students experiencing mental

health issues, and believe that these trainings should be mandatory. Responses make clear that faculty feel a responsibility to help students dealing with mental health concerns, which stands in contrast to a long-held assumption that faculty do not see this as “their job.” Importantly, many faculty report a lack of training or insufficient institutional support. They also express a lack of support for their own mental health and wellbeing.

The survey, beginning in January 2021, reflects the circumstances of a turbulent year marked by the pandemic as well as racial injustices. In a concerning finding on campus climate, a large number of Black and Latinx faculty believe their climates are unwelcoming to students of color, which can further exacerbate the mental health issues of these students and may make faculty less likely to refer students to available mental health resources on campus.

These findings indicate that schools can do a better job in supporting faculty as they fulfill this increasingly important role in addressing the mental health of all students on campus.

KEY FINDINGS

- ▶ A strong majority (87%) believe that student mental health has “worsened” or “significantly worsened” during the COVID-19 pandemic.
- ▶ Almost 80% have had one-on-one phone, video, or email conversations with students in the past 12 months regarding student mental health and wellness.
 - » Faculty outreach varies significantly by gender: 85% of female faculty and 84% of transgender, non-binary, genderqueer, or gender non-conforming faculty report having these conversations within the past 12 months, compared to 71% of male faculty.
- ▶ Only 51% of faculty reported that they have a good idea of how to recognize that a student is in emotional or mental distress.*
 - » A smaller proportion of faculty (29%) report having a good idea of how to recognize that a student is experiencing signs of a substance use disorder (e.g., alcoholism or, drug abuse/misuse).*
- ▶ 73% would welcome additional professional development on the topic of student mental health.*
- ▶ 61% believe it should be mandatory that all faculty receive basic training in how to respond to students experiencing mental or emotional distress.*
- ▶ 21% of faculty agree that supporting students in mental and emotional distress has taken a toll on their own mental health.
- ▶ Close to half believe their institution should invest more in supporting faculty mental health and wellbeing.
- ▶ Overall, 25% of faculty believe their institution is “hostile” or “somewhat hostile” toward students of color.
 - » 58% of Hispanic or Latinx faculty, 39% of Black or African American faculty, and 24% of Asian or Asian American faculty believe their institution is “hostile” or “somewhat hostile” toward students of color.

* “Agree” or “strongly agree”

STUDY TEAM

Findings from this study reflect effort from a broad team affiliated with the Healthy Minds Network, Boston University School of Public Health, and the Mary Christie Foundation.

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In-Depth Findings

FACULTY'S PERCEPTION AND RESPONSE TO STUDENT MENTAL HEALTH AND SUBSTANCE USE

► PERCEPTIONS OF WORSENING STUDENT MENTAL HEALTH

The majority of faculty believe that student mental health has “somewhat worsened” or “significantly worsened” since the beginning of their faculty career (65.3%), and since the COVID-19 pandemic began (87.1%). These trends are especially stark in reference to the COVID-19 pandemic, as approximately 42.8% of faculty believe that student mental health has “significantly worsened” during this time.

Perception of a change in mental health related to COVID-19 varies by faculty gender: 88.0% of transgender, non-binary, genderqueer, or gender non-confirming faculty and 92.6% of female faculty believe that mental health has worsened or significantly worsened during COVID-19, while 78.8% of male faculty feel the same.

This perception also varies by academic discipline: 92.2% of education and humanities faculty and 90.8% of social science and public policy faculty believe that student mental health has

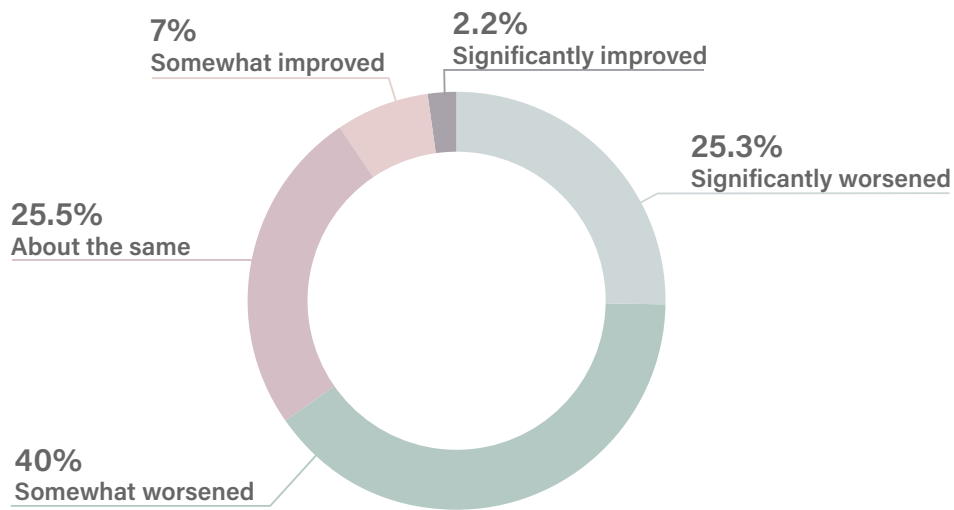
“worsened” or “significantly worsened,” in comparison to 81.2% of faculty in science and mathematics and 77.5% of faculty in medicine.

► EXPERIENCE REACHING OUT TO STUDENTS

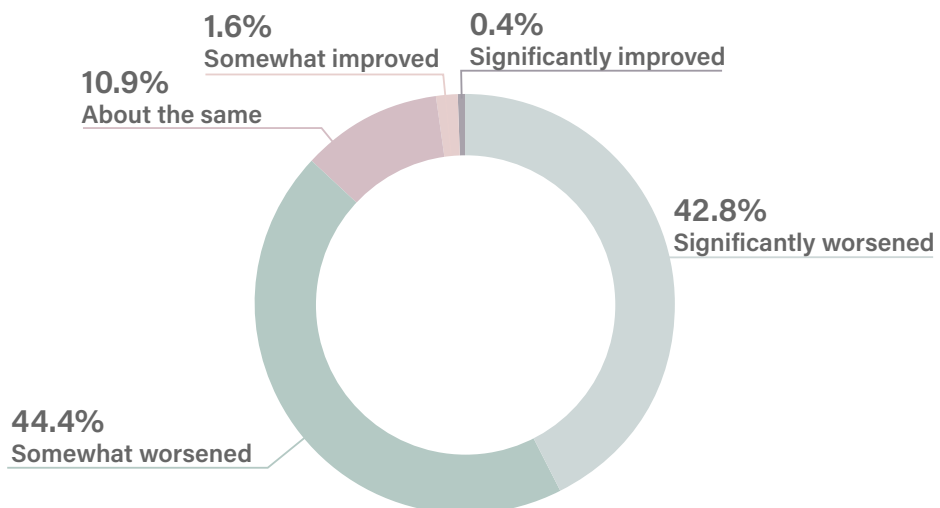
The majority of faculty (79.3%) report that in the past 12 months they have had one-on-one phone, video, or email conversations with students regarding students' mental health and wellness.

Likelihood of reaching out to students varies significantly by faculty experience and academic discipline. Faculty with less than one year of experience are the least likely to reach out (53.3%). This proportion increases among mid-career faculty: 85.5% of faculty with seven to nine years of experience report reaching out. It drops somewhat among faculty with more experience: 79.8% of faculty with 15 or more years of experience report reaching out.

GRAPH 1: FROM YOUR PERSPECTIVE, HOW IF AT ALL HAS STUDENT MENTAL HEALTH CHANGED SINCE YOU BEGAN YOUR CAREER?



GRAPH 2: FROM YOUR PERSPECTIVE, HOW IF AT ALL HAS STUDENT MENTAL HEALTH CHANGED SINCE THE COVID-19 PANDEMIC BEGAN?



Faculty affiliated with social sciences and public policy, education and humanities, the arts, and cross-disciplinary programs appear to be the mostly likely to engage with students regarding student mental health. Faculty affiliated with business, law, science, and math are the least likely to report engaging with students on this topic. The average difference in reported engagement between these groups is 13.0%.

Faculty outreach also varies significantly by gender. Approximately 85.0% of female faculty and 84.0% of transgender, non-binary, genderqueer,

or gender non-conforming faculty report having had a one-on-one conversation with a student about their mental and emotional health within the past 12 months. By comparison, 70.8% of male faculty report having done the same.

The frequency of outreach varies by faculty race. 24.1% of Hispanic or Latinx faculty report having one-on-one conversations with ten or more students in the past 12 months, compared to 15.3% of Black or African American faculty and 13.2% of white faculty.

GRAPH 3: OUTREACH AMONG FACULTY WHO HAVE HAD ONE-ON-ONE CONVERSATIONS WITH STUDENTS ABOUT MENTAL OR EMOTIONAL HEALTH



► **RECOGNIZING STUDENTS IN DISTRESS**

Approximately half of faculty “agree” or “strongly agree” that they know how to recognize a student in emotional or mental distress (51.2%), and nearly three-quarters “agree” or “strongly agree” that they are likely to reach out to a student in distress (73.3%).

There are significant gender differences in student outreach and perception of student mental health needs: among non-binary, transgender, genderqueer, and gender non-confirming faculty members, 67.9% “agree” or “strongly agree” that

they can recognize when a student is in emotional or mental distress, and 78.6% “agree” or “strongly agree” that they are likely to reach out to a distressed student. Among female faculty, 57.7% “agree” or “strongly agree” that they could identify when a student is in emotional or mental distress and 77.0% “agree” or “strongly agree” that they are likely to reach out to a distressed student. By comparison, 41.1% of male faculty “agree” or “strongly agree” that they could identify if a student is in emotional or mental distress, and 68.1% “agree” or “strongly agree” that they are likely to reach out to a distressed student.

TABLE 1: FACULTY KNOWLEDGE AND ATTITUDES TOWARD STUDENT MENTAL HEALTH (%)

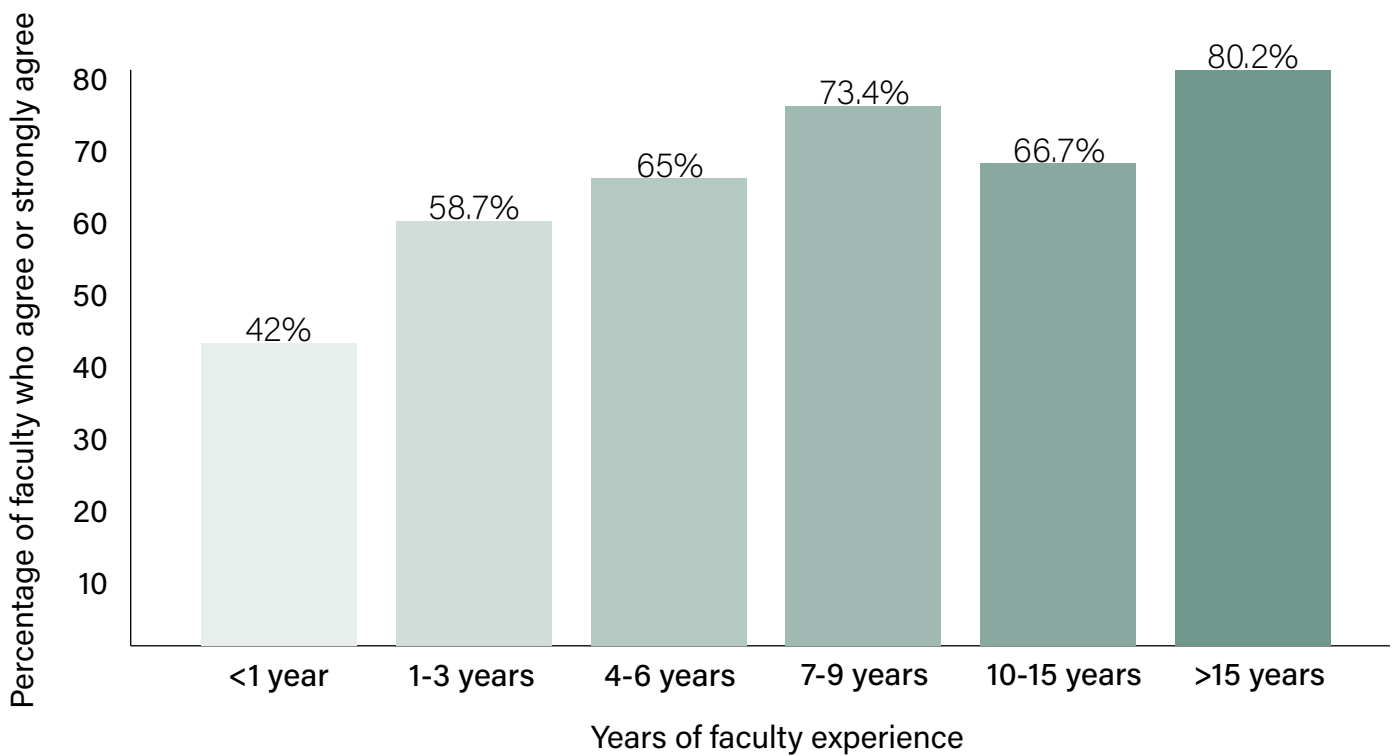
	STRONGLY AGREE	AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	DISAGREE	STRONGLY DISAGREE
I am comfortable having conversations with students about their mental health.	27.1	37.2	23.7	6.9	4.2	0.9
I have a good idea of how to recognize that a student is in emotional or mental distress.	15.9	35.3	35.9	9.6	2.9	0.5
I know what mental health services, if any, are available for students at my institution.	30.4	39.3	22.1	5.3	2.2	0.9
If I think that a student is experiencing emotional or mental distress, I am likely to reach out to that student.	34.1	39.2	19.6	5.2	1.2	0.7

► **CAREER LENGTH AND ATTITUDES TOWARDS MENTAL HEALTH**

Career length is associated with attitudes toward mental health, but comfort discussing mental health with students does not increase linearly with experience. Faculty with 4-6 years of experience display the highest agreement regarding comfort with conversations related

to mental health with their students (70.3%), and faculty with 10-15 years of experience display the lowest agreement (58.6%). Knowledge of institutional resources, however, does increase roughly linearly with experience. 42.0% of faculty with one year of experience or less “agree” or “strongly agree” that they are aware of the mental health services at their institution, compared with 80.2% of faculty with 15+ years of experience.

GRAPH 4: I KNOW WHAT MENTAL HEALTH SERVICES, IF ANY, ARE AVAILABLE FOR STUDENTS AT MY INSTITUTION



► **AWARENESS OF SUBSTANCE USE AND COMFORT REACHING OUT**

Over one-third of faculty “agree” or “strongly agree” that they feel comfortable having conversations with students about their use of alcohol or drugs (38.1%). This number is significantly lower than the percent of faculty who “agree” or “strongly agree” that they feel comfortable having conversations with students about their mental health (64.3%).

Similar to awareness of mental health resources as a whole, awareness of resources to help students struggling with substance abuse increases roughly linearly with career experience. Among faculty with 1-3 years of experience, 31.5% “agree” or “strongly agree” that they are aware of services to help students struggling with substance use. This proportion increases to 50.0% among faculty with 15+ years of experience. There are significant gender differences in fac-

ulty response: 44% of male faculty “agree” or “strongly agree” that they feel comfortable having conversations with students about their use of alcohol or other drugs, compared to 34.1% of female faculty and 37.5% of transgender, non-bi-

nary, genderqueer, or gender nonconforming faculty. There are not, however, significant gender differences in likelihood of reaching out to a student suspected of struggling with substance use.

TABLE 2: HELPING STUDENTS WITH SUBSTANCE ABUSE (%)

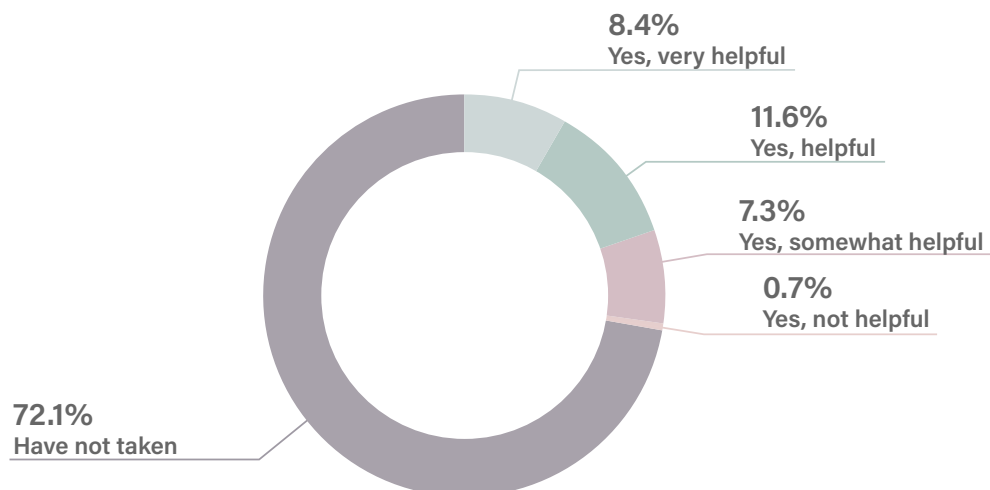
	STRONGLY AGREE	AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	DISAGREE	STRONGLY DISAGREE
I am comfortable having conversations with students about their use of alcohol and other drugs.	12.4	25.8	26.7	17.0	14.4	3.8
I have a good idea of how to recognize that a student is experiencing signs of a substance use disorder (e.g., alcoholism, or drug abuse/misuse).	7.5	21.3	32.3	19.5	16.3	3.2
I know what services, if any, are available at my institution to support students struggling with substance use.	11.7	29.2	28.4	15.9	11.1	3.8

INSTITUTIONAL SUPPORT FOR FACULTY INVOLVEMENT IN STUDENT MENTAL HEALTH

Results indicate that faculty are in need of *mental health gatekeeper training*, defined as *programs designed to enhance an individual’s skills to recognize signs of emotional distress in other people and refer them to appropriate resources*. Over half of faculty (55.8%) report that they do not know if gatekeep-

er trainings exist at their institution. **Only 28.8% report that they have participated in a training program. Among those who report that they have undergone such training, 71.5% found it “helpful” or “very helpful.”**

GRAPH 5: FACULTY RESPONSES TO MENTAL HEALTH GATEKEEPER TRAINING



► RECEPTIVITY TO TRAINING

Most faculty “agree” or “strongly agree” that they would welcome additional professional development on the topic of student mental health (68.9%), are motivated to strengthen their understanding of this topic (68.9%), and believe this sort of training should be mandatory (61.4%).

Faculty were asked which factors would encourage them to participate in mental health training. Faculty most commonly cited that they would prefer trainings that are online (56.7%), offer advice for general student support instead of just crisis training (51.6%), are self-paced (46.2%), are 30 minutes or less (42.1%), or are scheduled during their paid time (39.7%).

Beyond trainings, faculty most commonly cite that they would like a list of mental health resources available at their institution (73.3%), a checklist of things to consider regarding warning signs of mental and emotional distress (71.0%), a small reference guide for how to initiate a conversation with a student about their mental health (63.2%), or a mental health statement to include in their syllabi (62.3%).

► FACULTY MENTAL HEALTH AND WELLBEING

Approximately half of faculty “agree” or “strongly agree” that their institution should invest more in supporting faculty mental health and wellbeing (45.8%).

Within this sample, approximately 9.5% of faculty screened positive for symptoms of major depression based on the Patient Health Questionnaire-2 (PHQ-2).¹

Approximately 20.6% of faculty agree that supporting students in mental and emotional distress has taken a toll on their own mental health. We find significant differences in gender regarding the extent to which faculty “agree” or “strongly agree” that supporting students’ mental health has taken a toll on their own mental health. 26.6% of female faculty and 31.9% of transgender, non-binary, genderqueer, or gender non-conforming faculty “agree” or “strongly agree” it has taken a toll, as compared to 13.4% of male faculty.

¹ The PHQ-2 is a two question depression screening questionnaire that asks participants to list how often they have a.) had little interest or pleasure in doing things and b.) felt down, depressed or hopeless within the past two weeks. Responses range from “not at all” to “nearly every day” with numeric scores that range from 0-3. Once summed, scores of 3 or greater indicate a possibility that the respondent has major depressive disorder.

TABLE 3: TRAINING AND RESOURCES TO SUPPORT STUDENTS (%)

	STRONGLY AGREE	AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	DISAGREE	STRONGLY DISAGREE
I would welcome receiving additional professional development on the topic of student mental health.	34.2	34.8	18.3	3.1	2.4	1.5
I am motivated to strengthen my role in supporting student mental health at my institution.	32.5	32.1	20.0	5.4	2.2	1.5
It should be mandatory that all faculty receive basic training in how to respond to students experiencing mental or emotional distress.	30.6	27.6	21.4	7.9	4.1	3.2
I would welcome receiving additional professional development on the topic of substance use among students.	29.2	34.0	21.8	5.6	2.8	1.4

**GRAPH 6: PHQ2 SCORES
(3+ INDICATES RISK OF MAJOR DEPRESSION)**

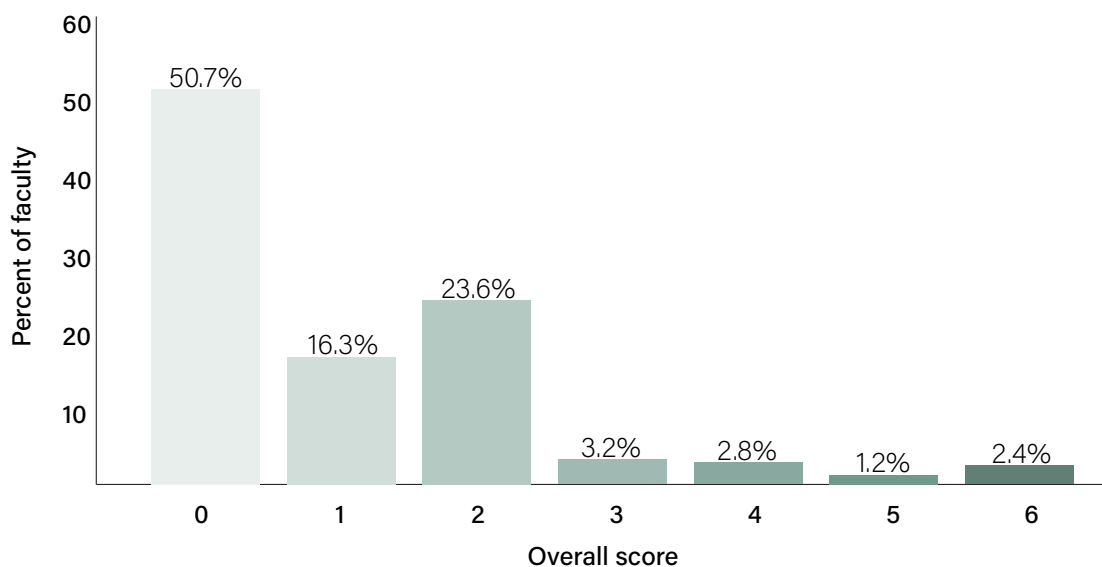


TABLE 4: MENTAL HEALTH EXPERIENCES AMONG FACULTY (%)

	STRONGLY AGREE	AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE
Under certain circumstances, it is appropriate for a faculty member to discuss their own mental health experiences with a student.	7.3	22.4	31.3	10.8	12.3	13.4	2.4
Supporting students in mental and emotional distress has taken a toll on my own mental and emotional health.	8.3	12.3	21.2	10.1	20.3	19.0	8.9
I know what mental health services, if any, are available for faculty members at my institution.	9.3	20.5	21.5	12.7	20.5	12.6	3.1
My institution should be investing more resources to support faculty mental health and wellbeing.	23.3	22.6	31.0	11.8	5.3	1.9	4.2

FACULTY'S PERCEPTION OF INSTITUTIONAL CLIMATE

The majority of faculty believe their institutions are “somewhat welcoming” or “welcoming” toward students of color, international students, sexual minority students, and gender minority students (54.6%, 59.9%, 67.7%, and 61.3%, respectively).

Faculty perceptions of the campus climate toward students of color, international students, and gender or sexual minority students vary by faculty gender and race.

60% of transgender, non-binary, genderqueer, and gender non-conforming faculty and 27.7% of female faculty believe their institution is “hostile” or “somewhat hostile” toward students of color. 57.9% of Hispanic or Latinx faculty, 38.5% of Black or African American faculty, and 24.0% of Asian or Asian American faculty believe their institution is “hostile” or “somewhat hostile” toward students of color.

TABLE 5: PERCEPTIONS OF INSTITUTIONAL CLIMATE (%)

	HOSTILE	SOMEWHAT HOSTILE	NEUTRAL	SOMEWHAT WELCOMING	WELCOMING
<i>Please rate the climate at your institution in general for students from the following backgrounds:</i>					
Students of color	4.4	20.6	20.4	22.5	32.1
International students	2.5	15.1	22.5	25.9	34.0
Sexual minority students (gay, lesbian, bisexual, queer)	1.3	10.4	20.7	28.2	39.5
Gender minority students (transgender, genderqueer, non-binary)	2.5	14.2	22.0	27.8	33.6

Conclusions and Implications

As the debate continues about the role of faculty in campus efforts to address student mental health, findings from this national survey show that a strong majority of faculty are already engaging with students about student mental health.

Relatively low confidence in ability to identify students in distress, as well as small percentages of those who've been trained are concerning, given this level of engagement. All of this warrants a strong response by institutional leadership to better support faculty as they communicate with students about their mental health.

The results provide some good direction, as well as optimism going forward, starting with the fact that faculty are asking for help. The data show that faculty would welcome and benefit from additional (online, brief and mandatory) training in student mental health, a list of available mental health resources, a checklist of warning signs of mental and emotional distress, guides for how to initiate conversations about mental health and written mental health statements to include in their syllabi.

Substance use continues to garner less attention than it deserves given its correlation to academic achievement and the development of negative life-long behaviors that often begin during the college years. Just as

mental health addressment requires formal training and a culture that promotes help-seeking, so too, should substance use issues.

On campus climate, the findings indicate that too many faculty on campuses around the country view their climates as unwelcoming. It is critical that work be done, not just in making campuses inclusive, positive environments for all students, but in helping faculty of color build the level of trust in their institutions that they need to refer and support these students. The Steve Fund's [Crisis Response Task Force Report](#) recommendations provide sound direction.

Overall, the survey data provide key insights into an increasingly important dynamic in college student mental health: the role of faculty in identifying students in distress and referring them to help. But as these findings indicate, it is more than just confidence in these functions that are at play here. Mental health and wellbeing, particularly this year, are far more broadly defined. Faculty's role in student mental health is more nuanced as are the differing relationships between faculty and student. We hope this pilot study will be the first in additional research about how best to support faculty in their increasingly important role.

Study Details

The HMN study coordination team led institutional recruitment. Outreach involved distributing an initial information packet to candidate institutions, and following up with those who expressed interest within the recruitment window. Once on-boarded, each institution was asked to provide a complete list of active full- and part-time faculty members for survey distribution. The survey was dispatched via email between January 25th and March 10th 2021, with approx-

imately one month of data collection at each institution. Data were collected via Qualtrics. The average response rate across institutions was 26.8%.

In comparing the rank and demographic characteristics of our sample to a survey of all higher education faculty from the National Center for Education Statistics (NCES), we find that our sample is largely representative, but does skew toward female participation.

TABLE 6: COMPARISON OF SAMPLE RESPONDENTS TO NATIONAL HIGHER EDUCATION FACULTY

	OUR SAMPLE	NATIONAL*
White	84.3%	83.2%
Black	2.5%	1.9%
Asian	5.0%	2.3%
Hispanic	2.5%	3.9%
Middle Eastern or Arab American	1.0%	0.6%
Multiracial	2.5%	1.4%
Male	40.2%	53.8%
Female	57.9%	46.3%
Transgender/gender nonconforming/ non-binary/self-identify gender	1.8%	N/A
Full professor	14.1%	22.6%
Associate professor	19.8%	19.6%
Assistant professor	16.9%	21.5%
Instructor/Lecturer	22.0%	17.5%
Other faculty**	27.2%	18.9%

*National values from the *National Center for Education Statistics, 2019*

**In our sample, “Other” represents adjunct faculty, emeritus faculty, and faculty who hold multiple appointments each year

INSTITUTIONAL AFFILIATION AND CAREER EXPERIENCE

Our sample is broadly distributed across ranks and titles.² Among institutions within this sample, 226 (14.1%) hold the rank of full professor, 318 (19.8%) are associate professors, 272 (16.9%) are assistant professors, 314 (19.6%) are adjunct professors, 353 (22.0%) are instructors or lecturers, three (0.2%) are postdoctoral fellows, and 13 (0.8%) hold the title of emeritus professors. Ninety (5.6%) hold a title or rank not defined by the survey, such as non-tenure track research faculty, artist, writer, or scholar in residence. Seventeen (1.1%) of faculty members cite holding a combination of adjunct, lecturer/instructor and/or postdoctoral fellow positions.

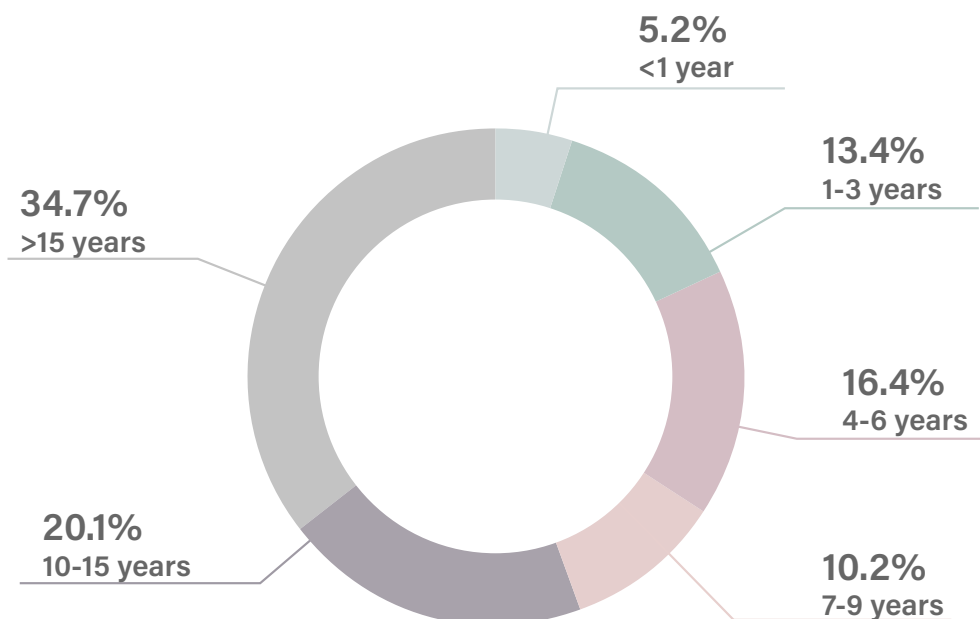
Among those who teach, 634 (39.0%) taught both

graduate and undergraduate students during the past twelve months, 851 (52.3%) taught only undergraduate students, and 112 (6.9%) taught only graduate students. Twenty (1.2%) faculty members held appointments outside of these definitions (for instance, teaching high school or certificate programs), with eight (0.5%) citing that they only held alternative appointments.

Our sample spans 18 academic disciplines, which we group into eight broad categories for this analysis. Among those whose appointment(s) fall(s) into one field, 364 (22.5%) have appointments in fields associated with education and the humanities, 325 (20.0%) have appointments in science and mathematics, 231 (14.3%) have appointments in social

² Faculty were permitted to select all ranks that apply. In cases where faculty selected multiple appointments, we selected the most senior position to represent the participant.

GRAPH 7: YEARS OF EXPERIENCE

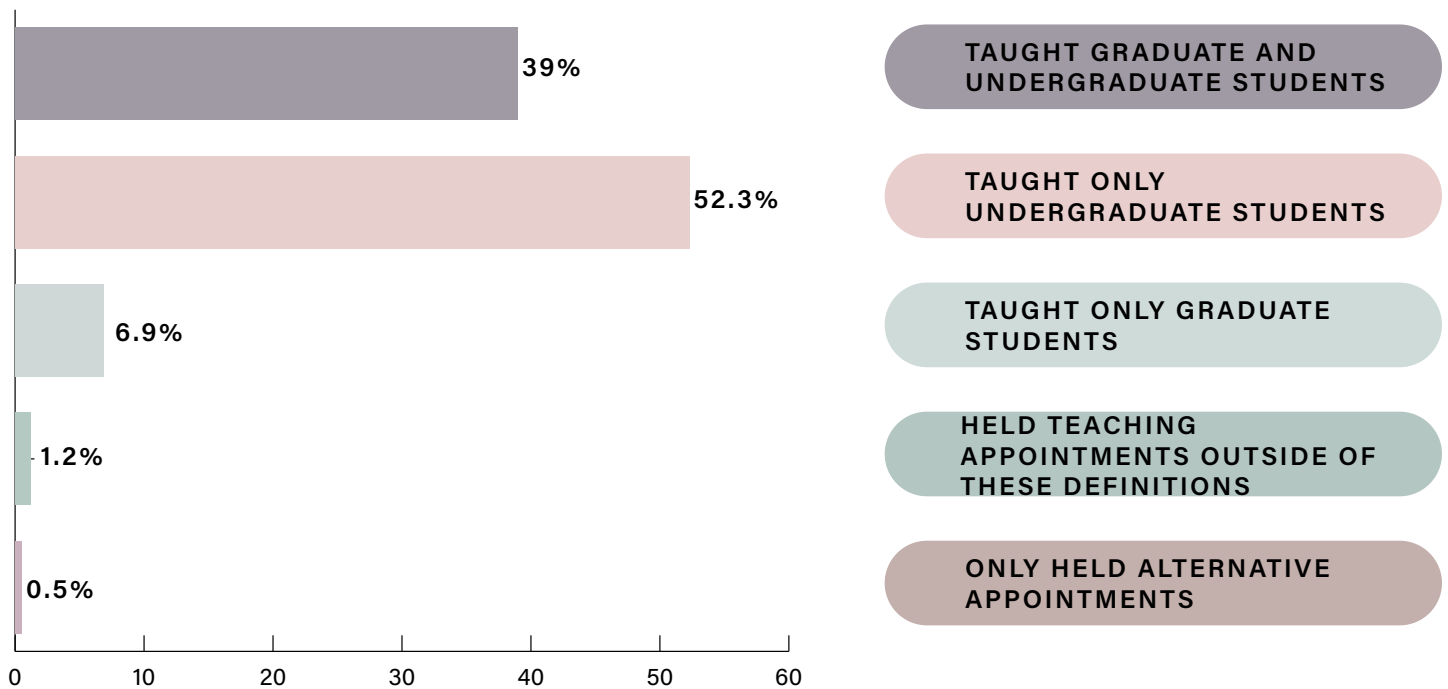


science or public policy fields, 155 (9.2%) have appointments in the arts, 120 (7.4%) have appointments in business and law, and 73 (4.5%) have appointments in medicine. Many faculty (149, 9.2%) report holding an appointment that crosses disciplines. A total of 204 (12.6%) cite affiliation(s) outside of these boundaries.

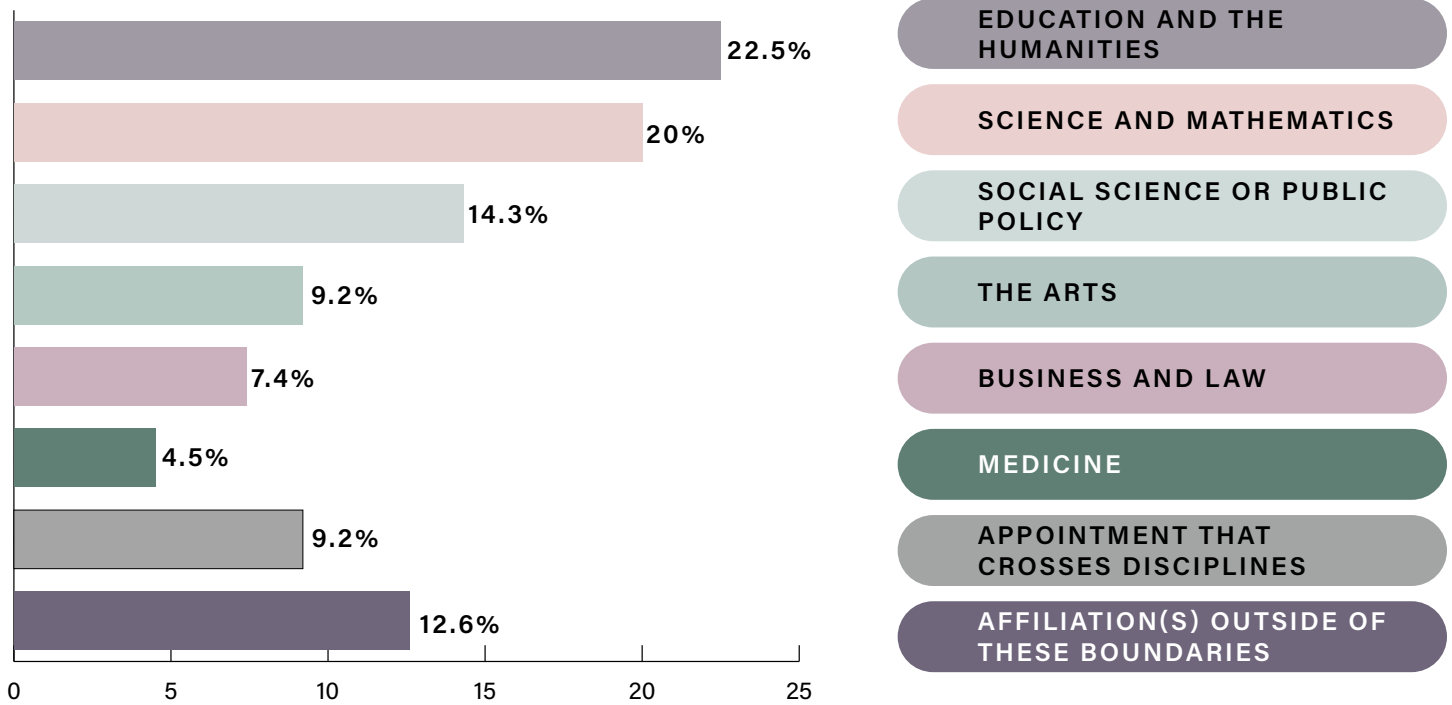
Respondents vary in experience, but skew toward longer affiliations. According to self-

report, 84 (5.2%) have been a faculty member at any institution for less than one year, 217 (13.4%) have been faculty for one to three years, 267 (16.4%) have been faculty for four to six years, 167 (10.2%) have been faculty for seven to nine years, 325 (20.1%) have 10 to 15 years of experience, and 564 (34.7%) have more than 15 years of experience.

GRAPH 8: TEACHING APPOINTMENT IN THE PAST 12 MONTHS (% OF SAMPLE)



GRAPH 9: ACADEMIC DISCIPLINE (% OF SAMPLE)



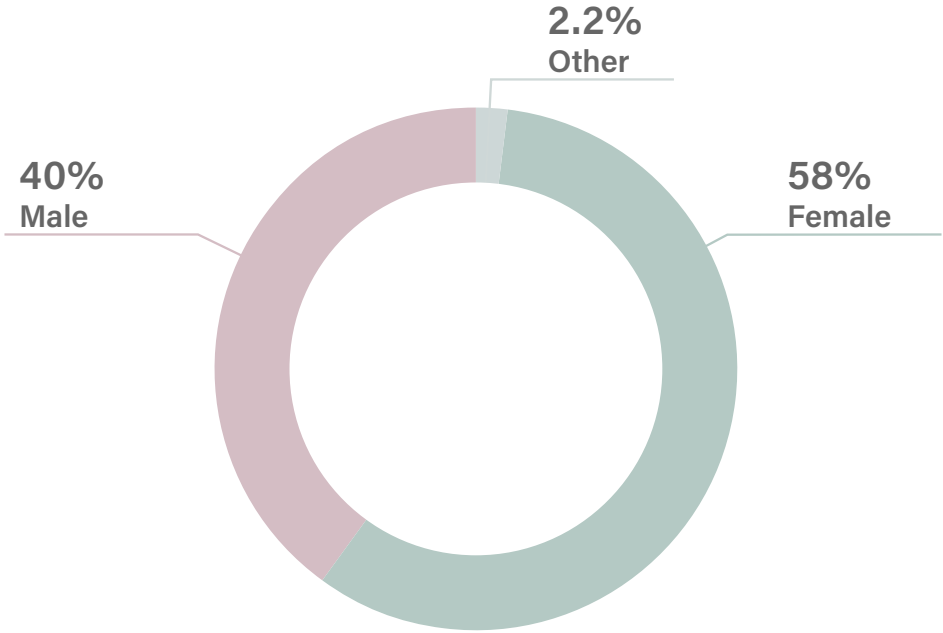
FACULTY DEMOGRAPHICS

Among those who reported their gender, 950 (57.9%) identify as female, 660 (40.2%) identify as male, and 30 (1.8%) identify as transgender, non-binary, genderqueer or gender non-conforming.

The majority of respondents identify as non-Hispanic white (1357; 83.4%). Others identify as Asian or Asian American (81, 5.0%), Hispanic or Latinx (40, 2.5%), non-Hispanic African Amer-

ican or Black (39, 2.4%), Middle Eastern, Arab or Arab American (17, 1.0%), Hispanic white (14, 0.8%), American Indian or Alaskan Native (4, 0.2%), Native Hawaiian or Pacific Islander (1, .06%) or Hispanic Black (1, 0.06%). Forty (2.5%) identify with more than one race, and 33 (2.0%) note that their racial identity lies outside of these definitions. The majority of respondents are U.S. citizens or permanent residents (1599, 97.7%).

GRAPH 10: FACULTY GENDER



GRAPH 11: FACULTY RACE/ETHNICITY (% OF SAMPLE)

