

8

This chapter describes why resilience and mental health deserve more attention in efforts to increase student retention. The chapter offers practical suggestions for campus administrators and others.

Promoting Resilience, Retention, and Mental Health

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Access to college has increased in recent decades, but completion rates have not (Bound, Lovenheim, & Turner, 2010; Bowen, Chingos, & McPherson, 2009). The national 6-year bachelor's graduation rate remained less than 60% in 2013 (Kena et al., 2014), and these rates are significantly lower among Black, Latinx, and low-income students (Bound et al., 2010; Snyder & Dillow, 2013). Although policymakers and researchers have made considerable efforts to address barriers to degree completion, one important factor has not been fully considered in the national dialogue: student mental health.

The prevalence of mental health problems among college students has increased steadily (Twenge et al., 2010; see also Chapter 2 in this volume). Roughly one third of undergraduates have clinically significant symptoms of mental health problems such as depression and anxiety (Eisenberg, Hunt, & Speer, 2013). Increased access to effective mental health care during childhood and adolescence has created new opportunities for young people with preexisting mental health conditions to enroll in college. Lack of resilience is also cited as contributing to what some refer to as the “campus mental health crisis” (Eiser, 2011; Gabriel, 2010; Schwartz & Kay, 2009). Resilience refers to the ability of people to achieve “good outcomes in spite of serious threats to adaptation or development” (Masten, 2001, p. 228).

Thus, a potential strategy to increase retention and completion is to focus on students' resilience and mental health. This chapter considers how college health providers and student affairs professionals can address the relationship between low rates of persistence and high rates of mental health problems to improve students' well-being and academic success. This chapter describes the connection between resilience, mental health, and retention and provides practical implications for campus professionals.

The Bigger Picture of Retention Efforts

Increasing retention and graduation rates has been a major focus in higher education for decades. Research and policy have emphasized a wide variety of factors, but rarely mental health. Tinto's (1975) classic theory of retention emphasized academic and social integration into institutional communities. Revisions of this framework (Braxton, Hirschy, & McClendon, 2011; Hurtado & Carter, 1997; Kuh, Cruce, Shoup, Kinzie, & Gonyea, 2008) and complementary theories (Bean & Eaton, 2000) emphasize factors such as engagement on campus (Kuh et al., 2008), academic preparation (Adelman, 1999; Tierney, Colyar, & Corwin, 2003), and tuition pricing and financial aid (Chen & DesJardins, 2010; Heller, 2003; John, Paulsen, & Starkey, 1996).

Many of today's retention strategies promote objectives related to these frameworks: (a) providing support for the academic and social transition to college, (b) integrating academic support within daily learning, (c) assessing and monitoring academic risk factors, and (d) engaging students in communities that foster intellectual and social connection (Tinto, 2004). In each of these objectives, faculty and other academic personnel play essential roles as advisors and instructors (Light, 2004). In some cases, students may be persisting because of how they are facing and working through challenges related to their mental health. The connection between resilience and mental health may be an implicit pathway by which programs exert their beneficial effects on retention, but these pathways are rarely an explicit part of the dialogue.

Why Resilience and Mental Health Matter for Retention

Resilience is not merely a natural ability; a person can develop new or stronger resilience skills (Masten, 2001). Factors that enhance resilience include social support, physical health, self-regulation, cognitive flexibility, and optimism (Howard, Dryden, & Johnson, 1999). The ability of students to cope with the inevitable challenges of college life has significant implications for both well-being and academic success. Resilience has benefits that relate to persistence and to the ability of a student to recover from challenges related to mental health. Students who are resilient depend on this strength as a central determinant of mental health. Resilience allows people to maintain or recover good mental health in the face of adversity. Resilience is also an important determinant of academic performance (Leary & DeRosier, 2012); it allows students to persist through and bounce back from academic challenges, such as failing an exam.

Decreasing resilience appears to be contributing factor to a steady decline in mental health in college populations (Eagan, Lozano, Hurtado, & Case, 2013). This trend is not limited to recent years. Depression and anxiety have been rising steadily for many decades, according to a meta-analysis

of studies using the Minnesota Multiphasic Personality Inventory (Twenge et al., 2010). This study notes that an increasing focus among young people on extrinsic motivations, such as status, grades, and money, along with impossibly high expectations for these goals, are probably contributing to the negative trends in resilience and mental health. In other words, young people are in a constant state of vulnerability if they are fixated on objectives that are largely outside their own control. These high external expectations can decrease their motivation and ability to overcome barriers.

To summarize our basic conceptual framework. First, we theorize that resilience can directly affect academic outcomes such as retention by influencing how students handle academic challenges and setbacks. Second, we posit that resilience can positively or negatively influence retention indirectly depending on how the student works through and faces mental health challenges. How a student copes with mental health challenges could affect retention by detracting from students' ability and motivation to complete schoolwork, making it less likely they will obtain good grades and persist to graduation. Specifically, poor mental health could decrease students' energy and concentration in school, which may reduce accrual of both real skills and outward signals (such as high grades) that increase expected job opportunities and productivity. Also, conditions such as depression can make students pessimistic about their futures, reducing their motivation to make long-term investments like schooling. Depression is associated with gaps in enrollment of a semester or more (referred to as discontinuous enrollment) (Arria et al., 2013) and a twofold increase in risk of departure from college without graduating (Eisenberg, Golberstein, & Hunt, 2009). There is mounting evidence that how a student uses resilience to cope with mental health is an important determinant of retention and academic performance (Hartley, 2011).

Promising Programs and Initiatives

In recognition of the importance of the relationship between resilience and mental health in college populations, a growing number of programs target these issues and therefore have potential to boost retention. In addition, there are some integrated programs that explicitly address the intersection of resilience, mental health, and academic success. These approaches typically involve collaboration across campus units, including health, academic, and other support services, and they represent a move toward a proactive model that promotes health and well-being as part of the institutional culture and routine. In this section, we describe several such programs. As a way of organizing this discussion, we follow a public health framework, moving from the tertiary level (programs targeting students already experiencing significant mental health and/or academic problems), to the secondary level (programs targeting students with risk factors or emerging risk), to the primary level (programs reaching entire populations).

Tertiary Level. Many new programs are reaching students online, in recognition of the fact that students with mental health struggles do not necessarily access traditional mental health services. For example, the American Foundation for Suicide Prevention's Interactive Screening Program (ISP) uses a web-based screen to identify students with elevated mental health risk and connect them with information and resources (www.afsp.org/our-work/the-interactive-screening-program). The ISP has been implemented on hundreds of campuses across the country. Another online screening-linkage program, eBridge (electronic bridge to mental health), is currently conducting a multisite randomized trial, funded by the National Institutes of Health, in which academic and mental health outcomes are being assessed. eBridge demonstrated promising results in a pilot study; students randomized to online motivational interviewing were more likely to access mental health services (King et al., 2015).

From Intention to Action (FITA) is an integrated program with the explicit goal of addressing both mental health and retention (carleton.ca/fita). This intensive counseling program developed at Carleton University (Ottawa, Canada) targets students who are at risk for academic failure and may be experiencing mental health problems. The program involves 12 weekly meetings with a FITA coordinator, focusing on bolstering well-being and academic performance. Students who began FITA with poor mental health have had improvements in both mental health and course grades, allowing them to avoid academic suspension (Meissner & Konecki, 2015).

Peer-based programs have also increased in popularity as an approach to support distressed students. Since 2007, the Student Support Network at Worcester Polytechnic Institute has trained hundreds of students to help peers in crisis (www.wpi.edu/offices/sdcc/student-network.html).

Secondary Level. A widely implemented model for students at risk for dropping out is the Student Support Services (SSS) Program. This U.S. Department of Education initiative serves two highly vulnerable populations: low-income, first-generation students and students with disabilities who demonstrate academic need (www2.ed.gov/programs/triostudsupp/index.html). Institutions apply for federal funding to administer an SSS program, which provides participants with academic tutoring, close advising, and holistic personal, career, and financial counseling. With their holistic approach, SSS programs could naturally extend to promoting mental health and resilience more explicitly.

The Penn Resiliency Program, at the University of Pennsylvania, focuses specifically on mental health. Their curriculum and programming have developed over 25 years and use principles and practices of cognitive behavioral therapy to support students who may be vulnerable to stress-related mental illness. Their program model has had wide impact, estimated at more than 30,000 individuals, by both providing direct services to students and by training people to teach resilience-related skills (<https://ppc.sas.upenn.edu/services/penn-resilience-training>).

Primary Level. On a primary/universal level, curriculum-based approaches can reach entire cohorts of students at an institution during certain key periods. Many campuses have designed first-year experience (FYE) programs to foster holistic student development and a healthy college transition. FYE programs include a wide range of initiatives, such as summer orientations, first-year seminars, peer- or faculty-led support groups, and targeted advising. Although there are some mixed findings regarding the impact of FYE programs (Robbins, Oh, Le, & Button, 2009), in general these programs are considered a “high-impact educational practice” according to the Association of American Colleges and Universities (Kuh, 2008), and participation is associated in many studies with successful outcomes (Pascarella & Terenzini, 2005). Programs commonly focus on practical and academic (e.g., course scheduling) aspects of college life (Hunter, 2006; Padgett & Keup, 2011), with minimal emphasis on stress, coping, and resilience (Leary & DeRosier, 2012), however.

A promising first-year seminar with a focus on resilience and mental health has begun through a research study at University of Nevada-Reno. Students were randomized to an online program based on Acceptance and Commitment Therapy (ACT) or to a waitlist control. The program, ACT on College Life (ACT-CL), targeted cognitive flexibility to prevent a range of mental health problems. ACT-CL decreased depression and anxiety among students with at least minimal baseline distress (Levin, Pistorello, Seeley, & Hayes, 2014). Another notable curriculum-based initiative is SCoRE (Student Curriculum on Resilience Education), a program designed to help students cope with personal, social, and academic challenges (www.scoreforcollege.org). Incorporating online self-reflections, activities, and personalized reports, SCoRE aims to strengthen resilience so that students can adjust to and persist in the face of adversity.

Another way of thinking about primary approaches is to consider the underlying campus culture and its impact on student well-being, resilience, and retention. In some cases, teaching pedagogies and grading policies may need to be reexamined. Practices such as grading on a curve can engender competition and stifle opportunities for collaborative learning (Fines, 1996; Hurtado et al., 2011). Likewise, certain instructional contexts, such as large lectures, lack opportunities for the substantive student–faculty interaction which is vital to student engagement (Baldwin, 2009). Several promising programs have been designed to counter these trends and create a more supportive academic climate. For example, the Expert Electronic Coaching (ECoach) program at University of Michigan uses open-source software to provide individualized feedback and advising messages to undergraduates in large, introductory lectures (<http://ai.umich.edu/portfolio/e-coach/>). Such programs can provide guidance about productively facing challenges and setbacks, and could be enhanced to address resilience and well-being.

Colleges can also help to normalize “failure” as part of the learning process. An interesting example of this is Harvard University’s “Reflections on Rejections” (successfailureproject.bsc.harvard.edu/reflections-rejections), a collection of video- and text-based accounts of rejection as experienced by Harvard deans, faculty, students, and alumni. Related to this, mindset interventions developed by social psychologists have potential benefits for resilience, mental health, and retention. The mindsets that students adopt toward ability (Dweck, 2006) and stress (Crum, Salovey, & Achor, 2013) are associated with academic and mental health outcomes in college populations. Finally, peer-based approaches also have potential to be helpful at a primary level. For example, the Wolverine Support Network at University of Michigan organizes weekly discussion groups facilitated by trained peer leaders to address well-being (csg.umich.edu/student-resources/wolverine-support-network).

Strategies and Recommendations

There are exciting opportunities to increase retention rates through greater attention to intentionally nurturing resilience and mental health, as highlighted by the examples described in this chapter. These opportunities are consistent with the general movement toward a more integrated, holistic approach to student wellness and success. In the coming years, we anticipate a wave of new programs and evidence regarding how to increase retention through programs that address the relationship between resilience and mental health. In the meantime, based on our review of current programs and evidence, we recommend that student affairs practitioners and leaders consider adopting, or enhancing, programs that promote student resilience and mental health through a variety of settings beyond the important work already done in counseling and health centers. By implementing these programs at multiple levels, campuses can foster a culture that recognizes the connections between resilience, mental health, and retention. Strategies may include:

- Academic advising is an ideal setting in which to bolster students’ resilience skills. Advisors can help students adopt more constructive mindsets about their academic skills and growth, and can also proactively refer students to counseling and other resources that might enhance their coping skills before they reach a point of academic or emotional crisis.
- FYE seminars and other courses can potentially increase resilience on a campuswide level. There is emerging evidence of effectiveness for these types of programs and their beneficial impacts on student retention. Student affairs leaders can actively monitor new developments in this area, and can promote the adoption of courses that build resilience skills.
- Peer support groups can offer an important complement to the services provided by campus professionals. Student affairs leaders should foster

the growth and development of these groups and help them implement evidence-based methods for teaching resilience skills.

- Online programs can reach large numbers of students at very low cost. Online screening and referral programs can help struggling students, as described previously, and information promoting resilience for coping with challenges through information shared via e-mail, websites, and social media can help all types of students.
- Student data analytics are increasingly sophisticated in higher education, and have great potential to address resilience, mental health, and retention. A rich variety of sources—such as admissions data, course data, and measures collected from surveys and mobile devices—could provide a full picture of students' academic and overall well-being and offer them real-time resources that fit their needs.
- The provision of comprehensive campus mental health services, as described in Chapter 2, is also essential to fostering student success. Given the connection between mental health, retention, and resilience, it is necessary to have a campus counseling center offering the broad range of prevention and intervention services.

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