



Published in final edited form as:

J Am Coll Health. 2022 July ; 70(5): 1356–1358. doi:10.1080/07448481.2020.1803882.

Priorities for Addressing the Impact of the COVID-19 Pandemic on College Student Mental Health

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Abstract

The COVID-19 pandemic has already produced profound impacts on college students, with the unprecedented directives for students to suddenly relocate from their college campuses and dormitories mid-semester while continuing to engage in online learning. The current disruptions and anticipated potential long-term changes call for immediate prioritization regarding next steps for addressing college mental health and well-being. This viewpoint article highlights two urgent priorities for addressing current college mental health needs: the development of strategies for ensuring mental health service access, and intentional outreach to college students with special circumstances. The current crisis also represents an opportunity for campus administrators, mental health professionals, researchers, and policymakers to leverage innovative models of care as well as identity-related student assets, strengths, and resilience-promoting factors to support students’ eventual return to campus and to respond more effectively to future massive disruptions.

Keywords

COVID-19; mental health; universities; stress; students

The COVID-19 pandemic has upended millions of lives worldwide. Given concerns regarding the potential spread of the virus on college campuses during March of 2020, students throughout the United States were confronted with the unprecedented directive to suddenly relocate from their college campuses and to engage in remote learning. Schools around the world have been grappling with how to re-open their campuses and to carry on with the “new normal.”¹ These changes have no doubt created psychological distress, not only among students but with staff and faculty. These changes are likely to affect college students’ mental health and the structures for supporting their mental health. In an April

2020 survey of over 2,000 college students conducted by the nonprofit organization, Active Minds, one in five respondents reported that their mental health had significantly worsened during the pandemic.²

Our prior research has added to the significant evidence demonstrating high baseline levels of stress and mental health challenges among college students.³ Pandemic-related stresses, including relocation, online learning, social distancing, and anxiety over health and economic risks are likely to persist as long-term stressors. Social support usually plays a critical role in mitigating mental health risks, yet social distancing and isolation strategies restrict this coping strategy. Particularly vulnerable student populations include those with pre-existing mental health conditions whose relocation may disrupt active treatment. Marginalized communities such as racial/ethnic minorities, students from low-income families, sexual minorities, and first-generation college students, may experience exacerbated barriers to accessing and engaging in mental health treatment.

The current disruptions and anticipated potential long-term changes require us to prioritize next steps to address college mental health and well-being.⁴ Our report highlights two areas that currently deserve further attention in its implementation: the development of strategies for ensuring mental health service access and the intentional outreach to college students with special circumstances.

Ensuring Students' Access to Mental Health Services.

Although students are now scattered throughout the country and the world, universities remain a primary occupational/social connection and authority figure for many students. Most universities have traditionally relied on in-person mental health and counseling services, but the COVID-19 pandemic has demanded adaptation and innovation to meet the needs of students. University mental health and counseling centers have begun evolving to address the current global crisis. This has included increasing availability/access for new clients, pioneering novel services to address increased mental health needs,⁴ keeping up to date on best practices, and staying informed on legal and insurance-based considerations regarding telehealth.

University counseling centers should be guided in these endeavors by the principle of decreasing barriers to access. Instead of traditional models where students are assigned to individual clinicians who may or may not be on campus, universities could consider creating more flexible models of care, including lower threshold “walk-in”/drop-in virtual care options. Schools should be particularly mindful of vulnerable student populations, further elaborated in the next section. One consideration may be to proactively create tracking systems of students such as those with pre-existing mental health conditions, limited financial means, and international students, enabling clinicians to identify, connect, and assist where appropriate.

Stepped care models may more efficiently match students to the appropriate level of services. Virtual app-based resources, such as Internet-delivered cognitive behavioral therapy, have demonstrated efficacy in adolescents.⁵ As well, virtual group therapy can

be an accessible and scalable resource. Although evidence for its efficacy is limited as this was not a widely adopted format prior to COVID-19,⁶ some early observations show its promise. For example, in its transition to remote services for students in March of 2020, the McLean Hospital College Mental Health program saw a lull in group services despite anticipated increased need for such services among students. The slow uptake by students was attributed to their need to settle into new routines and their lack of knowledge regarding remote options available to them during the initial weeks of the pandemic. However, active promotion of the group services (through website banners, webinars, blogs, and articles) helped to streamline inquiries and intakes, which led to the tripling of participation rates by mid-April. This experience demonstrated the possibility of scaling group-based virtual care.

Such strategies are consistent with larger national trends in the wake of the COVID-19 outbreak. Many health systems around the U.S. have rapidly shifted to providing remote care in order to decrease risk of exposure for both clinicians and patients. Psychiatric care is particularly well suited to such a transition given generally lower needs for in-person contact, such as procedures or physical exam maneuvers. Furthermore, third-party payers, risk managers, and privacy/security professionals, all of whom have traditionally opposed expansion of telehealth, have recognized the importance of providing timely, accessible care to psychiatrically ill patients in the context of the current pandemic. In doing so, prior restrictions to virtual care have been relaxed.⁷ However, state licensing laws generally do not permit psychologists to provide telehealth services across state lines, especially for initial visits, thus posing a major obstacle to providing care to students who have left campus. The laws regarding psychiatrists tend to be more lenient, especially for established patients. Confusion regarding regulatory restrictions has the potential to significantly impede provision of care to students in need. College mental health services have found themselves evolving to keep pace with shifts in the care model.

Intentional Outreach for Students with Special Circumstances.

Disparities often increase during crises and widening gaps must be anticipated and proactively addressed in our efforts to address the mental health concerns of college students. Low-income, underrepresented minority, and first-generation students may encounter increased stressors at home due to scarcity in basic needs (e.g., food, shelter), or access to healthcare or technology required for maintaining contact with others. Many of these students are assuming increased household responsibilities for childcare and financial support while negotiating legal, financial, and healthcare issues on behalf of family members. Students of color, who tend to be marginalized from campus-based mental health care systems and support resources,³ may find these resources even further out of reach, despite the stress compounded by racial tensions in the U.S. that have taken place during the pandemic. As well, racial discrimination due to COVID-19 may have direct negative consequences for mental health of Asian and Asian American students, who were already among the lowest utilizers of mental health services in this country despite alarmingly high levels of depression.³ International students are navigating a complex set of challenges marked by chaotic and inconsistent decisions regarding housing status, limited campus-based services for those who remain, and rushed and disruptive international travel for those who have departed. Students who have spent significant proportions of their lives

studying away from home may have suddenly returned to home situations that may feel alien or even hostile to them. The effects of all these changes are currently unknown.

Schools can leverage emerging telehealth treatment options by establishing designated affinity group spaces for vulnerable student populations. The McLean/Massachusetts General Brigham Youth Scholars' Identity and Student Wellbeing workshop series has been converted to a virtual platform to provide culturally-informed support to students of color, low-income, and first generation students during the COVID-19 pandemic. The Mental Health Matters group model has been similarly adapted for virtual delivery in providing cognitive behavioral therapy, peer support, and opportunities for coalition building among all underrepresented and vulnerable student groups.

Schools may need to explore non-traditional methods and community partnerships for reaching vulnerable student populations where they feel safe. For example, McLean's College Mental Health Program has begun collaborating with faith-based community organizations to strengthen relationships and embed virtual group psychoeducational and legal consultation services. This enables the program to reach international students in a place they seek comfort and refuge. The AKKOMA Project and The Steve Fund, non-profit organizations dedicated to promoting mental health among people of color, have numerous programs and services that can readily be infused into virtual campuses and therapeutic environments. The Asian Women's Actions on Resilience and Empowerment (AWARE) program, designed for Asian American female students, is an evidence-based, trauma-informed group psychotherapy that incorporates issues of culture, health, and gender. Recently, the in-person AWARE training program for clinicians has been translated and converted to the online training program. This online format allows clinicians to identify culturally-specific risk and protective factors, as well as empower clients with coping skills. This is an innovative, flexible, and user-friendly way to train and to disseminate a novel treatment for Asian American women to all practitioners wherever they are.

Carefully considering mental health, educational, and healthcare ecosystems through the lens of sociocultural identities can facilitate a more thoughtful, systematic, and informed approach to target evolving student needs. Critically, this process also presents an opportunity for campus administrators, mental health professionals, researchers, and policymakers to leverage identity-related student assets, strengths, and resilience-promoting factors during this period of separation from school. Specific strategies are to (1) acknowledge and validate the stories and images depicting risk and identity (e.g., vivid accounts of the disproportionate impact of COVID on people of color and distressing images of police brutality against African Americans) being shared through multiple media platforms and their potential negative mental health impacts, (2) help students name and claim pre-COVID-19 identity-based factors to promote resilience, and (3) use cognitive behavioral therapy approaches to teach strategies for promoting student resilience through their most salient and meaningful aspects of identity. A first-generation Latinx student from a low-income background summarized the "Identity: Risk-to-Resilience" process like this:

"I know to expect even more barriers than usual in the new-normal and since COVID. But, as the only English-speaking member of my family I have tons of

skills because of how my family has relied upon me. I know how to self-advocate; I interact well with adults; I'm familiar with medical and legal systems and documents; I have strong time-management skills because I've done well in school and held a job since I was 16."

Amplifying and scaling these culturally-informed, evidence-based interventions should be prioritized by college systems. In doing so, we will all be better positioned to support students' eventual return to campus and to design interventions that will lead to the prevention of anticipated negative mental health outcomes. This framework enables universities to create a culture of resilience, and ultimately, to respond more effectively to future massive disruptions.

Conclusions.

The COVID-19 pandemic is rapidly evolving as of the writing of this paper; therefore, the perspectives we hold are based on the events that we have seen thus far, which include college student relocation, a dramatic shift to online learning, strict public health guidelines regarding social distancing, and uncertainty in the college experience for students. We offer these observations as a starting point when considering the short and long-term needs of student mental health and well-being in this unprecedented situation.

Acknowledgments.

We thank Emily Zhang and Fifi Wong for their assistance in the preparation of this manuscript. Support for this manuscript was provided through the Mary A. Tynan Faculty Fellowship and a NIMH K23 MH 107714-01 A1 award (to C.H.L.) and by the National Science Foundation #2027553 (to. H.C.H. and C.H.L.).

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