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More than inconvenienced: The unique needs of U.S. college students during the COVID-19 pandemic

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Abstract

U.S. college students are a distinct population facing major challenges due to the COVID-19 pandemic. Before the pandemic, students were already experiencing substantial mental health concerns, putting both their health and academic success in jeopardy. College students now face increasing housing and food insecurity, financial hardships, a lack of social connectedness and sense of belonging, uncertainty about the future, and access issues that impede their academic performance and well-being. There is also reason to believe that COVID-19 is exacerbating inequalities for students of color and low-income students. We provide several recommendations for institutions of higher education to mitigate these obstacles, including engaging in data-driven decision-making, delivering clear and informative messaging to students, prioritizing and expanding student support services, and using an equity framework to guide all processes.

Keywords

COVID-19; college; university; students; health; mental health

INTRODUCTION

In March 2020, U.S. institutions of higher education abruptly and almost universally shut down their campuses, shifted to online education, and sent residential students home in recognition that campuses were high-risk environments for COVID-19 transmission (American College Health Association [ACHA], 2020a). With college campuses widely considered “landlocked cruise ships,” this was an appropriate public health response, especially given it was expected to be a temporary and precautionary measure. Yet in late summer 2020, COVID-19 cases were still precipitously increasing in many states, and campus administrators were tasked with determining their fall plans. Institutional responses varied greatly, including a continuation of online learning, various hybrid configurations

combining online and in-person approaches, and a full return to campus for in-person instruction (Chronicle of Higher Education, 2020). For the latter, despite the intent of offering students a traditional campus-based experience, necessary stipulations to prevent COVID-19 transmission such as wearing face masks, physical distancing, and no longer having gatherings of more than a few people has resulted in a very different way of college life. Adding to this turbulence, many institutions that initially reopened had to swiftly change course due to COVID-19 outbreaks on campus, resulting in students being sent back home and a return to online instruction.

With over 88,000 known COVID-19 cases on college campuses as of September 2020 (New York Times, 2020), a return to normalcy is unlikely for the foreseeable future. We contend that college students' lives have been significantly disrupted by COVID-19 and that the major health risks they face are now even more severe. We also suggest steps that can be taken to better address students' needs. Our viewpoint is informed by our collective experience as college health researchers who also manage two longstanding national college health surveys. This background has given us insight into how students' health concerns may manifest and intensify as a result of the COVID-19 pandemic.

THE COLLEGIATE POPULATION

Almost 20 million students are enrolled in institutions of higher education annually (National Center for Educational Statistics [NCES], 2019), comprising 40% of the U.S. population aged 18–24 (Hussar et al., 2020). The college population has become increasingly diverse, with growing numbers of “non-traditional” students, who are older in age and typically have work, familial, and other responsibilities that pose added challenges to their academic success (Hittepole, n.d.). Forty percent of students are now over the age of 25, 44% are students of color, and 34% are first generation students (i.e., neither parent attended college) (Bill and Melinda Gates Foundation, 2020; Higher Learning Advocates, 2018).

Historically, college students have been overlooked as a priority population for health initiatives due to misconceptions that they are a privileged, resourced, and healthy group when in fact they are a sizeable population with distinct health needs (Higher Learning Advocates, 2018; Lederer & Oswalt, 2017). Of primary concern is that college students suffer from high and increasing rates of mental health conditions, especially depression and anxiety (Lipson et al., 2019). In 2017, 36% of college students reported having a lifetime mental health diagnosis compared to 22% in 2007 (Lipson et al., 2019). In 2019, almost a quarter of college students had been diagnosed or treated for anxiety or depression in the last 12 months (ACHA, 2019a). The traditional college years coincide with the age of onset for several lifetime mental illnesses (McGorry et al., 2011) and suicide is the second leading cause of death within the traditional collegiate population (Turner et al., 2013). The demand by students for mental health services exceeds the resources available on most campuses (LeViness, et al., 2019), which has led the public and scholars alike to declare that there is a mental health crisis on college campuses (Schwartz & Kay, 2009). Further, mental health problems have been shown to negatively impact students' academic success (Eisenberg et al., 2009)

The COVID-19 pandemic has exacerbated college students' known mental health risk factors and other health concerns while simultaneously imperiling students' academic outcomes, putting their future prospects dependent on college retention in jeopardy. College campuses are their own communities where students live, learn, work, and connect with one another (ACHA, 2019b). But COVID-19 has and continues to impede this experience at multiple levels, causing students personal distress and dismantling their interpersonal, institutional, and community networks regardless of where they are physically situated (McLeroy et al., 1988)

COLLEGE STUDENTS AND COVID-19

Irrespective of students' physical location, student events and experiences, including study abroad trips, internships, and graduation ceremonies, have been cancelled, indefinitely postponed, or moved to virtual formats, leaving many students despondent that their personal and professional milestones have been left unfulfilled. Ordinary activities central to the collegiate experience such as class trips and service learning, participation in extra-curricular organizations, and attending social events, all of which create bonds among students and connection to the institution, have been eliminated or must take place remotely. Students' college experience both in and outside of the classroom, including their engagement in university life and relationships with peers and faculty, is fundamental to their well-being and success (Peltier et al., 2000). Sense of belonging is known to significantly influence college students' social, psychological, and academic outcomes (Gopalan & Brady, 2020). Studies consistently find that weak sense of belonging is associated with poor mental and physical health and even suicide (Gummadam et al., 2016), whereas strong sense of belonging is a predictor of flourishing (i.e., positive mental health) (Fink, 2014).

Some students did not have a home to go to when their campuses closed. Students are disproportionately at risk for housing insecurity, with some fully dependent on their campus accommodations (U.S. Department of Housing and Urban Development, 2015). For students who attend institutions that did not reopen, lack of housing has likely become a prolonged dilemma. Food insecurity is also a major issue among college students (Bruening et al., 2017), with 45% of students reporting being food insecure (ACHA, 2020b). Students who relied on meal plans or institutional resources such as the growing number of campus-based food pantries (Goldrick-Rab et al., 2018) generally lost access to these services.

Yet for some students, being home, whether their own or their families', meant a return to volatile circumstances. Initial reports show that family violence has risen as a result of COVID-19 (Campbell, 2020). LGBT students who may be "out" on campus may not be at home or may have returned to hostile or unsupportive families or communities. Although some institutions that closed granted exemptions allowing students with extenuating circumstances to continue to reside on campus, services have been vastly reduced, with the small number of students remaining essentially living in isolation.

COVID-19 has also taken a significant financial toll on students. Prior to the pandemic, 58% of students worked, many in on-campus jobs. Fifty-five percent were financially

independent, and of those students 42% lived at or below the federal poverty line (Brown, 2020; Higher Learning Advocates, 2018). Substantial campus- and community-based job loss for students and their families has surely heightened students' financial hardship, making it even more challenging for them to meet their basic needs, let alone pay their college tuition.

In the academic realm, the change to remote learning was predicated on students having reliable internet access and technology, which is not the reality for all students. Prior to COVID-19 students with limited access could go to computer labs or businesses, but with schools shut down and many on-campus spaces restricted because of concerns about transmission risk, this is often no longer possible. Further, with the rapid move to online instruction and faculty scrambling to convert their in-person courses to a virtual format last spring, not only was students' learning likely affected, but universal design was likely not prioritized, leaving some students with disabilities unable to fully engage with course materials.

The vast majority of students are now taking at least some if not all of their classes online. There is debate over the quality of online teaching and learning, with some studies finding that students in online and face-to-face courses have comparable outcomes (U.S. Department of Education, 2010), while others conclude that online learning can have deleterious effects (Bettinger & Loeb, 2017). In any case, crucial to effective teaching is that instructors have the time and resources to prepare, which many did not have due to last-minute plans for the impending academic year. Students in a physical classroom space have their own set of challenges given distancing and masking mandates. These issues could very well negatively impact students' learning and their overall satisfaction with their academic experience.

Concurrent with their schoolwork, many students now have expanded caregiving roles, such as taking care of children or siblings due to school closures, eldercare responsibilities, or tending to sick family members. Other students may deal with the loss of loved ones. Some students have or will become seriously ill themselves. Students must also cope with the uncertainty about their collegiate experience moving forward. Students living with anxiety disorders, who are immunocompromised, or no longer have financial means may need to alter their plans significantly, likely interfering with their personal, academic, and professional trajectory.

Students of color are facing additional challenges. People of Asian and Pacific Islander descent have encountered mounting discrimination and xenophobia in the face of COVID-19. Students from China, who comprise the largest number of international students at American institutions (Institute of International Education, 2019), may be particularly vulnerable to these experiences due to the geographic origin of COVID-19. Disparities in underlying co-morbidities, access to and quality of healthcare, and living and work conditions caused by structural racism have led to Black, Latinx, and Pacific Islander communities being disproportionately affected by COVID-19 (Hooper et al., 2020). Students from these groups may be more at risk and are more likely to experience the illness or loss of a loved one. This is further complicated by mandates prohibiting hospital visitations, funerals, and other end-of-life rituals, in turn causing even more pain during the grieving

process. The individual and collective trauma these communities endure, which for many have been compounded by the national reckoning on racial injustice and police brutality, has undoubtedly amplified the burden that students of color face during an already precarious time.

It is reasonable to assume, and preliminary data confirm, that all of these issues worsen students' already substantial mental health concerns and inequalities therein at a time in which students are having trouble securing care. In spring 2020, sixty percent of college students who sought mental health services found them more difficult to access due to COVID-19 (Healthy Minds Network [HMN] & ACHA, 2020). Many institutions have systems for campus affiliates to convey concerns about students who may be in distress, but with no physical presence on campus or engrossment with COVID-19 for those who are, this safety net is much more difficult to provide.

RECOMMENDATIONS FOR MOVING FORWARD

College administrators have the herculean task of determining the best way to move their campuses forward during uncharted times. They need to navigate protecting the health and safety of the campus and neighboring community while also advancing the educational mission, the research enterprise, and financial stability of the institution. Campus decision-makers are operating with little precedent and there are few easy answers or solutions in the face of the continued COVID-19 crisis. But the advantage institutions now have is lived experience to help them anticipate and prepare to best meet students' health and academic needs, regardless of where students may be physically located. We offer these recommendations.

Use data to inform decision-making

Using data to guide decision-making is a crucial way for institutions to determine their priorities moving forward. In an effort to support schools in garnering this information, we added parallel questions about students' COVID-19 beliefs, behaviors, and experiences to the American College Health Association-National College Health Assessment and Healthy Minds Study to gain preliminary information about the impact of COVID-19 on students' mental health this spring (HMN & ACHA, 2020). The surveys now include an expanded list of questions regarding students' experiences with COVID-19 to help inform ongoing campus decision-making during this extraordinary time. Assessment findings should serve as the foundation for public health and other interventions, which will ideally be instituted at multiple levels within the institution (McLeroy et al., 1988).

Communicate clearly

A recent study found that college students had insufficient knowledge about COVID-19, with their primary sources of information being the internet and social media (Chesser et al., 2020). The science behind COVID-19 transmission and prevention has advanced quickly and will likely continue to evolve. Institutions of higher education can be a trusted source of information and support by providing frequent, consistent, clear, reliable, and compassionate

communication to students and the rest of the campus community, particularly through the channels that they utilize most readily.

Prioritize student support services

Many institutions already have campus-based resources, such as health centers, counseling centers, health promotion offices, student affairs staff, and other support services including offices dedicated to LGBT students, multi-cultural affairs, students with disabilities, international students, and other underrepresented student populations. As institutions endure budget cuts due to COVID-19, these entities should be prioritized as a critical investment in student success. However, these offices do need to identify innovative approaches for adapting their services in the era of COVID-19. Technology-based mental health interventions can be effective in enhancing students' mental health outcomes (Lattie et al., 2019). Telehealth and telephonic services are being increasingly utilized by college health professionals to help students maintain their access to care or for students to initiate treatment, aided by temporary legislation that permitted service provision across state lines. Institutional stakeholders should advocate for continued legislation that supports student health, including sustained telehealth allowances and increased funding for technology access given known challenges.

Expanding traditional contexts and determining new or enhanced methods to recognize students in need and connect them to care will also be essential. Faculty are a vital but underutilized resource (Lederer et al., 2019). Faculty are in many ways on the frontlines of the academy and have regular contact with students, making them uniquely situated to recognize students in distress. However, faculty need training to be best equipped to take on this supporting role. In collaboration with the Mary Christie Foundation, HMS is currently identifying faculty's training and support needs as key gatekeepers in the campus mental health support system.

Employ equitable systems

Student support services must be established and implemented with an equity lens, recognizing that our most marginalized collegiate populations are being especially impacted by COVID-19 amidst already existing health disparities and achievement gaps. Recruitment and retention of diverse and culturally-competent mental health providers and other student affairs staff is imperative, and college health professionals should do targeted promotion of culturally-tailored resources, particularly among groups known to underutilize services (Lipson et al., 2018). Widespread efforts should be made to ensure that all institutional members are aware of and can refer students to the services available. Institutional policies should give credence to the unprecedented conditions caused by COVID-19. For example, in the spring many schools instituted more lenient grading policies. However, this was a temporary measure. Despite having more of an adjustment period, students' circumstances during the continued COVID-19 crisis may not be so different than they were when it originated.

Institutions are heeding national guidelines to minimize the risk of COVID-19 transmission. These efforts are critical, but this guidance alone is insufficient given the many other

concerns students now face. Comprehensive plans should be devised recognizing and responding to the toll that COVID-19 has and will continue to take on students. Their health and academic success depend on it.

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