



GAEDE INSTITUTE  
*for the Liberal Arts*

## **Overcoming High Anxiety: A Case Study of One University's Emerging Strategies to Promote Student Wellbeing**

Lisa Igram and André Stephens | Biola University

*Delivered at the Eighteenth Annual Conversation on the Liberal Arts  
March 21–23, 2019 | Westmont College, Santa Barbara, CA*

**Overcoming High Anxiety:  
A Case Study of One University's Emerging Strategies to Promote Student Wellbeing**  
Lisa Igram, Dean of Student Wellness &  
André Stephens, Vice President for Student Development

*Presented at "High Anxiety: Liberal Arts and the Race to Success"  
The Gaede Institute for the Liberal Arts, Westmont College Santa Barbara, CA  
March 21–23, 2019*

**Setting the Context: Student Affairs and the Liberal Arts**

Among the myriad and complex challenges facing higher education is the increasing challenge of student mental health. We approach our case study from a distinctly student development perspective, for that is where we reside in the university structure.

Student development professionals have a 100+ year record of student engagement in the history of higher education in the United States. Nearing the turn of the 20th century, as universities became more focused on research and scientific inquiry, faculty devoted less time to or concern for student life outside the classroom. To address this trend in the rise of the “research” university, in 1889 President Gilman at Johns Hopkins University established the first system of faculty advisers. Gilman named a “chief of faculty advisers” and announced that “in every institution there should be one or more persons specifically appointed to be counselors or advisers of students” (quoted in Zhang 2011, 43). These pioneer student personnel staff were committed to “the holistic development of students and held an unshakeable belief in each student’s potential for growth and learning” (Zhang 2011, 45). Student development professionals remain committed to these core values today.

As such, we see our work in alignment with the academic purposes of the university. Our desire is to provide a seamless and integrated educational experience that provides students with a holistic education. We are aware that liberal arts education in America is built on the concept of “active learning”, wherein effective learning occurs as students ask and answer questions,

pursuing dialogue with each other and their teachers (Roche 2010, 6). Liberal arts education is grounded in helping students to engage in central questions of life: What is good? What is true? Who am I? What is my responsibility to God, other individuals, and community (Weeks and Glyer 1998, xiv)? We also agree with Alexander Astin, who stated, "... it is becoming increasingly difficult to argue that higher education should concern itself solely with student cognitive development – thinking, reasoning, memorizing, critical analysis, and the like – and to argue that the affective or emotional side of the student's life is not relevant to the work of higher education" (Astin 2016, 94).

### **Complicating the Context: The Realities of College Student Mental Health**

While liberal arts education aims to broaden perspective, give room for imagination, and enliven minds, institutions in today's educational environment face significant challenge. College students are struggling mentally, and the struggles they bring to campus inhibit ability to learn in ways that liberal arts ideals value. The Center for Collegiate Mental Health's (CCMH) *2018 Annual Report* indicates that the number of college students experiencing self-reported distress levels for depression, generalized anxiety, and social anxiety reflect a slight but persistent increase year over year since 2010 (Center for Collegiate Mental Health 2019, 12). Additionally, non-suicidal self-injury and serious suicidal ideation also increased for the eighth year in a row (Center for Collegiate Mental Health 2019, 10). College student emotional difficulties surround relationship anxieties, family concerns, finances, drug and alcohol use, eating disorders, anxiety/depression, and racial and sexual harassment (Kadison and DiGeronimo 2005; Kahn, Wood, and Wiesen 2000; Holland 2016). The 2016 UCLA-HERI CIRP Freshman Survey highlighted the reality that students bring these needs with them: that year, 84% of incoming freshmen felt anxious, 51% felt depressed, 41% felt overwhelmed by all they had to do

and 47% indicated a desire to pursue personal counseling (Eagan et al. 2017). Concerns have reached popular level news and culture: from USA Today's April 2014 article "Students Flood Counseling Offices" to Time's March 2018 piece, "Record Numbers of College Students Are Seeking Treatment for Depression and Anxiety — But Schools Can't Keep Up," headlines mirror experiences of faculty, staff and administrators, even as colleges and universities nationwide seek to address the increasing need for programs and services designed to support student health and well-being (Peale 2014; Rielly 2018). In her landmark study on the current generation of young people, Jean Twenge writes, "They're markedly less likely to get into a car accident and, having less of a taste for alcohol than their predecessors, are less susceptible to drinking's attendant ills. Psychologically, however, they are more vulnerable than Millennials were: Rates of teen depression and suicide have skyrocketed since 2011. It's not an exaggeration to describe iGen as being on the brink of the worst mental-health crisis in decades" (Twenge 2017).

This mental-health crisis has profound impact on student ability to engage in a liberal arts education. While healthy students retain, graduate, and engage positively in academic and co-curricular activities, students suffering from mental distress are far more likely to drop out (Kitzrow 2003). For those who persist, stress, anxiety and depression "decrease students' intellectual and emotional flexibility, weaken their creativity, and undermine their interest in new knowledge, ideas, and experience" (Douce and Keeling 2014). Chronic stress minimizes "the desire to explore new ideas and to solve problems" (Stixrud 2012). Students who identify as having a mental illness are more likely to exhibit higher test anxiety, lower academic self-efficacy, poor time management, and impaired information processing skills (Kitzrow 2003). Mental wellbeing impacts student ability to engage with the very ideals of liberal arts education,

which is designed to foster the kind of curiosity, critical thinking, imagination, and creativity that develops the whole person towards contributing meaningfully to her or his community.

Institutions have begun to address these concerns through a variety of strategies. A recent study from the Educational Advisory Board highlights four strategies institutions are using to promote coping and resilience skills and advance student success: 1) at the program level through orientation and first-year programming, 2) through targeted interventions beyond the first year through curricular integration and co-curricular programming, 3) by leveraging campus partners to reach scale, and 4) at the administrative level through systems, policy-making and structural shifts (Educational Advisory Board 2018). This paper will provide a case study of one school's emerging strategy to proactively address student wellbeing, which has focused, to start, on a campus-wide culture shift by seeking to tell the students' story of well-being, implementing administrative restructure, and leveraging campus partnerships to initiate and implement change.

## **CASE STUDY**

### **Biola University Profile**

Founded in 1908, Biola is a theologically conservative, interdenominational, Protestant university that provides biblically-centered education in a wide range of undergraduate and graduate programs, equipping students in mind and character to impact the world for the Lord Jesus Christ in any professional setting. As of fall 2018, a total of 4,010 undergraduate students and 2,099 graduate students were enrolled at the university.

Based on the Carnegie Foundation classification system, Biola is classified as a Doctoral/Research University — a selective, private, highly residential, not-for-profit, four-year institution with high undergraduate enrollment, with a graduate profile classified as doctoral, professional dominant. Biola University offers more than 150 academic programs at the

bachelor's, master's and doctoral level. With an outstanding faculty, the university has distinguished itself in scholarship and academic excellence.

The long-term aspiration of Biola University is to be an internationally relevant, comprehensive university with a global conscience, leading from a biblical worldview and postured to serve the world with conviction, courage and compassion.

### **“High Anxiety” at Biola University**

While Biola distinguishes itself alongside faith-based institutions seeking to graduate students who are equipped to impact the world for the Lord Jesus Christ, its student body mirrors national trends in increasing institutional concerns over student wellbeing. In May 2018, following recommendations from an external consultant charged to take a closer look at the Student Health Center's (SHC) position and contribution to the campus community, the university issued the National College Health Assessment (NCHA) to its student body. Run by the Association of College Health Administrators (ACHA) since 2000, the NCHA provides the largest known dataset on college student wellness. It has been utilized by 818 unique institutions, and is referenced for benchmarking and study of college student wellness in major studies (“National College Health Assessment Home” n.d.). The assessment asks questions in areas of general health; violence, abusive relationships and personal safety; substance use; sexual behavior; nutrition and exercise; and mental health. The assessment also asks the impact of these areas on students' academic performance. Biola last offered the assessment in 2003 – it was time for an update.

We hoped to receive responses from 700 undergraduate students, and instead received 1022 – a 26% response rate which ensures statistical validity. Results highlighted four themes and areas of concern among Biola's undergraduate student body: 1) self-rated mental health, 2)

physical indicators of emotional stress, 3) stewardship of the physical body through sleep, nutrition and exercise, and 4) relational stress. These results both raise additional questions and point toward markers of health for this population.

Self-Rated Mental Health (Table 1). In the area of self-rated mental health, students were asked to indicate “yes” or “no” on whether the items noted in *Table 1* had been experienced within the last year. As with the national norm, a majority of students identified with these experiences, with many of the items earning a higher rate of affirmative responses from Biola students. Administrators and faculty reviewing the data have been particularly struck by the reality that while 64% of students nationally “felt very lonely” within the last year, 72% of Biola students said the same. While 88% of students nationally “felt overwhelmed by all they had to do”, 91% of Biola students said the same. And while 70% of students nationally “felt very sad”, 75% of Biola students said the same. Among these items, “felt overwhelming anger” and “felt so depressed it was difficult to function” were the only items affirmed by fewer Biola students than the national norm.

*Table 1: Self-reported mental well-being of Biola undergraduate students as compared to national norms, collected from Spring 2018 issuance of the National College Health Assessment (NCHA).*

<b>Within the last year, which of the following were true for you?</b>	<b>Biola</b>	<b>National<sup>1</sup></b>
Felt things were hopeless	55%	55%
Felt very lonely	72%	64%
Felt overwhelmed by all you had to do	91%	88%
Felt very sad	75%	70%
Felt overwhelming anxiety	65%	64%
Felt overwhelming anger	39%	43%
Felt so depressed that it was difficult to function	40%	43%
Felt exhausted (but not from physical activity)	89%	85%

<sup>1</sup> Results published by American College Health Association. “American College Health Association-National College Health Assessment II: Undergraduate Student Reference Group Executive Summary Spring 2018.” Silver Spring, MD: American College Health Association, Spring 2018. [https://www.acha.org/NCHA/ACHA-NCHA\\_Data/Publications\\_and\\_Reports/NCHA/Data/Reports\\_ACHA-NCHAIIC.aspx](https://www.acha.org/NCHA/ACHA-NCHA_Data/Publications_and_Reports/NCHA/Data/Reports_ACHA-NCHAIIC.aspx).

Physical Indicators of Emotional Distress (Table 2). Medical providers at Biola's Student Health Center (SHC) observe that students commonly present at the SHC with physical complaints that are then traced to mental or emotional distress. To this end, Biola's SHC director isolated NCHA items reflecting these physical symptoms. While more Biola students responded affirmatively to negative experiences of mental well-being, fewer Biola students responded affirmatively to having been seen or treated for symptoms like migraines, irritable bowel, high blood pressure, or insomnia or other disorder by a professional. Additionally, fewer students responded affirmatively for having seen a professional for panic attacks, anxiety, depression, intentional self-harm or suicidality. Still, given the relative health of college students due to their youth, both Biola's numbers and the national numbers are worth attending to.

*Table 2: Self-reported physical symptoms possibly related to stress from Biola undergraduate students as compared to national norms, collected from the NCHA in Spring 2018.*

<b>Within the last year, diagnosed or treated by a professional for the following:</b>	<b>Biola</b>	<b>Nat'l</b>
Panic Attacks	10%	11.5%
Migraines	6.6%	9.6%
Irritable Bowel	3.7%	3.3%
High Blood Pressure	2.5%	3%
Insomnia or other sleep disorder	5.9%	8%
Anxiety	15.4%	22.3%
Depression	13.7%	18.4%
Intentionally cut, burned, bruised or otherwise injured yourself	5%	9%
Seriously Considered Suicide	9%	13%

Stewardship of the Physical Body (Table 3). Care for the physical body through sleep, nutrition and exercise was also highlighted as a theme. During presentations of the data to various campus constituents, administrators noted with surprise that only 4.2% of Biola's student body reports eating the FDA recommended daily intake of fruits and vegetables, while students most resonated with data mirroring their sleep habits. Sleep, it seems, is a hot topic of conversation among the student body. Among respondents, 27.76% of Biola students ranked



sleep difficulties as “traumatic or very difficult to handle”, while within 2 days of this assessment, 74.3% had an “extremely hard time falling asleep” and 82.5% “awakened early and couldn’t get back to sleep.” Of note for these numbers is the survey’s timing – the majority of survey responses took place within the week after finals. These numbers seem to reflect students’ heightened activity and responses to change (moving home or to summer housing, schedule shifts, etc.).

*Table 3: Self-reported behaviors related to care for the physical body from Biola undergraduate students as compared to national norms, collected from the NCHA in Spring 2018.*

	<b>Biola</b>	<b>Nat'l</b>
Within the last 12 months, diagnosed or treated for insomnia or other sleep disorder	5.9%	8%
Within the last 12 months, sleep difficulties felt traumatic or very difficult to handle	27.8%	34.1%
Within 0-2 days, had an extremely hard time falling asleep	74.3%	<i>Not Reported</i>
Within 0-2 days, awakened early and couldn’t get back to sleep	82.5%	<i>Not Reported</i>
Within the last 12 months, sleep difficulties impacted academic performance	21.4%	23.5%
Reported eating 0-2 servings of fruits & vegetable each day	65.9%	71.7%
Reported eating the recommended 5+ servings per day	4.2%	4.3%
In the last 7 days, did not meet recommendations for exercise (as defined by American College of Sports Medicine and American Heart Association)	56.9%	53%

Relational Stress (Table 4). The final theme of relational concerns and the impact of these on student academic performance is indicative of Biola student culture and unsurprising based on anecdotal evidence. While some items hover just below the national norm, the number of Biola students concerned about family problems (35.7%) and other social relationships (by which we take to mean roommates and friendships, 37%) run +3.4% and +6.1% higher than the national norm. Additionally, the number of students rating “concern for a troubled family member” as impacting academic performance runs +2.94% higher than the national norm. As a conservative, faith-based institution, where family and community are highly valued, it is unsurprising that trouble in these areas is deeply felt and subsequently impacts academic performance. A further

research question surrounds whether other CCCU schools return similar results for their populations.

*Table 4: Self-reported experiences related to relationships from Biola undergraduate students as compared to national norms, collected from the NCHA in Spring 2018.*

<b>Within the last 12 months, experienced the following as “traumatic” or “very difficult” to handle:</b>	<b>Biola</b>	<b>Nat'l</b>
Death of a family member or friend	15.2%	17.3%
Family problems	35.7%	32.3%
Health of a family member or partner	21.6%	22.3%
Intimate Relationships	28.2%	32.2%
Other Social Relationships	37.0%	30.9%
<b>Within the last 12 months, experienced negative impact on academic performance as a result of the following</b>		
Concern for a troubled family member	15.54%	12.6%
Death of a friend or family member	6.9%	6.9%
Relationship difficulties	11%	10%
Roommate difficulties	5.9%	6.2%

The NCHA data is a significant data point in Biola’s efforts to understand our student experience of wellbeing, but it was worth asking if the assessment can be corroborated. In an independent study in the summer 2018, Biola’s Institutional Research department took a deep dive into longitudinal data that had been collected from UCLA/HERI’s Freshman Survey and College Senior Survey since 2013. The study sought to trace cohorts of students through graduation to see what trends emerged. The study noted that over their four years at Biola, students self-reported an increase in feelings of overwhelmedness and depression, a decrease in time spent exercising, and a decrease in self-rated physical health, corroborating trends seen in the NCHA data (Hong 2018).

In discussions of these data sets, the question naturally rises: what are Biola students bringing with them from their families and experiences that might contribute to the trends seen on campus? The 2016 UCLA-HERI CIRP Freshman Survey offered some insight (*Table 5*). Each year, UCLA’s Higher Education Research Institute (HERI) highlights a few themes from

the survey’s assessment of student high school experiences, background characteristics, and expectations, attitudes and behaviors related to college in a single-page, easy-to-read summary. In 2016, the single-page document highlighted mental health concerns, saying “Colleges need to be prepared to support students’ mental health *as they arrive on campus*” (italics ours). Each area of self-report indicates a greater number of Biola students offering affirmative responses than the national norm – more report having felt anxious (92%, +8%), depressed (60%, +9%), and frequently overwhelmed (41%, +4%). Strikingly, 67% of incoming freshmen stated they anticipate seeking personal counseling, +20% greater than the national response (47%).

*Table 5: Self-reported experiences of mental well-being from Fall 2016 Incoming Biola Freshman (first-year) students as compared to national norms, collected from HERI-UCLA Freshman Survey, Fall 2016.*

<b>Within the last year...</b>	<b>Biola</b>	<b>Nat’l<sup>2</sup></b>
Felt Anxious	92%	84%
Felt Depressed	60%	51%
Were frequently overwhelmed by all you had to do	45%	41%
Anticipate seeking personal counseling	67%	47%

In fall 2018, a point at which these 2016 incoming freshman entered their junior year, several of Biola’s care areas that respond to mental and emotional needs reported rapidly increasing points of contact with students over the last three or four years (*Table 6*). The area of Student Care, which manages both conduct and emotional care, reported a 13% increase in emotional care and high-risk cases over the last three fall semesters.<sup>3</sup> When factoring in one additional year (Fall 2015 at 117 incidents), these cases increased by 34%. Student Care also reports that the number of high-risk behaviors related to suicidality has increased by 41% over

<sup>2</sup> Data gathered from Eagan, M.K., E.B. Stolzenberg, H.B. Zimmerman, M.C. Aragon, H. Whang Sayson, and C. Rios-Aguilar. “The American Freshman: National Norms Fall 2016.” Los Angeles: Higher Education Research Institute, UCLA, 2017. <https://heri.ucla.edu/cirp-freshman-survey/>.

<sup>3</sup> Incidents classified as “high risk” or “emotional care” include students needing care for anxious or depressive behaviors, self-harm, panic attacks, or suicidal thinking, intent, or attempt, among other similar behaviors.

the last four fall semesters. In fall 2018, the Student Health Center (SHC) increased capacity to see students by streamlining processes for medical providers, resulting in a 21% increase in student appointments over fall 2017; 13% of SHC appointments in both fall 2017 and 2018 were for psychiatric care and/or included a psychological diagnosis. The Learning Center, which houses disability student services, reported a 32% increase in student registrants over the last three fall semesters; over the last three years, 35% of registrants submitted documentation relating to mental health diagnoses. Pastoral Care, launched more recently in fall 2014, has increased by 240% over the last three fall semesters. Biola's Counseling Center (BCC), which does not report to Student Development and functions also as a counseling clinic for the local community, has also seen drastic increases in numbers. After several years of waitlists of dozens of students or more, the BCC in Fall 2017 shifted its strategy from offering long-term psychodynamic therapy to any student who desired it to limiting student interventions to ten short-term psychodynamic sessions where appropriate. In 2017-2018 alone, 739 graduate and undergraduate students received therapy at the BCC, with 470 students being first-time clients.<sup>4</sup> Student need has increased, both in terms of students actively seeking help (Learning Center, Pastoral Care, Student Health Center, Biola Counseling Center) and in terms of concerning behaviors registered by the community (Student Care). Jean Twenge's findings at the national level mirror Biola's dramatic increase in addressing student emotional and high risk needs in the Student Care area – "Rates of teen depression and suicide have skyrocketed since 2011", says Twenge (Twenge 2017). So have the needs among Biola's student population (*Tables 7a and 7b*).

---

<sup>4</sup> Data gathered courtesy of Kendall Robins, Rosemead School of Psychology graduate student and Biola Counseling Center Doctoral Intern, in her 2018 report entitled "Student Utilization of Biola's University-Based Support Services: The 2017-2018 Academic Year in Review."

Table 6: Increasing touchpoints in Student Wellness areas reporting to Student Development. Note that 35% of Learning Center (disability student services) registrants present with psychological/psychiatric diagnoses. This ratio has remained consistent over the last three years.

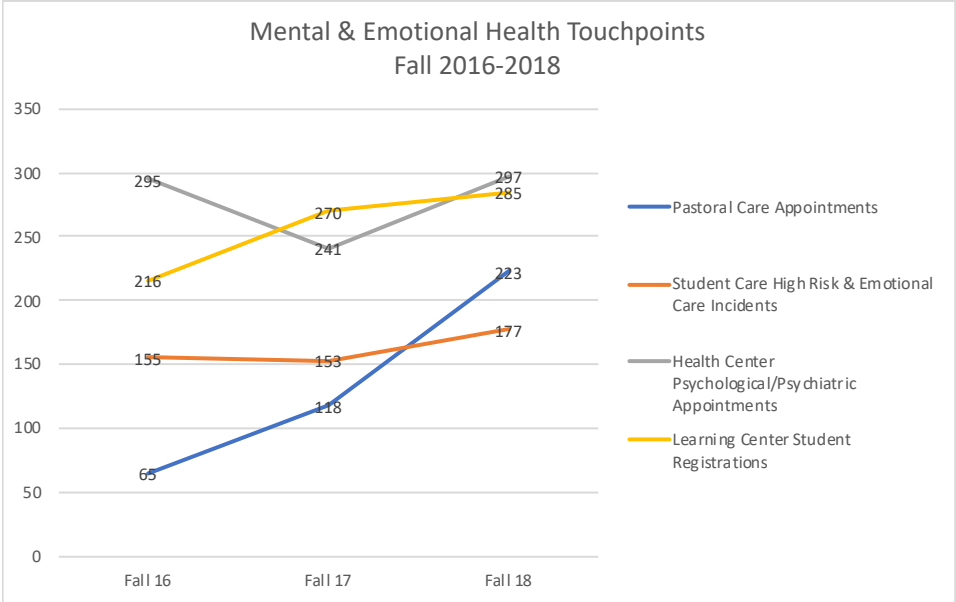
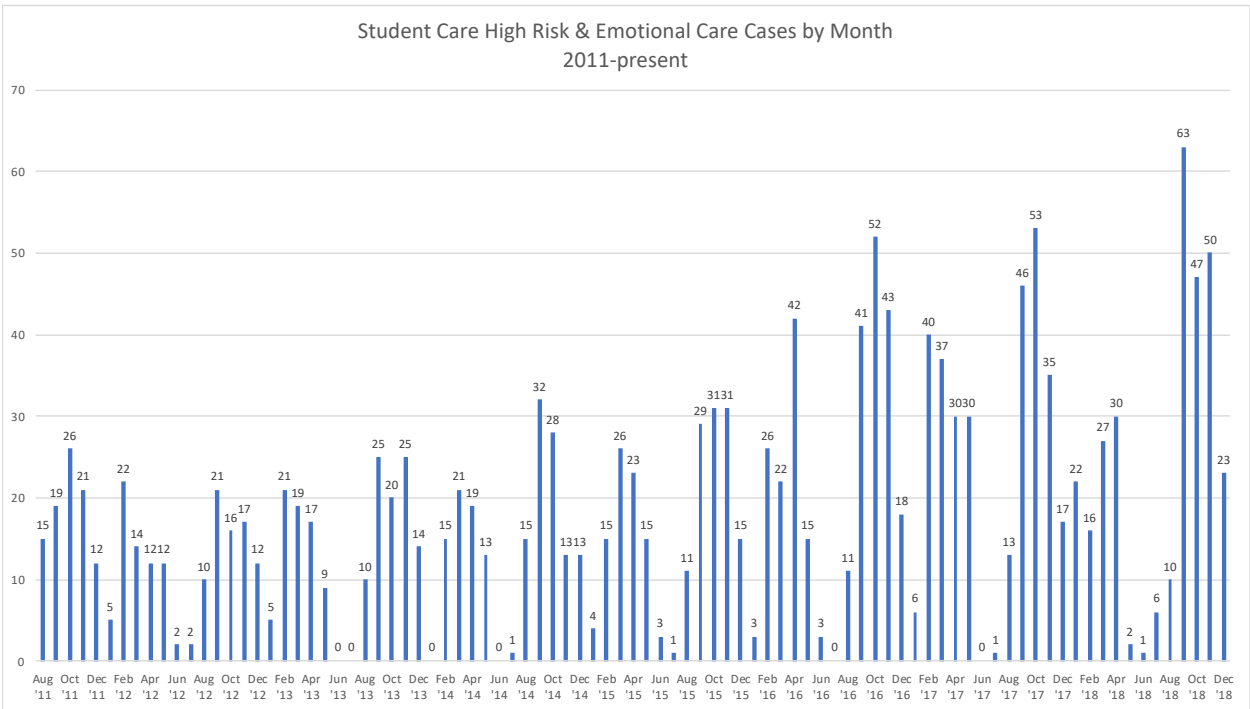
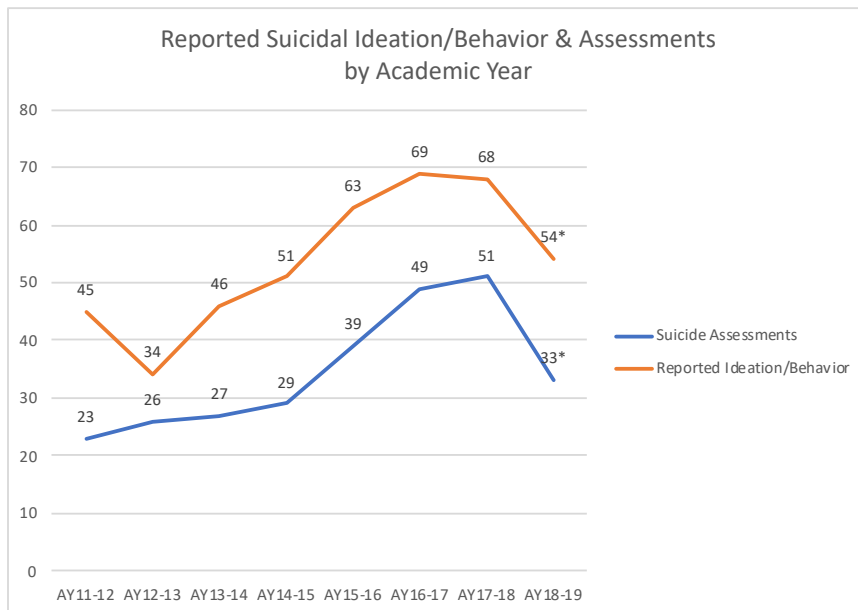


Table 7a: Student Care's emotional care and high-risk incidences have dramatically increased over the last seven years, as might have been predicted by Jean Twenge's observations of increasing anxiety and depression among iGen. Incidents reflected in this chart include a range of behaviors that need attention, including panic attacks, incidents of self-harm through cutting or burning, reports of missing classes for extended times, suicidal ideation, intent or attempt, etc.



*Table 7b: Mirroring national trends, students reporting suicidal ideation and behavior reported by Student Care have dramatically increased since 2011, the majority of which require a suicide assessment processes in partnership with the Biola Counseling Center. \*AY18-19 numbers reflect Fall '18 incidents only.*



Biola's data on student well-being tells a consistent story. Whether reflected in the NCHA data, highlighted by the UCLA-HERI CIRP Freshman Survey and College Senior Survey, or apparent in the campus' daily experiences of office traffic, student needs are increasing at Biola, just as they are nationally. As a liberal arts institution intent on training students in mind and character to impact the world for the Lord Jesus Christ, our students' rising needs require a strategic response. Traditionally, Biola's offices and programs have done well to *respond* to student need. However, as an increasing number of students tells us that their mental and emotional health is negatively impacting their academic work (*Table 8*), an institutional shift toward *proactive* and *preventative* educational programming and strategies to support student wellbeing is needed. Biola's reputation as a caring community who desires the holistic flourishing of our students compels us, as does our desire to see our students persist through graduation in ways that prepare them for their futures.

*Table 8: Biola students tell us that their mental, emotional, and relational well-being impacts their academic performance (data gathered from May 2018 issuance of the NCHA survey).*

<b>Which of the following factors impacted your individual academic performance within the last year?</b>	<b>Biola</b>	<b>Nat'l</b>
Anxiety	30%	28%
Depression	18%	20%
Sleep Difficulties	21%	23%
Concern for a troubled friend/family member	16%	13%
Stress	39%	35%
Work	16%	16%

### **Responding to Biola Students' "High Anxiety": First Steps**

Shifts in leadership and institutional structure have served to both highlight the concerns and create capacity for these concerns to be addressed. In early 2016, a senior leader over the university's Auxiliary Services, which housed the Student Health Center (SHC), retired, prompting the SHC's reporting to shift to Student Development. Philosophically, Auxiliary Services offices focus on service provision, while Student Development focuses on co-curricular programming and education, prompting questions in how best to integrate the new area into the division as a whole. Later in 2016, André Stephens was appointed as a new Vice President for Student Development, a position that had been unfilled since 2014. Charged with conducting a comprehensive review of the division, André created a learning plan that involved meeting individually with each member of the division, student leaders, campus partners and stakeholders, and student development professionals outside of Biola. André also read through a number of key Student Development documents and reports, and attended regional and national conferences on trends in student affairs. As a result of conversation and readings, André recognized three noteworthy and increasing areas of concern regarding the Biola student experience: race and racism (highlighted by the 2016 national election cycle); human sexuality; and increasing mental health challenges among the student population. These three areas are not

necessarily siloed – a single student may be experiencing challenges in one, two or all three areas. He observed and heard from staff that care areas were good at responding to high crisis student needs, but lacked capacity to be comprehensive and collaborative in proactive and preventative in educational strategies or programming that might offer skills to navigate the challenges the majority of our students face.

When the SHC's long-serving and much-beloved Director retired, an opportunity opened to rethink approach. André invited an outside consultant to review SHC services and offer insight into a new model of care. The consultant met with Student Development areas of care, as well as campus partners (e.g. Biola Counseling Center, Campus Safety, Bon Appetit food service, etc.). This began a move away from viewing health and wellness as an individual student concern toward a community concern, as well as a move away from a siloed approach to engaging students and toward a collaborative and comprehensive approach. This was also the beginning of socializing the concept of health and wellness education to the Biola campus community. While affirming of Biola's clear models of integration of faith and learning, the consultant noted opportunity to be similarly integrative of holistic wellness in programming and services throughout campus.

As a result of the consultant's four recommendations, André first appointed a long-standing nurse practitioner to be the new Director of the SHC. In her time as interim director, Sarah Templeton demonstrated initiative and professionalism, quickly picking up the vision of reimagining the work of her team as not just responsive, but preventative and proactive. Second, André implemented participation in the American College Health Association (ACHA) National College Health Assessment (NCHA) survey, which has aided the institution in giving concrete grounding for anecdotal evidence.



Third, André restructured Student Development. Simultaneous to our emerging vision for student wellness was our need to reestablish a vision and mission for Student Development and to restructure the division in order to fulfill the new vision and mission. The new vision, *Every Student: Empowered, Transformed, Thriving* and mission “to create an integrated biblically-centered learning experience that promotes the whole person development of all students” guided the restructure into three key areas: Spiritual Development, Community Life and Student Wellness. While these three areas have distinct responsibility, they are also interlocking and integrative in daily functioning and service to students. Spiritual Development continues to supervise our chapel programming, student led ministries and pastoral care (among other things). Community Life oversees our Veterans Association, Housing & Residence Life, and Student Government (among other things). The newest area of focus is Student Wellness, comprised of the Student Health Center, the Learning Center, and Student Care, led by Lisa Igram as Dean. While Lisa’s promotion proved challenging for an already short-staffed Spiritual Development team, the structural shift allows for a “champion” for the student wellness area at a senior leadership level. Already this shift has provided a new focus on the data, shared earlier in this paper, creating capacity for Biola’s story of student wellness to be shared across campus.

Finally, André established a campus-wide wellness committee, the Student Health and Wellness Committee (SHAWC), comprised of thirty-four students, staff, administrators, and faculty, each strategically selected for their insight, influence, and ability to aid in implementation of any recommended strategies. Over a year of monthly meetings, the committee has been tasked to educate itself on student wellness, define the construct of wellness for Biola’s community, and from this begin making recommendations for forward movement. Lisa,

alongside André, SHAWC, and the new Student Wellness team will formulate a strategic plan by the end of June 2019.

### **Responding to Biola Students' "High Anxiety": Learning Toward What May Come**

This year's conversations and movements around college student wellness have highlighted a few key areas of consideration: first, that college well-being is a complex social problem; second, the challenge and opportunity of defining "wellness" and identifying markers of wellness for Biola's population; and third, the good that comes of solid relationships and a clear vision.

College Student Wellness: A Complex Social Problem: First, college student well-being is a complex social problem, involving what students bring to campus from family history and educational experiences, Biola's existing student culture, rising concerns about the impact of personal technology and social media on users, impact of faith development during this formative period, national climate, economic concerns, and shifts in student expectations about what a college education will offer. Such complex social problems require complex solutions, which may be well addressed through collective impact strategies. Kania & Kramer describe collective impact strategies as "long-term commitments by a group of important actors from different sectors to a common agenda for solving a specific problem. Their actions are supported by a shared measurement system, mutually reinforcing activities, and ongoing communication, and are staffed by an independent backbone organization" (Kania and Kramer 2011, 39). Fewer than half of the programs and services touching Biola student wellness arise from the Division of Student Development (see Appendix 1). Addressing this issue on Biola's campus requires stakeholders from differing sectors to come together, agree on a shared language, and commit to moving forward with openness and collaboration. It has become clear that the SHAWC

committee will be a prototype for a longer-term cross-departmental group gathered to continue this work together; additionally, the work of student wellness needs to be championed and forwarded by a strong backbone of the Student Wellness team housed within Student Development.

Defining “Wellness” at Biola. The committee’s work has centered on educating ourselves on college student wellness through discussions of data and presentations offered by external consultants, including the Educational Advisory Board and a 30-year veteran in the area of health promotion in college settings, Paula Swinford, Director of Health Promotion Strategy at the University of Southern California. Additionally, significant time has been spent reviewing and discussing definitions of wellness and related constructs of “wellbeing” and “health”. The committee has been drawn to definitions that are holistic, asset-based, and community-oriented.

A seminal article on college student wellness was published by Dr. Bill Hettler in *Health Values*. As director of University Health Services at University of Wisconsin, Stevens Point, Hettler was among the first to describe health holistically in the university context, identifying six areas around which programming had been developed on his campus: social, occupational, spiritual, physical, intellectual and emotional health (Hettler 1984, 14). Hettler defines wellness as “an active process through which you become aware of, and make choices that you hope will lead to, a more fulfilling, more successful, more well life. As such, wellness is an approach that emphasizes the whole person, not just the biological organism” (Hettler 1984, 14).

The World Health Organization similarly emphasizes whole-person approaches to health, stating that “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (“WHO | Constitution of WHO: Principles” n.d.). Others focus on well-being in terms of contributing to flourishing societies: “Wellness, or a sense of

well-being, includes one's ability to live and work effectively and to make a significant contribution to society" (Corbin and Pangrazi 2001). Harvard defines well-being in the context of higher education, stating that it is "establishing the connection of engagement to the development of an integrated self, capable of agency and serving both self-interest and the public good; expressed in flourishing, persistence, belonging, identity formation and *eudamonia*" (Harvard 2016, 9).

Ecological models of well-being resonate with front-line care-givers on Biola's staff, such as that from the National Association of Student Personnel Administrators (NASPA): "the presence of well-being and dignity in the lives of individuals, communities, and cultures... Healthy people need healthy communities to thrive, and healthy communities need healthy people to thrive" (NASPA 2004, 6). Anecdotally, we know this to be true: residential students struggling with suicidal ideation or intent deeply impact others on their floor. Students missing from classrooms due to anxiety and depression impact class dynamic and discussion. Paul's words of exhortation, "If one member suffers, all suffer together" prove to be true (1 Corinthians 12:26).

In discussions of definitions, the committee has also wrestled with the concept of wellness from our faith-based perspective, finding discussions in disability theology to be helpful in resisting a humanistic ideal intent on perfection or absence of suffering or trial, when an honest understanding of a Christian worldview takes seriously the effects of the fall. In Biola's context, the theology of inaugurated eschatology is a grounding concept to draw from. Jesus' life, death and resurrection mark the beginning of the end times, in which we live in the "already" of salvation brought by his atoning sacrifice, as well as the "not yet" of looking ahead to when Jesus will return to make all things new. In this life, "wellness" must be defined within

the confines of the “not yet.” Outside of the Christian context, says Shane Clifton, “we live in a world that is so unable to treat disability or illness as normal that we can envisage only one response to prenatal disability—abortion—and only two responses to adult disability: healing or euthanasia.” Instead, he says, health might better be conceived as “a measure of resilience or strength, of the capacity to learn and grow through suffering and hardship” (Fox and Clifton 2018, 56). When it comes to health, says Clifton, “We might use different but related terms: flourishing; the good life; the healthy, resilient, and adjusted life. In fact, the richest lives are the ones that have negotiated crisis and challenge, because it’s in the hard times that virtues emerge: resiliency, courage, generosity, and so forth” (Fox and Clifton 2018, 57) And indeed Paul writes in both James and Romans that suffering in this world fosters a perseverance that produces character (James 1, Romans 5).

Markers of Wellness at Biola. In Biola’s context, undergraduate students particularly struggle with loneliness, sadness, overwhelmedness, and relational conflict. Astin notes “a large body of research that demonstrates that the most critical elements in a high quality, undergraduate education include student-faculty contact, student-student contact, and other campus-based experiences” (Astin 2016, 92). If, as Astin also notes, a liberal arts education is about more than mastering the content of a particular discipline, and instead includes leadership, critical thinking, citizenship, honesty, social responsibility, empathy, and self-understanding, then personal interactions and engagement in the campus experience is crucial to these outcomes (Astin 2016, 92). Joshua references Ubuntu philosophy “I am a person through other persons” in contrast to Descarte’s “I think therefore I am,” saying “The implication is that community is the formative social structure of the individual and, therefore, that the well-being of the community is fundamentally connected to the well-being of the individual. In this model, it would not be

possible for individuals to flourish if the community was decaying” (Joshua 2016, 73). If key deficits in student wellness – both nationally and on Biola’s campus – include intrapersonal and interpersonal concerns, then perhaps movement forward includes pushing back against wellness as an individualistic construct and fostering a model of community well-being.

Forward Movement with Campus-wide Relationships. Although much has developed at Biola in the last eighteen months of shifting structures and highlighting needs surrounding our students’ well-being, many questions remain – questions we can only delve into through the fruitful curricular/co-curricular relationships and partnerships also developing campus-wide. Dr. Suzanne Welty, Associate Professor of Communication Sciences and Disorders, is using Spring 2019 research leave for a qualitative study on students’ understanding of wellness, providing deepened understanding of quantitative work done to date. Dr. David Cimbor, Professor of Psychology and Associate Dean of Doctoral Programs at Rosemead School of Psychology, has developed a new master’s level course designed to develop skills of program consultation, evaluation and development in Rosemead graduate students; he built this course around five projects that will provide further foundation for our work in Student Wellness. We have also partnered with Dr. Stacy Eltiti, Associate Professor of Psychology and Director of Research, and Aria Arthur, Rosemead graduate student, to further understand how Biola student wellness might be impacted by social media use. We are in conversations with faculty of the Lifetime Wellness course, a new required general education physical education course housed in Kinesiology and Health Sciences, to continue discussing how to help our students understand stewardship of their physical bodies as part of their overall well-being. Each of these partnerships is crucial to building the kinds of proactive, preventative programming needed to address emerging needs. As we synthesize the work of the SHAWC, continue in conversations around campus, and glean

from the input from campus partners, we continue on a path toward creating a Biola Student Wellness Strategic Plan by June 2019.

### **Conclusion & Questions**

Liberal arts education is an education of the whole student, designed to foster curiosity, imagination, and exploration – qualities we need in our graduates to contribute to flourishing in their communities. In presenting this case study, we provided context for student development professionals as partners with faculty in this educational enterprise. We have also sought to demonstrate that student ability to engage in learning with the kind of curiosity, openness and imagination the liberal arts requires is compromised by the sense of anxiety, overwhelmedness, loneliness and stress students develop or bring with them to the educational environment. We have shown that data on Biola student wellness mirrors national trends in drastic increases in student need, and that these trends in Biola's context have required significant organizational and philosophical shifts. Through leadership changes, restructuring, and relational bridges, Biola is moving towards a comprehensive and collaborative approach to student wellness, shifting from a reactive and responsive stance to a proactive and preventative posture. Our goal is to contribute meaningfully to Biola's mission, which holds also the ideals of liberal arts education: graduating students who can address the complex social issues of their generation and contribute to flourishing in their communities, thereby impacting the world for the Lord Jesus Christ.

We look forward to conversation and feedback, and we have a number of questions to get our conversation started. As you consider Biola's context and process:

- What would you have done?
- Where did we get it right?
- Where have we mis-stepped?
- What would you do next?
- What questions do we need to be asking along the way?

And as you consider your own context:

- How would you describe your institution's approach to student health and wellness?
- How might you create a culture of wellness at your institution?
- How would you describe campus understanding and buy-in to these concerns?
- What data do you have on your student population as it pertains to student wellness?
- What data do you need in order to provide evidenced-based planning and decision-making?
- What specific problem are you trying to solve at your institution regarding student wellness?
- What roadblocks or "boulders" or real or perceived in your movement to a student wellness model?

We look forward to continuing the conversation.



### Appendix 1: Wellness-Related Programming Reporting Structures

Wellness-Related Programming Housed in Student Development		
	Resource	University Reporting Area
1	Veterans Association	Student Development - Community Life
2	Global Student Community Groups	Student Development - Community Life
3	Student Orientation Soul Groups	Student Development - Community Life
4	Intramural Sport & Fitness Coordinator	Student Development - Community Life (SPA)
5	Strategies for Academic and Personal Success course (SAPS)	Student Development - Learning Center, partnered with Academics
6	Pastoral Care	Student Development - Spiritual Development
7	The Dwelling (Staff-Advised LGBTQ Discipleship Group)	Student Development - Spiritual Development
8	Depths (Pornography Education & Accountability Group)	Student Development - Spiritual Development
9	Student Health Center	Student Development - Student Wellness
10	Learning Center	Student Development - Student Wellness

Wellness-Related Programming Housed Campus-Wide		
	Resource	University Reporting Area
1	Ruby Women Mentoring Program	Advancement
2	Fitness Center	Athletics
3	Student Affinity Groups	Division of Diversity & Inclusion
4	Biola Shares Basic Needs Program	Division of Diversity & Inclusion, Partnered with Student Development
5	Relationship Counseling through the Center for Marriage and Relationships	Provost
6	Group Counseling	Provost - Biola Counseling Center
7	Individual Counseling	Provost - Biola Counseling Center
8	Therapy Essentials Workshop	Provost - Biola Counseling Center
9	BCC Drop-In Hours	Provost - Biola Counseling Center
10	Speech Clinic	Provost - Communication Disorders

Wellness-Related Programming Housed Campus-Wide		
	Resource	University Reporting Area
11	Concussion Clinic	Provost - Communication Disorders Major
12	Lifetime Wellness Course	Provost - General Education Curriculum
13	Spiritual Direction	Provost - Institute for Spiritual Formation
14	RADS Classes	Provost, partnered with Campus Safety
15	Academic Advising	Student Success - Academic Advising
16	Career Coaching	Student Success - Career Development

## Bibliography

- Astin, Alexander. 2016. "Why Well-Being Is Fundamental to Learning." In *Well-Being and Higher Education: A Strategy for Change and the Realization of Education's Greater Purposes*, ed. by Donald Harward, 91–98. Washington, DC: Bringing Theory to Practice.
- Center for Collegiate Mental Health. 2019. "2018 Annual Report." STA 19-180. University Park, PA: Penn State University.
- Corbin, Charles B., and Robert P. Pangrazi. 2001. "Toward a Uniform Definition of Wellness: A Commentary." *President's Council on Physical Fitness and Sports Research Digest*, December. <http://eric.ed.gov/?id=ED470691>.
- Douce, Louise A., and Richard P. Keeling. 2014. *A Strategic Primer on College Student Mental Health*. Washington, D.C.: American Council on Education.
- Eagan, M.K., E.B. Stolzenberg, H.B. Zimmerman, M.C. Aragon, H. Whang Sayson, and C. Rios-Aguilar. 2017. "The American Freshman: National Norms Fall 2016." Los Angeles: Higher Education Research Institute, UCLA. <https://heri.ucla.edu/cirp-freshman-survey/>.
- Educational Advisory Board. 2018. "Developing Coping and Resiliency Skills to Advance Student Success." presented at the Student Affairs Forum, Santa Monica, CA, September.
- Fox, Bethany McKinney, and Shane Clifton. 2018. "Disabled and Healthy." *Fuller Studio*, 2018. <https://fullerstudio.fuller.edu/disabled-and-healthy/>.
- Harward, Donald, ed. 2016. *Well-Being and Higher Education: A Strategy for Change and the Realization of Education's Greater Purposes*. Washington, DC: Bringing Theory to Practice.
- Hettler, B. 1984. "Wellness: Encouraging a Lifetime Pursuit of Excellence." *Health Values* 8 (4): 13–17.
- Holland, Donna. 2016. "College Student Stress and Mental Health: Examination of Stigmatic Views on Mental Health Counseling." *Michigan Sociological Review* 30: 16–43.
- Hong, Rebecca. 2018. "Biola Student Snapshot: Challenging Our Assumptions and Getting Real About Our Students." presented at the Annual Faculty Conference, Biola University, La Mirada, CA.
- Joshua, Kazi. 2016. "Is Well-Being an Individual Matter?" In *Well-Being and Higher Education: A Strategy for Change and the Realization of Education's Greater Purposes | Bringing Theory to Practice*, edited by Donald Harward, 73–76. Washington, DC: Bringing Theory to Practice.
- Kadison, Richard, and Theresa Foy DiGeronimo. 2005. *College of the Overwhelmed: The Campus Mental Health Crisis and What to Do About It*. 1 edition. San Francisco, Calif.; Chichester: Jossey-Bass.

- Kahn, Jack S.1, DrJackKahn@aol.com, Amy2 Wood, and F. Elizabeth3 Wiesen. 2000. "Student Perceptions of College Counseling Center Services: Programming and Marketing for a Seamless Learning Environment." *Journal of College Student Psychotherapy* 14 (1): 69.
- Kania, John, and Mark Kramer. 2011. "Collective Impact." *Stanford Social Innovation Review*, 36–41.
- Kitzrow, Martha Anne. 2003. "The Mental Health Needs of Today's College Students: Challenges and Recommendations {computer File}." *Naspa Journal (Online)*. 41 (1): 165–79.
- NASPA. 2004. "Leadership for a Healthy Campus: An Ecological Approach to Student Success."
- "National College Health Assessment Home." n.d. Accessed February 8, 2019.  
[https://www.acha.org/NCHA/Home/NCHA/NCHA\\_Home.aspx?hkey=f8184410-19fa-4ba6-b791-43a79cef2de0](https://www.acha.org/NCHA/Home/NCHA/NCHA_Home.aspx?hkey=f8184410-19fa-4ba6-b791-43a79cef2de0).
- Peale, Cliff. 2014. "Students Flood College Counseling Offices." *USA Today*, April 7, 2014.  
<https://www.usatoday.com/story/news/nation/2014/04/07/college-students-flood-counseling-offices/7411333/>.
- Rielly, Katie. 2018. "Record Numbers of College Students Are Seeking Treatment for Depression and Anxiety." *Time*, March 19, 2018. <http://time.com/5190291/anxiety-depression-college-university-students/>.
- Roche, Mark William. 2010. *Why Choose the Liberal Arts?* University of Notre Dame Press.
- Stixrud, William R. 2012. "Why Stress Is Such a Big Deal." *Journal of Management Education* 36 (2): 135–42. <https://doi.org/10.1177/1052562911430317>.
- Twenge, Jean M. 2017. "Have Smartphones Destroyed a Generation?" *The Atlantic*, September 2017. <https://www.theatlantic.com/magazine/archive/2017/09/has-the-smartphone-destroyed-a-generation/534198/>.
- Weeks, David, and Diana Pavlac Glyer. 1998. *The Liberal Arts in Higher Education: Challenging Assumptions, Exploring Possibilities*. MD: University Press of America.
- "WHO | Constitution of WHO: Principles." n.d. WHO. Accessed February 16, 2019.  
<http://www.who.int/about/mission/en/>.
- Zhang, Naijian. 2011. *Rentz's Student Affairs Practice in Higher Education*. 4 Ed. Springfield, Ill: Charles C. Thomas Pub. Ltd.