

# Mental Health of Underserved Students



- Don't rush to normalcy
- Work collaboratively
- Make space in the classroom
- Balance needs

**T**his fall millions of students will return to colleges having experienced the past 19 months in vastly different ways. For some the pandemic was an inconvenience, for others it brought fear and grief.

For colleges, one of the difficulties of this coming year will be acknowledging the universal struggles almost everyone suffered while also recognizing and dealing with the specific mental-health needs of those who often were harder hit by the pandemic, including [students of color](#) and LGBTQ, low-income, and international students.

Colleges are well aware that students overall will come back to campus with greater

psychological needs. In a survey last [September](#) by the American Council on Education, college presidents cited the mental health of their students as their top concern, above the financial viability of their institutions. Another [survey](#), by the American College Health Association and the Healthy Minds Network, reported that more students in the spring of 2020 — compared with the fall of 2019 — said that they felt depressed and that their psychological health was affecting their academic performance.

But underserved students carry additional burdens: The murder of

## Mental Health Care is High on the Back-to-School List

Succeeding at college - from academic pursuits and self-discovery to relationship building - relies on students being mentally healthy. High-pressure academic settings can exacerbate chronic mental illnesses as well as generalized anxiety and depression. In 2019, suicide was the second-leading cause of death among college-aged kids, killing more than 6,200 annually in the US. Offering robust mental health services not only prevents suicide, but also enhances academic performance and socioemotional flourishing, helping students have a more meaningful, successful college experience.

Treating mental health challenges have only been compounded by the COVID-19 pandemic. According to a recent Healthy Minds Study, many schools reduced their mental health staff during the last 12 months and are now scrambling to ramp up psychiatry and therapy services. While many university students suffer from insufficient access to care, students of color and LGBTQ+ students continue to be disproportionately impacted.

## Provider Diversity Matters

Provider diversity matters to BIPOC and LGBTQ+ students. Studies suggest that patients seen by a provider like them are more likely to experience better outcomes. At Mantra, we are committed to hiring culturally competent, diverse providers. Not only do at least 50% of our providers identify as BIPOC and/or LGBTQ+, but we also offer tailored student-provider matching, and ensure providers are experienced in the collaborative care necessary to successfully treat college students. Further, recognizing that lack of representation among providers results from societal barriers, we established the Mantra Diversity Scholarship to support graduate students of color pursuing a career in mental health.

When working without a telehealth partner, hiring diverse, flexible providers can be particularly challenging for universities who are limited to the local talent. Maintaining a diverse on-campus staff to reflect the whole student population simply isn't realistic for many centers. A quality telehealth partner, with experienced providers who specialize in transitional-aged youth can help fill out that roster, creating opportunities to match clinicians to patients' preferences based on ethnic background, gender, or specialization in LGBTQ+ care.

## Telehealth is Quickly Becoming the Engagement Method of Choice

Outcomes for mental health treatment are generally equivalent between in-person and telehealth care. In fact, for some patients, telehealth is actually preferable to traditional face-to-face appointments. This can be true for students from various ethnic backgrounds, gender identities, levels of ability, or even for a student who is a parent, juggling a job, or studying remotely.

While telehealth - Mantra Health included - is not a replacement for onsite care, we are uniquely able to supplement university counseling centers with high quality psychiatrists and therapists, overseen by our medical director, to help deliver greater student access.

## Creating the Mental Health Care Landscape Students Deserve

By tapping into a broader range of providers—more specializations, more backgrounds—even small counseling centers can offer more personalized care for a diverse population with equally diverse needs. Creating access to providers does not merely increase appointment availability—it delivers equitable and accessible mental health care.

Over the past few decades, I have seen too many students, especially historically marginalized students, receive insufficient care. I am proud to see Mantra Health as a critical partner augmenting university counseling centers with the product and service offering to deliver high-quality, clinically-informed care. Together we are improving not only academic performance and graduation rates, but students' lives.

At Mantra Health, we provide free consultations to find solutions for your center, so give us a call and partner with us to help all of your students thrive.



**Nora Feldpausch, M.D.**  
Medical Director  
Mantra Health



George Floyd and other acts of police brutality against Black people — as well as continuing issues of racial injustice — have hit many Black students particularly hard. People of color and low-income students were also more likely to live in communities where more Covid-19 deaths occurred and to have parents who were essential workers at greater risk of exposure to the virus.

Asian-American students, in the wake of the Atlanta-area shooting deaths of six women of Asian descent in March and other pandemic-related violence, experienced fear some of them had never felt before in the United States; many were afraid to leave their homes, and when they did they hid their faces with hoodies, masks, and sunglasses.

LGBTQ students, on the other hand, may have spent the year living at home in an atmosphere that felt less welcoming or safe than their campus environment. And international students either returned to their home country and all the corresponding interruptions, like remote classes in the middle of the night due to time differences, or remained in the United States, unable to travel home or have family visit them, anxious about shifting visa requirements.

Many of these issues are not new; the pandemic, however, laid bare continuing inequities and discrimination. Below are some thoughts from students, faculty members, and mental-health experts on how colleges can work to ensure that marginalized students feel welcome, rather than alienated, when back in the classroom.

### **Don't rush to normalcy**

While there will be a temptation to look forward rather than back this fall, administrators need to be aware that many students are still struggling and will continue to do so in the near future. That means remaining flexible. While not all colleges can or should keep all the allowances put in place during the worst of the pandemic, they should carefully review and consider maintaining some of the concessions in deadlines or grading given to students during remote learning. “We’ve all gone through different degrees of trauma in the last year and a half and collectively, we all just want to

hurry up and get to what we’re familiar with because we think that will help us feel better,” says Nadine Nakamura, who is a professor of psychology at Alliant International University in San Diego. “If we move too quickly, we stand to lose people, because those doing the best will bounce back, and those suffering and struggling won’t be able to.”

Tanvi Shah, a third-year doctoral student in counseling psychology at Boston University, says she’s worried that when classes start, professors will be so focused on recouping learning loss that “they will expect people to be productive from the first moment we walk into a classroom. They need to make room for people to process the toll this has taken.”

Some Asian Americans don’t want to leave

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their homes or ride public transit because of fears of being attacked verbally or physically, says Doris Chang, an associate professor at New York University’s Silver School of Social Work and a licensed clinical psychologist. While it may not be possible — or even healthy — to allow those students to continue taking online classes, it’s something administrators should consider and discuss.

Ai Bui, who uses the pronouns they and them, is going into their senior year studying architecture at the Massachusetts Institute of Technology. Originally from Vietnam, Bui is bisexual and nonbinary, and says they are very much looking forward to returning to some of the places, such as the Rainbow Lounge on campus, where they feel safe and accepted.

“It was a really sad one and a half years — every single aspect of my identity seemed to be under attack in one way or another,” Bui says. The microaggressions were not new to the pandemic — “I’ve always dealt with them the

entirety of my life in the U.S. — but the hatred Bui sensed against Asians, along with the fear that they could be deported as an international student “was very traumatic. I didn’t know what my future was going to look like.”

### **Work collaboratively**

Mental-health experts encourage administrators to hear directly from specialized populations — and not just from students but from staff and faculty members as well. Often, however, the burden of serving on task forces and committees falls on the same, overextended, staff and faculty representatives of the Black or Latino or LGBTQ or disabled community. Pre-pandemic,

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some colleges [worked to acknowledge](#) those efforts, extending administrative support. And experts also recommend that colleges consider compensating students who give their time and energy to benefit the campus by serving on such committees.

Colleges have heard this for years, but it is more true now than ever before: Don’t just rely on counseling centers to serve the mental-health needs of students. Across the board, faculty and staff members need to acknowledge and understand the challenges underrepresented students face. Collaborative efforts across departments can provide comprehensive mental-health support for

students of color, according to a report from the Steve Fund, a nonprofit focused on the mental health of young people of color, and the Jed Foundation, a nonprofit that provides research and resources on emotional well-being and suicide prevention for teens and young adults.

While almost all counseling centers need more therapists that look like the marginalized students they’re serving, that won’t be enough. “In 2021, it should be a core requirement at universities for staff and faculty members to engage in frequent and consistent culturally informed professional training that is part of their work day, in order to remain adept at developing and supporting these students,” says Daniel K. Phillip, a former staff psychologist at Georgetown University and founder of [Together + Through](#), a practice focused on providing culturally responsive psychotherapy.

### **Make space in the classroom**

Every class doesn’t have to become a discussion of mental-health challenges, but an acknowledgement of the impact of the burden is important. For example, discussing the effect that food insecurity or microaggressions can have on students and their ability to function can make a difference. That can be a brief comment before class or a note on a syllabus saying, “We acknowledge wellness will have an impact on academic performance — here are some resources to optimize your wellness,” says David Rivera, an associate professor of counselor education at Queens College of the City University of New York. The faculty member can then offer the students information about places such as food pantries, counseling centers, and gyms. He also suggests letting students know that the professor is aware that racial oppression can have an impact on their ability to thrive and provide an online form or other method to allow for anonymous feedback if students see such racism or oppression occurring in that classroom.

Offering specific courses about the pandemic and the inequalities it highlighted could be not only a learning experience,



but an antidote to fear and helplessness as well, NYU's Chang says. It could lead students to more engagement and collective action by working against a structural target rather than channeling anger into self-hatred or hatred at a personal level.

With most, if not all, traditional classes set to return to campus this fall, professors should remember that students appreciated aspects of remote learning — and that going back to “normal” can be an adjustment. MIT's Bui, for their part, liked that instructors and students often put the pronouns they identified with beside their names in a video platform, bringing that issue front and center. But “the con of that is that it's that much more disheartening when people deliberately didn't use it. They can't say they didn't know — it's right on the screen.”

### **Balance needs**

Choosing between the needs of the whole campus and specific groups can sometimes seem an impossible task, but that is what this time calls for. For example, after eight people — including six Asian women — were shot to death in Atlanta in March, Nakamura wrote to administrators at the institution where she taught at the time, the University of La Verne, asking what would be done to show support for Asian-American students. The administrators responded by suggesting a vigil for the entire student body. Nakamura helped organize three different sessions, two specifically for Asian Americans and Asians, and one that was open to everyone on the campus.

“While universities see everything as a learning

opportunity, before that people also need a space to mourn where they are not being watched or need to explain themselves,” she says.

Or take mask policies. While most students hope to celebrate the resumption of life without face coverings, others are more hesitant. Students returning from China to study at American colleges want to continue wearing masks but are worried that will falsely signal they are unvaccinated. They also fear the social pressure to unmask.

Some low-income students also want mask policies to continue because they can't afford to fall sick. JC Rivera, a senior at the University of Michigan, says he will still wear a mask even though he is fully vaccinated.

“When the mask mandate was over, the partying started, and it was usually white people doing that,” he says. “That's because there's more whites, so they're more visible, but I also think a lot of students who come to this school are wealthier and they may think, ‘If something happens, I'll be fine.’ Their families have money to get them what they need.” Both of Garcia's parents were laid off during the pandemic, and he doesn't have any financial cushion. “I've been doing everything right, but I'm worried I'll be in class with people who aren't vaccinated.”

Or as Alana Hendy, a senior at Georgetown University, says of her more affluent classmates: “If they get sick, they can have their mom or nanny or housekeeper take care of them. My mom lives in Texas, and we don't have the money for that.”

*“Mental Health of Underserved Students” was produced by Chronicle Intelligence.  
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## Provide care that reflects all of your students

At Mantra, we believe that every student, regardless of their identity, should have access to quality mental healthcare that reflects their experiences.

### Why Mantra

- Culturally sensitive, masters-level, licensed providers, including BIPOC and LGBTQ+ providers, that specialize in treating young adults
- Available weekdays, evenings, and weekends
- Comprehensive software integration for seamless collaboration with on-site counseling
- Consistently regarded as one of the most clinically-informed telemental health programs in the field



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