

CREATING A CULTURE OF HIGH-LEVEL WELLNESS TO COMBAT THE COLLEGE
MENTAL HEALTH CRISIS

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ABSTRACT

CREATING A CAMPUS-WIDE CULTURE OF HIGH-LEVEL WELLNESS TO COMBAT THE COLLEGE MENTAL HEALTH CRISIS

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Diane Eynon

The college mental health crisis continues to worsen across American campuses. According to the Healthy Minds Network (2020) Fall 2020 survey, 50% of undergraduate college students screened positive for two mental disorders; anxiety and/or depression. Due to this increased prevalence, many institutions of higher education (IHE) have not been able to keep up with the demands of counseling and psychological services (CAPS). The dramatic increase in college student enrollment over the last several decades has also contributed to the short supply of mental health services. Several other statistics support the notion of this nationwide epidemic, as there has been an increase in the prevalence of both attempted suicides and suicides across U.S. college campuses. Despite this evidence, there is limited research on how universities are responding to this growing crisis. This study used person-centered qualitative research at two 4-year universities that provide specific proactive and innovative wellness strategies to combat the college mental health crisis. These strategies highlight the need for prevention and/or early intervention, cultural competency, and the thoughtful integration of technology to enhance student wellness. Resiliency training is also vital in equipping students with the necessary tools to navigate the stresses of campus life. Additionally, the recommendation to revisit the concept of *in loco parentis* and to involve parents in the wellness journey reflects a modern understanding of family dynamics and the role of external support systems in student well-being. Effective leadership and governance, particularly the strategic appointment of a chief wellness officer,

coupled with stable leadership in the Office of Student Affairs, are critical to the centralization and successful implementation of wellness initiatives. Financial and resource allocations and institutional culture shifts can ensure these measures are sustainable and ingrained in the university fabric. Strategic alliances and the alignment of institutional missions underscore the importance of collaborative efforts and a shared vision in creating a culture of wellness. Data-informed decision-making and communication strategies are essential for assessing the effectiveness of initiatives and for keeping the campus community informed and engaged. Faculty accountability and involvement, along with the development of theoretical wellness frameworks, support a campus-wide culture shift that integrates wellness into all aspects of university life. Finally, student involvement in the decision-making and feedback processes ensures the measures taken truly reflect and are responsive to the needs of all students.

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CHAPTER 1: INTRODUCTION

The college mental health crisis continues to worsen across campuses in the United States. The World Health Organization (WHO) defines mental health as “A state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community” (WHO, 2018, para. 1). According to the Healthy Minds Network (2020) Fall 2020 survey, 50% of undergraduate college students screened positive for two mental disorders: anxiety and/or depression. Mental disorders can be defined as “Health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning” (Healthy People, 2020, para. 3). Due to this increased prevalence, many institutions of higher education (IHE) have not been able to keep up with the demands of counseling and psychological services (CAPS). The dramatic increase in college student enrollment over the last several decades has also contributed to the short supply of mental health services. Several other statistics support the notion of this nationwide epidemic, as there has been an increase in the prevalence of both attempted suicides and suicides across college campuses in the United States.

Addressing the Problem

In response to the college mental health crisis, Hala and Figueroa (2021) supported the call for IHE to intervene with more proactive solutions like campus-wide wellness programming:

Fortunately, higher education institutions have begun recognizing the protective and proactive measures that enhance mental health. Campuses are investing in self-care, community care, and resilience programs. A new focus is being put on the importance of social health, including community and connection. In addition, recognizing the increased need and demand from Generation Z students, higher education institutions are making amazing shifts from a single resource counseling center to embedding wellness initiatives within many different departments. Examples of current initiatives include recognizing students for resilience skills, campus-wide gratitude days, and even designated living-learning communities for those students who wish to learn mindfulness,

stress management, and positive psychology skills. Another way to do so is by embedding mental and emotional wellness programs in both curricular and co-curricular offerings. (para. 5)

Such compelling notions suggest a greater need for institutional leaders to switch the lens from the traditional reactive approach like CAPS to a more proactive approach like wellness to address student mental health (Seppälä, et al., 2020). The term, *reactive* can be used interchangeably with *downstream* and is defined as “acting in response to a situation rather than creating or controlling it” (Oxford Learner’s Dictionaries, n.d.-c). The term, *proactive* can be used interchangeably with *upstream* and is defined as “controlling a situation by making things happen rather than waiting for things to happen and then reacting to them” (Oxford Learner’s Dictionaries, n.d.-b). These terms are also often used in public health policy to distinguish between preventative (i.e., proactive) care versus interventive (i.e., reactive) care (Njuguna et al., 2020).

In his book, *Change Leadership and Higher Education*, Buller (2015) discussed the leadership differences between facilitating proactive and reactive change: reactive change is defined as change forced on higher education leaders, whereas proactive change is defined as change that would eventually be forced on them if preventative action does not occur. Buller (2015) also discussed how proactive change allows for more time to be innovative than reactive change. The term innovative can be described as “the process an individual or organization undertakes to conceptualize brand new products, processes, and ideas, or to approach existing products, processes, and ideas in new ways” (Purcell, 2019, para. 5). White and Glickman (2007) professed the importance of being innovative in higher education, “Innovation can offer flexibility to enable institutions to adapt more readily in a constantly changing environment” (p.

97). An example of the traditional reactive approach to student mental health is described by Seppälä et al. (2020) in the following:

The traditional approach to addressing mental illness is to address symptoms after they have presented themselves. Students are typically diagnosed and then prescribed medication, counseling or a combination thereof. A steady increase in demand for counseling, however, makes this recourse financially unsustainable. Moreover, medications often present with aversive side effects that can disrupt cognitive functions [e.g., attention and memory, essential for succeeding in college]. Finally, these types of interventions are not only applied post-hoc but also focus exclusively on treating mental illness symptoms without setting up the conditions for psychological resilience and thriving. (p. 2)

To the contrary, such entities in higher education as The National Association of Student Personnel Administrators (NASPA) supported the notion of promoting optimal wellness through a campus-wide culture. Swarbrick (2006) noted, “A conscious, deliberate process that requires a person to become aware of and make choices for a more satisfying lifestyle” (p. 1). It is also important to perceive wellness as part of a continuum, as it can be optimized to what Dunn termed as “high-level wellness.” Dunn defined this as “an integrated method of functioning, which is oriented toward maximizing the potential of which the individual is capable” (Dunn, 1961, p. 4). On the opposite end of the wellness continuum lies “low-level wellness,” which can portray such feelings of being anxious, stressed, or unhappy (Travis, 1975). Similarly, mental health can also run on a continuum from poor to good. Therefore, it is pertinent to recognize both concepts of wellness and mental health are interrelated. Keyes et al. (2019) contended they have a codependent and reciprocal relationship; poor mental health correlates with low-level wellness just as good mental health correlates with high-level wellness.

Much of the current research on optimizing wellness relies on the conceptual framework set forth by Swarbrick and Yudof (2015) in which they include eight dimensions of wellness. Each of the domains are interconnected and plays a pertinent role in influencing one another.

They include the following: physical, emotional, spiritual, environmental, occupational, financial, intellectual, and social. Swarbrick and Yudof's model has already been adapted by several universities in their attempts to combat the college mental health crisis.

Many institutional leaders have stretched their wellness promotion efforts with such innovative initiatives as hiring a chief wellness officer (CWO), implementing community of care training programs, and providing mandatory first-year wellness seminar courses. With respect to hiring a CWO, the education advisory board (EAB) has provided its job description:

The role of the CWO is to lead a holistic and sustainable campus-wide approach to student well-being, and most leverage campus knowledge and expertise to realize that vision. In fact, many CWOs convene campus partners to build credibility, cultivate cross-silo working relationships, and bring the full expertise and focus of the institution to bear on the challenge of improving student well-being. Others use committee recommendations or assessments to inform strategy. (Kubaryk, 2021, para. 6)

A community of care training program provides the opportunity for faculty, staff, administrators, and students to be trained on recognizing signs of student distress before their symptoms get worse. According to the Suicide Prevention Resource Center (2020), the training program is designed to do the following:

- Identify the warning signs of psychological distress.
- Talk with students about their issues, building resilience, and increasing connectedness.
- Determine students' need for referral, motivate them to seek help, and assist them in getting help

A mandatory first-year seminar course has been implemented in several universities around the country. Its aim is to provide first-year students with invaluable self-care skills that promote wellness. Various studies have shown such academic classes have positive effects on

academic performance and retention rates by easing the transition from home to campus life (Pascarella & Terenzini, 2005).

Purpose of the Research

The purpose of this research study was to evaluate the institutional responses to the increasing mental health crisis among traditional undergraduate college students, who are defined as “post-secondary students between 18–24 years old who enroll directly from high school, attend full-time, live on campus and do not have major life and work responsibilities (e.g., full-time job, dependents)” (Pascarella & Terenzini, 1998, p 28). The type of methodology used in this research included person-centered qualitative research involving exploratory case studies. Semistructured interviews were conducted with various appropriate stakeholders in both academic and administrative roles who maintain responsibilities for optimizing student wellness. The interview method for qualitative research was chosen because “they provide deep, rich, individualized, and contextualized data that are centrally important to qualitative research” (Ravitch & Carl, 2021, p. 126). The following research questions were addressed:

1. How have institutions integrated wellness strategies into the organizational structure?
 - a. What factors have contributed to expanding student wellness efforts?
What have been the barriers and challenges to student wellness programming?
2. What theoretical frameworks, if any, have institutions utilized to implement these wellness strategies?
3. How do institutions measure the effectiveness of these wellness strategies?

The exploratory case studies included semistructured interviews at two 4-year residential universities that provided specific proactive and innovative wellness strategies to combat the college mental health crisis. The criteria for being a proactive and innovative institution included

at least one of the following wellness initiatives that have been introduced in the last decade and are outside the traditional reactive approach of the counseling and psychological services: (a) hiring a CWO, (b) initiating a community of care training program, (c) instituting a mandatory first-year wellness course.

Hiring a CWO

At least one of the institutions has reorganized its structure to include a newly formed executive administrative leader position entitled CWO. The CWO is responsible for integrating all facets of student mental health and wellness under one umbrella, which allows for a more holistic approach to student well-being. The CWO also focuses on campus-wide strategies that will sustain efforts in the promotion of student wellness.

Community of Care Training Program

At least one of the institutions has implemented a community of care training program, which involves a campus-wide approach to training students, faculty, administration, and staff on how to create a community of care for students. The training involves mental health education on how to identify and help students experiencing distress in any of the dimensions of wellness.

Mandatory First-Year Wellness Course

At least one of the institutions has a mandatory first-year wellness seminar course that consists of teaching various self-care skills, which have been shown to improve wellness and resilience.

Rationale of Research

The rationale for conducting this research underscores the importance of creating proactive and innovative strategies that can help reverse the trend of the current college mental health crisis. Specifically, poor mental health has been shown to positively correlate with poor

academic performance, increased college attrition rates and increased financial costs. Because wellness programming exemplifies a proactive and preventative approach to combatting mental disorders, it is pertinent to explore institutional efforts in promoting wellness.

In addition, a glimpse of many college mission statements reveals the strong ties between its purpose and developing the “whole person.” For example, such goals include challenging students to grow civically, intellectually, spiritually, and socially while embracing diversity (Anderson, 2016). These institutional visions successfully align with many of the dimensions of wellness that Swarbrick and Yudof (2015) discussed. Thus, optimizing student wellness on college campuses not only improves student mental health but also contributes to the mission of IHE.

In conclusion, it is with great aspiration and hope this research study provides invaluable findings on how to best address the college mental health crisis. Thus, leaders in higher education can use this knowledge to combat mental disorders by creating a campus-wide culture of high-level wellness.

CHAPTER 2: LITERATURE REVIEW

This literature review evaluates and summarizes the current state of college mental health while exploring the broader field of wellness and its potential benefits for institutions of higher education (IHE). An exploration of the literature details trends in college mental health and why leaders in higher education are increasingly challenged with what many health experts are calling a college mental health crisis. Further review of the literature supports the need for IHE to respond with an upstream and proactive wellness approach. The body of literature also supports the notion of creating a culture of campus-wide wellness as an effective strategy.

In a Fall 2020 survey, 50% of college students experienced various levels of anxiety and/or depression (Healthy Minds Network, 2020). Although the COVID-19 global pandemic has exacerbated anxiety and depression's prevalence, several studies have shown their increased rate prior to 2020 (Kim et al., 2021). A 2019 survey of 67,972 undergraduate college students revealed 45.1% felt so depressed they were unable to function in the previous 12 months, and 65.7% reported overwhelming anxiety in that period (American College Health Association [ACHA], 2020). In 2012, more than 95% of directors of counseling and psychological services (CAPS) agreed meeting the needs of students with mental disorders was a growing concern across college campuses (Mistler et al., 2012). In a study that drew on 10 years of data from 155,026 undergraduate college students, Lipson et al. (2019) revealed the rate of mental health treatment increased from 19% in 2007 to 36% in 2017. In addition, the rate of CAPS appointments from 2009 to 2014 (30%) was reportedly 6 times greater than the rate of growth in institutional enrollment (5%; Xiao et al., 2017).

Eisenberg et al. (2009) reported students who present symptoms of declining mental health drop out of college at a rate 3 times higher than those without symptoms. This devastating

outcome can be costly for all constituents involved, not just students and their parents, but also IHE and the government. According to the Educational Policy Institute, the average loss in revenue amounts to over 9.8 million dollars per school over the course of 6 years (Raisman, 2013). Schneider (2010) reported the United States spends nearly 2 billion dollars in state appropriations and grants on first-year students who do not return the following year. In response to the COVID-19 global pandemic's exacerbation of the college mental health crisis, Congress recently passed the Enhancing Mental Health and Suicide Prevention Act. This bill provides additional funding for the Department of Education to support downstream approaches like CAPS on college campuses (American Council on Education, 2022).

The concern for mental health in this population has not gone unnoticed by senior administrators in higher education, as a recent survey conducted on 433 university executives divulged the number one priority of college and university presidents was student mental health (Inside Higher Ed, 2021). This ranked above such critical concerns as student attrition rate, disadvantaged students, and fiscal responsibility. In a 2019 survey conducted by the American Council on Education, eight out of 10 presidents reported mental health had become a greater concern than the previous 3 years and 72% reallocated or identified additional funds to address the concern (Taylor & Chessman, 2019).

In response to the growing mental health concerns, professional organizations such as the National Association of Student Personnel Administrators (NASPA), the American Council on Higher Education (ACE), the American Psychological Association (APA), the Healthy Minds Network, and the American College Health Association (ACHA) have called upon IHE to promote a campus-wide culture of wellness and have formulated white papers on various wellness frameworks (Brauer, 2020; Douce & Keeling, 2014; Horne et al., 2019). Several IHE

have replied by taking such proactive and upstream approaches as hiring chief wellness officers, incorporating mandatory first-year wellness seminars, and developing community of care training programs (Carmack et al., 2018; Fox, 2021; Pascarella & Terenzini, 2005). In summary, this literature review provides the latest research on student mental health and the broader field of wellness while laying the groundwork for an exploratory, qualitative case-study methodology.

College Mental Health Trends

According to several national data surveys, the college mental health crisis continues to worsen across campuses in the United States. Two major national surveys assess mental health in college students: the National College Health Assessment (NCHA) and the Healthy Minds Study. The NCHA was started in 2000 by the American College Health Association. Since its inception, the NCHA survey has reached over 1.2 million college students attending more than 700 colleges and universities. The Healthy Minds Study was launched in 2007 by the Healthy Minds Network (HMN), a research organization dedicated to improving adolescent and young adult mental health. Thus far, HMN has conducted surveys on more than 400 colleges and universities and have collected data from over half a million college students.

The NCHA revealed a disturbing trend from 2008 to 2019, as the prevalence of depression jumped from 30% to 45.1% and anxiety leaped from 49.1% to 65.7%. In that same period, the surveys showed a dramatic increase in the prevalence of students who reported either anxiety or depression affected their academic performance. For anxiety, the percentage rose from 18.2% to 27.8% and for depression, the numbers climbed from 11.2% to 20.2% (ACHA, 2009, 2020). Similarly, in the Healthy Minds Study of Winter 2021, statistics revealed a disheartening and increasing prevalence since the Healthy Minds Study of 2014. The rate of reported moderate or severe depression almost doubled from 21% to 41%, but reported generalized anxiety

disorders leaped from 22% to 34%. In addition, reported eating disorders rose from 7% to 12%, and suicide ideations increased from 10% to 13% (Eisenberg & Lipson, 2015; Eisenberg et al., 2022).

Disturbingly, more than 1,100 college student suicides occur per year, which equates to an average of 2–3 suicides per day (Turner et al., 2013). These statistics do not account for the unreported cases families choose not to reveal. Thus, suicide has become the second leading cause of death among 18 to 24-year-olds preceded only by death by accidental injury (CDC, 2021). With regard to suicide attempt diagnoses in emergency room visits, there was a 206.7% increase for the 18 to 24-year age group from 2009 to 2018 (Assistant Secretary of Planning and Evaluation [ASPE], 2021).

Although the latest evidence has suggested approximately 20–35% of students in higher education would benefit from mental health services, the national average counseling center rate of utilization is only 11.8% (Center for Collegiate Mental Health [CCMH], 2019). There is much speculation in research as to why campus resources such as CAPS are underutilized across college campuses. Consistent reports have revealed students avoid these services due to the stigma of poor mental health, and others complain access to CAPS is difficult due to long wait times for appointments. Still, some students claim they were never oriented to this valuable resource. Park et al. (2020) reported “Nearly 80% of the students who die by suicide never participate in counseling services. The reasons for this underutilization include lack of awareness, stigma, long waiting list times, and preference for self-management” (p. 2).

Many colleges are also struggling with demand exceeding supply, which can also factor into reasons for underutilization of counseling services. According to Hanson (2023), student enrollment has increased 195% since 1970. Not surprisingly, the CCMH (2019) annual report

revealed institutions with larger enrollments struggle to maintain the same level of clinical staffing as smaller institutions. Watkins et al. (2011) also contended there was a significant increase in the demand for college mental health services in the last decade. They attributed the vast need due to the following: (a) increase in the severity of mental health concerns, (b) overall psychosocial differences in today's college student population, and (c) institutional challenges and response to those challenges.

With respect to an increase in the severity of mental health concerns, college administrators have reported an emergence of less prevalent mental disorders (e.g., schizophrenia, Tourette syndrome (TS), autism spectrum disorder). Watkins et al. (2011) noted, "People who would never have to come to college a decade or two ago, are here" (p. 324). This increased enrollment of students with less prevalent mental disorders can be attributed to advances in medical treatment for lesser-known diagnoses that enable many students to live higher functioning lives (Pedrelli et al., 2015). In addition, students with these mental disorders are eligible for special accommodations if they voluntarily disclose their disability. Although there is a paucity of literature regarding the prevalence of schizophrenia on college campuses, many studies reveal peak diagnosis occurs between the ages of 18–25, which is the same time period for traditional age undergraduate college students (Pedrelli et al., 2015).

There is also insufficient data on the prevalence of TS on college campuses, but children up to 17 years of age show a rate of < 1% (Bitsko et al., 2022). In addition, statistics show 61% of teenagers with TS also suffer with anxiety, 20% have depression, and another 34% have learning disabilities (Charania et al., 2022). With respect to the prevalence of autism spectrum disorder, Newman et al. (2019) reported only 24% of college students notify the school of their disability. The college mental health forecast has portended further challenges as the American

Academy of Pediatrics (AAP), the American Academy of Child, and Adolescent Psychiatry and the Children's Hospital Association have joined forces to declare a national state of emergency for child and adolescent mental health (AAP, 2021).

With regard to the overall psychosocial differences in today's college students, it is pertinent to consider the generational differences of the *millennial*, which can be defined as "a person born between the early 1980s and the late 1990s" (Oxford Learner's Dictionaries, n.d.-a). According to Watkins et al. (2011), college administrators reported millennials have brought with them profound societal pressures, competitiveness, perfectionism, obsessive compulsive disorders, and attention-deficit/hyperactivity disorders that contribute to "record numbers of panic attacks and panic disorders and things like that" (p. 325). They also expressed concern over the impact "hovering, nervous, anxious, and far too involved helicopter-type parents" have on student development, growth, and preparedness for college (Watkins et al., 2011, p. 326).

According to Segrin et al. (2012), helicopter parenting is "a form of over-parenting in which parents apply overly involved and developmentally inappropriate tactics to their children" (p. 237). Segrin et al. also contended helicopter parents' intentions are to shield their children from failure and disappointment, thus ensuring their academic success. They speculated the emerging adult is left to transition and adjust to college campus life without the guidance and support from the hovering parent. Park et al. (2020) described emerging adulthood as an adjustment in the life cycle from adolescence to adulthood. LeMoyne and Buchanan (2011) found helicopter parenting was inversely correlated with psychological well-being and positively associated with higher rates of anxiety and depression in traditional undergraduate college students.

According to Levine (2020), both parents and academia place greater amounts of academic pressure on millennials than previous generations. This pressure creates fear of failure and is a major contributor to the increased rates of anxiety disorders in children and young adults. Levine (2020) suggested society needs to switch from a culture of accomplishment to a culture of supporting healthy and resilient children. With respect to institutional challenges and response to these challenges, there has been an increased demand for mental healthcare, as noted earlier. This challenge has not been met successfully, primarily due to lack of funding for additional needed counseling staff (Watkins et al., 2011).

Other studies that surfaced regarding the increased demand for mental health services included the increased diversity of traditional undergraduate college students, which consisted of first-generation, low-income minorities who may not feel like they fit in, a feeling often referred to as imposter syndrome. MacInnus et al. (2019) discussed the notion of imposter syndrome in lower SES students and its potential impact on academic success, indicating:

Consistent with social identity theory, identifying oneself with lower SES may result in a more stressful university transition characterized by less university engagement and more imposturous feelings. Using this theoretical framework enables a better understanding of how and why disadvantaged lower-SES students may experience imposturous feelings that can undermine academic success. (p. 2)

As a result of this imposter phenomena, MacInnus et al. (2019) also offered evidence of its deleterious effects on mental health, citing increased risk of depression and anxiety. In addition, the drastic increase in international students has climbed from just 1% in 1949–1950 to almost 6% in 2019–2020 (Israel & Batalova, 2021). According to Anderson (2016), this population of undergraduate students is faced with such unique challenges as language barriers, high tuition costs, the need to work on or off campus, housing, food, and transportation. Additionally, they may face racial, ethnic, and religious discrimination. Unfortunately, mental disorders on campus

show disparities in ethnicities, as Asian American, multiracial, and Latinx populations present with higher rates of anxiety and/or depression than non-Hispanic Whites (Lipson et al., 2019).

Advanced technology has also been shown to be a culprit in the state of mental health among millennials. Although such modern technological advances as high-speed internet and smart technology have many benefits, it places students at a disadvantage due to their learned culture of instant gratification. Thus, students may have a harder time with perseverance and resilience when it comes to coping and stress (Alsop, 2014). One university president noted:

I think that the economic pressures are really tough on the kids, and there's a relationship between the development of technology and students seeming to arrive at school with little ability to tolerate the stress . . . I think it's really hard for them to tolerate typical, normal, human effects and experiences. (Watkins et al., 2011, p. 328)

In 2004, advanced technology brought the advent of social media into the lives of millennials. Twenge et al. (2021) extensively studied the association of social media and mental health in high school and college students. Their research provides evidence of a correlation between the downturn of adolescent mental health and growth of social media after 2012. This period reflects the age of millennials who were exposed to social media as adolescents and young adults. Haidt and Rose-Stockwell (2019) supported the notion social media changed radically between 2009–2012 when platforms like Facebook and Twitter became more addictive and toxic by adding features of “likes” and “retweets.”

Twenge and Campbell (2019) provided research on the correlation between amount of time using digital media (i.e., smartphones, computers, social media, gaming, internet) and adolescent well-being. Heavy users of digital media (i.e., 5+ hours a day) were 48% to 171% more likely to be unhappy, have low-level well-being, or have such suicide risk factors such as depression, suicidal ideation, or past suicide attempts. To the contrary, light users (i.e., < 1

hour/day) had the highest level of well-being. Primack et al. (2017) conducted a study among 1787 U.S. young adults (19–32 years old). They concluded participants who used seven to 11 social media platforms had substantially higher odds of having increased levels of both depression and anxiety. These results were independent of time spent on social media.

Scalora et al. (2020) noted the increase in demand for mental health services could also be due to less students utilizing campus faith-based groups or houses of worship for emotional support. Administrators have seen a “demographic shift from the majority of young adults identifying as religious to spiritual or agnostic” (Scalora et al., 2020, p. 1). They contend absence of a faith-based network in college deprives the student of the opportunity to develop inner awareness, peacefulness, reflection, and identity. Hence, the student is left with one less outlet to turn to for support in times of distress.

The Vulnerable First-Year Student

Perhaps the most vulnerable time for decline of college mental health resides in the student’s first year of college. In fact, a recent study revealed one out of three college first-year students suffer with anxiety and/or depression (Auerbach et al., 2018). Although the first-year experience remains an exhilarating and exciting time, it can be fraught with many stressors. Particularly for the traditional-age undergraduate college student, the transition straight from high school to college is met with many new challenges. The emerging adult has a hard time adjusting to the academic demands of college life and is ill prepared with both time-management and test-taking skills. Stolzenberg et al. (2020) reported first-year students have higher levels of stress and lower emotional wellness compared with other undergraduate students. Excessive stress can have negative consequences for students that may include poor academic performance, self-esteem, and self-efficacy (Wintre & Yaffee, 2000).

In addition to academic pressures, the traditional undergraduate first-year student is faced with newfound financial (e.g., management of money) adjustments. Many also begin the worrisome journey of financial debt from student loans (Park et al., 2020). According to Ma and Matea (2021), college tuition rates have increased 124% from 1988 to 2018. The U.S. Department of Education (NCES, 2023) reported the average student debt after graduation is estimated to be at \$37,062. First-year traditional undergraduate students who are first generation are particularly susceptible to these stressors. With respect to the economic cost of college, 81.4% of first-generation/first-year students stated they have either some or major concerns about funding college (Stolzenberg et al., 2020). First-year students are also challenged with social (e.g., finding new friends) and emotional (e.g., home sickness) stressors (Park et al., 2020). Park et al. (2020) also reported an overall 30% of first-year traditional undergraduate students drop out of college before their sophomore year, which is also the highest attrition rate of any collegiate year.

An Upstream Proactive Approach

Although many colleges have made great strides in improving their counseling and psychological services (CAPS), such efforts have fallen short in reversing mental health trends, as noted earlier. According to Schlozman and Abdu-Glass (2023), college administrators need to switch the lens from a reactive interventive approach to a proactive and preventative one through promotion of wellness. Such an arduous task can be accomplished by weaving wellness into the fabric of the entire institution (Schlozman & Abdu-Glass, 2023). This upstream endeavor potentially minimizes the need for such downstream approaches such as counseling, psychiatric medications, and hospitalizations, which can lead to leave of absences and possibly decreased college retention and graduation rates (Schlozman & Abdu-Glass, 2023).

To support the notion of promoting campus wellness, several entities have responded to the college mental health crisis. In 2014, NASPA, ACE, and APA combined forces to address college mental health. Their fruitful efforts produced a report entitled *A Strategic Primer on College Student Health*, which took an in-depth look at the mental disorders plaguing college campuses through the lens of a learning and development approach. The report indicated:

Given what it takes to be successful in higher education—and later, in life and work—students must be ready to learn—in a state of physical, psychological, emotional, intellectual, social, and spiritual well-being. Mind, brain, and body must be in shape for and open to learning experiences . . . Mental health problems (notably stress, anxiety, and depression) can impair the quality and quantity of learning. They decrease students’ intellectual and emotional flexibility, weaken their creativity, and undermine their interest in new knowledge, ideas, and experiences. Mental and behavioral health problems are also learning problems . . . Better learning outcomes and higher rates of postsecondary completion will not occur through attention to curriculum and pedagogy alone . . . effective clinical services for students with recognized mental and behavioral health problems will not alone promote learning and create a healthy campus environment. Mental and behavioral health is a critical component of well-being for all students and having a campus culture and learning environment that supports healthy minds is a core need deeply centered in the mission of every institution of higher education. (Douce & Keeling, 2014, p. 1–3)

Researchers at The Healthy Minds Network (2019) have done extensive research on how to best promote a campus-wide culture of wellness. In the network’s Wellness Paradigm White Paper, they challenge higher education leadership with 10 recommendations. The following paragraphs paraphrase and summarize the authors’ suggestions.

The network recommends university administrators convince IHE’s senior leadership to provide the necessary support of implementing wellness strategies on a campus-wide level, which can be accomplished through providing evidence that mental health affects college retention rates, academic success, and the number of incidents that bring negative publicity to the institution. The paper also calls for university leaders to make well-being a part of their vision

and mission through a strategic planning process. In addition, they should see wellness challenges as learning problems that can impact learning and success.

The Healthy Minds Network’s authors further discuss how resilience should be part of the wellness frameworks they create, as it has shown to improve both retention and graduation rates. The authors also call for championing student voices and engaging them as peer wellness coaches and not just training faculty, staff, and administrators as part of a community of care program. They also discuss how, “Applying a wellness paradigm means prioritizing mental health alongside physical health and using diverse strategies to address the multiple factors that influence health” (Horne et al., 2019, p. 5). The authors specifically talk about committing to impact all students’ academic and career success, indicating:

Through a wellness paradigm, we must work to address opportunity gaps that tend to disproportionately and negatively affect certain populations, such as ethnic minorities and those with limited English skills, lesser income, and/or a marginalized sexual or gender identity. (Horne et al., 2019, p. 9)

Finally, the authors discussed the importance of measuring results through data collection and sharing outcomes for continuous progress (Horne et al., 2019).

For the past 30 years, the American College Health Association has been promoting campus wellness through a wellness framework. Brauer (2020) provided guidelines on how to optimize wellness across college campuses. In doing so, it focuses on three phases:

1. A Cornerstone Campus: An institution must first provide a foundational infrastructure with resources. Brauer (2020) stated:

Institutions work toward a holistic approach to student well-being by connecting current resources and identifying avenues for potential new collaborations or community resources. A comprehensive program should provide or facilitate access to services with a commitment to integrating prevention, health promotion, and public health with equal importance to both physical and mental health services. Equity, access, and advocacy for

the diverse needs of students is a key foundational element to a Cornerstone Campus. (pp. 3–4)

2. **The Community:** Next, an institution can then move toward the goal of a population-based wellness environment. As described by Brauer (2020):

The primary objective of a Community Campus is to begin shifting the focus beyond the individual health of students, to a campus environment where health and well-being are embedded across policies, cultures, and organizations . . . A Community Campus also identifies and engages a champion, preferably someone in senior leadership. A Community Campus builds stronger collaborations, maps assets, collects and examines data or environmental scans, and begins to act for specific well-being goals. (p. 5)

3. **A Culture Campus:** Lastly, the institution should embed a “culture of wellness”

(Brauer, 2020, p. 7). Brauer continued::

The Culture Campus’ work may include creating a built environment that is accessible and health-promoting for all, including syllabus statements that promote mental health and accommodations resources, inclusion of health and well-being in an institution’s mission or vision statement, and sustained programs . . . At this level, institutions are asking how health and well-being initiatives are making an impact on student success and community well-being. The target population is the entire campus, including faculty, staff, students. (p. 7)

Notably, the value of wellness promotion in higher education has also gained global recognition. In June 2015, The International Health Promoting Universities and Colleges Network introduced the Okanagan Charter. Launched in Canada, this international agreement calls on IHE to implement health and wellness into every aspect of campus culture and to lead health and wellness promotion and action (Okanagan Charter, 2015). The Network defined health as “an expanding concept defined through an emergent conversation around health, well-being and wellness” (Okanagan Charter, 2015, p. 4). Health promotion is understood as “the process of enabling people to increase control over their health and its determinants . . . [Health promotion] requires a positive, proactive approach, moving beyond a focus on individual

behaviour toward a wide range of social and environmental interventions that create and enhance health in settings, organizations and systems” (Okanagan Charter, 2015, p. 4). Currently, there are 91 IHE who have joined the United States Chapter of the Okanagan Charter.

Institutional Responses to the College Mental Health Crisis

Three wellness strategies (i.e., hiring a chief wellness officer [CWO], initiating a community of care training program, and instituting a mandatory first-year wellness course) have been implemented in many colleges across the country in response to the college mental health crisis. Their underlying themes have also been proposed in several of the theoretical frameworks discussed earlier.

Hiring a CWO

As the student mental health crisis intensifies, several IHE are adding the role of CWOs to their C-suites. In 2011, Ohio State University became the first IHE to hire a CWO. Although a rapidly growing field, there are gaps in the literature with respect to its demand and effectiveness. This executive role is responsible for leading the institution to a campus-wide wellness environment. According to Fox (2021):

Institutions of higher education face increasingly complex health and wellness realities on campus affecting students, staff, and faculty that necessitate new ways of leading institutional response strategies to improve population health. Increasingly, colleges and universities are purposefully shaping an organizational culture of well-being to positively influence health and wellness outcomes for students, staff, and faculty. This is a proactive approach in mitigating the impact of escalating healthcare costs on the institution and the effects of chronic disease within the populations an institution serves. (p. 121)

In his semistructured interview-based case study, Fox (2021) concluded the CWO maintains the following primary responsibilities:

- (a) strategic direction of a comprehensive wellness program designed to improve well-being outcomes for the university community

- (b) advising the president and cabinet on innovative methods for building a culture of well-being and coordinating integration of wellness initiatives across the units overseen by that executive team
- (c) implementation of evidence-based public health practices in the design of interventions
- (d) community education, including training and development related to chosen public health guiding frameworks
- (e) oversight of a robust outcomes assessment program
- (f) management of staff and volunteers serving in the CWO office or on university-wide wellness councils
- (g) stewardship of the university's vision for well-being to internal and external publics through effective communication and marketing. (p. 130)

Community of Care Training Programs

According to the Healthy Minds Network (2013), community of care training can be defined as “trainings [that] equip nonprofessionals with the skills and knowledge to recognize, intervene with, and link distressed individuals to appropriate mental health resources” (p. 1). Many community of care training programs focus on such common mental health issues as depression, anxiety, and eating disorders. Community of care trainees could be among the first to notice changes or problems students may be experiencing if it provides effective mental health education to peers, faculty, administration, and staff. As a result, community of care training has been shown to prevent students from worsening mental health when detected early (Carmack et al., 2018). According to Condra et al. (2015), such training has also been shown to contribute to enhanced student success.

Although community of care training in higher education has been around for since 2000, only recently has it become more popular. According to the Healthy Minds Network (2013), at least several hundred institutions have implemented some type of community of care training program. One such program is known as the Mental Health First Aid Program (MHFA). Started in Australia in 2011, the program expanded to many college campuses across the United States.

Its program focuses on training students, faculty, staff, and administration and involves the following five step action plan known as ALGEE : (1) assess risk; (2) listen nonjudgmentally; (3) give information; (4) encourage self-management skills; (5) encourage professional help seeking (Healthy Minds Network, 2013). In a recent case study conducted at the University of North Carolina, one college administrator expressed the benefits of the MHFA (2018):

Foremost, our students need support, and we wanted to maximize the level of support they receive. You have this population of people that are age 18–25, who are at a most vulnerable age, and they find themselves in an environment that is a unique social microcosm with little access to support. Why wouldn't we equip those around them with the initial tools to identify distress symptoms, and the confidence and knowledge to intervene if needed? (para. 3)

Wellness Programs in the First-Year College Classroom

Pascarella and Terenzini (2005) discussed the effectiveness of wellness seminars for first-year traditional undergraduate students. Although most institutions offer the course as an elective, many studies have shown it positively affects academic performance, retention rates, and eases the transition from high school to college (Pascarella & Terenzini, 2005). In a quasi-experimental, cohort-controlled design, researchers evaluated the effectiveness of a psychosocial wellness course for first-year traditional undergraduate students. The results of the study showed a beneficial outcome with regard to psychosocial adjustment and college-related stress management (Conley et al., 2013). Conley et al. (2013) also suggested this preventative strategy “holds appeal for students who face reservations or challenges in seeking needed mental health services” (p. 84). They also contended first-year wellness courses can possibly reduce the occurrence of mental disorders and adjustment issues in first-year students. More research is needed in this area to determine the long-term effects.

Johnson et al. (2019) conducted a study integrating wellness education into a required interdisciplinary writing course for first-year traditional undergraduate students. It was designed to enhance both physical and emotional wellness. The researchers concluded the study was effective in (a) increasing students' knowledge of the various topics on nutrition, exercise, and stress management and (b) improving their self-efficacy and self-esteem. They suggested the college classroom is an ideal environment to learn and apply skills on optimizing wellness. They agreed future studies should include a comparison group to assess knowledge and habits in students who do not take the course.

Choate and Smith (2003) developed a unique wellness course for first-year students that incorporated the wheel of wellness model, which is multidisciplinary and based on psychological theories of growth and behavior. The model consists of five life tasks interconnected; thus, validating how the different dimensions of wellness can impact each other. The study results showed a significant improvement in wellness behaviors and attitudes and an increase in knowledge of pertinent life skills (e.g., time management, test-taking strategies). Adjustment and transition to college life was also positively affected. However, the researchers recognized the limitations of the study and the need to study the effects of wellness education on academic success.

In a mixed method design study, researchers assessed the health and wellness of college students, using those data to develop a wellness course. The surveys revealed low physical wellness scores on physical activity, sleep, and nutrition. Pre- and post-tests were conducted in the wellness course, which displayed significant positive effects on knowledge and affect levels (Higgins et al., 2010). The researchers conceded:

Because the wellness and lifestyle choices students learn to make in their formative university years will have lifelong repercussions, college campuses may represent the last chance for systematically educating and enabling a large segment of the adult population to embrace health and wellness. (Higgins et al., 2010, p. 324)

This study revealed how wellness curriculums on college campuses can possibly reduce risk of chronic diseases later in life.

Evolution of Wellness Concepts

It is relevant to discuss the evolution of wellness concepts to grasp how society comes full circle with its perceived value in health. Many primitive cultures have viewed health and wellness as a holistic balance of the mind, body, and spirit. Most importantly, they have valued diet as the primary agent of good health, serving to preserve wellness and prevent illness (Cohen, 2010). As widely believed, in 400 BC, the ancient Greek physician Hippocrates famously stated, “Let food be thy medicine and medicine be thy food;” however, this sentence was not found in his medical writings (Cardenas, 2013). Similarly, Indian Ayurveda and traditional Chinese medicines were etched in the philosophy of “Kalokagathia,” which means harmony of the physical, mental, and spiritual state (Miller & Foster, 2010).

In the 18th and 19th centuries, this holistic approach was placed on a back shelf as physicians and researchers were challenged with the fate of infectious diseases (Institute of Medicine, 1988). Modern medicine brought into play the important discoveries of therapeutics such as vaccines and antibiotics; however, in the 20th century, holistic medicine began to make a comeback as chronic diseases headed to the forefront of the top leading causes of death, and many infectious diseases were either eradicated and/or successfully treated (Institute of Medicine, 1988). In 1948, the World Health Organization (WHO), declared “health is a state of complete physical, mental and social well-being and not merely the absence of disease and

infirmity” (Constitution of the WHO, 1946, p. 1315). This declaration took a major stride in promoting wellness for the sake of preventing chronic disease.

Dunn, an American physician, was the first person to use the term *wellness* in a modern sense and is known as the Father of the Wellness Movement (Ardell, 1977). In 1959, he coined the term *high-level wellness* and defined it as positive health and “an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable” (Dunn, 1961, p. 4). He conceptualized positive health in a holistic manner and in the form of four interrelated entities: physical, environmental, emotional, and spiritual.

In the 1970s, Travis, a California physician, was quite inspired by Dunn’s teachings on wellness. As a result, he initiated the world’s first wellness center in Mill Valley, California, where he provided resources for optimizing well-being as an alternative framework to the traditional illness-oriented care of physicians (Miller, 2005). Clients of his practice were taught how to prevent chronic diseases with a wellness approach of nourishing the whole person—mind, body, and spirit (Miller, 2005). The evolution of wellness took another leap forward with the work of Ardell. He too propelled concepts of wellness to revert to ancient philosophies and declared wellness is a balance between mind, body, and spirit:

The term [wellness] means the integration of mind, body, and spirit aspects of the person, and emphasizes the importance of perceiving the individual, regardless of physical symptoms, in a “whole” sense as one who requires balance and harmony in all three dimensions in relationship with himself, the environment, and the universe. The system must extend its focus beyond the physical aspects of disease, to concern itself with the whole person and the inter-relationships among emotional, social, spiritual, and physical. (Ardell, 1977, p. 2)

Another noteworthy pioneer of wellness in the 1970s was the U.S. physician, Hettler. As the Director of Student Health Services at the University of Wisconsin-Stevens Point (UWSP), he created the lifestyle improvement program, which was at the forefront of promoting wellness

across American college campuses. In his wellness framework, *The Six Dimensions of Wellness*, he described wellness in six dimensions: intellectual, physical, environmental, occupational, spiritual, and emotional. He praised IHE for doing an effective job of enhancing intellectual wellness but chastised them for neglecting the importance of promoting physical, emotional, spiritual, environmental, and occupational wellness (Hettler, 1980). Hettler's innovations on promoting campus wellness can also be attested by his work with the student health advisory committee (SHAC) at UWSP, a taskforce of students trained annually to teach their peers important wellness strategies. He also led the way in developing the first wellness assessment tool, known as the Lifestyle Assessment Questionnaire (L.A.Q.). The L.A.Q. was used to assess the health and well-being of students, faculty, and staff at UWSP. It would become nationally recognized and utilized by many entities through the National Wellness Institute and the Annual National Wellness Conference, both of which were founded by Hettler and are still in existence today (Hettler, 1980).

With respect to wellness in government policy, the first health agenda was produced in 1979 (CDC, 2022). It was known as *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*. Its focus was to promote health and prevent chronic disease:

The health of the American people has never been better. In this century we have witnessed a remarkable reduction in the life-threatening infections and communicable diseases. Today, seventy-five percent of all deaths in this country are due to degenerative disease, stroke and cancer . . . Further improvements in the health of the American people can and will be achieved-not alone through increased medical care and greater health expenditures-but through a renewed national commitment to efforts designed to prevent disease and promote health. (Healthy People, 1979, p. 5)

In the 21st century, several more researchers continued to elaborate on Hettler's multidimensional wellness. Roscoe et al. (2009) validated the value of Hettler's concepts of wellness by stating "the dynamic interaction of the dimensions causes the sum of the dimensions

to be greater than the whole. Each dimension is integral to the whole and no one dimension operates independently” (p. 218). Furthermore, Roscoe et al. (2009) affirmed wellness should be on a continuum and dependent on self-responsibility and motivation not just one’s environment. Renger et al. (2000) contended social and financial wellness should be other pertinent facets to the wellness continuum, as they give witness to the importance of interpersonal relationships and fiscal responsibility.

In the latest 21st century wellness model, Swarbrick and Yudof (2015) combined both Renger’s (2000) and Hettler’s (1980) work by adding social and financial wellness to the hexagonal dimensions. Known as *Wellness in 8 Dimensions*, it includes the following dimensions: physical, environmental, spiritual, intellectual, social, occupational, financial, and emotional (Swarbrick & Yudof, 2015). An explanation of *Wellness in 8 Dimensions* and how each one influences mental health is provided in the following paragraphs.

Physical Wellness

Swarbrick and Yudof (2015) noted, “Physical wellness involves the maintenance of a healthy body, good physical health habits, good nutrition and exercise, and obtaining appropriate health care” (p. 4). With regard to physical wellness (i.e., nutrition, physical activity, and sleep), these variables also remain health challenges across American college campuses. The American College Health Association (2019) reported the following statistics related to physical wellness:

- 67.3% of college students report an interest in receiving nutrition information, but only 48.8% percent receive this information from their respective colleges.
- 52.3% of college students report a desire to lose weight.

- 53% of college students report having a BMI that classifies them as being either overweight or obese.
- With respect to fruit and vegetable intake, only 3.6% of college students report getting the recommended number of daily servings.
- 44.5% of college students report an interest in receiving information on eating disorders, but only 29% of college students receive this information from their respective colleges.
- In reference to physical activity, only 11% of college students get the recommended weekly amount of moderate physical activity.
- 62.3% of college students report an interest in receiving more information on physical activity from their respective colleges.
- Only 4% of college students report getting enough sleep daily.
- Although 66.7% report a desire to obtain sleep information, only 24.3% of college students receive information on sleep difficulties from their respective colleges.

Although research is scarce with respect to the effect of nutrition on mental health, an emerging field known as nutrition psychiatry is gaining momentum. The latest epidemiological research discusses the potential impact of the Mediterranean diet in prevention of depression (Pano et al., 2021). A Mediterranean diet includes minimally processed plant-based foods with moderate amounts of fatty fish that contain omega-3 fatty acids. Its review also includes the potential negative effect of a “Westernized Diet” on mental health. These proinflammatory foods include high-fat, animal-based, and fried foods that often accompany the U.S. college campus diet.

With respect to the impact of physical activity and sleep on mental health, the research is more promising. In a recent analysis of aggregated data from the National College Health Assessment Surveys 2011–2014, researchers concluded:

With every additional night of insufficient sleep, the risk of experiencing mental health symptoms increased on average by more than 20%—including an increased risk of 21% for depressed mood, 24% for hopelessness, 24% for anger, 25% for anxiety, 25% for desire to self-harm, 28% for functional problems, and 28% for suicide ideation.” (Ramsey et al., 2019, p. 1)

In their study, Feng et al. (2014) concluded, “An independent and interactive relationship between high physical activity and low screen time with depression significantly reduced prevalence of depressive problems and favorable sleep quality among Chinese college freshmen” (p. 1). Goodwin (2003) also reported a negative association between physical activity and depression and anxiety in U.S. adults and suggests a positive relationship of inflammation in the body to mental disorders. Both physical activity and diet can influence inflammation in the body (Dimitrov, 2017; Tsigalou et al., 2020).

Another aspect of physical wellness includes food security, which can also have a profound impact on mental health. According to Coleman-Jenson et al. (2014), food security is defined as “access by all people at all times to enough food for an active, healthy life” (para. 1). Although more research is needed on this topic among college students, it has recently gotten more attention. Payne-Sturges et al. (2018) reported 15% of undergraduate students are food insecure. Although this is higher than the national average of 10.5%, it is much lower than other studies that have reported higher rates of up to 48% (Dubick et al., 2016). Payne-Sturges et al. (2018) examined the potential effects of food insecurity in low-income college students and concluded it has implications on academic performance and food secure students were less likely to report increased rates of depression symptoms than food insecure students.

Environmental Wellness

Swarbrick and Yudof (2015) defined environmental wellness as:

being and feeling physically safe, in safe and clean surroundings, and being able to access clean air, food, and water. Includes both our microenvironment (the places where we live, learn, work, etc.) and our macro-environment (our communities, country, and whole planet).” (p. 8)

This dimension specifically overlaps with the physical domain by offering availability of nutritious food and physical activities, along with access to transportation and leisure in a safe and secure environment. According to Capaldi et al. (2015), environmental wellness also means being directly connected to nature whether that means taking nature walks or having lots of green space to interact in the natural world. Kaplan and Kaplan (1989) also stated nature improves well-being because we provide attention that is involuntary (effortless yet demanding). Hence, this provides an opportunity to restore our minds and escape our problems (Kaplan & Kaplan, 1989).

Spiritual Wellness

Spiritual wellness “involves having meaning and purpose and a sense of balance and peace” (Swarbrick & Yudof, 2015, p. 10). This pertinent dimension needs further development in the emerging adult. Webber (2002) supported the concept young adults between the ages of 18 and 24 are actively searching for the meaning of self and the reason for existence “there is a hunger for meaning among young people . . . there is a desire for belonging and to find purpose in life” (p. 42). Berry and York (2011) supported the notion nurturing spiritual development during the college years can be highly protective against depression, anxiety, and substance use and abuse. Similarly, Ulloa et al. (2016) identified spiritual growth as a contributing factor in the resilience of individuals who have experienced a traumatic event. Scalora et al. (2020) contended

there is a cultural trend on campuses to steer away from traditional houses of worship and this may be linked to the coexisting increase in the prevalence of mental disorders. Frankel and Hewitt (1994) also cited the importance of spirituality for mental health as their study found college students who practiced spirituality were happier and more satisfied with life than those who did not.

Intellectual Wellness

Intellectual wellness can be defined by a “lifelong learning, application of knowledge learned, and sharing knowledge” (Swarbrick & Yudof, 2015, p. 6). Its relevance to college students includes such important facets as developing proper test-taking strategies and time-management skills to cope with the daily stressors and work productively in the college environment. Kearns and Gardiner (2007) contended good time management skills have been identified as a key indicator in lowering stress and anxiety in higher education.

Social Wellness

Social wellness “involves having relationships with friends, family, and the community, and having an interest in and concern for the needs of others and humankind” (Swarbrick & Yudof, 2015, p. 12). Most colleges and universities have a campus life that offers a plethora of student clubs and organizations that can help optimize social wellness. Litchke et al. (2019) reported:

This study demonstrates that group work can reduce some symptoms of stress and provide benefits for anxiety, social resilience, and enjoyment for these college students. Since college students experiencing more stress are less likely to use counseling services (Dixon & Kurpius, 2008; Rosenthal & Wilson, 2008; Yorgason, Linville, & Zitzman, 2008) it is important that university counseling centers partner with faculty to provide non-stigmatizing complimentary therapies that show a positive impact on mental health. (p. 8–9)

Occupational Wellness

Occupational wellness “involves participating in activities that provide meaning and purpose, including employment” (Swarbrick & Yudof, 2015, p. 18). Swarbrick & Yudof (2015) also stated it can also mean having a job you enjoy and are able to balance with leisure activities and schoolwork. According to the wellness website for Liberty University (2022), IHE can assist with occupational wellness providing the following: easy access to mentors for future career fields, avenues for professional development, and workshops that present topics on relationship building and work-induced stress management.

Financial Wellness

Financial wellness “involves the ability to have financial resources to meet practical needs, and a sense of control and knowledge about personal finances” (Swarbrick & Yudof, 2015, p. 16). Financial wellness can also be defined as minimizing worry over finances by learning how to manage your money with a budget and living in your means (Swarbrick & Yudof, 2015). According to a 2018 survey on 17,531 undergraduate college students, several concerning statistics were revealed: 65% were either worried or strongly worried about repayment of their college loans; 23% had no plan to pay for their next semester; 34% ran out of money at least five times during the previous year; 50% had trouble paying rent and utilities in the prior year, and 16% had been homeless during that period (Kafka, 2019).

Both the American College Health Association and Healthy Minds Network revealed rising concerns among undergraduate college students’ financial wellness. Data from the Spring 2019 NCHA Survey confirmed 36.9% felt handling of their finances was either traumatic or very difficult (ACHA, 2019). Similarly, the 2018–2019 Healthy Minds Study showed 35% felt they

were in a *stressful* financial situation, 24% *often stressful*, and 14% *always stressful* (Healthy Minds Network, 2019).

Emotional Wellness

Emotional wellness “involves the ability to express feelings, enjoy life, adjust to emotional challenges, and cope with stress and traumatic life experiences” (Swarbrick & Yudof, 2015, p. 14). It can also be defined by the ability to understand and deal with both positive and negative emotions, learn and grow from experiences, and develop techniques of self-care and stress reduction. In *The Student Resilience and Well-Being Project*, researchers identified four key areas that help and build student resilience and well-being: self-control, academic engagement, self-compassion, and supportive and meaningful relationships (Duke Endowment, 2021). The authors concluded resilience is closely tied to overall college student wellness and mental health. These recent, pertinent findings offered a definitive theoretical framework that can be implemented on college campuses to strengthen resilience among undergraduate college students.

In Loco Parentis

In the 21st century, there has been a call for college campuses to revisit the notion of *in loco parentis*, which means “in the place of a parent” (Patel, 2019, p. 1). According to Patel (2019), *in loco parentis* was a philosophy held by U.S. universities for more than half of the 20th century; administrators felt responsible not only for students’ education but also their moral and physical safety. However, they handled matters in a punitive and paternalistic manner. This philosophy came to a halt in the 1960s when court rulings supported student rights to protest policies set forth by IHE administrations. As a result, institutional leaders became mostly *laissez faire*, holding a bystander perspective for the rest of the 20th century. In 1999, the pendulum

swung once again when 12 students were killed in a bonfire accident at Texas A&M University. In loco parentis was then reignited by IHE due to potential legal liability concerns (Patel, 2019).

Patel (2019) further explained in loco parentis has been revisited in the 21st century, not just because of legal liability but also due to a better understanding of human development and the alarming statistics of college mental health. Patel (2019) explained:

Educators these days have a better understanding of cognitive development and “emerging adulthood,” the theory that people in their late teens to mid-20s are in a distinct developmental stage and are delaying traditional adult roles of marriage, parenting, and fulltime employment. The needs of some students are more acute. The statistics, in fact, are alarming. One in five teens and young adults live with a mental-health condition, and three-quarters develop it by age 24, according to the National Alliance on Mental Illness. Colleges feel greater pressure to address these mental-health concerns because, in many cases, students are developing them during their formative college years. (p. B36)

According to Lampl, a professor at Emory University, there is also a growing need to return to in loco parentis due to students being less resilient than previous generations. She claimed the perception among college students and the public is college has grown to be an unhealthy environment and “The health of our late adolescents is a national emergency” (Patel, 2019, p. B36). As a result, she spearheaded the task to implement a mandatory first-year wellness seminar that addresses mental health and wellbeing. Lake (2001) is another researcher who has written extensively about in loco parentis on college campuses. He labeled the new age of in loco parentis to be “the facilitator era” in which universities are acting as facilitators of well-being by providing students with the tools for invaluable self-care skills (Lake, 2001).

Summary

In closing, the question about the lengths senior university administrators should go to reverse trends in mental disorders and optimizing student wellness looms large. This literature review provided sufficient evidence of the college mental health crisis and the notion of taking

an upstream, proactive approach of wellness promotion is worthy of exploratory case-study research.

CHAPTER 3: METHODOLOGY

The purpose of this study is to evaluate institutional responses to the increasing prevalence of mental disorders on selected, 4-year, residential college campuses that serve mostly traditional-aged undergraduate college students between the ages of 18–24 years. Specifically, this study explored innovative wellness strategies implemented to address the college mental health crisis. The Pennsylvania Department of Education (2018) emphasized “it is critical that institutions of higher education proactively identify and implement policies, practices, and strategies for addressing mental health issues and preventing student suicide” (para. 1).

The research methodology included person-centered, qualitative research. Ravitch and Carl (2021) contended “qualitative research attempts to understand individuals, groups, and phenomena in their natural settings in ways that are contextualized and reflect the meaning that people make of their own experiences” (p. 2). The qualitative research involved exploratory case studies that entailed interviews and data provided by the institutions. Exploratory case studies are advantageous over other types of research like narrative and phenomenological research because they allow for data collection to go beyond the interview process and gather data from the institution (Yazan, 2015).

Semistructured Interview Format

The interview method for qualitative research was chosen because “they provide deep, rich, individualized, and contextualized data that are centrally important to qualitative research” (Ravitch & Carl, 2021, p. 126). Semistructured interviews were conducted with various, appropriate stakeholders in both academic and administrative roles who maintain responsibilities for optimizing student wellness. According to Ravitch and Carl (2021), the semistructured

interview is most appropriate to allow for flexibility in asking follow-up questions to get a deeper understanding of the participants' responses.

Research Questions

The following research questions were addressed:

1. How have institutions integrated wellness strategies into the organizational structure?
 - a. What factors have contributed to expanding student wellness efforts?
 - b. What have been the barriers and challenges to student wellness programming?
2. What theoretical frameworks, if any, have institutions utilized to implement these wellness strategies?
3. How do institutions measure the effectiveness of these wellness strategies?

Study Participants

These exploratory case studies included interviews at two 4-year universities that provided specific proactive and innovative wellness strategies to combat the college mental health crisis. At each institution, there were 12 interviews conducted. The participants varied according to the type of wellness initiative implemented and included various key stakeholders among administration, staff, and faculty. The criteria for being a proactive and innovative institution included the following wellness initiatives that have been introduced in the last 10 years and are outside the traditional reactive approach of counseling and psychological services.

Appointment of a Chief Wellness Officer

At least one institution in this study has reorganized its structure to include a newly formed executive administrative leader position entitled chief wellness officer (CWO). The CWO is responsible for integrating all facets of mental health and wellness under one umbrella. The education advisory board (EAB) professed the importance of hiring CWO, stating:

The role of the CWO is to lead a holistic and sustainable campus-wide approach to student well-being, and most leverage campus knowledge and expertise to realize that vision. In fact, many CWOs convene campus partners to build credibility, cultivate cross-silo working relationships, and bring the full expertise and focus of the institution to bear on the challenge of improving student well-being. Others use committee recommendations or assessments to inform strategy (Kubaryk, 2021, para 8).

Community of Care Training Program

At least one institution in this study has implemented a community of care training program, which involves a campus-wide approach to training students, faculty, administration, and staff on how to identify and help students experiencing any type of distress. According to Quinnett (2023), [community of care] training is designed to “enhance the probability that a potentially suicidal person is identified and referred for assessment and care before an adverse event occurs” and “the greater the percentage of the members of a given community who are trained to successfully recognize and refer its suicidal members, the fewer suicide-related adverse events should occur” (p. 2).

Mandatory First-Year Wellness Seminar Course

At least one institution in this study has a mandatory first-year wellness seminar course that consists of teaching various self-care skills, which have been shown to improve wellness and resilience. According to a study conducted by Ward et al. (2022), wellness courses in an academic setting not only improve health literacy but provide healthier mindsets and perspectives. They also stated this can lead to actionable changes that improve the overall mental health of college students.

Data Collection and Analysis

Each interview lasted approximately 45 minutes to 1 hour. The interviews followed a protocol with a set of open-ended questions. The data were collected via a digital recorder and then transcribed into a transcript. Each participant received a copy of the transcript.

The research methodology shows credibility with the use of several different types of validity. Descriptive validity was completed through efficient recording and transcribing of the interviews. Interpretive validity was achieved through interpreting information through the emic accounts of the participants.

The research methodology was also validated by methods of triangulation and participant validation strategies. Data triangulation was utilized because data was collected at different times, different places, and from different participants to strive for more generalizability. Ravitch and Carl (2021) stated triangulating data is useful because it allows the researcher to cover different angles “within and across participants and other organizing constructs” (p. 227). Participant validation strategies, which is also known as member checks, was used to ensure emic terms and concepts were used. According to Ravitch and Carl (2021):

Emic refers to being inductive in your approach so that, rather than imposing your own concepts and terms, you create the conditions necessary for participants to offer and articulate their own conceptualizations in language that is organic to them as they describe an account, event, or phenomenon. (p. 144)

Dialogic engagement was also used to help reduce researcher biases and assumptions.

Researcher Influence

My positionality has greatly contributed to my passion and desire for doing research on mental health and wellness in the college student population. With respect to my past, I am the only sibling of five children to graduate *both* high school and college. Although I lived in an

impoverished and single-parent household during my younger years, my life was rich with family and a deep spirituality that helped me overcome many obstacles. I was also able to find solace and gratification through my passion for learning and reading. After earning a bachelor's degree in psychology and a master's degree in nutrition, I started the professional journey and personal ministry of helping others instill wellness.

At the time of this research, I was an advanced senior lecturer of nutrition science in the School of Nursing at the University of Pennsylvania (Penn). I have witnessed the many challenges college students face regarding mental health and wellness. I can personally attest to such issues as lack of stress and time management skills, food insecurity, eating disorders, and anxiety and depression. In many cases, I have referred students to the appropriate resources for help. I am often surprised of how uninformed many students are about the wide array of resources Penn generously offers, or even worse, how embarrassed they are to reach out for help on campus.

I have also personally helped first-generation low-income students (FGLI) overcome imposter syndrome; something I have had to deal with to some degree as a FGLI student myself. However, my challenges cannot compare to those FIGLI students who also face marginalization and prejudice due to their minority status. Based on my observations, students could greatly benefit from wellness programs; IHE should take responsibility for holistic care of their student body. Hence, the term "high-level wellness" should be a major part of the infrastructure of IHE.

Ethical Considerations

With respect to maintaining a highly ethical methodology, I decided to take a relational approach to my research. As Ravitch and Carl (2021) best explained:

Relational approaches to research are discovery-oriented and emphasize how data emerges out of co-created, embodied, dialogical encounters between researchers and co-researchers (participants). The researcher's attention slides between the phenomenon being researched and the research relationship; between focusing on the co-researcher's talk/thoughts/feelings and exploring the relationship between researcher and co-researcher as it unfolds in a particular context. (pp. 194–195)

Approval was granted from Penn's IRB to assure there was *beneficence* for my research design, which Ravitch and Carl (2021) described as doing no harm to the participants. I avoided the concept of "reciprocity" so not to go outside the boundaries of my research, which could ultimately cause bias and skew the results of the study. Ravitch and Carl (2021) described *reciprocity* as when the researcher-participant relationship entails providing something invaluable for the participant that could skew the validity of the data. The participant interviews were held confidentially by using pseudonyms for the universities and not identifying the interviewees by name. I also took a reflexive approach to my research by recognizing and avoiding the use of my own biases and judgments when compiling the data.

Limitations of the Study

This research study had several limitations. Primarily, because this study was not a quantitative research study, it would be impossible to assume causation, as much of the data collected were under the grounds of subjectivity. In addition, only two were institutions closely studied by interviewing 12 individuals at each. In consideration of the small number of interviews and institutions, it would be inappropriate to report my results as generalizable to all universities.

Additionally, there were limitations to generalizing the findings to other non-4-year residential institutions. Specifically, the universities being studied were limited to mostly traditional-age undergraduate students, who may not sufficiently represent marginalized minority

and low-income students. However, it is with good intent to compile and integrate data that will inform all types of IHE on innovative wellness strategies that can be replicated.

CHAPTER 4: RESULTS

This chapter's purpose is to discuss the background and demographics of Thrive University and Ignite University and to identify interviewees involved with student wellness. In addition, an evolutionary lens of student wellness services and programs is explored as well as the 21st century challenges that each university faced regarding student mental health and wellness.

Case Study 1: Thrive University

Background and Demographics

Thrive University is a private not-for-profit research university offering both undergraduate and graduate degrees. With respect to selectivity, it is considered highly selective with an undergraduate acceptance rate of approximately 13%. Its setting encompasses a large urban campus that enrolls approximately 8,000 full-time undergraduate students and a large base of over 7,000 graduate students. According to their Department of Residence Life, 100% of first and second year full-time undergraduate students must reside on campus. Although juniors and seniors can opt out of residential life, 45% and 37% live on campus, respectively. Approximately 69% of first-time degree seeking undergraduates come from out of state, 11% are from in state, and 20% include international students. Regarding first time bachelor-seeking full-time undergraduates, it holds a 95% retention rate from first to second year. In addition, its 6-year graduation rates for the same students are reported to be at 90%.

With respect to diversity of undergraduate students, 60% self-identify as female and 40% as male. Approximately 43% are non-Hispanic White, 16% Asian, 11% non-Hispanic Black, and 9% Hispanic. An estimated 7% of undergraduates are considered first-generation students. In terms of its financial aid portfolio, the university reports 62% of undergraduate students receive

grant and/or scholarship aid, 20% receive Pell grants, and 25% borrow Federal student loans. The 6-year graduation rates for Pell grant versus non-Pell grant recipients are 91% and 89%, respectively. Thrive University can be perceived as a financially stable university with an annual endowment that approximates \$9 billion dollars.

Identified Participants of Student Wellness Programs and Services

Of the identified interviewees, the following table provides each participant's title and an inventory of the programs for which they are responsible (see Table 1).

Table 1*Research Participants from Thrive University*

Title	Wellness programming and services
Provost	Responsible for Thrive Initiative
Director, Human Health Center, School of Arts and Sciences	Responsible for creating and updating the Wellness 100 Course
Director, Wellness 100 Course	Responsible for implementation of Health 100 Course
Health Educator #1	Responsible for teaching Health 100 Course
Health Educator #2	Responsible for teaching Health 100 Course
Senior V.P. of Student Affairs	Responsible for overseeing the Office of Health, Wellbeing, Access, and Prevention
Chief Wellness Officer of Health, Wellbeing, Access, and Prevention	Responsible for overseeing the Office of Respect, Office of Health Promotion, Student Health Services, Counseling and Psychological Services
Director of Office of Respect	Responsible for programs related to prevention, training, and outreach for sexual and interpersonal violence; provides advocacy-based support, peer support, coordination of care, legal, medical and academic support.
Director of Office of Health Promotion	Responsible for outreach programs related to alcohol and drug education, healthy sexuality, stress and time management, sleep etiquette, mindfulness, wellness coaching, resilience training, well-being related to DEI, test taking strategies, relaxation and meditation techniques
Associate Director of Health Promotion	Responsible for outreach programs related to alcohol and drug education, healthy sexuality, stress and time management, sleep etiquette, mindfulness, wellness coaching, resilience training, well-being related to DEI, test taking strategies, relaxation and meditation techniques
Director of Counseling and Psychological Services	Responsible for programs related to counseling, crisis intervention; outreach and educational workshops related to stress and time management, emotion regulation and skill building; couples therapy, academic support
Director of Student Health Services	Responsible for programs related to primary and emergency care, health education, psychiatry, nutrition, health, LGBTQ care, telehealth care

An Evolutionary Lens of Student Wellness Programs and Services

Over the years, student wellness programs and services have evolved at Thrive University to meet the ever-changing needs of the student population. Most student wellness programs and services have been housed under the Office of Student Affairs (OSA). With respect to funding wellness resources, there is a health and wellness fee part of the overall OSA

student fees, which also include activity and athletic fees. For the 2022–2023 academic year, the health and wellness fee was \$98, which was fully controlled by the senior vice president (VP) of student affairs. This fee supported counseling, psychiatry, health, wellness, and crisis intervention support services. Some money allocated from the housing and dining fees supported some of the health and well-being programs. In addition, outside donors supported some of these programs.

Until the 1970s, the two main sources of student wellness under OSA were comprised of the Office of Student Health Services and the Campus Recreation Center. The Office of Student Health Services offered a wide array of medical services, and campus recreation provided multiple offerings of recreation, fitness, and sports activities. In 1976, OSA began to recognize the importance of student mental health and established The Office of Counseling and Psychological Services (CAPS), which included individual and group counseling sessions.

In the early 1990s, the OSA cited a need for more preventative work on drug and alcohol abuse and education on safe sex. As a result, the Office of Health Promotion was founded and placed under the supervision of the director of CAPS. During the same timeframe, staff in OSA also observed an increasing rate in campus-related physical and sexual abuse. In response to this issue, The Office of Respect was created and placed as a separate entity from CAPS directly under the Office of Student Affairs. Its purpose was to provide both preventative and interventive services for cases of violence and sexual assault.

In the early 2000s, an expansion of clinical services in Student Health Services occurred that included the hiring of a registered dietitian for nutrition counseling, primarily due to the increased rates of eating disorders on campus. This new position also provided nutrition education workshops for various student organizations. At this time, Student Health Services

also added psychiatry to their list of services due to an increasing student need for psychiatric medications. In addition, the following other entities from the OSA also began to offer some form of wellness programming: Campus Dining Services, Office of Spiritual and Religious Life, and Residence Life.

According to the director of Office of Health Promotion, the institution began to see more dramatic rates of increased anxiety and depression in full-time undergraduate campus residents after 2009. In response, the Office of Health Promotion would expand its offerings to focus more on emotional wellness. In addition to safe sex and drug and alcohol education, its services started to include workshops on meditation and stress management, nutrition and exercise tips, sleep etiquette, time management, and sense of belonging and inclusiveness.

Aside from the wide array of student offerings from the Office of Student Affairs, the university's interdisciplinary Center for Human Health also played a major roll in student wellness for more than a decade. In 2011, the center launched a mandatory Wellness 100 course for all full-time first-year students. The course founder's vision was to translate her center research on predictive health to the undergraduate student population. This peer-led, one-credit course was housed under the School of Arts and Sciences and encompasses experiential based learning that evolved from chronic disease prevention to an increased focus on building resiliency and emotional health in response to students' changing needs. Such topics covered included time and stress management, test taking skills, nutrition and sleep habits, safe sex, meditation, and mindfulness. The founder of the course describes it as follows:

If you could show students how they might take better care of themselves, it may decrease the likelihood of chronic disease emerging, or delay it, then that's an effort at the large-scale level. And we have had numerous students send thank yous about how this course has been life altering and helped them succeed in college and beyond—from time and stress management and test taking skills to nutrition and meditation. This course

instills habits that they can use for the rest of their lives. And it works because it's not just knowledge based but experiential learning to create habits.

21st Century Challenges to Student Mental Health and Wellness

According to the senior VP of student affairs, student conditions have evolved to portray a population with increased mental health and wellness challenges. Specifically, both the directors of CAPS and Student Health Services have witnessed an overwhelming demand for CAPS and psychiatric services. Despite a university response that increased CAPS staffing, the supply has continuously failed to keep up with demand, especially since the COVID-19 global pandemic. According to the CAPS director, there have been “record breaking” utilization rates of CAPS services for students dealing with anxiety, depression, and suicide ideations. The CAPS director also stated even higher rates of these mental disorders have been reported with the latest results of the NCHA Survey the university conducts every 3 years. He was also informative about the increase in on-campus suicides over the past 5 years. Although several of them have been publicized in the media, the CAPS director stated, “there have been several more that have not [been made public] due to the privacy wishes of students’ family members.”

The director of the Wellness 100 Course reflected on the frustrations of promoting OSA resources with respect to the supply and demand issue, not just at CAPS but other entities of OSA. The director stated:

Our promotion efforts can be both a blessing and a curse and it's super frustrating for the [first-year] students because they're like well, we can't get an appointment with the dietitian for six months because there's only one of them in student health services or the morning meditation class is always full and we need to have more of them. And it's like every part of student support services comes to us and says they need to know about us. We need to get our word out. The same with CAPS. They're like can you promote us, and we integrated it into our positive mental health content and then they come back to us and say well there's too much demand. As you know, ask and you shall receive.

The CAPS director also weighed in on the increased student demand for mental health services. He discussed the positive impact of destigmatizing mental health and the resulting increase in students seeking help. Although he acknowledged this is only part of the picture, it has played a significant role in students feeling more comfortable reaching out for support. Also, he stated there has been a trend in students arriving to college with previous experiences in counseling and past medical history of psychiatric illnesses and hospitalizations. Because students are starting their mental health journeys before their arrival, they need this pertinent service when they arrive to campus. Overall, he emphasized the progress society has made in normalizing mental health discussions and encouraging help-seeking behaviors among students. He also discussed how the destigmatizing of mental health disorders has propelled the institution to actively promote counseling services as a recruitment tool; a practice he stated would have been “taboo” in the 20th century.

In addition, one senior leader spoke of how this change in perspective has also forced university administrators to recognize the significance of student mental health and well-being. In particular, there have been notable discussions at board of trustee’s meetings on how the institution can better address these concerns. She acknowledged the various growing pressures students are facing—from academics to extracurricular activities—which were not as prevalent in the past. As a result, she reiterated there was increased importance placed on providing support and resources for students to better cope with the stressors of collegiate life.

Several midlevel staff members of OSA expressed their viewpoints on why this topic has come to the forefront. According to one participant, the increased focus is primarily being driven by liability concerns rather than a genuine commitment to holistic student well-being. Another participant suggested the more elite institutions like their own are taking action “not because they

believe it is the right thing to do, but because of the demands of concerned parents.” Still another participant expressed monetary reasons as failing mental health can potentially decrease retention rates.

The same midlevel staff members also speculated on the impact of instant access to information through social media and smart phones and how such technology raises concerns about the potential negative effects on developing brains. For example, in the past, bad news would take days to reach people, whereas now, the information is instantaneous. One participant suggested this constant exposure to traumatic events may introduce a form of adverse childhood events, similar to the trauma caused by physical or sexual abuse. She mentioned a small study conducted on campus that found a positive correlation between students’ time spent on social media and mental distress related to physical appearance. According to the director of the Office of Health Promotions, marijuana use is up drastically, which she stated has a positive correlation with anxiety and depression. She also stated the university reported higher rates of marijuana-induced psychosis that forced several students to take leaves of absence and never return to complete their degrees.

Many participants also expressed concerns over an increasingly competitive student body on a college campus where academic success is valued over well-being. One midlevel staff member from student affairs stated:

You know, they’ve had to be so intense, and so driven, and they’ve gotten some really bad habits as far as wellness, in a lot of cases to get where they are, and how do we kind of uncover and take all those bad habits away and think you got here, you’re smart enough to be here. Now, let’s kind of lay the foundation of how to not make this that have you to do this for four years, and have to not sleep and not eat and not exercise and be stressed and all those things, but really kind of shift the dialogue of, alright, you got here. Now let’s get into some good habits and realize that the better you take care of yourself the more academic success you will have.

Another midlevel staff member of the OSA expressed similar sentiments, stating:

There's a little bit of culture here of like, students like to compete about—not how miserable they are, but like how hard they're working. And if their mental health is in shambles, because of how hard they're working, it's almost worn as a badge of honor, as opposed to like, oh. This is something I really need to kind of get under control.

The same interviewee spoke of family influences contributing to this competitive mindset, sharing:

I would say this family culture is a part of it; if that's what you learn in your family system is that you work hard, you get the A, you know, reach for that top job at Deloitte or the top law firm or the top, whatever, whatever. And the only way you can get that is to kill yourself for four years, like, then that's what you do. And that's what has been valued in your family system so that is just normal to you.

The director of the Office of Respect also provided insight into this competitive culture that exuded from administrators, faculty, and staff and then trickled down to the students. According to her, “the institution emanates a toxic environment that prioritizes success over a community of care.”

Another notion administrators speculated was the downstream approach students themselves take to mental health. They did not seem to value wellness until they were feeling unwell, whether it was physically or mentally. With mental health, they have been conditioned to go straight to CAPS rather than come to the Office of Health Promotion and seek tools to put in a toolbox that teaches stress management and anxiety or to seek tips on sleeping better. One administrator expressed this frustration, saying:

Getting students to understand that CAPS is not the only part of your well-being or having an ability to get to CAPS. Changing that mindset, through [wellness] programming is a challenge because students may not see the value in taking a break and how that fuels their wellbeing. And saying they are feeling anxious and overwhelmed about academic work and so CAPS sends them to OHP and then they think they are being pushed away but we are trying to teach them how to be more resilient by giving them the tools to manage stress and time.

According to several staff from the Office of Student Affairs, there has also been an increased demand for CAPS due to a more diverse student population, which include marginalized students from low socioeconomic status backgrounds, ethnic minorities, LGBTQ, and international students; many who struggle with such psychological stressors as imposter syndrome and financial difficulties. Despite the changing demographics, efforts in promoting student wellness have not yet sufficiently aligned with an increasingly diverse student body. One senior level staff member of OSA provided insight, indicating:

Many elite institutions like ours who have more resources have done what people call “white girl wellness.” We did that really well when we started prioritizing wellbeing. We did it for the dominant population. We articulated our services from a very white dominant culture lens. We used language that was very white dominant culture, uh, language and the services, the offerings were all framed from that unconscious bias perspective. So it’s important that we have the understanding that wellness work is fundamentally, and literally, diversity, equity, inclusion, social justice, and belonging work. And if we’re doing diversity, equity, inclusion, social justice and belonging work, we’re doing wellbeing work . . . if there are things that create a lack of safety, whether it’s the existence of embedded white supremacy in our structures and our policies. So we have to be constantly vigilant about our biases and how we language, how we frame, how we staff, making sure there’s representation across staff. But anyway, so, so thinking about the intersection of wellbeing and diversity, equity, inclusion, what that really means is critical.

Barriers to Effective Wellness Programming

Despite the wide selection of wellness programs offered by various offices of OSA, the senior VP of student affairs admitted such efforts have ignored a campuswide perspective that considers collaboration and coordination. He admitted this siloed approach has resulted in fragmented services and “a lack of unified vision for student wellness.” According to a midlevel staff member from OSA, “things seemed to be getting done just for the sake of saying look what program we do as opposed to saying how can we better align and integrate our programs with

each other?” Another participant expressed the frustration of having too much overlap of the same topic across departments, saying:

A popular topic for student wellness includes alcohol and substance abuse and its risk with sexual misconduct. So, we recently discovered that every part of OSA was talking about the same thing over and over again. But we needed to start digging deeper with other self-care issues like sleep, and stress to better address the growing mental health concerns.

According to the associate director of the Office of Health Promotion, another major barrier to wellness programming includes the lack of a central communication hub that can effectively make students aware of the various wellness resources and programs on campus. The director of the Wellness 100 course stated students are only informed of the wellness resources in their first-year orientation and wellness course. Beyond that year, she stated it was difficult to learn about these valuable resources unless they were proactive by accessing the social media or website for Office of Student Affairs. Several OSA participants speculated this may be a major reason why attendance at the wellness programs and workshops was mostly filled with first-year students informed through the Wellness 100 Course.

The course director said although the Wellness 100 Course has given the academic side an opportunity to be proactive with student wellness, there has been little support from the dean of the College of Arts and Sciences. Specifically, she stated the instructors were not hired with faculty status and there has been no administrative support funded for such a large course that teaches the entire first-year class. In addition, she stated there has historically been minimal communication and collaboration with the Office of Student Affairs, which is the major source for student wellness programming. Another challenge she spoke about was the insufficient training for faculty regarding student mental health and well-being, which she stated has led them to lack any sense of accountability. She also expressed this as an ironic circumstance

because faculty have the most frequent contact with students. The director of student health services also spoke about the importance of faculty with respect to student health and well-being, commenting:

Faculty, you know, either they're going to be part of the solution or part of the problem. And it's hard. I mean, I know a lot of professors, and it's hard to have those boundaries where you're holding students accountable, but not stressing them out. . . . So that's one side of it, but then there's policy change we could do like not make deadline submissions for papers at 11:59 pm so students can get more sleep. Or like why have a paper due the Monday after Spring Break. Neither of these changeable scenarios are helping with student wellness. What if we incorporated meditation practices in every classroom and not just Health 100? This is socioecological theory at its best that can make behavior changes. Throwing bubbles and puppies at them is not going to change behavior but it will raise awareness.

The directors of the Office of Health Promotion and the Office of Respect both discussed the need to hire a staff member to assess wellness programs for the purpose of evaluating their effectiveness and being able to make changes for enhancement and improvement. Similarly, the Wellness 100 course director stated, "there is so much student information that is collected in the sessions and it would be nice to hire someone who can analyze this data." Although the wellness course has pre- and post-tests for every session topic and students are given a grade at the end of the semester, she stated there are no assessments for determining if any behavior changes have been made. She expressed a profound need for sufficient funding to optimize the quality of the course.

Senior Leadership Changes With Innovative Solutions on the Horizon

In the midst of what several participants have deemed a student mental health crisis, there has been a dramatic turnover in senior leadership. In the last 2 years, both the university provost and senior vice president of student affairs have been replaced. According to both senior leaders, they have begun to take student mental health and wellness in a new direction. With support

from the president, they recently decided to hire an inaugural CWO. Prior to the CWO's arrival, the provost launched a new initiative known as the Thrive Initiative. It encompasses four pillars: academics, career pathways, purpose and meaning, and community and well-being. It calls for every facet of the institution to cohesively work together and have some level of responsibility to contribute to student well-being. This campus-wide initiative was born out of the provost's reflection on the mental health crisis. The provost stated:

There is an epidemic, as you know, of mental health and well-being everywhere, including in our young children, in high schools as well as in higher education and we have to do something about that. We need to ask ourselves three questions—What skill sets do our students need to thrive in this complex world where information is exploding? How do we enable our students to practice those skills while they're still here, in their professional lives and nonprofessional lives? And third is, what is our responsibility in higher ed to nurture the whole person? And when we ask our students what is success for you and anywhere on your campus or mine, it's always the 'what' they want to do. It is, "I want to be a physician or I want to be an investment banker. I want to be a lawyer." It's always "what." And I'm very interested in who they become, and not just the what they become. And so how we organize ourselves in campus life has to do with building a muscle for reflection on the nature of success. And to do that work, it has to be done in all the spaces our students experience this institution, which is in the curriculum, in their orientation programs, in residential life, on campus life, in clubs, in office of spiritual religious life. So in all the spaces that our students are. And so I want to have multiple spaces where, if you go through the entire college experience, you can't miss it.

The initiative continued to grow out of a small working group led by the provost and included all the undergraduate deans and dean of campus life. The working group was provided with both administrative and financial support from the provost's chief business officer, staff, and project managers. They created nine work streams to explore and bring together outside groups to create this new initiative. This small working group recently evolved and expanded into an official committee called the undergraduate council. This new formation had "everybody in the room" that could influence the undergraduate experience—from admissions, registrar, advising, undergraduate deans, finance, and student affairs with the provost as the chairperson.

The committee met monthly to bring new proposals and policies that promote positive change and make the institution more cohesive and proactive in creating a student-centric campus. The provost gave more insight to these meetings, saying:

So the idea is to have an agenda that has actions that the Council can take—because nobody needs a meeting where we sit around and talk more, right? Is it sustainable that I [Provost] run the Undergraduate Council? I don't know yet but for now it needs me to call on the university to be student-centric—and we're not. We are but we're not organized in that way—the structures never existed to do this kind of work. This is some of the hardest things I have ever done in my life, not because I have to convince people that we need to do this but because we are just not organized as a university to do this work. What we've done is we've taken the student experience and chopped it into chunks. That's convenient for us as a university but not very convenient for the student. So when they experience it in multiple, fragmented ways that they then have to stitch together.

All the piloted Thrive initiatives thus far have strictly been funded under the Provost Office for a specific period of time. For example, the undergraduate council was confronted with data one of the schools was severely understaffed in the student advisor space. The provost explained further by stating, “So what I said was, okay, I'll fund three years of this. Hire them tomorrow but then my money dries up after three years and then it will have to go in your budget.” Once the school can prove this impacts academic success, they can then figure out how to fund it through the budget or philanthropy. Student leadership groups have participated in various focus groups to contribute to the Thrive Initiative, and because they were still in their pilot phase, nothing had been assessed yet in terms of metrics. The provost spoke of how he is committed to the needs of the students, sharing:

I'm not wedded to the projects we have ongoing. They come from the ideas our people have or what I have. I'm wedded to the goal and intent. You do your research, you start and then you're willing to have the humility to iterate and change. If it doesn't work, you drop it, it's not about you. It's about the student. I'm a big believer in pilots, listening, iterating, rather than trying to design the perfect thing.

The director of the Office of Respect provided insight on this new initiative, saying:

We're really trying to also work on a university level—our new provost, which I'm so thankful for, has the Thrive Initiative. So, he's really looking to faculty and staff to be like, it's not just on our students. It's also on us to look at the culture and climate we're creating for our students. This is collective work, but a big chunk will come from the CWO umbrella by focusing on student well-being, student mental health and increased access to these resources.”

Overall, the directors of CAPS, Office of Health Promotion, Office of Respect, and Student Health Services expressed great enthusiasm about the new executive leaders and their decision to hire an inaugural CWO. Each midlevel director supported this strategic change in organizational structure. In addition, all of them agreed it would optimize wellness programs and services by forming a more cohesive and integrative campus-wide environment.

Organizational Restructuring in Student Affairs: Hiring an Inaugural CWO

According to the senior VP of student affairs, the purpose of hiring the CWO was to strategically position the institution to move forward with creating a campus-wide approach of promoting wellness. She also stated she hoped this proactive change can help mitigate the need for CAPS services. She also expressed enthusiasm over the integral role the CWO would have in facilitating the new Thrive Initiative. In addition, she defined the essence of this new role, sharing:

I wanted to create this role to align functional areas that are doing same or similar work in an effort to scale our efforts, but also prevent diffusing resources. Because I find oftentimes there's, you know, health promotion is doing same or similar work as the Counseling Center and the Counseling Center is doing same or similar work as the health center. So, and they're also operating unfortunately, sometimes with different philosophies about well-being, you know, yeah. And we needed in order to continue growing support services and delivering services that resonate with this generation of students, we needed better alignment around budget, functional areas, definitions of wellness, intake models, responses to inquiries, all of that just needed to be better aligned, because students are genuinely confused by the different approaches that these officers take. So that's a primary motivator for me.”

The senior VP of the OSA explained how she needed to restructure OSA's organizational chart through a cluster management style with subdivisions of four clusters: (a) the offices of health, well-being, access, and prevention cluster the new CWO spearheads, (b) the cluster of community belonging and engagement the dean of campus life leads, (c) the cluster of dining services and residential life offices led by the vice president of campus life, and finally (d) the cluster for athletics and recreation led by the director of athletics.

The senior VP discussed her vision for the new organizational structure and how it can impact health and well-being, one of the university's key strategic initiatives, saying:

The goal of the cluster leadership model is one where areas that have common purpose and training needs and resource needs are grouped together functionally, but also naming leads of each of these four clusters who are my direct reports. And together we work on strategic initiatives, even though they also support their own clusters and so health and well-being is one of our strategic initiatives. So each of the areas has some responsibility for health and wellness. They do it consultatively with the CWO who is the expert in our area on it, okay. So, of course in residential life, we're doing health and well-being programming. Of course, in the rec center, we're doing health and wellbeing programming and of course in the dining center, we're doing health and wellbeing programming, but the goal is to do it consultatively and collaboratively with the cluster of offices that are in the CWO's area.

The CWO discussed the lack of intentionality prior to the restructuring of the senior VP of student affair's executive team, indicating:

I have seen the org structure from 18 months ago as well as the org structure from three years ago. It's, I don't know exactly know the right word, illogical. It's chaotic. It's not aligned in a portfolio way that makes sense that you could see why these groupings are together. It's not even aligned around equality or equity with regard to just making sure each of the AVPs has a similar amount of responsibility to spread out the work. One of AVPs had I think 3 or 4 other areas that had nothing to do with each other. Including she had campus recreation before we had our new athletic director. It was a lot of just adding things on. A lack of intentionality. That would probably be the easiest way to articulate what it was without assigning blame.

With the hiring of an inaugural CWO, there was also a restructuring of the four offices directly involved with student health and well-being. Prior to his arrival, the Office of Health Promotion was nested under the director of CAPS. CAPS, Student Health Services, and the Office of Respect were direct reports to the senior VP of student affairs, who also had several other entities under her. With the CWO at the helm, the four offices—Respect, Health Promotion, Student Health Services and CAPS—were housed under one umbrella and collectively called the Office of Health, Well-being, Access, and Prevention. This restructure was the first time all four offices have been directed by one administrator. The CWO expressed what he learned from his wellness team about the prior arrangements, saying:

And the consequence of that that I've heard from my team has been a lack of cohesive, clear messaging that applies to our philosophy around health and wellbeing. How does health promotion connect to student health, connect to mental health? And then how do your services, your programs, your educational initiatives, your staff, how do those things work together when they can? It was just very siloed as if they're not related at all.

All four directors under the CWO expressed much optimism over the change in management. One midlevel director expressed the following sentiments:

I think what I'm most excited about now is just how the four offices are seamlessly working together now that we have a CWO. I mean I've always had a good relationship with CAPS and Student Health and Office of Respect. But we were not working coherently together to address student wellness. We didn't have regular meetings and we weren't strategizing together. So, I am excited about how we are now all together in weekly meetings and focusing on how are we going to address this thing. How are we going to talk about this thing? How are we going to address wellness and things like that and elevating how OHP will be the brain stem or the hook behind some of those messages. I'm also looking forward to the ways in which we strategize higher quality programming and not just do it for the sake of saying hey look we do this. And our CWO is very data driven, so it will be quality over quantity—focusing on what works best. And this will give our office a more upstream and preventive focus.

The CWO stated he would like to start healing the campus from recent traumas that have included student suicides prior to his arrival. He mentioned he had been spending a lot of time

making sure students feel heard; “whether it’s about mental health care, or generally that this is a highly competitive place, or, where the toxicity is among faculty and faculty support and how they approach academics for their students.” His primary goals have been to correct student misconceptions about the university and to work together with the campus community to define and promote a sense of well-being. He decided to use the formal definition of well-being established by the Inter-Association of NASPA, NIRSA, and ACH, which is defined as the following:

An optimal and dynamic state that allows people to achieve their full potential. Our focus is on two interdependent types of well-being: 1) individual and 2) community. Individual well-being is defined within three broad and interrelated categories: (a) the perceived assessment of one’s own life as being generally happy and satisfying, (b) having one’s human rights and needs met, and (c) one’s contribution to the community. Community well-being is defined by relationships and connectedness, perceived quality of life for all people in the community, and how well the community meets the needs of all members. By focusing on the whole — the whole person, the whole educational experience, the whole institution, the whole community—well-being becomes a multifaceted goal and a shared responsibility for the entire institution. (NIRSA, 2020, p. 2)

Another pertinent goal the CWO stated he wanted to accomplish was to “break the silos” by creating a foundation of trust, not just between him and his staff but also among each other. He stated the primary vehicle for achieving this goal was “spending time together” as he had the team meet weekly for up to 2 hours. He also met with them individually for 1 hour each week. In addition, there were day-long retreats once a month for strategic planning. He emphasized the importance of fostering an environment where his team members could support and learn from each other, regardless of their specific areas of expertise. Through this process, they could identify areas of overlap and opportunities for collaboration and synergy. He offered the perspective that employee wellness is just as important as student wellness and can be assessed by staff retention rates and a reported sense of belonging. He also discussed a great deal of effort

has been placed on establishing trust with the assistant vice presidents who work parallel with him under the senior VP of student affairs.

Another pertinent facet of his job the CWO emphasized included making data-informed decisions, which according to him was historically a struggle in student affairs. To address this issue, he started to cultivate a culture where each team member could identify relevant data to collect and use to drive strategic decisions. He recognized the challenge of managing and analyzing data effectively and identified the need to hire a “chief assessment person” to aid in data organization and analysis.

With regard to his new role at the university, the CWO offered insight on the inverse relationship between the prestige of a school and its perceived value of Student Affairs, which is pertinent when it comes to deciding where funding priorities should be allotted. He iterated the following:

One of the truisms in higher ed around student affairs is you know, there’s an inverse relationship between eliteness of the school, and how much they have really created a culture around student affairs. So student affairs often in a highly selective university like ours is just a great example And that was kind of a lot of conversations with senior leadership about this can’t be you know, let’s do something fun for 18 months, and then move on to something else. It really has to be into the groundwater of the institution that will take many, many years. Because prevention work takes a long time to gather data because you’re evaluating the absence of things, and that’s hard to track. So anyway, I would say that right now this institution integrates wellness in a more reactive and still mostly downstream way. And so, I have a big job ahead of me.

Some of the barriers the CWO already reported with wellness programming was the difficulty of demonstrating outcomes when engaging in prevention, which he stated was one of the reasons universities have funded counseling centers so much better. He shared:

Uh, and pretty quickly, relatively speaking, in the early twenty-teens, you know, starting usually around ’12 ’13, ’14 nationally, you had this big explosion in counseling center staff, again, rightly so, but it’s because there was a demonstrated need. That’s downstream work for the most part. And so if you’re catching a bunch of people

downstream, and you just can show, look at how many more people we've caught this year than last year, uh, look at their acuity. If you're doing anything around acuity, look how much more acute their issues are. Look how many more people are thinking about suicide within the last seventy-two hours. That's very compelling data. If I don't get more staff, I'm only gonna be focusing on suicide assessment just because I'm not gonna waste my time or my staff's time on lower acuity things. Which then if you don't pay attention to them—they become higher acuity things. So we have to sort of, so the, I could make a very compelling, you know, scare the bejesus out of my board of trustees and senior administrators using that data. But to then move to prevention upstream work, and not be able to demonstrate the absences of things is not nearly as compelling. So do we tell the story of our wellness work in a way that's compelling enough?

The CWO expressed collecting data through the National College Health Assessment (NCHA) and Healthy Minds Study (HMS) were two assessment tools that could effectively tell the story of what prevention work was needed and drove a large part of the strategies in wellness at Thrive University. He stated these surveys provided valuable insights from student voices, which could drive strategy and resource allocation in a way that could make a meaningful impact. He discussed how this approach could become ingrained in the institutional culture, where students understand the cycle of assessment, analysis, resource allocation, and reassessment. He also emphasized the importance of identifying areas of struggle and understanding the reasons behind them by comparing self-reported wellness issues among similar student demographics. The strategy moving forward was to alternate between the NCHA and HMS surveys on an annual basis, which will provide regular updates on student wellness,

With respect to obtaining student feedback on wellness initiatives, the CWO reported key mid- and senior-level leaders have begun reaching out to various student leaders and organizations. Such entities included leaders in student government, Greek organizations, and other clubs on campus. According to the CWO, the initial goal for his team was to roll out the foundational elements of wellness programming in a very intentional manner, which first

included providing the formal definition of well-being to the entire campus and assure everyone grasped its concept.

Aside from student outreach, the CWO stated his wellness team has also focused on the creation of student committees that act as focus groups for student feedback. He meets directly with the Student Wellness Advisory Committee on a monthly basis, which includes a board limited to sophomores and juniors so they continue this role for at least 2 years. He expressed his enthusiasm for these meetings and stated the students “are the biggest champions of our work” and are a necessity in understanding what the students need and how to promote these services in terms of language and marketing.

In addition to the Student Health Advisory Board, the director of Student Health Services houses the Student Health Ambassador Program, which is specific to participation in the student orientation program that is held for first year and transfer students in the beginning of the Fall semesters. Another pertinent facet of getting students involved is having peer educators housed directly in the Office of Health Promotion. The director of Office of Health Promotion, who is responsible for training and overseeing the Peer Educators for Wellness Program, reinforced the significant impact that peers educating peers has on optimizing health and well-being. She expressed enthusiasm the peer educators will have the opportunity to get official certification training for this pertinent role.

Aside from getting pertinent feedback and involvement from students in the decision-making process, the CWO and his team are also working on initiatives to get faculty more involved. Specifically, they are working together to establish an inaugural Faculty Wellness Advisory Board. The CWO commented, “Obviously, faculty are not our [Office of Wellness] constituents in that way. They’re not the end users of our work, but we need them as partners and

to not kind of perpetuate these kinds of silos.” The new CWO’s vision is to continue these meetings separately with the students and faculty but eventually unite the advisory groups into one event that meets quarterly.

Both the director and associate director of the Office of Health Promotion discussed a huge barrier to wellness programming involved not so much a lack of student wellness resources available on campus but their lack of publicity on what they are and how to access them in the past, but they expressed enthusiasm over the recent approval for the CWO to hire an inaugural chief communications officer of Student Life. Another strategic movement the CWO stated he plans on doing is to include this new hire to the Student Advisory Wellness Committee meetings so she can grasp the best way to communicate. The CWO shared:

These issues that are pretty critical for wellness and mental health. Typically, things like what are the myths around the counseling center. What’s the data that if students had it in their hand would help them better access our services because they would trust in them more.

With respect to collaboration with the Wellness 100 Course, the course director expressed excitement over getting newfound support from the Office of Chief Wellness and the provost’s Thriving Initiative. She already started to enlist more guest speakers as part of the course curriculum. These include other stakeholders from the OSA, such as the director from Residence Life, nutritionists/RD’s from dining services and student health services, and representatives from the Learning Center, Office of Well-Being, Center for Spirituality, recreation center, and CAPS. According to the course director, this connection with the rest of the campus benefits the students as an effective way to communicate all the resources available to them on such a large-size campus.

The director of Student Health Services stated she appreciated the wellness efforts set forth by the constituents of the Wellness 100 Course, but she emphasized the course content could align better with what is coming out of the OSA. She also agreed the course was not getting as much academic support from the provost's office as other courses. She stated the following about an enhanced partnership now that part of the new CWO's goal is to better integrate student affairs with academic affairs, sharing:

Okay, we have all these great resources, but we also need this connection with faculty. And I think that's kind of hard buy-in. If there is no interaction here or accountability by faculty then it is a huge missing piece of the puzzle—this is a good example of *in loco parentis*—what is the responsibility of the university and how far does it go beyond the academics to living a life of purpose and self-care—what our Provost is talking about with his new [Thrive] initiative . . . I know that part of his [CWO] vision is to have greater cohesion with Wellness 100 in terms of integrating the same wellbeing and wellness frameworks and although we work parallel with this course, it's important that we provide the same messages to our students about health and well-being.

In conclusion, this case study summary reflected on the growing mental health and wellness challenges of residential college students at Thrive University in the 21st century. In response, the new provost has launched the campus-wide initiative known as Thrive, and the new senior VP of OSA hired a senior-level inaugural CWO to take the helm of student wellness programming and services. These two new revolutionary approaches aim to create a culture of wellness well-defined and in alignment with the entire campus community.

Case Study 2: Ignite University

Background and Demographics

Ignite University is a Jesuit, not-for-profit, research university that offers both undergraduate and graduate degrees. With respect to selectivity, it is considered selective with an undergraduate acceptance rate of approximately 47%. Its setting encompasses a small suburban campus that enrolls approximately 6,000 full-time undergraduate students and over 3,000

graduate students. Although on-campus living is not mandatory, 93% of full-time undergraduate first-year students opt to reside on campus. Approximately 24% of first-time degree seeking undergraduates come from out of state, 66% are from in state, and 10% are international students. With regard to first time bachelor seeking full-time undergraduates, Ignite features a 90% retention rate from first to second year. In addition, its 6-year graduation rates for the same students are reported to be over 80%.

With respect to diversity of undergraduate students, 53.5% self-identify as female and 46.5% as male. Approximately 43% are non-Hispanic White, 10% Asian, 7% non-Hispanic Black, and 23% Hispanic. An estimated 7% of undergraduates are considered first-generation students. In terms of its financial aid portfolio, the university reports 97% of undergraduate students receive grant and/or scholarship aid, 14% receive Pell grants, and 32% borrow Federal student loans. The 6-year graduation rates for Pell grant versus non-Pell grant recipients are 77% and 80%, respectively. It can be perceived as a financially stable university with an endowment of approximately \$600 million dollars.

Identified Participants of Student Wellness Programs and Services

Of the interviewees, Table 2 provides each participant's title and an inventory of the programs they are responsible for.

Table 2*Research Participants from Ignite University*

Title	Wellness programming and services
Senior V.P. of Student Affairs	Responsible for overseeing the Office of Student Affairs
Dean of Students, V.P. of Student Affairs	Responsible for overseeing the directors of CAPS, SHS, Community of Care, Office of Community and Academic Engagement, Office of Resources and Education for Campus Life, First-Year Wellness Course
Associate Dean, Chief Judicial Officer	Responsible for promoting a safe and respectful campus environment and implementing wellness education sanctions when necessary.
Director, CAPS	Oversees counseling and crisis intervention services. Responsible for developing programs and initiatives that promote psychological well-being such as workshops, training sessions, outreach campaigns and educational events. Offers guidance to faculty and staff on student concerns and other campus departments to support a comprehensive approach to student well-being.
Director, Student Health Services	Responsible for the provision of healthcare services on campus and the development of health promotion initiatives through workshops, seminars, and awareness campaigns on various health and wellness topics.
Associate Dean of Students, Ministry, Mission, and Identity	Responsible for working to infuse the values and mission into the student affairs programs and services by collaborating with other university departments; Focuses on the holistic development of students and supports initiatives that promote character development, leadership skills, social responsibility, and a commitment to service.
Director, Culture of Care Program	Responsible for overseeing an interdisciplinary team of trained professionals from Student Affairs, Academic Affairs and the Department of Public Safety that meets regularly to collaboratively address the needs of students of concern, monitor student behavior, direct students/faculty/staff to campus and community resources.
Case Manager, Culture of Care Program	Responsible for providing individualized support and guidance for students' well-being. Assists in the coordination of services with campus departments, healthcare providers, and community resources to coordinate services and support, such as counseling, academic support, financial assistance, and external agencies.
Associate Director, Community and Academic Engagement	Collaborates with faculty and academic departments to support students' academic success and engagement. Responsible for providing guidance and support to student organizations and clubs on campus, promoting service opportunities and overseeing the campus food pantry for food insecure students.

Title	Wellness programming and services
Director, College Resources and Education for Campus Life (CREC)	Responsible for wellness programming related to alcohol and drug education, healthy sexuality, DEI, stress and time management, resiliency training, sleep etiquette to the campus community regarding violence and sexual misconduct and prevention. Oversees Wellness Wednesdays.
Director, Disability Support Services	Responsible for overseeing accommodation services for students with disabilities; Serves as a member of the Community of Care Committee
Assistant Director, Care and Conduct, Residence Life	Responsible for wellness educational programming in residence halls that focus on such topics as DEI, healthy relationships, alcohol and drug education, nutrition tips and emotional wellness.

Funding Resources for Wellness Programs and Services

With respect to funding resources for wellness programs and services, the university allocates a portion of its budget to the various wellness efforts set forth by the OSA, which includes staff salaries, program development, and operational costs. There is also an annual student recreation fee that covers membership for the Campus Recreation Center. From time to time, the OSA receives funding through various grants and donors. The decision-making process for these programs involves the senior leadership team in OSA, which includes the senior VP of OSA, the dean of students/VP of OSA, the associate VP of OSA, and the associate dean of students.

An Evolutionary Lens of Student Wellness Programs and Services

According to the senior VP of OSA, Ignite University has built campus life around the philosophy of its Jesuit foundation of *Cura Personalis*, which means care of the whole person. He also stated the institution strives to center decision-making processes based on its mission statement of “nourishing the mind, body and spirit.” The senior VP of OSA also explained the history of the institution’s evolution with respect to its mission statement. Since its beginnings,

the institution created the Office of Academic Affairs to carry out the mission of educating and “nourishing the mind,” which includes a foundation rich in the liberal arts. In the early 1960s, he stated the OSA was created not only to enhance the educational experience outside of the classroom, but also to support students’ overall well-being. In 1965, the OSA cited a need to establish two offices for student health and wellness: The Office of Student Health, which would provide basic medical services, and the Campus Recreation Center, which would offer organized sports and recreation. The VP of OSA described both entities serve to promote physical wellness in terms of “nourishing the body.”

According to the senior VP of OSA, the university’s first President established the Office of Mission and Ministry with the hiring of a university chaplain whose role was to “nourish the spirit.” This office would offer such options as daily mass, tranquil spaces for prayer and bible study, retreats, and community service opportunities. In the late 1960s, the Office of Mission and Ministry implemented the Resident Ministry Program because they recognized the need to provide moral support to students outside the classroom. Its mission would be to create a community of support from priests and nuns who were assigned to live in residence halls with students. Still in existence, this program now includes mostly secular individuals in this program. In 2021, the Office of Mission and Ministry would expand by adopting the Interfaith Council, which was housed under OSA. According to associate dean of students, Ministry, Mission, and Identity, the goal of moving this council under one roof is to become a more active interfaith community. He also stated OSA and the Office of Mission and Ministry work closely with creating programs and services for DEI.

In the 1970s, the VP of OSA stated OSA began to recognize the importance of student mental health and established CAPS. At the time, it only offered individualized and group

counseling sessions. In the late 1980s, the Office of Student Health Services (SHS) expanded its offerings to include outreach and prevention programs on drug and alcohol abuse and sexual assault. To directly connect with the students, SHS coordinated in-house programming with other OSA entities, such as student government, clubs and organizations, and the Office of Residence Life. In the 1990s, the Campus Recreation Center would expand its services to include group fitness classes, such as yoga and meditation and eventually would offer personal training, massage therapy, and nutrition education at extra costs.

In the early 2000s, the dean of students/VP of student affairs was assigned by the senior VP of student affairs to spearhead a new committee known as the Crisis Intervention Team. The goal of this committee was to provide intervention services for students experiencing any concerns that would inhibit academic success. The dean of student's team included two case managers and the following directors on campus: Judicial Affairs, Counseling and Psychological Services, and Student Health Services.

The dean of students/VP of student affairs stated with regard to the students' role in the decision-making process, OSA and the university have always been student centered. He described how students have historically been a part of various committees in OSA and at the university level. They have served in focus groups, search committees, and on councils for the creation of new centers and other committees such as public safety, board of trustees, and the budget committee.

21st Century Challenges to Student Mental Health and Wellness

According to the senior VP of student affairs, there was a negative perception of seeking mental health services on campus up until the early 2000s, but he also acknowledged before then, "students were much more resilient and were able to really work through their issues." He

noted the institution became challenged with a new generation of students who struggled to handle the demands of university life. He expressed concern about the growing demand for CAPS since the early 2000s, sharing:

We cannot hire our way out of this problem because everyone feels they should have their own psychologist. So, we have a real crisis. But I don't believe it's a crisis of mental health. I think we have pathologized ordinary everyday experiences and emotions. So how do we get parents and administrators to understand that the student does not need a psychologist here . . . but we're accepting students who are absolutely academically competitive but just not emotionally ready to handle the work . . . and I don't think it's fair to blame the parents, but we need to pick up where they left off because maybe parents have been too hyper focused on raising intelligent kids but not resilient ones.

Another senior administrator expressed the internal struggle to hold steadfast the Catholic attribute of remaining countercultural. He described countercultural in terms of prioritizing the mission and values of the school and not compromising a rigorous education; to be consistent with traditions despite the challenge of giving into modernized social norms like allowing students to use laptops to take notes and promoting wellness programs and services through modern means of social media rather than the traditional bulletin boards and written handouts. He accentuated the importance of prioritizing a rigorous curriculum on a campus where parents and students have now become expensive customers, commenting.

We have to keep giving into the fragility. If I paid \$80,000, you better give into the fragility. My child wants to see a psychologist and I am calling the president and the president is gonna call back and then wants to know why this student has to wait to see the psychologist . . . so it's a vicious cycle and money is certainly a part of it.

The director of CAPS also weighed in on these 21st century challenges being greatly impacted by the advent of high-speed internet, smart phones, and social media. He highlighted social media as a significant driver of anxiety and perfectionism, as it presents a constant comparison to others. He also stated the pressure to maintain an image of success and the fear of being canceled in today's culture further contribute to the complexity of mental health issues on campus. He also

expressed the need for college students today to have mentors who provide intentional, personalized support, and the importance of live social connections as opposed to social media connections.

The CAPS director emphasized the need for institutions to not just cater to the students as a customer but also to provide them with the tools they need to thrive on their own and to teach students about the importance of accountability. He deciphered the difference between guiding and supporting students in their academic journey as opposed to enabling them. He questioned whether society is shielding individuals from the natural consequences of their actions and emotions, and if this is leading to the pathologizing of normal experiences of stress and anxiety. He suggested there is a need to strike a balance between support and allowing students to navigate challenges on their own.

The CAPS director also expressed the belief there are higher rates of students seeking mental health services because of a more diverse student population going to college who face challenges related to imposter syndrome, financial issues, and prejudice. He also stated there are higher rates of students who have preexisting mental health needs prior to arriving on campus. He also expressed the need to contextualize the data and not everyone seeking therapy has a clinical anxiety disorder. He also noted students today need to feel as though they are in a safe and sensitive environment. He believed all university staff and faculty need to recognize students today are more easily triggered by certain stimuli than students in previous generations. “We need to recognize the importance of being mindful of potential triggers and creating a supportive space—whether you are a faculty member or a resident minister in a dorm.”

Another midlevel administrator reflected on the role of parents who want the best for their children, which can result in overstructuring their lives. She expressed there is a need to

rethink the role of parents in the college experience. Although it is important for parents to let go and allow students to take responsibility for their own actions and decisions, there may be situations where involving parents can be beneficial, particularly when it comes to major mental health issues or crises. However, the institution has faced challenges due to privacy regulations like FERPA and HIPAA, which protect students' rights to privacy. This midlevel administrator suggested universities should consider the changing dynamics between parents and students and acknowledge the influence of social media and find ways to "navigate these complexities while prioritizing student well-being." The midlevel administrator also stated, "The goal should be to strike a balance between supporting student independence and involving parents when necessary."

The director of Student Disability Services discussed how the importance of addressing the drastic increase in first-generation low-income students in the 21st century and expressed gratitude for the creation of a program that aims to increase college retention rates specifically for this population. She discussed the challenges faced by underrepresented students, particularly those who may not be able to afford testing for accommodations. She mentioned they are working on securing an endowment or low-cost testing options to address these issues. The director also noted the 21st century has brought to campus an increased rate of students with psychiatric disabilities, physical disabilities, ADHD and students on the autism spectrum, which have also brought more challenges to addressing mental health concerns in these populations.

The senior VP of student affairs also suggested the institution "has had to respond to this crisis by mitigating the need for counseling through the provision of upstream resources that teach students how to be more resilient in the face of anxiety and stress." Many of the other midlevel and senior level administrators emphasized the importance of shifting the campus

narrative from a reactive approach by focusing more on providing resources for students to develop healthy coping skills that can allow students to navigate their college experience successfully. One senior leader expressed the following:

It is a normal part of the human experience to have ups and downs and we need to communicate this to students. By normalizing the range of experiences and emotions that students may encounter, it creates a more supportive and understanding environment. But it is also important to distinguish between situations that require immediate intervention or medication and situations where students can benefit from learning coping mechanisms and tools for overall wellness. We cannot just be solely reactive to crises.

Barriers to Effective Wellness Programs and Services in the 21st Century

The senior VP of OSA discussed the barriers the department has faced with regard to optimizing wellness programs and services on campus. In the early 2000s, he stated he recognized the need to integrate CAPS, SHS, and Campus Recreation under one high-level associate dean—what is known as the CWO. However, the decision-making process was hindered by the need for a cultural shift to reorganize the structure successfully. In particular, he highlighted the potential detriment that such a change could bring to a tight knit OSA leadership team; most who have been with the institution for at least a decade and several for at least 25 years. He emphasized the importance of acknowledging their dedication and hard work to their respective leadership positions and that it would be better to wait for their retirements before this dramatic change in organizational structure could be pursued.

The dean of students/VP of student affairs discussed the challenge of improving the response rates of the student ACHA-NCHA wellness survey, which ideally serves to assist with the strategic plan for wellness programming and services. He stated the most recent response rate was only 3% for the undergraduate student body, which “does not hold enough value to invest in

for the future and will look into creating our own individualized surveys that better serve its purpose.”

The director of the College Resources and Education for Campus Life (CREC) program, a newer OSA program that encompasses many wellness initiatives, discussed another major barrier to wellness programming and services is students themselves tend to be more reactive to their mental health and well-being than proactive. The director shared:

It has been a challenge to get students to understand that when they are having a difficult time with school or relationships . . . things like anxiety, stress, or depression, that they need to prioritize self-care before they end up in a worse state that results in the need for counseling.

He also expressed the challenge of the university’s identity as a Catholic university with religious beliefs that can stand in the way of educating students on safe sex, abortion rights, and the provision of condoms on campus. However, he stated he has managed to talk about safe sex despite the Church’s stance on abstinence until marriage. The senior VP further discussed this controversial topic, indicating:

Our president has said to me first and foremost we are an educational institution and sex is one of those things they need to be educated on. And yes, here is the ideal and not everyone meets the ideal—staying abstinent until marriage . . . and that if you are part of the 83% who are sexually active, then this is what you should be doing . . . but we are a Catholic institution, and the Catholic Church believes in abstinence until marriage. But there are no distribution of condoms or prescriptions of birth control unless it is medically necessary.

There was also an internal struggle among administrators with respect to maintaining countercultural ways of higher education management. The older administrators tended to want to stick to maintaining a traditional rigorous education focusing on the mission statement of nourishing the whole person “without all the bells and whistles,” and the newer administrators recognize the need to meet the modern demands of a society that is rapidly changing. The director of CREC, who is quite new compared to the rest of the management team, stated, “We

need to acknowledge students today are not the same students of the 20th century.” One example he discussed was the controversial decision to use social media to advertise for wellness programs as several administrators in OSA believed social media is a main cause of increasing mental health concerns. He shared:

I was able to convince the powers that be that this is how students are connecting and we need to think of it more as a tool for promoting wellness than a threat and that is why we discuss how to properly use social media to avoid its potential detriments to well-being in our Wellness 100 course.

The director of CAPS also discussed the challenge of assessing the effectiveness of wellness programs and services in preventing crises and student dropouts. He described the need for longer-term wellness services to allow for lasting change to occur, but this “would require tracking students over an extended period and can be resource intensive.” The director of CREC also discussed the subjective nature of wellness as an individualized concept, “How one student views wellness may differ from another student’s perception, which makes it hard to quantify and measure the effectiveness of wellness programs on a consistent basis.” The dean of students/VP of student affairs recognized the existence of multiple factors that can influence students’ well-being, which can make it “almost impossible to separate the specific impact of a particular wellness program from other influences in a student’s life.”

Another major barrier OSA faced for many years up until the post-COVID-19 global pandemic era, according to the senior VP, was the lack of creating a formal wellness framework despite the mission of Cura Personalis. The senior VP stated:

Although we have always been a student-centered institution that focuses on the mission of nourishing the whole person, we needed to find a way to integrate this with a wellness framework. It’s not so much that we are creating a new framework but just getting it out to the students in a more formal way with marketing strategies.

Every interviewee touched upon the impact of the COVID-19 global pandemic on wellness programming and services. Because it interrupted routines and relationships, many of the interviewees expressed how it brought increasing prevalence of anxiety and stress to a campus already seeing rising rates precovid. The COVID-19 global pandemic also interrupted wellness services normally conducted in person, as many programs switched to virtual format and others were simply discontinued.

Institutional Response to 21st Century Challenges to Student Mental Health and Wellness

Although many of the OSA staff stated their department has always been ahead of the curve with student wellness programs and services, they admitted the 2010s and beyond has challenged them to seek innovative ways to optimize mental health and well-being. The following wellness programs and services have been created and/or expanded in response to the changing needs of college students in the 21st century.

Expanding OSA's CAPS Services in the 21st Century

In the early 2000s, there was an expansion of clinical services in CAPS, which included psychiatry to meet the growing needs of students with psychiatric conditions. According to the director of CAPS, there was an uptick in the demand for CAPS services due to reported concerns of higher rates of anxiety, depression, and eating disorders in 2010. Regarding that period, the director of CAPS reflected on what she deemed a “new epidemic,” sharing, “A majority of the mental health assessments revealed that students were and still are struggling with mild forms of either anxiety or depression, as opposed to more complicated mental disorders like clinical depression or panic attack disorder.” As a result, CAPS responded with an increase in the counselor to student ratio. In addition, they expanded their services to also include emergency psychological services and hired a health educator to mitigate the need for individualized

counseling. The health educator offered workshops and outreach programs on self-care skills and tools to better cope with mental health concerns like anxiety; stress; depression; trauma; relationship, self-esteem, body image, resilienc, and DEI. Eventually, peer wellness programs would come into fruition to support the health educator. “It became obvious that there was a greater need to be proactive with more wellness and prevention work to offset the need for individualized counseling.”

The Peer Wellness Initiative aims to support the role of the health educator by providing trained student leaders to assist him with teaching wellness groups and workshops to fellow peers on campus. According to the CAPS director, this was an effective and alternative solution to seeking out funds for another health educator. In addition, she stated student evaluations have repeatedly confirmed students found it “much easier to confide in and learn from their peers.”

Due to the onset of the COVID-19 global pandemic in 2020, the demand for CAPS services became even greater for individualized counseling. The senior VP of OSA described it as follows:

It became a double-edged sword; not only did we have the greatest demand in history, but also personnel challenges with the Great Resignation. Our team had to find a solution and that’s when TimelyCare and TAO Connect came into fruition.

He described TimelyCare as an online mental health resource for students who could schedule counseling sessions in a remote setting. He also noted CAPS had twice as many therapists as the national average regarding institutions with the same amount of student enrollment, but was not useful for students who needed services in the evenings and on weekends. Because the COVID-19 global pandemic changed the way society views virtual counseling, the university decided to keep this service even after the COVID-19 global pandemic abated. Aside from this much needed service, the university also invested in an online service known as TAO Connect, which

allowed students to self-assess their wellness needs and offers self-guided educational tools with the goal of empowering minds to gain valuable self-care and resiliency skills.

Creating a New Department Under the Office of Student Affairs

In 2013, the institution dealt with a reported increase in cases of sexual assault—issues primarily handled by OSA’s chief judicial officer but according to him were “reaching higher levels than usual.” In response to these growing concerns, OSA established a new division known as CREC in 2014. Under the guidance and leadership of an inaugural director, this office would be responsible for providing education to the campus community about resources, support, and policies regarding sexual and interpersonal misconduct.

According to the senior VP of student affairs, the CREC program was a prime example of how the expansion of wellness programming was both student centered and mission driven. In its first biannual student review and evaluation, the students called for OSA to also include education and resources on alcohol, drugs, and bystander intervention as part of the CREC Program. Shortly after, students requested the creation of a Student Recovery Community on campus, which was also granted approval.

In the annual review and evaluation, students then requested the addition of resources and education on DEI, mental health, and wellness. These new additions would include educational programming and services on inclusiveness, self-care, resilience and stress, and time management. As a major vehicle to these new initiatives, CREC would create a preorientation program in which first-year students were required to complete a series of online wellness courses prior to their orientation and arrival on campus.

According to the senior VP of student affairs, there continued to be steadily increasing rate of stress, anxiety, and depression in 2018. He stated instead of drawing on a new wellness

initiative, the OSA was granted approval by the budget committee to build on the success of the student driven CREC Program that was expanded in 2017. The dean of students noted, “The CREC Initiative has been driven and valued by the students as a reliable and effective program to support their well-being and address many of the increasing mental health concerns being seen on campus.” As a result, CREC Online materialized in the Fall 2019 as an online portal that navigates students to resources that include self-assessment tools, articles, and helpful advice on mental health and wellness “right at the students’ fingertips.” This initiative also provides student confidentiality and grants them 24/7 access to the portal. The senior VP expressed this initiative further reveals how OSA’s response is taking a “proactive and preventive approach to the underlying causes of these [mental health and wellness] issues, which will help grow students’ resilience and coping skills.”

In 2017, the senior VP of student affairs met with the provost to discuss the possibility of creating a wellness curriculum to better integrate the wellness efforts of OSA with academics. Although it was approved as a mandatory course, it is a noncredit course. According to the senior VP of student affairs, both he and the provost envisioned the course to someday be approved as a one-credit course and part of the core curriculum. As a result, Wellness 100 came to fruition in 2018 and was spearheaded by the director of CREC. He discussed the formation of the wellness course was based on the resources and education created by CREC and is designed to reinforce the knowledge of the online wellness preorientation for first-year and transfer students.

According to the CREC director:

The wellness course not only reintroduces first-year and transfer students to the plethora of wellness programs and services but allows them to learn and practice invaluable self-care skills that promote resilience in times of stress and doubt. It also provides the new student with a first impression that this is a community that cares for their well-being.

He explained the course is a work in progress as it has grown from an elective 6-week seminar course to a mandatory 10-week wellness seminar course. Initially, the course was only offered to first-year students in the fall semester, but it is now also required for all transfer students in the spring semester. Although the course does not yield any credits, he indicated 95%–98% of students complete the course annually.

With respect to the logistics of the course, staff members from OSA are responsible for teaching various wellness topics in a presentation format followed by class discussions and activities. Since 2021, the staff received extra compensation for teaching these courses outside of their primary roles. The senior VP of OSA acknowledged this was well deserved pay because the course was often taught in the evenings outside of their 9:00–5:00 usual job. He stated funding was initially from the general university budget, which was decided by him and the provost, but the funding is now part and parcel of the admissions budget. He stated the VP of admissions is “entrepreneurial and sees the Wellness 100 Course as a sales pitch to prospective students and their parents.” The course was centered around the issues of sexual conduct and the student-requested topics of drugs and alcohol, DEI, stress, anxiety, sleep etiquette, physical activity, financial wellness, meditation, nutrition, and resilience.

The director of the program stated he looked forward to the growth of this program with the vision of the provost’s approval to make the course part of the core curriculum so students can earn credit and be more academically challenged with the course content. He also mentioned the course is heavily evaluated by the students with the midsemester and final semester surveys. The evaluation tool included feedback on teaching effectiveness, the identification of strengths and weaknesses of the course and how it can be continuously improved to meet the mental health and wellness needs of the students.

The director of the course described how feedback from the student allowed the course to evolve from a strictly traditional classroom setting with mostly lecture-based teaching to more collaborative-based learning with activities and discussion. The increase in TA's has allowed this to also become more student-centered. Students have also asked for more guest speakers outside of OSA and experiential learning where learning can take place outside of the classroom. These requests were something the director envisions for the future of the course.

Formation of a New OSA Student Government Official: VP for Health and Wellness

The increased rates of anxiety and depression along with the longer waiting times at CAPS during the COVID-19 global pandemic prompted the university's student government to create a new position in Fall 2021. The role of the vice president for health and wellness was formed to serve as the advisor to the president of the student government for all issues relating to the health and well-being of students. According to the dean of students, this position worked closely with OSA staff by acting as a voice for the student body with all wellness-related programming. One of its goals included mitigating the need for CAPS services by partnering with OSA to better promote its wellness programs and services. It also sought to better meet the mental health and wellness needs of underserved minorities who reside on campus.

The Creation of Wellness Wednesdays

In the spring semester of 2019, the student government's VP of student wellness approached the director of CREC to propose a weekly wellness event that would bring a farmer's market to the campus on a weekly basis. At the same time, the director of CREC stated he was already pondering with OSA some type of wellness event that can bring the community together. He recalled:

At OSA, we are always concerned about the amount of time students spend on their smart phones and so wanted to create a wellness initiative that formally brings them away from social media and proactively do something that promotes wellness as an entire community. With collaboration and help from student government, we created Wellness Wednesday where the entire community—faculty, staff, administrators, and students are invited to take time out and just relax and spend time together face to face.

Wellness Wednesday was welcomed by the dean of students, who approved its funding through the division’s general operating budget. It was held every Wednesday from 11am–2pm, but students tended to stay around longer if they could. There was access to food and fresh produce at a discounted cost, and students could use their meal cards to pay. In addition, students could perform activities like arts and crafts, meditation walks, yoga and other fitness classes, and visit “wellness” booths offering wellness resources and educational materials.

Although Wellness Wednesday was halted for 1.5 years due to the COVID-19 global pandemic, it resumed and continues to grow in student popularity according to the director of CREC, as he periodically holds a survey booth to assess students’ satisfaction and identify any new ideas, they might have for the weekly wellness event. The CAPS director also spoke highly of the initiative, explaining:

It provides students with a safe space and time to chill out together with a focus on wellness activities and healthy eating . . . It certainly reminds me of the ‘90s prior to the days of laptops and smart phones.

Expanding OSA’s Office of Community and Academic Engagement

Recognizing an increase in food insecurity on campus, OSA opened a food pantry under the Office of Community and Academic Engagement in 2017. According to its associate director, an increasingly diverse student population with varying socioeconomic backgrounds sparked the need to provide equitable access to healthy food for all students. The pantry is

accessible 24/7 with a university ID card and students can take what they need on the honor system.

The food pantry was funded through donations from companies, alumni, and community members. They accepted in-person donations of nonperishable food and kept an Amazon wish list for offering items. They also partnered with a nonprofit organization for weekly donations of fresh produce, which was available at a weekly produce pop-up stand. The food pantry grew to also include resources for food insecurity and education on nutrient dense meals and recipes to complement the food offerings. The associate director also mentioned a drastic increase of 300% in pantry usage during the COVID-19 global pandemic, which he attributed to the many work study jobs halted during the COVID-19 global pandemic. He had more recently noticed that more off-campus students were using this resource since the COVID-19 global pandemic; many of whom could no longer afford to live on campus and were living at home with their food-insecure families. The associate director also reported the institution recently initiated a campus farm that would eventually produce enough crops to assist with the pantry stock.

Transforming OSA's Crisis Intervention Program

As the caseload of the Crisis Intervention Program steadily increased in the 2010s, the senior VP decided to transform the Crisis Intervention Team. In doing so, he changed the name of the committee to the Culture of Care Program. He hired an inaugural director for the program who was also a Jesuit priest. The senior VP stated this was an intentional and strategic decision based on something he had been wanting for many years. The senior VP declared:

This was an entrepreneurial move that we hired a Jesuit priest. I always said that to optimize the mission of Cura Personalis, we need to place more priests in student affairs. That's where we need the Jesuits more than having them in the classroom to teach. And the university ended up paying for him because he appeared at the right time and they were not sure of where to place him, which really worked out well for everyone.

The enhancements to this program included weekly team meetings to discuss new and existing cases and an expansion of committee members to also include the following directors: Ministry, Mission and Identity, Student Disability Services, CREC, Public Safety, and Residence Life. In addition, the process to use this service was modernized from a paper-based service to a more formal procedure with a custom-made CRM portal that allows everyone on campus—from students to faculty, staff, and administration to confidentially report a student of concern. The program also allowed for self-referrals and even parents, as they were introduced to the service through parent orientation and newsletters. According to the dean of students:

The significance of the program’s facelift was to take a more proactive and integrative approach with respect to student wellbeing. It is important for the student of concern to know that it is not just the case manager in their corner but the community as a whole.

A case manager for Culture of Care also reflected on the repurposing of this program, sharing:

There has always been a deep recognition of the importance of all-hands-on-deck when it comes to student mental health and wellbeing. We are fortunate to have a community-oriented culture that is in alignment with *Cura Personalis*, which is part of the Jesuit mission to care for the whole person . . . Building up this program gives all faculty, staff, and students a stake in student wellness.

The inaugural director stated the focus of the program was to act as a safety net for students to prevent them from going into “crisis mode” and to possibly help mitigate the need for counseling services. He highlighted the most common student concerns vary from academic difficulties to mental health difficulties, interpersonal misconduct cases, food insecurity, and financial issues. He also shared the program evolved to not only concentrate on remedial support but emphasizes the educational and preventive aspects of student well-being. The program aimed to address student issues proactively by offering educational resources and referrals to such appropriate on-campus services as the Academic Resource Center, Student Disability Services,

the Office of Judicial Affairs, Residence Life, Office of Ministry, Mission, and Identity, CREC, CAPS, the Food Pantry, First Generation Program, SHS and the Campus Recreation Center.

The director of Culture of Care discussed how the program grew from two to four case managers. Since its transformation, the program saw a significant increase in referrals, growing from approximately 400 to 1600 cases annually in the past 5 years. The director stated the CRM program could distinguish between new students of concern and ongoing students to accurately track the number of new cases. This evolution led to the involvement of volunteers and trainees as part of the team to manage the workload and allow for efficient communication and response times.

The director reported more than half the referrals were made by faculty, whom he referred to as “the face of the students.” Since the start of his new role, he stated his primary objective was to strengthen relationships between OSA and the Office of Academic Affairs. This goal prompted him to include student disability services as part of the culture of care team, and to meet monthly with the deans of each school to foster collaboration and understanding between the academic and student life sides of the university. The meetings consisted of various presentations that related academics to the culture of care program. He also received written feedback from the deans on an annual basis that assisted with improvements to the program. It was also important for him to establish a required in service for all faculty, staff, and administrators on the logistics of the program and its computerized referral system. Outside of his Culture of Care team and strong relationship with the Office of Academic Affairs, the director revealed he and his team established a good rapport with “every corner of the campus.” He spoke frequently about the Department of Athletics, as there have been “quite a few referrals for student athletes who struggle with stress, anxiety, and time management.” Similarly, he

stated there was a lot of collaboration between his team and the First-Generation Program where many of the referrals were made from both sides.

Post-COVID-19 Special Assistant to Senior VP of Student Affairs

To assist with the mental health effects of the COVID-19 global pandemic, the senior VP of student affairs hired an inaugural special assistant to senior VP of student affairs. As a Jesuit priest with postdoctoral training in psychology, his new role was to assist with various wellness initiatives on campus. Along with assisting Culture of Care and the Office of Judicial Affairs Program, he created a weekly meditation class called Time Out Tuesdays in which all students are invited to partake in. According to the dean of Judicial Affairs, the office also evolved by taking more of a choice theory approach, which helped students examine the choices they are making and their impact on their desired life outcomes. Students who violated conduct codes were now held accountable with restorative practices that included various wellness programs like Time Out Tuesdays. Such sanctions invited them to optimize personal growth and improve overall wellbeing. The director of the Culture of Care Program stated the goal of the special assistant's involvement with Culture of Care was to get students to understand mental health not only affected the mind but also the body and spirit, which was part of the university's mission to address the whole person.

Transposing the Cura Personalis Into a Wellness Framework

Under the dean of students and VP of student affairs, the university's mission and philosophy of Cura Personalis was conceptualized and marketed into a written pamphlet along with a student accessible, online wellness resource guide. Under the new marketing strategy, each domain of wellness—mind, body, and spirit—would be categorized to allow for a framework entitled “Nourishing the mind, body, and spirit.” The following services were

accessible under the domain of nourishing the mind: CAPS (e.g., individual and group counseling, Wellness Groups and Workshops, Peer Wellness Mentors, TimelyCare, TAO Connect, Culture of Care), CREC, CREC Online, Student Recovery Community, Residence Counselors, Student Disability Services, and the Academic Resource Center. Under the domain of nourishing the body, the following resources were accessible: Campus Recreation Center (i.e., nutrition education, sports, fitness classes, massage therapy and personal training), Student Health Services, the Food Pantry, and Wellness Wednesdays. With respect to nourishing the spirit, students had access to services offered under the Office of Ministry, Mission, and Identity (i.e., service opportunities, religious services, retreats, Time Out Tuesday and resident ministry)

Hiring of an Inaugural Director of Student Affairs Assessment and Research

As OSA's wellness programs and services continued to grow, the senior VP of OSA recognized the need to create a more formal and integrative means to evaluate the services provided under OSA. As a result, he was granted approval by the provost and budget committee to create the inaugural position of director of student affairs assessment and research. According to him, the purpose of this new vital role in OSA was to promote evidence-based practices, continuous improvement, and data-informed decision making, which would "enhance the overall student experience to better meet the Jesuit mission of educating the whole person—mind, body and spirit." The new director started in 2019, but his work was greatly interrupted by the COVID-19 global pandemic. However, the dean of students/VP of student affairs stated he looked forward to reviewing the director's reports for the 2022–2023 academic year so he and the OSA team could continue to improve the programs offered to students.

A Seasoned Office of Student Affairs Team

According to the senior VP of student affairs, much of what OSA has accomplished in its history with respect to student wellness can be attributed to a very “seasoned management team that has been together for a very long time.” To accentuate, he stated he had been there for 39 years and was even a graduate of the university. As the longest employee at the university, he stated he was fortunate to be highly valued by each president that comes through the university.

He indicated:

Our management team at OSA consists of extraordinary people who have been there for 10, 20 even 25 years. We are committed to the wellbeing of every student and committee to the ethos of the *cura personalis*. So many on my team have been there a long time. A lot of longevity, a lot of experience and a lot of buy in. That’s number one. Number two, you have a senior VP who has been there since God. God came and then I came. So yeah. The senior VP has been here a very long time—who understood how a system worked and rarely asked for permission. We just did stuff. We did stuff because there is a lot of credibility in knowing that we did good work. I mean, we don’t get a lot of praise—don’t think we are being helped up in some way, but we are typically left alone by each president who provides me with a lot of autonomy in a *laissez-faire* kind of way because they trust and know my work ethic and experience. And so I could manage money in lots of different ways and make decisions a lot of different ways, which made us able to stay in front of the curve. I mean because of the seasoned expertise of the staff. We seem to know what is happening on the ground before it becomes major problems. And so we are able to get things done. And so things seem to just evolve simply and actually they did because there is a phenomenal amount of communication and team interaction. So it appears easy and simple to get things done but it took 20 years to put in place.

The senior VP of OSA also discussed how each new president created a new strategic plan that always included a goal or objective regarding student health and wellness. He described how invaluable the strategic plan was with respect to capitalizing on “whatever mechanism you can capitalize in to get funding and to get buzz words in a strategic plan.” He stated how it is much easier to go to the budget committee every year and “say this is part of the strategic plan.” He continued:

We talked about wellness, and in order for wellness to work, we got to be able to move with the movement, right? And so, we need x, y and z. I use whatever tools I can put my hands on the get programs implemented. The greatest thing that started happening was popular magazines writing about how college students are anxious. You know, I need another psychologist now . . . Or you know so and so school had three suicides over there; my God we can't have a suicide we need more proactive upstream approaches.

According to one senior administrator, the prevalence of student suicides on campus was “almost null and void” as there was only one recorded case in the past 20 years. The senior VP attributed this statistic to the director of CAPS and his OSA management team, indicating:

We have an extraordinary director of CAPS who is available 24, 7 and there are some weeks that he works 24, 7. And there's just that kind of commitment to student welfare and it's synergistic with health. Even though we don't have the high-level dean over all of our health and wellness programs, they all work very closely together. One of the things we try to establish with the management team is to create the safety net underneath so that when students fall through we are able to touch them and be successful; and it works because of communication and that close knit working relationship we have in the management team that is connected by vision and mission.

The associate dean and chief judicial officer, who had been there for 25 years, offered much praise for the leadership style of the senior VP and also echoed his sentiments about the work of the management team, stating:

Our senior VP is a transformational leader who inspires and motivates the management team. He is consistent and always creates a work environment that prioritizes the team and the students before himself . . . and because so many of us have this seasoned experience, we can get things done in 30 minutes . . . we have intercollegiate meetings with many of the state universities in OSA and we are a role model for them and they can't believe how efficiently and quickly we get things done with very little roadblocks. An example is the Dear Colleague letter in 2011, we were already ahead of the game with our healthy relations campaign, and we were a voice for not just the complainant but the respondent too. Our senior VP was able to go right to the President and the other senior VP and there were no hurdles. We know that that's kind of unheard of—because the President makes a priority whatever we deem is one. We were able to outline all of the education and training we need to do and our senior VP would just get the money. He just figures it out and it is unbelievable. The President let us hire an outside marketing firm to promote the CREC program and the office of admissions agreed to fund the program and all of its expansions.

The senior VP emphasized the autonomy he was given by the president when it came to creating and implementing new wellness programs and services. “I have a fabulous working relationship with the President and my staff has great credibility and expertise and we are able to put pieces in place as we see the need.”

The dean of students of OSA also weighed in on the unique leadership and management team of OSA, sharing:

We never let perfect get in the way of good, which is a real anomaly in a university—you study things to death, so that you absolutely have the very best thing, and we don’t do any of that nonsense. And when any faculty member suggests they can do it better with how we are educating in our Wellness 100 course, we pick them off one by one, who had a relationship with X and who had a relationship with co-op them and bring them in. But are so good at what we are doing that it really quelled it.

He also stated a huge reason they could do the things they do is because of senior leadership who also believed in the student-centered mission and he is hopeful being proactive with student wellness programs positively influences student academic success.

The senior VP of student affairs extensively discussed the importance of what he called “strategic relationships,” commenting:

Finding those people in an institution who have the same goals and mission and then capitalizing on them. Whether it’s the Chair of the Faculty Senate, or the Director of Admissions, wherever you can amalgamate the voices on a particular topic to do so; not in an aggressive way, but one by one, pulling people together and creating energy behind something.

The associate dean and chief judicial officer reinforced the senior VP’s stance when he stated the institutional leaders were unique at Ignite University as he felt leaders at other institutions typically stayed in their “own lane and are motivated in different ways,” but at Ignite, senior and midlevel leaders were on the same page with a “strong cohesive leadership in place.”

The director of Student Health Services, who had also been there for over 20 years, spoke fondly of the leadership of OSA, sharing:

Our team always responds to the students first and we sort of figure out when the trend becomes very strong and you can say these are the best practices . . . We are always in front of the curve but that's because our senior VP is a leader who is very much involved in the work and he uses the management team to constantly be on top of what the student issues are—and he is always able to sift through what the gripes are vs is this really a student concern . . . it really comes down to responding to students' needs vs simply developing these cute little programs for the sake of saying look what we have.

The director of CAPS expanded on this perspective as he discussed the time together every summer for a whole week at their annual workshop, stating:

There has always been a lot of devotion to OSA, a lot. There is a big commitment and intentionality about making sure that the management team all have the same ethos of Cura Personalis. And the other part of that ethos is responding to students and student success and that doesn't happen just because of intentionality. You need to first create the trust and training and solidify the commitment first. We have a group of people who have been here for 20 plus years working together at a very high level who love their job, love the students, love the institution and that doesn't happen often.

In conclusion, the research findings at Ignite University revealed an institution that was and has historically been committed to their mission of Cura Personalis, which means caring for the whole person—mind, body, and spirit. They had a strong, close knit management team in the OSA that had been together for many years and a senior VP of OSA who was highly regarded and given a lot of autonomy with respect to the decision-making processes involving student wellness and programs. To summarize the associate dean of students final take on the leadership team, he stated:

The work one must do in higher education takes courageous leadership and to be super countercultural, which in today's world means being mission driven and student centered as opposed to self-promoting, self-centered and just checking the box and making things look nice and shiny on the outside but not intentional on the inside. You need to have credibility and build relationships to get things done . . . to have continuity of student care and weather a few storms and not just 1,2,3, out the door . . . and remembering that

higher education is here to educate and nourish the whole person, which takes gut and grit and integrity.

CHAPTER 5: ANALYSIS AND DISCUSSION

The purpose of this chapter is to provide cross-case analysis for Thrive University and Ignite University. The following research questions were addressed:

1. How have institutions integrated wellness strategies into the organizational structure?
 - a. What factors have contributed to expanding student wellness efforts?
 - b. What have been the barriers and challenges to student wellness programming?
2. Which theoretical frameworks, if any, have institutions utilized to implement these wellness strategies?
3. How do institutions measure the effectiveness of these wellness strategies?

Introduction

As the review of the literature suggests, university administrators in the 21st century are grappling with rising rates of mental disorders across America's college campuses. The purpose of this qualitative research study was to conduct a comparative analysis on the institutional response to the college mental health crisis between two institutions of higher education. Thrive University is historically known for its high standard of academic excellence as a private, highly selective R1 institution. Ignite University represents a private, selective Jesuit institution steeped in tradition and history with its foundational philosophy of *Cura Personalis*, care of the whole person. Although each university has distinguished features of its own identity, they have recently taken a more proactive, wellness approach to combat the college mental health crisis.

The campus culture at Thrive University has historically been a rigorous, competitive, academic environment. However, the institution has recently taken numerous strides to create a campus-wide culture that prioritizes student well-being while maintaining its excellent academic reputation. The campaign to prioritize student wellness has been largely propelled by the new

hirings of a senior vice president (VP) of student affairs and a provost. Their combined efforts enabled the hiring of an inaugural chief wellness officer (CWO) who resides at the hub of the newly created Office of Wellness.

The Office of Wellness at Thrive University represents the main driving force of a positive shift from an emphasis on reactive, downstream approaches to proactive, upstream approaches with regard to student mental health and wellness. Such various wellness strategies and initiatives have ignited a newfound cooperation between the Office of Student Affairs (OSA) and the Office of Academic Affairs to work more cohesively. The CWO has made such key strategic moves as improving communication and trust in and between departments along with engaging the student body and faculty in its wellness efforts. However, its pivot from a more reactive approach with a fragmented history to student wellness takes time and commitment to make change and create a campus culture that makes everyone a stakeholder in student wellness.

Ignite University historically had a campus culture that prioritized care of the whole student, which aligned with the university's recent strides to implement more proactive approaches to student wellness. The university's commitment to its Jesuit principle of Cura Personalis remained faithful to its roots despite an increasing academically competitive environment in higher education. Its OSA, which housed most of the wellness initiatives, was able to easily adapt to evolving student needs over the past decade or so. In addition, it historically demonstrated decades of cohesiveness in its office, which drove fruitful communication and collaboration with other departments across campus. These pertinent characteristics allowed for efficient and effective strategic practices and can be attributed to the longevity of OSA's management team and the strong leadership ethos of its senior VP who served this position for 39 years.

The OSA of Ignite University also had a well-known history of involving students in the decision-making processes that promote student wellness initiatives and evoking student feedback of wellness programs that have already been put in place. In addition, OSA consistently held faculty and other institutional staff accountable as stakeholders in student mental health and well-being through its Culture of Care Program, as it required annual in services and training for all faculty, staff, and administrators of the university.

Although both universities recently implemented more proactive and innovative approaches to student wellness in response to the growing concerns of student mental health, their marked differences in identity and historical priorities demonstrated Thrive University had to make more revolutionary and drastic changes whereas Ignite University made more evolutionary and modest changes to their campus environments. As a result, the wellness efforts of Thrive University met more institutional challenges for change and may take an indefinite amount of time to create a campus-wide culture of wellness. On the other hand, Ignite University already had a historical foundation of caring for the whole student in place, now used as the theoretical framework for the institution's campus-wide wellness initiatives.

Although each university displayed unique challenges for integrating wellness strategies, both experienced commonalities such as financial challenges for funding ongoing campus wide initiatives and hiring key personnel to achieve its goals and objectives. Both universities also emphasized the importance of assessing the effectiveness of wellness programs along with the challenges of proving the effectiveness of prevention programs. In addition, both noted low participation rates of national surveys like HMS and National College Health Assessment (NCHA), which potentially skewed the reliability of the assessment tools. Although Thrive University formulated improved methods for increasing student participation rates, Ignite

University decided to create its own student wellness assessments catering to its specific student population.

In Case Analysis for Thrive University: Research Question 1

How have institutions integrated wellness strategies into the organizational structure?

Contributing Factors to Expanding Student Wellness Efforts

Thrive University has integrated innovative wellness strategies due to various factors that have arisen on its campus after 2009. Such variables involve record breaking increases for CAPS services that reflect a disturbing landscape of heightened anxiety, depression, suicide ideation, and several suicides among its student population. Despite its efforts to increase CAPS staffing, the institution still struggled with a significant gap between supply and demand when the movement to destigmatize mental health came into fruition and more recently as a harsh effect of the COVID-19 global pandemic on student mental health.

Other variables that have elevated the concern for student wellness include the negative mental health impact of increasing access to advanced technology such as the high-speed internet, smart phones, and social media. In addition, there is an increasingly diverse student population who have histories of mental health challenges prior to their arrival on campus. Although the institution seems to have an authentic and genuine concern for student well-being, several midlevel staff members reported the institutional response has been primarily motivated by other factors such as liability concerns, parental demands, national trends, and retention rate considerations.

The Shift From Reactive Approach to Proactive Approach

Thrive University has taken a transformative approach to student wellness. This shift is evident from a historical reactive stance to a more proactive and comprehensive outlook in the

21st century. Although the OSA has a long history of providing CAPS services, their wellness programming has been historically sparse, poorly organized, and poorly funded. As stated in the case findings, during the early 2010s, there was a substantial increase in counseling center staff. This suggested a response to an urgent need, a downstream effort that catered to students when they reached a point of acute distress. The ability to demonstrate this immediate need by tracking CAPS utilization rates influenced funding and resource allocation primarily to such reactive sources.

Although it is traditionally easier to fund and support reactive strategies with tangible results rather than proactive wellness prevention programs, the incessant demand for CAPS placed a financial strain that did not have an end in sight. Because the demand continued to outpace the supply, OSA recognized the urgency to take a more upstream and proactive approach to mitigate the need for counseling services. This change also represented an institutional shift from focusing on short-term fixes and immediate student mental health challenges to long-term solutions and prioritizing student wellness.

Through the recent hiring and efforts of a new provost, VP of OSA, and an inaugural CWO, the institution was seemingly better positioned to implement preventative wellness programming and services while simultaneously identifying potential wellness issues before they escalate. These profound changes have allowed them to focus on a more upstream approach to prevent problems rather than just addressing them when they become acute.

The university began to acknowledge a multidisciplinary approach is essential to address student wellness from all angles. The launch of the campus-wide initiative, Thrive, by the new provost and the hiring of an inaugural CWO indicated a top-down decision to proactively prioritize student wellness with a university-wide commitment. Nevertheless, it may be

challenging for the institution to maintain an appropriate balance of reactive and proactive measures, considering the logistics and resources needed for both.

The Pivot From Fragmented History to Integrated Future

The OSA had a fragmented history as each unit worked in silo and isolation with lack of efficiency, communication, intention, and collaboration. This was especially evident in the reported duplications of wellness programs in the department. There also appeared to be a lack of cohesiveness between the OSA and other departments on campus, which can be attested to the lack of communication between the Wellness 100 course and the OSA. In addition, the Wellness 100 course was given minimal support and attention by its own office of Academic Affairs, which undermined the value of wellness in academics.

There has also been a gap in access to wellness services with regard to a diverse population that the CWO recognized as “White girl wellness” and the need to “be constantly vigilant about our biases and how we language, how we frame, how we staff, making sure there’s representation, thinking about the intersection of well-being and diversity, equity, and inclusion (DEI), what that really means is critical.”

The momentum to rehabilitate a fragmented system was advanced by the hiring of a new senior VP of student affairs and provost. Together, they shared the same goals of breaking down silos and creating a more cohesive organizational structure. They both took significant steps in centralizing and prioritizing student wellness and mental health with intention and purpose. The provost’s campus-wide initiative of Thrive proved to be student-centered and holistic with a call for every entity of the institution to work together in creating a culture of wellness. The senior VP of OSA’s restructuring of OSA and hiring of an inaugural CWO also provided evidence to him recognizing a disjointed nature of wellness efforts that have also lacked intention and a

unified vision. The inaugural CWO signified the pivot to centralize student wellness efforts as her office serves as the central hub to bridging various departments, wellness initiatives, and resources to create a cohesive strategy. The CWO's priority of establishing trust in her office and the broader campus community provided a foundation for integrating campus wellness endeavors into the fabric of the institution. In addition, the CWO's data-driven approach supported the need for funding additional wellness programs and initiatives.

A Culture of Competitiveness

Historically, Thrive University appeared to have operated in a culture that largely prioritized academic achievement, potentially at the expense of creating a campus culture of wellness. Such an environment posed challenges to changing this campus-wide mindset to one that fosters a community of care. However, new senior leaders believed a culture shift could occur over time by integrating proactive wellness strategies through a cohesive OSA and the Thrive campus-wide initiatives.

Communication Challenges

With a reported underutilization of wellness resources, there was a lack of sufficient marketing in communicating the wellness resources that grew on campus. The absence of a central communication hub meant students often remained unaware of available wellness resources after their first year. There seemed to be an overreliance on the first-year Wellness 100 course to inform students about wellness resources, leading to predominantly first-year attendees at wellness programs. The CWO's vision of hiring a chief communications officer to publicize wellness resources signified a historical gap in interdepartmental communication and a centralized messaging strategy.

Engaging the Student Body

This new institutional vision has spurred a tremendous effort to involve the students through student leader outreach and the creation of student committees, such as the Student Wellness Advisory Committee and the Peer Educators for Wellness Program. This proactive strategy ensures feedback is gathered regularly and student needs are identified before they become critical issues. There was a warranted concern for inadequate representation of the student body. For example, the Student Wellness Advisory Committee focused on sophomores and juniors, which might leave gaps in first-year and senior students. However, the university appeared to be making a concerted effort to involve students in the decision-making process, which supported the positive shift to creating a more proactive, centralized, and cohesive student wellness platform.

Faculty Accountability Challenges

Historically, there has been a lack of faculty involvement, as the Wellness 100 course is run by staff at the institution despite being housed in the Office of Academic Affairs. This attested to the CWO's comment faculty were not the "end users" of the Office of Wellness's work and displayed a past perspective of the role of faculty was primarily academic and not holistic in the sense of student wellness. Faculty play a crucial role in students' daily lives and their buy-in is essential for a holistic approach to wellness. The CWO also acknowledged an apparent need for academic policy changes related to academic requirements that might help improve student wellness.

Although the CWO emphasized his intention to create an inaugural Faculty Wellness Advisory Board, there has not been any structured platform for faculty to engage with student wellness at a strategic level. The formation of this new board will be a significant step toward

formalizing faculty involvement and making them partners in the new wellness initiatives. The vision of the CWO to eventually merge the future Faculty Wellness Advisory Board with the newly started Student Wellness Advisory Committee with quarterly meetings made evident of the evolving goal to eliminate a previous disconnect between the Office of Academic Affairs and OSA.

There has been a positive shift toward acknowledging the importance of faculty's role. However, the university still seemed to be in the early stages of fully integrating faculty into wellness discussions, especially in terms of formal training and defining clear lines of accountability. Faculty roles have been limited to a focus on student academic success. This narrow lens created a gap in recognizing the positive impact of student well-being on academic success. Without consistent training and accountability from faculty, there can be a risk of faculty delivering mixed messages to students if they are not on the same page as the intentions of OSA and the provost's initiatives.

In Case Analysis for Thrive University: Research Question 2

Which theoretical frameworks, if any, have institutions used to implement these wellness strategies? Historically, the OSA has focused much of its theoretical wellness framework on the dimensions of physical and emotional wellness. With respect to emotional wellness, it has remained faithful to providing and expanding CAPS services. With regard to physical wellness, it has been promoted through the student health center, student recreation center, and organized sports. More recently, OSA has also addressed the nutrition aspects of physical wellness with the hiring of a school dietitian and by working more collaboratively with student dining services. However, participants have expressed the need to hire additional dietitians with the noted increase in eating disorders on campus.

After the hiring of new senior leadership and an inaugural CWO, OSA recognized the importance of defining and expanding its concept of wellness beyond the services of CAPS, SHS, recreation, and organized sports. The CWO committed to an interassociation wellness initiative by NASPA, NIRSA, and ACHA. Known as *Health and Well-Being in Higher Education: A Commitment to Student Success*, the committee also created the *Inter-Association Formal Definition of Well-Being*. This evidenced-based wellness framework called for promoting an integrated campus culture of wellness and a universal definition of well-being for institutions of higher education. Granhol, (2021) stated:

We believe it is time to transcend reactive, siloed, programmatic approaches to health and establish foundational, proactive, well-being initiatives for the campus community. While students must receive appropriate and reactive care when needed, there are large-scale benefits to proactive, upstream approaches that will allow increasing numbers of students to flourish and thrive. By focusing on the whole—the whole person, the whole educational experience, the whole institution, the whole community, well-being becomes a multifaceted goal and a shared responsibility for the entire campus. (p. 1)

As a result of using this theoretical framework, the Office of Wellness began to implement wellness programs and services with a more integrative campus-wide approach that holds all stakeholders—faculty, staff, administrators, and students—accountable for student well-being. In addition to promoting physical and emotional wellness, the Office of Wellness also began to implement other dimensions of wellness that include intellectual, financial, environmental, social, and spiritual wellness. Although these facets were promoted by other entities of the institution, they were not done in an integrative manner woven into the fabric of the campus community.

The theoretical wellness framework is supported by much of the evidence provided in the literature review. Such initiatives as *The Healthy Campus Framework* and *The Wellness Paradigm White Paper* align with the same philosophy of *Health and Well-Being in Higher*

Education: A Commitment to Student Success. In addition, the CWO's decision to promote additional dimensions of wellness in an integrative manner was adapted from Swarbrick and Yudof's (2015) most recent theoretical framework, *Wellness in 8 Dimensions*. This theoretical framework also emphasizes the pertinence of recognizing wellness goes beyond the traditional concepts of physical and emotional health and there are additional dimensions that are interrelated and impact each other.

In Case Analysis for Thrive University: Research Question 3

How do institutions measure the effectiveness of these wellness strategies? Historically, Thrive University relied heavily on conducting the NCHA survey every 3 years to assess the mental health and well-being of their students. This theoretically enabled them to integrate wellness strategies according to evolving student needs. Its latest analysis supported CAPS data—there continues to be an increase in student mental disorders.

With the recent turnover in OSA leadership, the inaugural CWO made the strategic decision to revamp the methodology of conducting its national wellness surveys. In addition to collecting data through the NCHA survey, the institution will use the Healthy Mind Study and will alternate between both surveys on an annual basis. With the new CWO, the institution appeared to have made great strides in engaging students as the participation rate quadrupled since his arrival for the NCHA survey. In addition, he has emphasized to his team the pertinence of collecting data to assist with resource allocation for wellness programs and services. The increased student participation rate provided evidence the Office of Wellness has thus far been successful in changing the campus culture to be more data driven with respect to student wellness.

The institution has expressed the need to hire a chief assessment officer to collect and analyze data but there have not yet been any strategic plans to advance this process. There appeared to be great challenges in assessing proactive and upstream wellness programs as it was difficult to show outcomes when focusing on prevention as it required assessing the absence of negative outcomes, which can be harder to quantify. This contrasted to measuring downstream reactive approaches like counseling center visits, which were more tangible and easier to track.

In Case Analysis for Ignite University: Research Question 1

How have institutions integrated wellness strategies into the organizational structure?

Contributing Factors to Enhancing Student Wellness Efforts

Ignite University has a historical lens that reveals an institution that has evolved and adapted to the changing needs of its students over the decades. More recently, it has enhanced its student wellness efforts due to various factors that have arisen on its campus. In the early 2000s, there was a notable uptick in student anxiety, depression, and eating disorders leading to an increased utilization of CAPS services on campus. It has been speculated the destigmatization of mental health was a contributing factor to the increase in demand along with a new generation of students who are not emotionally ready to start campus life. One administrator noted, “maybe parents have been too hyper focused on raising intelligent kids but not resilient ones.” Other factors that contributed to an expansion of wellness services include the impact of advanced technology such as the high-speed internet, smart phones, and social media on mental health along with the harsh effects of the COVID-19 global pandemic. There was a recognized increase in the diversity of students with respect to ethnicity, sexual orientation, socioeconomic status, and developmental disabilities, which also underscored the need for specialized wellness programs and services.

There was a consensus students need to be equipped with learning how to deal with the daily stressors of life and according to its senior VP of student affairs, society has “pathologized ordinary everyday experiences and emotions.” Hence, another impetus for expanding wellness programs was to mitigate the need for CAPS services by teaching students how to become more resilient with proactive approaches. There seemed to be a call to change the narrative for students where they understand challenges are a part of life but also know when to seek help and when to utilize personal coping mechanisms. Overall, the institution acknowledged the shifting student profile over the years and the need to respond to the changing landscape with sustainable wellness strategies.

Historical Holistic Approach and Mission Ties

Ignite University followed its mission of Cura Personalis since its inception. This foundational philosophy emphasized care for the whole person and allowed the university to see wellness as a holistic endeavor that encompassed mind, body, and spirit. As a result, the institution developed a long-standing, holistic, and adaptable approach to wellness tying directly to its mission.

The institution demonstrated a consistent dedication to student welfare and the way the university built upon their wellness programs over time indicate a traditional evolution rather than a drastic shift in values. Their strategic practices and policies revealed a deep-rooted value system that centered around the well-being and holistic growth of its student body. It appeared the recent enhancement of student wellness programs and services reflected a genuine concern for the whole student that is deeply rooted in its foundational values rather than an institutional response to a growing national trend.

Cohesiveness in the Office of Student Affairs

A key hallmark of OSA's cohesion was the longevity of its management team. Many had been at the university for significant durations. This longevity suggested stability, shared history, mutual trust, and a deep understanding of the institutions' culture and mission. These shared experiences over time build camaraderie, understanding, and efficiency in decision making. The mission of Cura Personalis was not just a philosophy for the management team as it appeared to be deeply embedded in the day-to-day operations and programs of the OSA. This shared mission ensured all team members worked toward a common purpose, enhancing the sense of unity and cohesion.

Effective communication and collaboration were evident in OSA's operations. Their ability to swiftly address challenges (e.g., the response to the Dear Colleague Letter in 2011) spoke to their efficient communication channels and the mutual respect they had for one another. The management team could be characterized by taking proactive stances and responsiveness to student needs. Instead of reactive measures, the team prioritized understanding on the ground realities, anticipating challenges, and swiftly implementing solutions. Such a proactive approach was only possible in a cohesive environment where team members are aligned in their objectives and trust each other's expertise.

The emphasis on building and maintaining strategic relationships both in and outside OSA was noteworthy. By forging such ties, OSA ensured its mission and goals were synergized with broader university objectives, which further reinforced the team's unity and purpose. The annual summer workshops and other training initiatives highlighted OSA's commitment to continuous improvement and alignment. These regular interactions outside the routine workspace helped in team bonding, sharing of new ideas and reinforcing the shared mission.

The ultimate measure of OSA's effectiveness was its impact on students. The almost negligible rate of student suicides, the broad spectrum of wellness programs, and the focus on holistic development signified OSA's unwavering commitment to student welfare. This shared goal further invigorated the team, making their bond stronger. In addition, this seasoned team seemed to have a forward-thinking mindset, which displayed they were ahead of national trends and acted as a role model for other neighborhood universities.

Strong Leadership Ethos

The senior VP of student affairs demonstrated a series of distinctive leadership qualities that made a significant impact on the institution and its approach to student wellness. He had been with the university for 39 years, which spoke volumes about his commitment to the institution and its mission. Such longevity allowed for accumulated knowledge about the university's culture, needs, and changes over time, which can be crucial in decision making. He also displayed forward-thinking traits by identifying needs before they become critical (e.g., hiring an inaugural special assistant to combat the mental health effects of the COVID-19 global pandemic). Such foresight allowed the institution to be prepared for unprecedented challenges. He was able to adapt to the escalated needs of student mental health after the COVID-19 global pandemic by implementing Time Out Tuesdays and online wellness programs like TimelyCare and TAO Connect.

The senior VP was entrusted with a high level of autonomy by the president, indicating a trust built over years based on his work ethic and experience. This trust and freedom permitted quick decision making and implementation of new wellness initiatives. He was described as a transformational leader who prioritized the team and students before himself. By creating a supportive work environment and valuing his teams' inputs, he fostered a culture of collective

ownership and shared responsibility. Although he recognized the need to hire a high-level associate dean to oversee all the wellness programs and services, he decided not to create this cultural shift as it would interrupt the organizational structure and pose a risk to breaking the bonds of a close-knit OSA management team.

He emphasized the importance of “strategic relationships” and building consensus across the institution. He favored collaborative decision making, pooling resources, and aligning missions across departments, which demonstrated interdepartmental cohesiveness crucial for implementing campus-wide wellness programs and services. The formation of a Wellness 100 course envisioned by both him and the provost exemplified the strategic alignment that existed between the Office of Academic Affairs and OSA. Although more work needed to be done on this shared project, their future vision was synergistic.

Countercultural Characteristics

The university’s commitment to the Jesuit principle of *Cura Personalis* (i.e., caring for the whole person) stood counter to many modern institutions that might emphasize academic rigor without an equivalent focus on mental, physical, and spiritual well-being. The institution demonstrated being ahead of national trends (e.g., already giving a voice not just to the complainant but also the respondent in sexual harassment cases on campus long before the Dear Colleague Letter was delivered to OSA). This suggested Ignite University did not merely follow social norms but anticipated and addressed them from its foundational principles.

In addition, the institution’s attention to broader societal concerns showed they were not shying away from addressing modern challenges but were actively working in their Catholic framework to provide solutions. For example, even though they had not abandoned their religious stance of abstinence before marriage, they were able to still talk about safe sex because

it fell into the realm of the Jesuit mission to educate the whole person. As a result, they could work around talking about this issue by discussing what described the Catholic ideology followed by stating not everyone followed this belief. However, they were still challenged with not being able to distribute condoms or promote birth control pills in the various offerings of wellness programs. There also appeared to be an internal struggle among administrators with respect to using modern technology both inside and outside the classroom, which hinted at the dichotomy between wanting to keep traditional values versus giving into modern conveniences.

Student Feedback and Participation in Integrating Wellness Strategies

The OSA has historically been faithful to its mission of being student centered and holistic in student care. Students have historically been involved in various committees in OSA and the university level with respect to student feedback and participation in wellness programming. They have served in focus groups and on search committees and served on councils for the creation of new wellness programs and services.

This was especially evident with several CREC initiatives where students were given a significant voice in shaping the direction of wellness programs. This showed the institution's commitment to creating a student-centric environment that adjusts wellness strategies based on student needs and feedback. OSA continued to improve its feedback loop with the students by implementing biannual student reviews and evaluations for various CREC programs. This enabled OSA to improve and enhance wellness programs based on direct feedback from their end users, the students.

There has also been evidence of peer-driven initiatives, like the Peer Wellness Program, which indicated OSA's recognition of the influential role peers can play in promoting wellness. The notion students find it "much easier to confide in and learn from their peers" underscored the

importance of peer-driven strategies in promoting student wellness. The topics included in the Wellness 100 course continuously evolved based on heavily evaluated feedback from the students.

The formation of a new student VP for health and wellness under OSA was an excellent example of integrating student feedback directly into the administrative structure of the institution. The popular initiative of Wellness Wednesdays was proposed by the student government's VP for health and wellness, which again highlighted the crucial role of students in instigating wellness programs. For these weekly events, OSA periodically hosted survey booths to continue to tailor the program to student needs.

Although there was evidence of student feedback in many areas of OSA's wellness programs and services, the director of the Culture of Care Program admitted to only receiving informal feedback from students. The senior VP of student affairs recognized there was a vast need to conduct more formal assessments and being more data driven with respect to student evaluations and feedback. As a result, he hired a director of Student Affairs Assessment and Research, but his work was put on hold for a few years because of the COVID-19 global pandemic. This barrier represented some of the challenges the COVID-19 global pandemic hindered in initiating this much needed area in the OSA.

Faculty Accountability

The OSA made a concerted effort to involve faculty with student wellness and hold them accountable. In particular, the director of Culture of Care has played a prominent role in creating a strategic relationship with the Office of Academic Affairs. The director of Disability Services, housed under the Office of Academic Affairs, served as a member of the Culture of Care Committee, which signified the academic side has a significant stake in student wellness. In

addition, the Culture of Care Program held all faculty accountable for student wellness with mandatory training on the computerized referral system. More than half of the students of concern referrals were made by faculty, which provided evidence faculty were engaged and concerned with student mental health and well-being. The director of the Community of Care Program also held meetings with the deans of each school on a monthly basis and received annual written feedback from them on how to improve the program.

In addition, the director of CAPS offered guidance to faculty on student mental health concerns to support a comprehensive approach to student well-being. On Wellness Wednesdays, faculty were invited to enjoy weekly festivities with students in a relaxed and fun environment. Although the required Wellness 100 course was a collaborative effort between the provost and senior VP of student affairs, faculty were not involved in program planning or teaching, which hinted at the need for getting more faculty input for this valuable course. There was also a recognized need for this course to become part of the core curriculum where students can earn credit.

In Case Analysis for Ignite University: Research Question 2

Which theoretical frameworks, if any, have institutions utilized to implement these wellness strategies? The OSA has historically lacked any formal wellness framework despite remaining faithful to its Jesuit mission of caring for the whole person in mind, body, and spirit. The senior VP has recognized this shortfall and recently worked with the dean of students to transpose the *Cura Personalis* into a theoretical wellness framework known as *Nourishing the Mind, Body, and Spirit*. Through this conceptualization, OSA has been able to promote and implement wellness programs according to the “three pillars” of mind, body, and spirit more effectively.

Ignite University's theoretical wellness framework was in alignment with the literature review that discusses more traditional theories, such as Dunn's (1961) *High Level Wellness Framework*, that revert to ancient philosophies of defining wellness according to the interrelated domains of emotional (i.e., mind), physical (i.e., body), and spiritual wellness. Because this conceptual framework is limited to only three domains of wellness, it has been shortsighted in including more recent research that promotes the interrelationship of eight dimensions of wellness. However, Ignite University has been successful in recognizing how mind, body, and spirit are not only important dimensions of wellness, but also overlap and interact with each other. Therefore, when one wellness domain is deprived, it can impact another.

In Case Analysis for Ignite University: Research Question 3

How do institutions measure the effectiveness of these wellness strategies? Historically, Ignite University has taken part in the NCHA Survey to assess the mental health and well-being of its students. Although it has shown increased rates of anxiety and depression in recent years, the dean of students does not hold much value to this report as the response rate has never been above 3% for the undergraduate student body. Therefore, OSA has decided to discontinue utilizing this tool and is working with the new director of Student Affairs for Assessment and Research to develop an individualized survey that "better meets their purpose."

Ignite acknowledged the challenge of assessing the effectiveness of wellness programs when there is absence of a tangible problem. As a result, they have repeatedly emphasized the importance of being data driven to assess and have recently hired an inaugural director of Student Affairs for Assessment and Research. His office will be able to provide a systematic approach to evaluating various student wellness initiatives. This position will help with the

collection of data that can assess the outcomes of the various wellness programs that are offered on campus and with the effort for resource allocation.

Cross-Case Analysis

Evolution of Wellness Efforts

Historically, both universities have had OSA since their inception that addressed student wellness with such traditional services as a recreation center, organized sports, and student health services. In addition, Ignite University has built its campus life around the philosophy of its Jesuit foundation of Cura Personalis, care of the whole person. As a result, they have offered wellness programs and services through their Office of Mission and Ministry that has also been there since its beginnings. Shortly after, this office created the Resident Ministry Program to provide moral support to students in on-campus residential housing.

In the latter part of the 20th century, it appeared both institutions demonstrated adaptability to the evolving needs of their student populations. In the 1970s, both institutions created CAPS, which would include both individual and group counseling sessions. Although both universities implemented preventative programs and services on drug and alcohol abuse and sexual assault, Ignite seemed to be ahead of the game in the 1980s, then Thrive followed suit in the 1990s. At this time, Thrive University also recognized the need to extend SHS with a clinical dietitian to address the increased rate of eating disorders. Although several administrators including the senior VP of OSA have long recognized the need for a clinical dietitian, they have not yet made the strategic move to create this position. As an alternative approach, the university provided “nutrition counseling” to the students through their recreation center. This complimentary offering was provided by undergraduate students who work at the recreation

center. Therefore, clinical interventions were not feasible, which signified an insufficient and possibly detrimental service, especially to students with eating disorders.

Since the 2010s, both Thrive University and Ignite University have been challenged with increasing rates of mental disorders that include anxiety, depression, and eating disorders. Although Thrive University has reported increased rates of on-campus suicides, Ignite University has reported only one in the last 10 years. Both universities have also experienced record-breaking utilization rates for CAPS services. As a result, both have been forced to reallocate monetary resources for the purpose of increased CAPS staffing. However, both universities also recognized the financial strains of a problem that did not have an end in sight. To mitigate CAPS services, they both decided to take more proactive and preventative measures services through wellness programming and services.

Ignite University has had a longstanding tradition of emphasizing holistic care of the student's mind, body, and spirit. Therefore, its pivot to implementing more proactive, wellness approaches has made for an easy transition to blend both reactive and proactive approaches. To the contrary, Thrive University has historically prioritized academic excellence, which has caused a more dramatic shift from mostly reactive wellness approaches to proactive approaches. In addition, Thrive University's response to increasing student mental health concerns has been largely due to a growing national trend, whereas Ignite University's response is due to its deeply rooted Jesuit values of *Cura Personalis*.

Commonalities in 21st Century Challenges

The contributing factors that have increased the rates of mental disorders have also been speculated by both institutions. They have expressed several commonalities for the rise in mental health concerns: the destigmatization of mental disorders that arose in the early 2000s; an

increasing student body with preexisting mental health conditions; an increasingly competitive student body with growing pressures from parents and academia; and the impact of advanced technology that included the high-speed internet, social media, and smart phones. They also both discussed the evolution of a more diverse student population with respect to sexual orientation, ethnicity, socioeconomic status, and developmental disabilities that have specialized needs with respect to addressing wellness and mental health services. Many of the participants from both institutions also expressed the negative effect of the COVID-19 global pandemic on student mental health and its detrimental impact on increased turnover of counseling staff with the “Great Resignation.”

Although both institutions discussed the need to implement wellness programs that teach resilience and coping skills, Ignite University was more forthcoming in stating many of their students have pathologized normal day-to-day stress and emotions. The CAPS director at Ignite discussed how it has been a challenge to be advocates for a balanced approach between student support and allowing them to self-navigate their mental health issues. Several midlevel staff members at Thrive University also expressed their viewpoint the increased focus on student wellness and mental health has been primarily driven by liability concerns, parental demands, national trends, and retention rate considerations rather than genuine concern for the students. Similarly, Ignite University discussed the parental pressures that have influenced decisions more recently with the drastic increase of tuition; therefore, it is a challenge to not also view parents and students as expensive customers in the 21st century. They also discussed the institution has responded because of public perception as there have been several recent instances of on-campus suicides that have been made public and others remained private due to families’ wishes. Ignite University proudly discussed there has only been one reported suicide case in the past 10 years.

In summary, both universities were grappling with a complex web of factors contributing to rising mental health challenges among their students. The administration, faculty, and students play roles in this dynamic with cultural, societal, and institutional pressures intersecting.

The Influence of Institutional Mission Statements on Student Wellness

The mission statements of Thrive University and Ignite University are similar in the sense that both institutions aim for academic excellence. However, Thrive University's statement is limited to intellectual development for the benefit of humanity, whereas Ignite University's mission is expanded to care of the student's mental, physical, and spiritual development with a social justice lens. Although both universities highlight the importance of knowledge and service, Ignite's mission statement is more detailed with its holistic approach to education.

In essence, Ignite's mission statement provides an institutional advantage over Thrive, as it is more conducive to creating an environment of student wellness beyond developing the intellectual mind. According to the literature review, the 21st century has called for college campuses to revisit the notion of *in loco parentis* due to a better understanding of "emerging adulthood" and the "alarming" statistics of college mental health (Patel, 2019). The literature review also detailed how students are less resilient than previous generations, and the "new" *in loco parentis* required colleges to act as "facilitators" of well-being by providing students with the tools for invaluable self-care skills. Both universities have responded positively to this growing trend, but Ignite seemed to be ahead of the curve, partially due to its foundational principles laid out in its institutional mission of caring for the whole person.

Balancing Academic Rigor With Community of Care

Both Thrive University and Ignite University are selective institutions with rigorous academic programs. In addition, Thrive University has a much lower acceptance rate that

suggests a higher level of competition among its applicants. According to Watkins et al. (2011), college administrators reported millennials have brought with them a new level of competitiveness that has contributed to “record numbers of panic attacks . . . and things like that” (p. 327). Levine (2020) concluded in his research parents and academia have placed greater amounts of academic pressure on millennials than previous generations. He suggests society needs to switch from a culture of accomplishment to a culture of supporting healthy and resilient children. The case study findings noted both universities recognized the importance of building resilience in their wellness programming. In addition, Ignite seemed to be more forthcoming about how normal stress and emotions can sometimes be pathologized and states this perception needs to change to create student resiliency.

In addition to acknowledging the challenges of balancing academic rigor with a community of care, both universities have recognized these elements are interrelated. Notably, they endorsed the literature review that discussed how student’s mental health and wellness can impact academic success. In particular, the research has suggested student well-being can potentially affect college retention rates and graduation rates. Interestingly, both institutions displayed historically strong retention and graduation rates. An interesting research study would be to assess the correlation between student well-being and academic success.

Leadership and Governance

The administrators at Thrive University and Ignite University have demonstrated strong senior leadership in their response to the increased mental health concerns on their college campuses. Both have recently taken more proactive and innovative approaches with regard to student wellness programming and can serve as role models for other IHE, but the institutional shift to create a more campus-wide culture of student wellness appears to have been more

profound for Thrive University, as they have had to make more dramatic, transformational changes whereas Ignite University's changes seem to have been more incremental and minimal.

Thrive University's OSA had a fragmented history that included siloed units that lacked efficiency, communication, intention, and collaboration. This lack of cohesiveness was evident not just in OSA but also in its relationships with other offices in the university. In addition, its OSA had a history of frequent turnover of mid- and senior-level management. On the other hand, the senior and midlevel leadership in Ignite University's OSA was a seasoned management team who have been part of the institution for decades. This historical continuity and stability were considered significant assets with respect to their mission-driven and student-centered approaches.

With the recent hiring and efforts of a new provost, senior vice president of student affairs, and an inaugural CWO, Thrive was seemingly better positioned to provide the necessary leadership conducive to creating a campus-wide culture of student wellness. These transformational changes have paved the way for organizational restructuring and such top-down wellness initiatives as the Thrive Initiative. The inaugural CWO at Thrive had considerable authority and responsibility, focusing on preemptive student wellness interventions and integrative initiatives, but the senior VP of OSA at Ignite seemed to have a uniquely high autonomy, often not needing to ask for permissions. This autonomy stemmed from trust established over the years and credibility in delivering successful student wellness initiatives. In addition, Ignite University's longstanding team did not let "perfect get in the way of good" as they seemingly emphasized action, and responsiveness over bureaucratic processes. They have demonstrated being ahead of national trends and have served as a role model for neighboring

universities. This forward-thinking approach is credited to their seasoned team that remained deeply connected to student issues.

The inaugural CWO at Thrive and the senior VP of student affairs at Ignite demonstrated similar leadership traits as they were visionaries who made decisions with intention, and both seemed to motivate and inspire their management through frequent team meetings and retreats that build trust among each other. In addition, both recognized the importance of student feedback with respect to wellness programming and appear to be hands-on leaders with respect to meeting students on an informal and personal basis. Both leaders have discussed the importance of cultural competence given the growing diverse student populations and have emphasized the importance of inclusivity and equity.

With the new provost at Thrive University, the institution was better positioned to craft strategic plans with the inaugural CWO. Most notably, the Thrive Initiative illustrated an excellent example of an integrative campus-wide campaign. Similarly, the senior VP of OSA at Ignite has capitalized on the university's strategic plans to secure funding and resources, which have historically included goals that focus on student health and wellness. Like the integrative work of the senior leadership at Thrive, the senior VP of OSA at Ignite also stressed strategic relationships, finding allies in the institution who aligned with the university's mission of Cura Personalis.

In summary, Ignite University demonstrated stability and cohesiveness in its management team of OSA, which had been consistent in their approach to student wellness. In addition, there seemed to have been a historic, strategic alignment that still existed between OSA and the Office of Academic Affairs. To the contrary, Thrive University has transitioned from a fragmented and siloed approach in the Office of Student Affairs to a more centralized and collaborative model

due to noticeable efforts of its new senior leadership. In particular, the new provost and CWO were in the process of making tremendous strides to hold every entity of the institution accountable for student wellness.

Faculty Involvement and Accountability

Historically, Thrive University and Ignite University held noticeable differences with regard to faculty involvement and accountability of student wellness. In the past, Thrive University has never provided any formal training for faculty with regard to handling student mental health and wellness concerns, as their accountability has been limited to academics. However, there was a recent acknowledgement of the crucial role faculty plays as senior leaders are slowly integrating them into strategic wellness discussions through proposed initiatives like the Faculty Wellness Advisory Board.

On the other hand, Ignite University has historically held faculty accountable for student wellness, particularly with revamping the Culture of Care Program, where the director of Disability Services served as a board member and faculty have provided more than half of student referrals. In addition, the Office of Academic Affairs played an active role in the program's decision-making process as the deans from each school met monthly with the program director. In addition, faculty were mandated with annual training on updates and logistics of the formal student referral process. On Wellness Wednesdays, faculty partook in the various festivities that were held on campus each week. Interestingly, neither institution's faculty taught their first-year academic wellness courses as they were taught by Ignite's OSA team and Thrive's interdisciplinary center staff. However, Ignite noted faculty provided input on the content of their wellness curriculum.

Finances and Resource Allocations

Although Thrive University has a significantly larger endowment than Ignite University, both institutions have healthy endowments to be deemed financially stable institutions. Both institutions had a significant portion of their budget that went to OSA for wellness initiatives, which covered staff salaries, program development, and operational costs. Both had additional funding through recreation fees, occasional grants, and donors. In addition, both senior leaders in OSA were part of the decision-making process with respect to resource allocation.

Although both institutions had increased funding toward expanding their clinical services in CAPS, they were still challenged with increased demand over supply. Ignite University recognized the benefits of leveraging peer influence in promoting wellness by creating the Peer Wellness Initiative. This voluntary program assisted health educator roles in CAPS and offset the cost of this much needed service. Both institutions acknowledged the increased financial need to support first generation low-income students and were enhancing wellness programs for this specific population. They also both faced similar financial challenges in staffing such key leadership positions that could sufficiently evaluate the effectiveness of wellness programming and provide efficient marketing and communication of the established wellness programs and services.

Although Ignite University already hired a chief assessment officer, Thrive University envisioned this as part of a future strategic plan. Thrive University already hired a chief communications officer, whereas Ignite did not mention this as part of any future strategic plan. However, they implemented a voluntary position under their student government known as the VP of student wellness. This key player played a major role in organizing and publicizing student wellness programs and services.

Although Thrive University was able to financially fund a full-time clinical nutritionist as part of student wellness services, Ignite recognized this need but has fallen short on seeking funds for this position. As an alternative, they used undergraduate students to provide limited nutrition counseling in their recreation center to assist students who sought help with healthy meal planning. In summary, Thrive University seemingly had access to more funding for wellness programs and services with a larger endowment. However, Ignite University successfully used students as an alternative to seeking more funds for full-time university personnel.

Student Involvement

Historically, Thrive University and Ignite University have differed with respect to involving students in the decision-making processes related to student wellness programs and services. In the past, Thrive University had not established any formal student advisory committees or focus groups to assess the wellness concerns of their student population. To the contrary, Ignite University has been historically student centered due to the efforts of its OSA leadership. As a result, they have sought out student participation by establishing various wellness advisory committees and focus groups.

However, Thrive University has made significant progress in involving students in the decision-making process. With the hiring of new senior leadership, they have recently focused on organizational restructuring and adopted a top-down approach. The provost and the inaugural CWO recently initiated small student focus groups as one form of student feedback mechanism. In addition, the inaugural CWO recently created a new Student Wellness Advisory Committee. His office was also responsible for introducing the Peer Educators for Wellness Program with a future vision of providing official certification training. Both universities have acknowledged the

importance of peers educating peers as a vital tool in wellness as Ignite University recently implemented the Peer Wellness Initiative that supports health educators in CAPS.

Although Ignite's OSA had a more historically rooted student involvement, they have also showcased adaptability by evolving programs such as CREC based on student feedback. Although both OSA's were student centric, Ignite's OSA seemed to have a more established and responsive system in place, directly incorporating student feedback into program evolution. Thrive's OSA, on the other hand, was still in the process of restructuring and optimizing its approach to truly serve its students effectively.

Theoretical Wellness Frameworks

Although both universities emphasized the significance of holistic well-being, they approached and integrated these concepts differently. Thrive University adopted a more contemporary, comprehensive model, considering Swarbrick and Yudof's (2015) eight dimensions of wellness, and Ignite University followed a traditional three-dimensional approach, rooted in its Jesuit mission of Cura Personalis. Both approaches had merits, but applicability and success would need to be evaluated in the context of each institution's unique needs, values, and student population.

Assessing Effectiveness of Wellness Strategies

Historically, both OSA's at Thrive University and Ignite University have taken a decentralized approach to data collection across wellness programs and services. They have cited the lack of consistency with assessment methods that vary widely, which made it challenging to compare and aggregate data across programs. In addition, both have agreed that the collection of data is often abandoned due to lack of resources and expertise in analyzing the data. In other cases, both universities have also discussed that the collection of data is not always done with

reliable and valid tools and at times there is not even any data collected on the wellness programs.

Both universities have been forthcoming about the inherent difficulties in measuring proactive wellness programs' success. Although they can assess whether the students liked the program or service, and if knowledge was learned with pre- and post-test, it was challenging to assess long-term effectiveness with regard to making behavior change or if there is any improvement in mental health. Essentially, it was difficult to evaluate the effectiveness of prevention when there is no inherent problem. But even when it came to individualized cases in CAPS, both institutions have acknowledged absence of data collection to assess the long-term beneficial effects of the interventions.

From a student population standpoint, both Thrive and Ignite recognized the importance of assessing student mental health and wellness and were in phases of transition regarding their assessment methodologies. Thrive was diversifying its tools by incorporating the Healthy Mind Study, and Ignite was looking for a more customized approach. In essence, although both universities were driven by the objective of optimizing student wellness, their strategic routes diverged based on past experiences, institutional trust in existing assessment tools and leadership visions.

Both universities showed strategic shifts in leadership with Thrive emphasizing the importance of making data-informed decisions in wellness programming and Ignite bringing on board a dedicated director of assessment. Although Thrive University acknowledged the importance in centralizing the assessment process, they had not yet strategized on how this vision will come into fruition.

Secular Versus Nonsecular

Thrive University and Ignite University are inherently different private universities. Ignite's deeply rooted commitment to its traditional Jesuit identity stands counter to Thrive, which is not obliged to follow nonsecular beliefs. Ignite's religious foundation presents challenges for its OSA with respect to providing wellness resources that relate to premarital sex and birth control, whereas Thrive's OSA can candidly educate about safe sex, birth control and abortion rights. Ignite has also faced internal struggles between wanting to keep traditional values vs giving into modern conveniences like use of social media to publicize wellness programs and services.

Summary of Cross-Case Analysis

Although Thrive University was navigating through significant changes by trying to move from a reactive to a more holistic approach to wellness, Ignite University presented a case where historical consistency and mission alignment have been key. Thrive University appeared to be in a transformational stage, redefining structures, strategies, and roles to enhance student wellness more effectively. Both universities illuminated valuable insights into how institutions adapt and reshape their approaches in responding to the evolving wellness needs of their student populations, despite their differences.

Conclusion

The wellness efforts at both Thrive University and Ignite University revealed a significant evolution in addressing student well-being, reflecting a broader societal recognition of mental health issues. Despite originating from different foundational philosophies—Ignite University embracing a holistic *Cura Personalis* approach and Thrive University historically focusing on academic excellence—both institutions have navigated the complex landscape of

21st century mental health challenges. This recognition underscored a shift from reactive measures to proactive and preventive wellness programming.

Both universities have identified common contributors to the rising mental health concerns (e.g., an increasingly diverse student population, destigmatization, preexisting mental health conditions, competitive pressures, technological influences). Their efforts to implement resilience and coping skills programs are commendable. The influence of the institutions' mission statements on student wellness strategies is palpable. Ignite University's expansive mission, which explicitly prioritizes holistic care, appears to give it an institutional advantage in creating a supportive environment that fosters student well-being.

Balancing academic rigor with a community of care remained a crucial challenge for both institutions, yet they recognized the interrelated nature of mental health, academic success, and student retention. This awareness reflected an understanding student wellness was not just a moral imperative but also a strategic investment in the intellectual and emotional capital of their student bodies. Ignite University's Culture of Care Program and Thrive University's Thrive Initiative suggested both universities have been continuously adapting and responding to the needs of an ever-changing student population. They were two of the identified universities offering a required first-year wellness course that equips students with self-care skills and resiliency training and focuses on various dimensions of student wellness.

The leadership and governance at Thrive University and Ignite University revealed distinct approaches and evolution in addressing mental health and wellness concerns among students. Thrive University experienced a transformative period marked by structural reorganization and new leadership appointments aimed at fostering a unified campus culture dedicated to student wellness. These revolutionary changes served as a testament to their

strategic and integrative approach. Ignite University benefited from a stable and cohesive leadership in its OSA. The longevity of its management team yielded a nuanced understanding of student needs, agility in decision making, and a proactive stance on wellness initiatives, positioning Ignite as a model for peer institutions. Their pragmatic ethos, preferring actionable solutions over procedural delays, allowed Ignite University to consistently lead in student wellness trends. Both universities showcased visionary leadership that emphasized inclusivity, equity, and cultural competence, recognizing the diversity of their student populations. Frequent team meetings and retreats, alongside personal engagement with students, were common strategies that reinforced trust and camaraderie in their respective leadership teams.

The implementation of Thrive University's CWO holds promises for other institutions of higher education that need more drastic change to follow suit. This newly created position in higher education can play an invaluable role in creating a campus-wide approach to student wellness that effectively resolves the challenges of effective communication and collaboration in OSA and across departments with respect to integrating a campus-wide culture of student wellness. The historical strategic practices of Ignite University provided an exemplary example of how stability and consistency make adaptability a much easier transition for effective institutional change. Particularly, long-term commitments of OSA staff and the strong leadership ethos of its senior VP can lay important groundwork for the collaboration and trust that is needed for integrating effective wellness programs and services in an institution. Faculty involvement and accountability have been acknowledged by both universities as a crucial piece of the puzzle when aiming to create a campus-wide culture of wellness.

Thrive University and Ignite University revealed they were both stable with sufficient resources to support a range of wellness initiatives. Each university allocated a significant budget

to OSA, demonstrating a commitment to student wellness. The involvement of senior leaders in resource allocation decisions further highlighted the priority given to wellness programs. Despite increased funding for clinical services, both universities faced challenges in meeting the demand for such services.

Ignite University has innovatively engaged in peer-led initiatives, which have proved cost effective and beneficial in expanding wellness support. Thrive University and Ignite University have revealed a notable contrast in their historical approaches to student involvement in the decision-making processes of wellness programming. Ignite University's OSA had a strong tradition of student centeredness, which was evident in its long-standing establishment of student wellness advisory committees and focus groups. This approach fostered a culture where student input was not only welcomed but actively sought, leading to the continuous evolution of its wellness programs to better meet the needs of its student body. However, Thrive University historically lacked formal structures for student involvement. It is encouraging to note, though, recent changes in senior leadership brought about a paradigm shift toward greater student engagement, which signaled a top-down commitment to incorporating student feedback into the decision-making fabric of the university.

The wellness frameworks at Thrive University and Ignite University revealed two distinct philosophies and implementations of student wellness. This contrast reflected the broader debate in higher education about how best to support student wellness; a debate that does not yield a one-size-fits-all solution but rather points to a spectrum of effective practices tailored to specific institutional contexts.

Wellness strategies at Thrive University and Ignite University have illuminated critical insights into the challenges and aspirations of data-informed wellness program assessment in

academic institutions. Both universities have recognized the limitations of decentralized data collection methods, the inconsistency in assessment tools, and the frequent abandonment of data collection due to resource constraints. This has led to difficulties in evaluating the long-term effectiveness of wellness programs, particularly in preventing issues before they arise and in assessing the enduring impact of interventions.

Ignite University and Thrive University have taken distinctive approaches regarding alignment of their student wellness resources with their foundational values. Thrive University, unencumbered by religious doctrine, has the flexibility to address issues (e.g., premarital sex, birth control, abortion rights) directly and in alignment with secular ethical standards. In contrast, Ignite University's Jesuit identity requires a delicate balance between adhering to traditional religious beliefs and addressing the pragmatic needs of its student body. The tension between maintaining tradition and adapting to contemporary society was exemplified in Ignite's cautious approach to leveraging modern communication platforms like social media.

Recommendations

The following recommendations are for administrators in higher education who aim to take a more comprehensive and sustainable approach to optimizing student mental health and wellness.

Creating a Campus-Wide Culture of Wellness

The 21st century has brought many new challenges with respect to student mental health and wellness. The following suggestions can guide senior leadership on how to be adaptable and promptly respond to the evolving needs of a diverse student population.

Holistic Approach

Universities should strive for a balanced, holistic approach that not only meets the academic needs of their students but also ensures their emotional and physical well-being in an increasingly complex and demanding world.

Proactive Measures

Universities should reallocate resources toward more proactive measures like wellness programs and services to reduce the need for reactive services like CAPS in the long term. The implementation of a mandatory first-year wellness course as part of the curriculum can equip students with the self-care skills and resilience needed for campus life and away from home for the first time. Although most institutions offer the course as an elective, the literature review shows that it positively affects academic performance and retention rates, and eases the transition from high school to college (Pascarella & Terenzini, 2005).

Universities should also invest in a community of care program as another proactive and upstream approach to addressing a student of concern before their case escalates into a crisis. A community of care training program provides opportunity for faculty, staff, administrators, and students to be trained on recognizing signs of student distress before their symptoms get worse. Ignite's Culture of Care Program coincides with the literature review on the important facets of a Community of Care program:

- Identify the warning signs of psychological distress.
- Talk with students about their issues, building resilience, and increasing connectedness.

- Determine students' need for referral, motivate them to seek help, and assist them in getting help (Suicide Prevention Resource Center [SPRC], 2018, p. 7).

Community Collaboration and Building

Universities need to establish early intervention programs such as Ignite University's Culture of Care Program, which acted as a safety net for students of concern. There should be an emphasis on building a community of care where faculty, staff, and students are trained to recognize and respond to mental health and wellness concerns. Such an environment should be fostered where students feel supported in every aspect of their university experience. Programs like Ignite University's Wellness Wednesday is an opportunity for the university community to come together weekly for some downtime away from academics and technology to further foster a culture of campus-wide wellness.

Cultural Competency

With the evolving diversity in student populations, universities should ensure their wellness programs and services are culturally competent and responsive to the needs of all student demographics, particularly with an increasingly diverse student body with respect to ethnicity, sexual orientation, developmental disabilities, preexisting mental health conditions and socioeconomic status. Universities also need to address the specific needs of first generation, low-income students.

Technology and Wellness

Given the impact of technology on mental health, universities should explore creating programs that educate and equip students to navigate the digital world in ways that promote student wellness. In addition, universities should recognize advanced technology as a tool to promote wellness, such as Ignite University's online counseling program and interactive

wellness program. This is an innovative opportunity to educate and equip students with the tools they need for optimal wellness, as they can enhance wellness in a virtual environment.

In Loco Parentis and Parental Engagement

Universities should revisit the concept of in loco parentis in a more modern sense of the term. This can be done by holding universities accountable for student well-being, while still acknowledging their autonomy and rights as a college student. Universities should recognize that parents are more involved with their emerging adults' lives than past generations. As a result, they should establish a better relationship with parents by partnering with them in the holistic care of the students. Parents should take part in a culture of care program where they can systematically report students of concern as a safety net. It is also pertinent for universities to inform parents of the various student wellness programs offered and educate them on the interrelationship of academic and emotional wellness.

Pathologizing Awareness

Universities need to focus on educational campaigns that help students differentiate between pathological conditions like anxiety and mood disorders and the normal day-to-day stressors and emotions that can be self-managed. Changing this paradigm could encourage students to enroll in more wellness programs and services that can act as a safety net to prevent them from needing more reactive services like CAPS.

Resiliency Training

Universities should implement resiliency training and coping skills into student wellness programs and academic courses to ensure such initiatives are deeply integrated into the fabric of student life. In addition, such training can help students to recognize and cope with the normal everyday stressors and emotions that come with college life.

Effective Leadership and Governance

Strong Leadership Model

Universities should invest in hiring a CWO in OSA. Like the actions of Thrive University's CWO, this strategic move could amplify centralization of wellness programs by reducing fragmentation and siloed entities. As the literature review suggests, "The role of the CWO is to lead a holistic and sustainable campus-wide approach to student well-being" (Kubaryk, 2021, para. 9). The role of Thrive's CWO coincides with other relevant sections of the literature review, as well. According to Fox, the CWO should be responsible for the following:

- (a) strategic direction of a comprehensive wellness program designed to improve well-being outcomes for the university community;
- (b) advising the president and cabinet on innovative methods for building a culture of well-being and coordinating integration of wellness initiatives across the units overseen by that executive team;
- (c) implementation of evidence-based public health practices in the design of interventions;
- (d) community education, including training and development related to chosen public health guiding frameworks;
- (e) oversight of a robust outcomes assessment program;
- (f) management of staff and volunteers serving in the CWO office or on university-wide wellness councils; and
- (g) stewardship of the university's vision for well-being to internal and external publics through effective communication and marketing (Fox, 2021).

Stable Leadership

Universities should work toward establishing long-term leadership in OSA to emulate the stability seen at Ignite University. With a committed and dedicated OSA leadership team, a high level of autonomy and trust can be given to allow for rapid and effective decision making on wellness programs and services.

Finances and Resource Allocations

Universities should diversify their funding sources for wellness programs and services beyond their endowments by pursuing recreation fees, grants, and donations, as demonstrated by both institutions. They can also use student resources creatively, such as having undergraduate students act as peer educators to complement professional staff and to foster an environment of mutual support among students. In addition, they could incorporate student leadership roles, such as the VP of student wellness at Ignite University. Both strategies are effective in reducing expenditures for student wellness programs and services.

Institutional Culture Shift

Universities that have historically lacked intention in the arena of student wellness programs and services need to make a profound institutional culture shift toward a campus-wide culture of wellness, even if it requires substantial organizational change. The Thrive Initiative that was created by their provost can serve as an exemplary model on how to successfully make transformative changes with a top-down approach.

Strategic Alliances

Leadership in OSA should seek and fortify strategic relationships beyond the department to support and expand the reach of wellness initiatives, which has been historically demonstrated at Ignite and more recently at Thrive with their new leadership changes.

Institutional Mission Alignment

Universities could benefit from a reassessment of their mission statement and operational philosophy to integrate more holistic care elements into their institutional ethos, like Ignite University's Cura Personalis approach.

Data-Informed Decision Making

Universities should invest in the role of a chief assessment officer in OSA to centralize the data collection process and align its wellness initiatives with strategic goals and ensure effective use of resources. This could potentially sustain invaluable wellness programs and services by creating assessment protocols that can reliably measure the short-term effectiveness of wellness initiatives and allow for timely adaptations as student needs evolve. Universities should also implement longitudinal studies to assess the long-term effectiveness of wellness programs on behavior change and mental health improvement. This could involve tracking cohorts of students over multiple years to observe lasting impacts. Both universities have cited the difficulty, yet importance of achieving such a wide-spread effort.

In addition, student feedback mechanisms can be centrally implemented to inform the continuous improvement of wellness programs. To inform future wellness programming, universities should invest in research studies to better understand the correlation between student well-being and academic outcomes, retention, and graduation rates. They should also engage in national benchmarking studies to continuously measure the effectiveness of their wellness programs against leading standards and practices.

Communication Strategies

Universities should address communication challenges of wellness programs and services by considering part-time roles, shared responsibilities, and cross-training staff to handle this

aspect of wellness program administration. It is crucial to have dedicated personnel for marketing and communication to effectively disseminate information about wellness resources available to students. In addition, student organizations should also play a key role in the communication of wellness programs and services that are offered.

Faculty Accountability and Involvement

Universities should develop and implement mandatory, annual training programs for faculty that cover student mental health first aid, awareness of wellness resources, and methods to integrate wellness conversations in their academic advising and classroom interactions. Such an example would include the creation of a culture of care program in which faculty were trained on how to formally report a student of concern. The deans of each school should also meet with the director of the culture of care on a monthly basis and have designated personnel as part of its committee. In addition, faculty should be encouraged to incorporate wellness topics into their curriculum where appropriate. It would also be instrumental for universities to inform faculty about upcoming wellness programs and hold them accountable for communicating such events in the academic setting. OSA should also implement a Faculty Wellness Advisory Board that interacts with senior leadership of OSA. Faculty should also be involved in wellness programs outside of the classroom, as programs like Wellness Wednesday allow faculty and students to engage in wellness activities on a weekly basis outside the classroom.

Theoretical Wellness Frameworks

Universities should develop a theoretical wellness framework that is evidence-based and tailored to the institution's unique needs, values, and student population. It would also be useful for universities to adopt a clearly defined meaning of wellbeing, such as the *Inter-Association Formal Definition of Wellbeing* established by the reputable IHE organizations, NASPA,

NIRSA, and ACHA. This definition is part of a larger wellness framework that calls for promoting an integrative campus culture of wellness that holds all stakeholders involved—faculty, students, staff and administrators and “to transcend reactive, siloed, programmatic approaches to health and establish foundational, proactive, wellbeing initiatives for the campus community” (NIRSA, 2020, para. 1).

The theoretical wellness framework updated by Swarbrick and Yudof (2015) reflects the 21st century needs of college students by recognizing that there are eight dimensions of wellness, rather than the traditional concepts of physical and emotional wellness. These dimensions include physical, emotional, intellectual, spiritual, environmental, occupational, social, and financial and should be recognized as being interrelated. For example, the emotional wellness of a student can greatly impact their intellectual wellness, which in turn impacts academic success.

Student Involvement

Universities should develop strategies for strengthening student involvement in the decision-making process, facilitation and feedback mechanism of wellness programs and services. Universities need to ensure that there is proper student representation with respect to a diverse set of students that encompasses a broad range of wellness concerns and perspectives. Effective strategies could include the creation of student advisory committees, focus groups and surveys for engaging students in the decision-making process. The creation of a position in student government, such as Ignite’s VP of student wellness, could also assist universities in the decision-making process, as well support the facilitation and evaluation of wellness programs and services. Senior leaders should also recognize the value of conversing with students on campus in an informal manner. In addition, the implementation of peer education programs

would also be an invaluable asset, as peers educating peers have been reported by both universities to benefit students of concern.

Summary

In summary, the imperative to create a culture of wellness on university campuses has never been more pronounced. This paper provided a multifaceted plan that senior leadership in institutions of higher education can adopt to address the holistic needs of their student populations. By advocating for adaptable and responsive leadership, universities can pave the way for taking a more proactive and upstream approach that actively supports student wellness.

The recommended holistic approach, proactive measures, and community collaboration build the foundations for a campus culture that nurtures the whole student. These strategies highlight the need for prevention and/or early intervention, cultural competency, and the thoughtful integration of technology to enhance student wellness. Resiliency training and pathologizing awareness campaigns are vital in equipping students with the necessary tools to navigate the stresses of campus life. Additionally, the recommendation to revisit the concept of *in loco parentis* and to involve parents in the wellness journey reflects a modern understanding of family dynamics and the role of external support systems in student well-being.

Effective leadership and governance, particularly the strategic appointment of a chief wellness officer, coupled with stable leadership in the Office of Student Affairs, are critical to the centralization and successful implementation of wellness initiatives. Financial and resource allocations and institutional culture shifts will ensure these measures are sustainable and ingrained in the university fabric. Strategic alliances and the alignment of institutional missions underscore the importance of collaborative efforts and a shared vision in creating a culture of wellness. Data-informed decision making and communication strategies are essential for

assessing the effectiveness of initiatives and for keeping the campus community informed and engaged. Faculty accountability and involvement, along with the development of theoretical wellness frameworks, support a campus-wide culture shift that integrates wellness into all aspects of university life. Finally, student involvement in the decision-making and feedback processes ensures the measures taken are truly reflective of and responsive to the needs of the student body.

As institutions of higher education evolve, so must their commitment to promoting an environment that does not just educate the mind but also conscientiously attends to the overall well-being of the whole student. The recommendations outlined in this paper are not just strategies but are integral components of a shift toward a future where the culture of campus wellness is a cornerstone of academic life—a future where students thrive, not just intellectually, but in all dimensions of wellness.

BIBLIOGRAPHY

- Alsop, A. R. J., Robert F. Griffin, C. S. C., K. G., & Bacevich, A. (2021, January 28). *Gotta have it now, right now*. Notre Dame Magazine. <https://magazine.nd.edu/stories/gotta-have-it-now-right-now/>
- American Academy of Pediatrics. (2021, October 19). *AAP-AACAP-CHA declaration of a national emergency in child and adolescent mental health*. <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>
- American College Health Association. (2009). National college health assessment Spring 2008 reference group data report. *Journal of American College Health*, 57(5), 477–488. https://www.acha.org/documents/ncha/JACH_March_2009_SP08_Ref_Grp.pdf
- American College Health Association. (2019). *American college health association-national college health assessment II: Reference group executive summary spring 2019*. Silver Spring, MD.
- American College Health Association. (2020). *Undergraduation assessment reference group executive summary*. https://www.acha.org/documents/ncha/NCHA-III_Spring_2020_Undergraduate_Reference_Group_Executive_Summary.pdf
- American Council on Education. (2022, July 20). *House passes bipartisan legislation to address student mental health*. <https://www.acenet.edu/News-Room/Pages/House-Mental-Health-Bills.aspx>
- Anderson, D. S. (2017). *Further wellness issues for Higher Education: How to promote student health during and after college*. Routledge, Taylor & Francis Group.

Ardell, D. B. (1977). High level wellness strategies. *Health Education*, 8(4), 2–2.

<https://doi.org/10.1080/00970050.1977.10618258>

Assistant Secretary of Planning and Evaluation. (2021, March 2). *Trends in the utilization of emergency department services, 2009–2018*.

<https://aspe.hhs.gov/sites/default/files/private/pdf/265086/ED-report-to-Congress.pdf>

Auerbach, R. P., Mortier, P., Bruffaerts, R., Alonso, J., Benjet, C., Cuijpers, P., Demyttenaere, K., Ebert, D. D., Green, J. G., Hasking, P., Murray, E., Nock, M. K., Pinder-Amaker, S., Sampson, N. A., Stein, D. J., Vilagut, G., Zaslavsky, A. M., & Kessler, R. C. (2018).

WHO world mental health surveys international college student project: Prevalence and distribution of mental disorders. *Journal of Abnormal Psychology*, 127(7), 623–638.

<https://doi.org/10.1037/abn0000362>

Berry, D. M., & York, K. (2011). Depression and religiosity and/or spirituality in college: A longitudinal survey of students in the USA. *Nursing & Health Sciences*, 13(1), 76–83.

<https://doi.org/10.1111>

Bitsko, R. H., Claussen, A. H., Lichstein, J., Black, L. I., Jones, S. E., Danielson, M. L., Hoenig, J. M., Davis Jack, S. P., Brody, D. J., Gyawali, S., Maenner, M. J., Warner, M., Holland, K. M., Perou, R., Crosby, A. E., Blumberg, S. J., Avenevoli, S., Kaminski, J. W., & Ghandour, R. M. (2022). Mental health surveillance among children-United States, 2013–2019. *Morbidity and Mortality Weekly Report*, 71(2), 1–42.

<https://doi.org/10.15585/mmwr.su7102a1>

Brauer, N. (2020). *The Healthy Campus Framework*. American College Health Association.

https://www.acha.org/App_Themes/HC2020/documents/The_Healthy_Campus_Framework.pdf

- Buller, J. L. (2015). *Change leadership in higher education: A practical guide to academic transformation*. Jossey-Bass.
- Capaldi, C., Passmore, H.-A., Nisbet, E., Zelenski, J., & Dopko, R. (2015). Flourishing in nature: A review of the benefits of connecting with nature and its application as a wellbeing intervention. *International Journal of Wellbeing*, 5(4), 1–16.
<http://doi.org/10.5502/ijw.v5i4.1>
- Cardenas, D. (2013). Let not thy food be confused with thy medicine: The hippocratic misquotation. *E-SPEN Journal*, 8(6), e260–e262.
<https://doi.org/10.1016/j.clnme.2013.10.002>
- Carmack, H. J., Nelson, C. L., Hocke-Mirzashvili, T. M., & Fife, E. M. (2018). Depression and anxiety stigma, shame, and communication about mental health among college students: Implications for communication with students. *College Student Affairs Journal*, 36(1), 68–79. <https://doi.org/10.1353/csaj.2018.0004>
- Center for Collegiate Mental Health. (2019). *2019 CCMH annual report*.
https://ccmh.psu.edu/assets/docs/2019-CCMH-Annual-Report_3.17.20.pdf
- Centers for Disease Control and Prevention. (2022, April 13). *Healthy people - HP2000 - about healthy people 2000*. https://www.cdc.gov/nchs/healthy_people/hp1990.htm
- Centers for Disease Control and Prevention. (2021, August 30). *Facts about suicide*.
<https://www.cdc.gov/suicide/facts/index.html>
- Charania, S. N., Danielson, M. L., Claussen, A. H., Lebrun-Harris, L. A., Kaminski, J. W., & Bitsko, R. H. (2022). Bullying victimization and perpetration among U.S. children with and without tourette syndrome. *Journal of Developmental and Behavioral Pediatrics*, 43(1), 23–31. <https://doi.org/10.1097/DBP.0000000000000975>

- Cohen, M. (2010). Wellness and the thermodynamics of a healthy lifestyle. *Asia-Pacific Journal of Health, Sport and Physical Education*, 1(2), 5–12.
<https://doi.org/10.1080/18377122.2010.9730326>
- Choate, L. H., & Smith, S. L. (2003). Enhancing Development in 1st-year college student success courses: A holistic approach. *The Journal of Humanistic Counseling, Education and Development*, 42(2), 178–193. <https://doi.org/10.1002/j.2164-490X.2003.tb00005.x>
- Coleman-Jensen, A., Gregory, C., & Singh, A. (2014). *Household food security in the United States in 2013*. U.S. Department of Agriculture, Economic Research Service.
<https://doi.org/10.2139/ssrn.2504067>
- Condra, M., Dineen, M., Gauthier, S., Gills, H., Jack-Davies, A., & Condra, E. (2015). Academic accommodations for postsecondary students with mental health disabilities in Ontario, Canada: A review of the literature and reflections on emerging issues. *Journal of Postsecondary Education and Disability*, 28(3), 277–291.
<https://files.eric.ed.gov/fulltext/EJ1083849.pdf>
- Conley, C. S., Travers, L. V., & Bryant, F. B. (2013). Promoting psychosocial adjustment and stress management in first-year college students: The benefits of engagement in a psychosocial wellness seminar. *Journal of American College Health*, 61(2), 75–86.
<https://doi.org/10.1080/07448481.2012.754757>
- Constitution of the World Health Organization. (1946). *American Journal of Public Health and the Nations Health*, 36(11), 1315–1323. <https://doi.org/10.2105/ajph.36.11.1315>
- Dimitrov, S., Hulteng, E., & Hong, S. (2017). Inflammation and exercise: Inhibition of monocytic intracellular TNF production by acute exercise via β 2 -adrenergic activation. *Brain, Behavior, and Immunity*, 61, 60–68. <https://doi.org/10.1016/j.bbi.2016.12.017>

- Douce, L., & Keeling, R. (2014). *A strategic primer on college student mental health*. American Council on Education, NASPA, American Psychological Association.
<https://docslib.org/doc/10072646/a-strategic-primer-on-college-student-mental-health>
- Dubick, M. (2016, October). *The challenge of food insecurity for college students*. Hunger on Campus. http://studentsagainsthunger.org/wp-content/uploads/2016/10/Hunger_On_Campus.pdf
- Duke Endowment. (2021). *Researching & strengthening student resilience on college campuses*.
<https://www.dukeendowment.org/project-details/researching-and-strengthening-student-resilience-on-college-campuses>
- Dunn, H. (1961). *High level wellness*. Beatty.
- Eisenberg, D., Golberstein, E., & Hunt, J. B. (2009). Mental health and academic success in college. *The B.E. Journal of Economic Analysis & Policy*, 9(1), 1–37.
<https://doi.org/10.2202/1935-1682.2191>
- Eisenberg, D., & Lipson, S. (2015). *The healthy minds study*. Healthy Minds Network.
https://healthymindsnetwork.org/wp-content/uploads/2019/04/HMS_national_DataReport_14-15.pdf
- Eisenberg, D., Lipson, S., & Heinze, J. (2022). *The healthy minds study*. The Healthy Minds Network. https://healthymindsnetwork.org/wp-content/uploads/2021/09/HMS_national_winter_2021.pdf
- Feng, Q., Zhang, Q. L., Du, Y., Ye, Y. L., & He, Q. Q. (2014). Associations of physical activity, screen time with depression, anxiety and sleep quality among Chinese college freshmen. *PloS One*, 9(6), e100914. <https://doi.org/10.1371/journal.pone.0100914>

- Fox, W. (2021) Making the case for a university senior wellness officer. *Journal of Student Affairs Research and Practice*, 58(2), 121–134.
<https://doi.org/10.1080/19496591.2020.1853559>
- Frankel, B. G., & Hewitt, W. E. (1994). Religion and well-being among Canadian University students: The role of faith groups on campus. *Journal for the Scientific Study of Religion*, 33(1), 62–73. <https://doi.org/10.2307/1386637>
- Goodwin, R. D. (2003). Association between physical activity and mental disorders among adults in the United States. *Preventive Medicine*, 36(6), 698–703.
[https://doi.org/10.1016/s0091-7435\(03\)00042-2](https://doi.org/10.1016/s0091-7435(03)00042-2)
- Granholt, C. (2021, January 22). *Health and well-being in higher education: A commitment to student success*. NIRSA. <https://nirsa.net/nirsa/portfolio-items/health-wellbeing-in-higher-education/>
- Haidt, J., & Rose-Stockwell, T. (2019, December). *The dark psychology of social networks*. The Atlantic. <https://www.theatlantic.com/magazine/archive/2019/12/social-media-democracy/600763/>
- Hala, A., & Figueroa, S. (2021, January 27). *Protective factors and proactive measures for increased well-being among college students*. NASPA.
<https://www.naspa.org/blog/protective-factors-and-proactive-measures-for-increased-well-being-among-college-students>
- Hanson, M. (2023, July 10). *College enrollment & student demographic statistics*. Educational Data Initiative. <https://educationdata.org/college-enrollment-statistics>
- Healthy Minds Network. (2013, September 9). *Research on gatekeeper-trainings*.
https://healthymindsnetwork.org/wp-content/uploads/2019/04/HMN_RB_3.pdf

- Healthy Minds Network. (2019). *The healthy minds study 2018–2019 data report*.
https://healthymindsnetwork.org/wp-content/uploads/2019/09/HMS_national-2018-19.pdf
- Healthy Minds Network. (2020). *The healthy minds study fall 2020 data report*.
<https://healthymindsnetwork.org/wp-content/uploads/2021/02/HMS-Fall-2020-National-Data-Report.pdf>
- Healthy People. (1979). The surgeon general’s report on health promotion and disease prevention: Background papers. *PsycEXTRA Dataset*.
<https://files.eric.ed.gov/fulltext/ED186357.pdf>
- Healthy People. (2020). *Mental health and mental disorders*.
<https://www.healthypeople.gov/2020/topics-objectives/topic/mental-health-and-mental-disorders>
- Hettler, B. (1980). Wellness promotion on a university campus. *Family & Community Health*, 3(1), 77–95. <https://doi.org/10.1097/00003727-198005000-00008>
- Higgins, S. J., Lauzon, L. L., Yew, A. C., Bratseth, C. D., & McLeod, N. (2010). Wellness 101: Health education for the university student. *Health Education*, 110(4), 309–327.
<https://doi.org/10.1108/09654281011052655>
- Horne, L., Zhou, S., Phillips, M., Ceglarek, P., Lipson, S., Daniel, E., Abelson, S., Hutchinson, D., & Kent, D. (2019). *Moving towards a wellness paradigm for Higher Education*.
Healthy Minds Network. <https://healthymindsnetwork.org/wp-content/uploads/2019/04/Wellness-Paradigm-White-Paper-5.pdf>

Inside Higher Ed. (2021, April 21). *What keeps presidents up at night?*

[https://www.insidehighered.com/sites/default/server_files/media/2021 Inside Higher Ed presidents survey webcast.pdf](https://www.insidehighered.com/sites/default/server_files/media/2021%20Inside%20Higher%20Ed%20presidents%20survey%20webcast.pdf)

Institute of Medicine. (1988). *Future of public health*. National Academies Press.

Israel, E., & Batalova, J. (2021, January 14). *International students in the United States*.

Migration Policy Institute. <https://www.migrationpolicy.org/article/international-students-united-states>

Johnson, J., Bauman, C., & Pociask, S. (2019). Teaching the whole student: Integrating wellness education into the academic classroom. *Student Success*, 10(3), 92–103.

<https://doi.org/10.5204/ssj.v10i3.1418>

Kafka, A. C. (2019). Why more colleges are teaching financial wellness. *The Chronicle of Higher Education*, 66(17). <https://www.chronicle.com/article/why-more-colleges-are-teaching-financial-wellness/>

Kaplan, R., & Kaplan, S. (1989). *The experience of nature: A psychological perspective*. Cambridge University Press.

Kearns, H., & Gardiner, M. (2007). Is it time well spent? The relationship between time management behaviours, perceived effectiveness and work-related morale and distress in a university context. *Higher Education Research & Development*, 26(2), 235–247.

<https://doi.org/10.1080/07294360701310839>

Keyes, K. M., Gary, D., O'Malley, P. M., Hamilton, A., & Schulenberg, J. (2019). Recent increases in depressive symptoms among US adolescents: Trends from 1991 to 2018.

Social Psychiatry and Psychiatric Epidemiology, 54(8), 987–996.

<https://doi.org/10.1007/s00127-019-01697-8>

- Kim, H., Rackoff, G. N., & Fitzsimmons-Craft, E. E. (2021). College mental health before and during the COVID-19 pandemic: Results from a nationwide survey. *Cognitive Therapy and Research*, *46*, 1–10. <https://doi.org/10.1007/s10608-021-10241-5>
- Kubaryk, L. (2021, April 19). *The rise of the chief wellness officer in higher education*. EAB. <https://eab.com/resources/research-report/rise-chief-wellness-officer/>
- Lake, P. A. (2001). The special relationship(s) between a college and a student: Law and policy ramifications for the post in loco parentis college. *Idaho Law Review*, *37*, 531–555.
- LeMoyne, T., & Buchanan, T. (2011). Does “hovering” matter? Helicopter parenting and its effect on well-being. *Sociological Spectrum*, *31*(4), 399–418. <https://doi.org/10.1080/02732173.2011.574038>
- Levine, M. (2020). *Ready or not: Preparing our kids to thrive in an uncertain and rapidly changing world*. Harper.
- Liberty University. (2022, January 3). *Student health and wellness. Occupational wellness*. <https://www.liberty.edu/students/health-wellness/dimensions-of-wellness/occupational-wellness/>
- Lipson, S. K., Lattie, E. G., & Eisenberg, D. (2019). Increased rates of mental health service utilization by U.S. college students: 10-year population-level trends (2007–2017). *Psychiatric Services*, *70*(1), 60–63. <https://doi.org/10.1176/appi.ps.201800332>
- Litchke, L. G., Dorman, R., Willemin, T. A., & Liu, T. (2019, June 30). Mental health benefits of a service-learning group drumming between college students and children with autism spectrum disorder. *Journal of Service-Learning in Higher Education*, *9*. <https://eric.ed.gov/?id=EJ1223593>

- Ma, J., & Matea, P. (2021). *Trends in college pricing and student aid*. College Board.
<https://research.collegeboard.org/media/pdf/trends-college-pricing-student-aid-2021.pdf>
- MacInnis, C. C., Nguyen, P., Buliga, E., & Boyce, M. A. (2019). Cross-socioeconomic class friendships can exacerbate imposturous feelings among lower-ses students. *Journal of College Student Development*, 60(5), 595–611. <https://doi.org/10.1353/csd.2019.0056>
- Mental Health First Aid. (2018, May 15). *Case study: University of North Carolina*.
- Miller, G., & Foster, L. T. (2010). *Critical synthesis of wellness literature*. University of Victoria. [http://www.buyteknet.info/fileshare/data/proyecto_cfe/Critical Synthesis of Wellness Literature.pdf](http://www.buyteknet.info/fileshare/data/proyecto_cfe/Critical%20Synthesis%20of%20Wellness%20Literature.pdf)
- Miller, J. W. (2005). Wellness: The history and development of a concept. *Spektrum Freizeit*, 2005(1), 84–106.
- Mistler, B., Reetz, D. R., Krylowicz, B., Reetz, D. Barr, V. (2012). *The association for university and college counseling center directors annual survey*. Indianapolis, Association for University and College Counseling Center Directors.
https://files.cmcglobal.com/Monograph_2012_AUCCCD_Public.pdf
- National Center for Education Statistics. (2023). *Loans for undergraduate students and debt for bachelor's degree recipients. Condition of education*. U.S. Department of Education, Institute of Education Sciences.
- Newman, L. A., Madaus, J. W., Lalor, A. R., & Javitz, H. S. (2019). Support receipt: Effect on postsecondary success of students with learning disabilities. *Career Development and Transition for Exceptional Individuals*, 42(1), 6–16.
<https://doi.org/10.1177/2165143418811288>

- NIRSA. (2020, November). *Health and well-being in higher education: A commitment to student success*. www.nirsa.org/hands-in
- Njuguna, R. G., Berkley, J. A., & Jemutai, J. (2020). Cost and cost-effectiveness analysis of treatment for child undernutrition in low- and middle-income countries: A systematic review. *Wellcome Open Research*, 5(62), 1–39.
<https://doi.org/10.12688/wellcomeopenres.15781.2>
- Okanagan Charter. (2015). *An international charter for health promoting universities and colleges*. <https://www.healthpromotingcampuses.org/okanagan-charter>
- Oxford Learner's Dictionaries. (n.d.-a). Millennial. In *Oxford Learner's Dictionary*. Retrieved February 28, 2024, from
https://www.oxfordlearnersdictionaries.com/us/definition/english/millennial_2?q=millennials
- Oxford Learner's Dictionaries. (n.d.-b). Proactive. In *Oxford Learner's Dictionary*. Retrieved February 28, 2024, from
https://www.oxfordlearnersdictionaries.com/us/definition/american_english/proactive
- Oxford Learner's Dictionaries. (n.d.-c). Reactive. In *Oxford Learner's Dictionary*. Retrieved February 28, 2024, from
<https://www.oxfordlearnersdictionaries.com/us/definition/english/reactive?q=reactive>
- Pano, O., Martínez-Lapiscina, E. H., Sayón-Orea, C., Martínez-Gonzalez, M. A., Martínez, J. A., & Sanchez-Villegas, A. (2021). Healthy diet, depression and quality of life: A narrative review of biological mechanisms and primary prevention opportunities. *World Journal of Psychiatry*, 11(11), 997–1016. <https://doi.org/10.5498/wjp.v11.i11.997>

- Park, S. Y., Andalibi, N., Zou, Y., Ambulkar, S., & Huh-Yoo, J. (2020). Understanding students' mental well-being challenges on a university campus: Interview study. *JMIR Formative Research*, 4(3), e15962. <https://doi.org/10.2196/15962>
- Pascarella, E. T., & Terenzini, P. T. (2005). *How college affects students*. Jossey-Bass.
- Patel, V. (2019, February 17). *The new "in loco parentis."* The Chronicle of Higher Education. <https://www.chronicle.com/article/why-colleges-are-keeping-a-closer-eye-on-their-students-lives/>
- Payne-Sturges, D. C, Tjaden, A., Caldeira, K. M., Vincent, K. B., Arria, A. M. (2018). Student hunger on campus: Food insecurity among college students and implications for academic institutions. *American Journal of Health Promotion*, 32(2), 349–354. <https://doi.org/10.1177/0890117117719620>
- Pedrelli, P., Nyer, M., Yeung, A., Zulauf, C., & Wilens, T. (2015), October). College students: Mental health problems and treatment considerations. *Acad Psychiatry*, 39(5), 503–511. <https://doi.org/10.1007/s40596-014-0205-9>
- Pennsylvania Department of Education. (2018). *Student mental health and suicide prevention plans*. <https://www.education.pa.gov/Postsecondary-Adult/Pages/Student-Mental-Health-and-Suicide-Prevention-Plans.aspx>
- Primack, B. A., Shensa, A., Sidani, J. E., Whaite, E. O., Lin, L. Y., Rosen, D., Colditz, J. B., Radovic, A., & Miller, E. (2017, July). Social media use and perceived social isolation among young adults in the U.S. *American Journal of Preventive Medicine*, 53(1), 1–8. <https://doi.org/10.1016/j.amepre.2017.01.010>

- Purcell, R., Gwyther, K., & Rice, S. M. (2019). Mental health in elite athletes: Increased awareness requires an early intervention framework to respond to athlete needs. *Sports Medicine-Open*, 5(1), 1–8. <https://doi.org/10.1186/s40798-019-0220-1>
- Quinnett, P. G. (2023). The certified QPR pathfinder training program: A description of a novel public health gatekeeper training program to mitigate suicidal ideation and suicide deaths. *Journal of Prevention*, 44(6), 813–824. <https://doi.org/10.1007/s10935-023-00748-w>
- Raisman, N. (2013, February 1). *The cost of college attrition at four-year colleges & Universities - an analysis of 1669 US institutions*. VTechWorks Repository. <https://vtechworks.lib.vt.edu/handle/10919/83250>
- Ramsey, T., Athey, A., Ellis, J., Tubbs, A., Turner, R., Killgore, W. D., Warlick, C., Alfonso-Miller, P., & Grandner, M. A. (2019). 0901 dose-response relationship between insufficient sleep and mental health symptoms in collegiate student athletes and non-athletes. *Sleep*, 42(Supplement_1). <https://doi.org/10.1093/sleep/zsz067.899>
- Ravitch, S. M., & Carl, N. M. (2021). *Qualitative research: Bridging the conceptual, theoretical, and methodological*. SAGE Publications.
- Renger, R., Midyett, S. J., Mas, F. S., Erin, T. D., McDermott, H. M., Papenfuss, R. L., Eichling, P. S., Baker, D. H., Johnson, K. A., & Hewitt, M. J. (2000). Optimal living profile: An inventory to assess health and wellness. *American Journal of Health Behavior*, 24, 403–412. <https://doi.org/10.5993/AJHB.24.6.1>
- Roscoe, L. J. (2009). Wellness: A review of theory and measurement for counselors. *Journal of Counseling & Development*, 87(2), 216–226. <https://doi.org/10.1002/j.1556-6678.2009.tb00570.x>

- Scalora, S., Anderson, M., Crete, A., Drapkin, J., Portnoff, L., Athan, A., & Miller, L. (2020). A spirituality mind-body wellness center in a university setting: A pilot service assessment study. *Religions, 11*(9), 466–479. <https://doi.org/10.3390/re11090466>
- Schlozman, S., & Abdu-Glass, E. (2023, June 8). *The College Mental Health Crisis: A call for cultural change*. Clay Center for Young Healthy Minds.
- Schneider, M. (2010). *Finishing the first lap: The cost of first-year student attrition in America's four-year colleges and universities*. American Institutes for Research.
- Segrin, C., Woszidlo, A., Givertz, M., Bauer, A., & Taylor Murphy, M. (2012). The association between overparenting, parent-child communication, and entitlement and adaptive traits in adult children. *Family Relations, 61*(2), 237–252. <https://doi.org/10.1111/j.1741-3729.2011.00689.x>
- Seppälä, E., Bradley, C., Moeller, J., Harouni, L., Nandamudi, D., & Brackett, M. (2020). Promoting mental health and psychological thriving in university students: A randomized controlled trial of three well-being interventions. *Frontiers in Psychiatry, 11*(590). <https://doi.org/10.3389/fpsy.2020.00590>
- Stolzenberg, E. B., Aragon, M. C., Romo, E., Couch, V., McLennon, D., Eagan, M. K., & K., N. (2020). *The American Freshman: National Norms Fall 2019*. Higher Education Research Institute, UCLA. <https://www.heri.ucla.edu/monographs/TheAmericanFreshman2019.pdf>
- Suicide Prevention Resource Center. (2020, October). *A comprehensive approach to suicide prevention—Suicide prevention resource center*. <https://sprc.org/effective-prevention/comprehensive-approach>
- Swarbrick, P., & Yudof, J. (2015, January). *Wellness in 8 dimensions booklet with daily plan*. CSPNJ.

https://www.center4healthandsdc.org/uploads/7/1/1/4/71142589/wellness_in_8_dimensions_booklet_with_daily_plan.pdf

Taylor, M., & Chessman, J. (2019, August 12). *College student mental health and well-being: A survey of presidents*. Higher Education Today.

<https://www.higheredtoday.org/2019/08/12/college-student-mental-health-well-survey-college-presidents/>

Travis, J. W. (1975). *Wellness inventory*. Wellness Associates.

Tsigalou, C., Konstantinidis, T., Paraschaki, A., Stavropoulou, E., Voidarou, C., & Bezirtzoglou, E. (2020). Mediterranean diet as a tool to combat inflammation and chronic diseases. An overview. *Biomedicines*, 8(7), 201–214. <https://doi.org/10.3390/biomedicines8070201>

Turner, J., Leno, E., & Keller, A. (2013). Causes of mortality among American college students: A pilot study. *Journal of College Student Psychotherapy*, 27(1), 31–42.

<https://doi.org/10.1080/87568225.2013.739022>

Twenge, J. M., & Campbell, W. K. (2019, June). Media use is linked to lower psychological well-being: Evidence from three datasets. *Psychiatric Quarterly*, 90(2), 311–331.

<https://doi.org/10.1007/s11126-019-09630-7>

Twenge, J. M., Haidt, J., Blake, A. B., McAllister, C., Lemon, H., & Le Roy, A. (2021).

Worldwide increases in adolescent loneliness. *Journal of Adolescence*, 93(1), 257–269.

<https://doi.org/10.1016/j.adolescence.2021.06.006>

Ulloa, M., L. Guzman, M., & Salazar, C. (2016). Posttraumatic growth and sexual violence: A literature review. *Journal of Aggression, Maltreatment & Trauma*, 25(3), 286–304.

<https://doi.org/10.1080/10926771.2015.1079286>

- Ward, A., Stedje, H., & Tischler, D. (2022). Students' experience of a college wellness course. *Health Education Journal*, 81(5), 529–539. <https://doi.org/10.1177/00178969221092732>
- Watkins, D. C., Hunt, J. B., & Eisenberg, D. (2011). Increased demand for mental health services on college campuses: Perspectives from administrators. *Qualitative Social Work*, 11(3), 319–337. <https://doi.org/10.1177/1473325011401468>
- Webber, R. (2002). Young people and their quest for meaning. *Youth Studies Australia*, 21(1), 40–43. <https://search.informit.org/doi/abs/10.3316/ielapa.2002035>
- White, S. C., & Glickman, T. S. (2007). Innovation in higher education: Implications for the future. *New Directions for Higher Education*, 2007(137), 97–105. <https://doi.org/10.1002/he.248>
- Wintre, M. G., & Yaffe, M. (2000). First-year students' adjustment to university life as a function of relationships with parents. *Journal of Adolescent Research*, 15(1), 9–37. <https://doi.org/10.1177/0743558400151002>
- World Health Organization. (2018). *Mental health: Strengthening our response*. <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>
- Xiao, H., Carney, D. M., Youn, S. J., Janis, R. A., Castonguay, L. G., Hayes, J. A., & Locke, B. D. (2017). Are we in crisis? National mental health and treatment trends in college counseling centers. *Psychological Services*, 14, 407–415. <https://doi.org/10.1037/ser0000130>
- Yazan, B. (2015). Three approaches to case study methods in education: Yin, Merriam, and Stake. *The Qualitative Report*, 20(2), 134–152. <https://doi.org/10.46743/2160-3715/2015.2102>