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Mental health in academia: Hacks for cultivating and sustaining wellbeing

Adam P. Johnson[1] | **Rebecca J. Lester[2]**

[1]University of Texas at San Antonio, San Antonio, Texas, USA

[2]Washington University, St. Louis, Missouri, United States

Correspondence
Adam P. Johnson, University of Texas at San Antonio, Antonio, TX, USA.
Email: adam.johnson@my.utsa.edu

Abstract

Mental health concerns among university populations are on the rise. Faculty and students report increasing levels of depression, stress, anxiety, and suicidal ideation. These mental health crises reduce overall wellness and inhibit the educational process. We identify uncertainty, financial stress, disruptions to social networks, burnout, and the contemporary social/political climate as key triggers for mental health crises for faculty and students. Faculty are in a position to provide support to one another and their students and as such, we provide strategies that attend to these triggers and complement other forms of intervention. We do not intend these "hacks" to supplant structural change or reputable medical advice; rather, they are intended to help focus attention on the importance and magnitude of mental health concerns in academia and to offer some strategies that faculty can implement.

1 | INTRODUCTION

Mental health concerns among university populations in the United States are on the rise (Oswalt et al., 2020; Lashuel, 2020; Pettit, 2016; Bira et al., 2019; Gallagher et al., 2000; Kruisselbrink Flatt, 2013). In the Spring 2015 Executive Summary published by the American College Health Association, 35.3% of undergraduate respondents reported that within the past 12 months they "felt so depressed that it was difficult to function." Nearly 10% reported that they "seriously considered suicide" within the past year (ACHA, 2015). The situation is equally dire for graduate students, who show a rate of depression six times that of the general population (Evans et al., 2018). The 2014 University of California, Berkeley Graduate Student Happiness and Well-being Report further demonstrated that a high proportion (43%–46%) of graduate student respondents in the sciences were depressed (UC Berkeley Graduate Assembly, 2014). A year later, Smith and Brooks (2015) showed that 50% of graduate student subjects at the University of Arizona reported "more than average" stress and 23% reported "tremendous" amounts of stress. Additionally, in *Nature's* 2017

PhD survey, 25% of respondents indicated mental health as a concern and 12% of all respondents sought help for anxiety and depression (Woolston, 2017). As stigma about mental health is still strong, it is reasonable to assume that there are many, many others who do not show up in these counts.

This surge in student mental health needs extends to severity as well as quantity, and existing infrastructure is fracturing under the pressure. A 2019 survey by the Association for University and College Counseling Center Directors found that nearly 90% of counseling center directors on college campuses report that the number of students on campus with severe psychological problems has been continually increasing. Health centers are overrun, staff are overextended, and students are underserved (Center for Collegiate Mental Health, 2020). These problems have only increased during the COVID-19 pandemic, as levels of anxiety and depression have risen and students are finding it increasingly difficult to secure mental health appointments in the wake of university belt-tightening (Champlin, 2019).

Faculty, too, are struggling. Recent pieces in *Nature* (2018) and *The Chronicle of Higher Education* (2016)

spotlight the extraordinary—and increasing—stressors that academic faculty face and the kinds of physical and emotional effects they produce. Depression, anxiety, suicidal ideation, boredom, unfulfillment, dissatisfaction, frustration, dread, despair, difficulty concentrating, lack of motivation, irritability, decreased compassion, sadness, and somatic symptoms like frequent headaches, GI upset, muscle aches, heart attacks, and hypertension are but a few of the symptoms faculty report as being caused or significantly exacerbated by the working conditions and cultures of academia (Lashuel, 2020). In more extreme cases, trauma responses like difficulty sleeping, hypervigilance, flashbacks, avoidance of settings, and panic attacks may occur.

In short, we are in the midst of a profound and extensive mental health crisis throughout academia. No one is immune, although the potential mental health risks of participating in academia are compounded on an order of magnitude for faculty and students of color or from other marginalized groups (Albright & Hurd, 2020; Iacovino & James, 2016; Laden & Hagedorn, 2000; The Steve Fund, 2020; Woodford et al., 2014) whose risks included shouldering the majority of service work, gaps in promotion rates (Liu et al., 2019; Weisshaar, 2017), and harassment (Mansfield et al., 2019).

In this piece, we focus on strategies for identifying and attending to mental health issues among faculty and students[1] that can complement other forms of intervention. We do not intend the "hacks" we offer here to supplant skilled and reputable medical advice; rather, they are intended to help focus attention on the importance and magnitude of mental health concerns in academia and to offer some techniques that can help.

2 | CHANGES IN HIGHER EDUCATION

It is important to recognize that while mental health concerns in academia may be experienced as highly individualized, they are tied to larger structural factors. Changes in higher education structures and governance over the past few decades directly impact faculty and student wellbeing.

The progressive neoliberalization of American higher education foregrounds values of productivity, innovation, and competition (Levin et al., 2016), contributing to a preoccupation with institutional reputation and university branding (Kwok, 2018). This, in turn, is connected to changes in cost structures that have led to a decrease in faculty salaries alongside an increase in the salaries of senior academic administrators (Schwartz, 2014). Furthermore, the focus on the commercialization of research

findings, especially in technical fields such as the applied sciences, engineering, technology, and medicine (Fallis, 2013) contributes to the unequal distribution of funds favoring the more profitable STEM fields over the social sciences and humanities (Dennison, 2012). As Kwok (2018, p. 5) notes, "institutions are under increasing pressure to quantify and measure the value created by human capital against predetermined metrics in order to show a desirable return on investment in higher education." This adoption of business-oriented approaches has made colleges and universities more hierarchical and bureaucratic (Kwok, 2018, p. 7), such that governance structures can come into conflict with a vision of the academy as a place of collective learning.

Students in such models are often framed as customers and thus are at risk of being financially exploited. As customers, the cost of higher education has been increasingly shifted from public or institutional funding onto students, with a 13% decrease in public funding of universities over the last decade (Mitchell et al., 2019). Decreases in funding creates a financial burden that has both short-term and long-term consequences for students. This model also sets unreasonable expectations as some students expect that if they are paying for their education then they are entitled to certain grades (Scott, 1999). This expectation, when in conflict with the structure of class expectations, can lead to anxiety and dissatisfaction (Lipson & Eisenberg, 2018). Many students are also burdened with the responsibility of paying for their education while also supporting themselves—and sometimes their families—financially. These responsibilities can take a great mental and emotional toll which can affect academic performance and overall wellbeing.

2.1 | The COVID effect

COVID-19, as an ongoing global health concern, continues to be a primary intensifier of the ongoing mental health crisis. The pandemic has created anxiety around contracting the disease while also disrupting students' education by shifting them away from campuses to virtual learning and disrupting their social networks. Marroquín et al. (2020) report that stay-at-home orders and social distancing measures are associated with increases of anxiety and depression symptoms. Virtual learning paired with stay-at-home orders throughout the United States meant that both university culture and the support systems that students have cultivated were disrupted, and student access to university mental health services suffered (Liu et al., 2020). Furthermore, new students have missed the typical socialization that occurs in the first year of university.

Faculty have likewise encountered increased stressors in the wake of the pandemic, from adapting course designs to virtual formats to navigating home-schooling while working to recalibrating research plans to managing increased student demands. Faculty have been pushed to capacity and beyond, and many report intensifying distress. This distress, while widely distributed, is not evenly so. Women faculty, in particular, have shouldered more of the burdens of both professional and personal responsibilities during this time (Buckle, 2020; Kowal, et al., 2020) with potentially significant ramifications for research productivity and career advancement. Faculty of color, too, have had to contend with additional stressors as the COVID-19 crisis converged with existing health disparities.

2.2 | Existing initiatives

Colleges and universities across the country have deployed strategies in recent years to address faculty and student mental health needs, with limited success. Recognizing that increasing the funding to and availability of mental health services for students on campuses is urgently needed, some universities have made expanding these programs a priority (Chessman & Taylor, 2019). While this is a positive step forward, not all students want to utilize campus services, either for quality or privacy reasons. Those who do may find the wait times for an appointment exceedingly long and the frequency and number of appointments to be unhelpful or inadequate (Champlin, 2019). Others may be engaged in research or other activities away from campus, unable to access university services. The recent expansion of telehealth and teletherapy during the COVID crisis has opened up some new opportunities for accessibility, though teletherapy is regulated on a state-by-state basis and therapists located in one state (e.g., a faculty or student's home institution) cannot provide services across state lines (e.g., if the faculty member or student is engaged in research anywhere other than the state where the institution is located).

On the faculty side, many universities have instituted or expanded wellness programs such as mindfulness classes, mid-day yoga sessions, and incentives for engaging in stress-reducing activities. Some have also worked to expand faculty insurance coverage for mental health services, although they must contend with skyrocketing healthcare costs while trying to keep faculty premiums reasonable. Faculty then face the challenge of seeking mental health services under university health plans that may or may not provide adequate coverage or may require layers of gatekeeping to access.

Steps to improve the availability of and access to mental health services for students and faculty are important

and necessary, but they are inadequate. By targeting their interventions at the level of the individual, they frame mental health concerns in academia as a personal issue. While individual factors certainly are important, such a focus obscures the ways in which the current mental health crisis itself is exacerbated and even generated by the cultures and practices of contemporary academia. Developing strategies outside of or in addition to university mental health services is therefore critical, as is focusing on prevention strategies to help mitigate this growing problem.

Here, we highlight just a few of the central issues that can contribute to student and faculty mental health concerns. This discussion is not meant to be exhaustive, but rather to identify some key areas of intervention.

2.3 | Student-specific issues

Today's college and university students face challenges unlike those faced by previous generations. In the context of skyrocketing educational costs, increased competition for fewer admission slots, an uncertain post-pandemic economy, and a polarized political and social climate, students must contend with numerous factors that have direct implications for their wellbeing.

2.3.1 | Financial hardships

Financial hardships can be a great burden and a trigger for student mental health crises. In a 2016 report by the American College Health Association (ACHA, 2016), 34.3% of the students who responded reported that finances had been "traumatic or very difficult over the last 12 months" (p. 37). Students who report having experienced financial hardship report lower subjective wellbeing scores (SWB) and also have a more difficult time maintaining enrollment (Robb, 2017). Attending university may contribute to financial hardships that students experience either as an additional expense beyond typical living expenses or as a long-term debt burden. University tuition has increased by 37% from 2008 to 2018 while funding has decreased by 13% thus shifting the costs onto students (Mitchell et al., 2019). Jones et al. (2018) report that financial stress is a major contributing factor for student anxiety as 80% of students report having to shoulder some or all of their educational costs (Citi, 2013). As such, it can be assumed that many of our students experience some degree of financial stress. The financial stress that many students experience extends to the classroom. Students are required to purchase course materials (e.g., textbooks, lab equipment, access to learning

resources). While economically privileged students are able to meet these financial obligations, these materials place undue stress on other students and can serve as an economic barrier to their education (Farb et al., 2017). As with other mental health crisis triggers, financial burdens—both generally and those associated with educational costs—can act as barriers to academic success.

As a consequence of increased costs associated with earning degrees, student loan debt also places a burden on students, with women and POC students shouldering the most debt (Miller, 2017). Women who carry educational debt are less likely to complete their degree program than men carrying debt or those who do not require student loans to fund their education (Dwyer et al., 2013). While POC students—especially Black students—are more likely to complete their degree programs with the help of student loans, they also carry a disproportionate debt when compared to White students (Houle & Addo, 2019). Student debt motivates students to work during their university studies and increases the likelihood of students remaining with or returning to their parental home (Houle & Warner, 2017). Their education is thus not simply an opportunity but also serves as a substantial burden that can place a great deal of stress on students.

Alongside financial hardships, students may also experience food insecurity. This is a growing concern at U.S. universities as more than 30% of students may experience or be at risk of experiencing food insecurity (Payne-Sturges et al., 2018). Food insecurity is related to lower mental wellbeing and poorer academic performance (Martinez et al., 2020). Students who report low-food security are more likely to report depression, anxiety, and experience sleep deprivation which further exacerbates mental health conditions (Arenas et al., 2019). Students that experience food insecurity may also face stigma and shame. In a study by Henry (2017), students reported that they would "suffer silently" (p. 11) and not attend events with their food-secure peers as they were embarrassed. To cope, students went hungry, ate smaller meals, took on additional jobs, and ate cheap fast food (Henry, 2017), all of which contribute to their mental struggles and can result in feedback loops of mental crisis.

2.3.2 | Post-degree job uncertainty

Students must also contend with future prospects as they complete their degree programs. For many students, job prospects post-graduation are uncertain. In a study by Wang et al. (2020), one of the primary triggers for anxiety that students reported was "unemployment or fear of future unemployment" (p. 6). This can be especially stressful for students who have accumulated debt throughout their academic careers. The job searching and interview process can be a point of great anxiety and, as their degree programs come to a close, they may feel increasing pressure to secure a job. This stress can be further exacerbated by failed job searches.

With the uncertainty of career prospects, students are often under a great deal of pressure to be competitive as they enter the job market after they complete their degree programs. As such, students may double major and take on multiple minors in order to fill out their résumés. Students also may participate in extracurricular activities that further exacerbate stress. Overworking can affect student sleep patterns and overall mental health and cognitive ability (Acharya et al., 2018; Becker et al., 2018).

2.3.3 | Course themes

Students may also be asked to confront ideas that are novel to them or contradict their own deeply held beliefs. This can be unsettling, and the classroom can become a space of great anxiety as their worldviews are being challenged, and they are asked to adopt uncomfortable intellectual postures in order to develop an understanding of the course material. Students can become caught in the middle of political debates over pedagogy where academic discourse surrounding histories of racism and sexism in the United States is under scrutiny and attack. States such as Rhode Island (H6070), Tennessee (HB0580), Idaho (HB377), Texas (HB3979), and Oklahoma (SB803) have put forth or passed legislation to curtail the teaching of critical race theory or similar approaches. President Trump issued an executive order halting the funding of diversity trainings that critique race. Most recently, Rep. Dan Bishop (NC) of the US House of Representatives has put forth a bill (Stop CRT Act) to specifically target the teaching of critical race theory. The rhetoric surrounding this political debate can be internalized by students of color as well as White students (Orelus et al., 2020). When students encounter these kinds of concerns in the classroom, they can both be triggers for a mental health crisis and a barrier to learning. The instructors of such classes are also in a position where they have to simultaneously deliver content to the students, stimulate lively and productive discussion, and contend with the ongoing political jostling that occurs over such topics.

At the same time as students are caught up in debates over critical race theory, POC students must contend with a curriculum that is largely dominated by White discourse in which Black and Indigenous perspectives are erased or suppressed (Begum & Saini, 2019; Sium et al., 2012). University curricula are still heavily

populated by readings of White scholars that represent only a partial perspective of the course themes while historical and contemporary scholarship by POC scholars is largely neglected. POC students who encounter little scholarship that reflects their own positionality, and experiences are harmed by the denial of their own perspectives and reality in the reproduction of Eurocentric ideology. Instructors are in the unenviable position of having to contend with these two opposing viewpoints and thus must be intentional at addressing each. Calls for decolonizing the curriculum, while experiencing some success, have not been sufficiently implemented and Whiteness is still centered in many classrooms throughout universities.

2.4 | Faculty-specific issues

One of the most notable consequences of recent structural and governance changes in academia has been the shift toward reliance on contingent faculty (adjunct and contract faculty not on the tenure track) and the diminishing availability of tenure track positions. Those faculty who are on the tenure track have also been directly and negatively impacted by these changes report a lack of control as hiring decisions and departmental structures are increasingly made outside of academic departments (Vican et al., 2020). Faculty across all categories and levels of the academic hierarchy also share a number of stressors that may manifest differently at different points in one's career trajectory. These include gender and/or sexual inequalities (Winslow & Davis, 2016), racial inequalities (Arnold et al., 2016), parental leave and childcare issues (Hardy et al., 2018), burnout (Sabagh et al., 2018) and unpredictable funding environments (Hendel & Horn, 2008), to name just a few. Here, we sketch some of the factors that seem to most contribute to mental health challenges among faculty in different categories and levels of seniority.

2.4.1 | Contingent faculty

Field and Jones (2016) define contingent faculty as "sessional faculty and all nonpermanent faculty members who are working on part-time or limited term contracts outside the tenure-stream" (p. 9). As non-tenure track employees, contingent faculty face a number of hardships which are compounded by the fact that they do not have access to important supports.

By the nature of their employment, many contingent faculty live in a perpetual state of anxiety and uncertainty, often chasing down opportunities at multiple institutions at once and carrying heavy teaching and advising loads, all while getting paid a fraction of what tenure track faculty get paid. Having to constantly hustle for the next teaching or research opportunity is exhausting and extremely stressful, and contingent faculty report high rates of depression, anxiety, and other mental health concerns (Crick et al., 2020; Reevy & Deason, 2014).

At the same time, because they are contingent, these faculty often do not have recourse to important institutional supports and protections like health insurance, mentoring, parental leave, and policies that prevent various kinds of oppressive work conditions. Many report experiences of exploitation, powerlessness, and marginalization within their places of work, contributing to high levels of burnout (Crick et al., 2020).

2.4.2 | Tenure-track faculty

Tenure-track faculty face a number of stressors that can contribute to poor mental health. Achieving tenure is, in theory, a meritocratic process based on objectively discernible criteria related to research, publishing, mentoring, teaching, and service. In reality, however, the tenure process is embedded within departmental and university politics which can make it appear opaque at best and arbitrary or even weaponized at worst. The "up or out" structure of tenure, coupled with shrinking funding streams and increasing pressures to publish or perish in a tightening publishing environment, has further intensified the already extremely stressful tenure and promotion process in recent years. In addition to the everyday work pressures of teaching, advising, research, and departmental and university politics, then, tenure-track faculty at different stages of career development must contend with certain factors that can affect wellbeing.

Pre-tenure faculty do not yet have job security, and are under extreme pressure to produce as much as they can as quickly as possible. As colleges and universities become increasingly focused on metrics of productivity that rely on quantifiable variables, tenure expectations are changing, and faculty are under ever-increasing pressure to exceed the research and publication productivity levels expected of earlier generations. At the same time, funding available for research has diminished and changes in the publishing world have made it increasingly difficult to bring manuscripts to press, amplifying the pressure many pre-tenure faculty experience. Faculty at this stage often report high levels of anxiety, depression and stress (Walzer, 2010).

Mid-career (associate-level) faculty may no longer have to worry about job security, but with this security

comes a host of other challenges, including increased responsibility and expectations for service, along with a loss of mentoring and other support that may have been in place for the pre-tenure phase. Many faculty languish at this stage, finding it difficult to manage the increased demands on their time and energy while also moving forward in their research agendas. They may experience something of a "mid-career crisis" as they chart a new path forward post-tenure. Faculty at this stage often express pervasive feelings of burnout, resignation, and hopelessness (Canale et al., 2013).

Senior (professor-level) faculty have reached the top of the tenure hierarchy. This frees them up in terms of promotion pressure, but seniority brings additional responsibilities and commitments such as departmental leadership; university, national, or international administrative service, and increased demands for mentoring, as well as sustaining their own research agendas. They may also struggle with questions of meaning and identity as academic careers begin to wind down (e.g., Hendrix, 2021).

In the neoliberalizing university, faculty across levels of seniority are subject to increasing pressures to demonstrate quantifiable teaching outcomes while simultaneously making their courses innovative and appealing to the widest number of students possible. As universities court student tuition dollars, many faculty are pressed into increased service roles or intensified mentoring that can claim a significant amount of work hours. At the same time, a constricted job market means more faculty may be willing to put up with more oppressive conditions than in years past. Salary compression and reduced funding for research and teaching innovation compound these dynamics, leaving many faculty across the ranks feeling significantly overworked and undercompensated.

2.4.3 | Cultures of overwork can mask serious concerns

Many symptoms of mental and emotional distress among faculty can be masked by the very tendencies toward overwork and perfectionism that academia selects for, and faculty are often encouraged in this very behavior. The messages many receive from mentors or colleagues about how to manage the stress, anxiety, and pressure associated with academic life often involve some version of "work harder," "focus more on productivity," or "be grateful for the flexibility of academia." In other words, such concerns are often minimized as irrelevant at best, and destructive at worst, to a successful academic career. (Flaherty, 2017; Quijada, 2021). Furthermore, faculty often feel obligated to work at the neglect of self-care as being perceived as lacking constant productivity can

affect annual reviews, promotion portfolios, and other opportunities within and beyond the home department. This sort of policing of behavior can also directly impact mental health and harm relationships.

3 | HACKS FOR CULTIVATING AND SUSTAINING MENTAL AND EMOTIONAL WELLNESS IN ACADEMIA

Our hacks fall into four categories: Daily (Preventative) Hacks, Hacks for Student Interfacing, Recognizing Mental Health Concerns, and Resources for Support. These hacks are not a substitute for expert advice or services, but are intended as useful strategies for coping with common struggles that faculty and students may experience.

3.1 | Daily hacks

The hacks in this section are tips for preventing or mitigating stress that can translate into mental health challenges. As many such challenges are the result of trying to navigate the dynamics of academia. Mental health challenges blur the boundaries between academic life and the everyday struggles that many experience.

3.1.1 | Get organized

Good organization can help reduce the anxiety, stress, and overwhelm that can arise from multiple commitments, varied deadlines, and overfull schedules. There are as many organizational strategies out there as there are academics, but one that *Author 2* has found especially helpful is this online Gantt Chart project management program (https://www.gantt.com/). This program (with both free and paid options) enables you to plot out multiple projects across varied timelines, to estimate the number of hours each task will take, and to easily see how many commitments are in play at any one time. It also has a host of other features to help you plan and stay on top of multiple projects at once. For those who prefer non-digital strategies, a number of planner systems are available, like the Passion Planner (https://passionplanner.com/) or the Panda Planner (https://pandaplanner.com/).

3.1.2 | Build networks

Academia can be a lonely road. In an environment that is increasingly competitive, the pressure to work harder and

stay one step ahead of others can be enormous. Departmental or university politics can exacerbate these challenges, leaving faculty members feeling isolated and without supports. This in turn can amplify feelings of stress, anxiety, depression, or other mental health concerns. Building strong networks is a critical bulwark against such dynamics. Whether these networks are academic in nature (e.g., cross-departmental, or inter-collegiate collaborations) or are based instead in shared interests or leisure pursuits, building and sustaining networks within academia (as well as outside) can offer substantial supports.

3.1.3 | Set boundaries

Academic work can feel boundless. It has no clear start and stop times, and there is always more that could be read, researched, written, or studied. Because of this, it is imperative to develop skills in knowing your own limits and setting healthy boundaries around work. This requires a deliberate practice of instituting balance; for example, setting (and sticking to) your own clear work and work-free times or not reading or answering emails on evenings or weekends.

Setting boundaries is also critical in working with students, particularly regarding the degree to which faculty are increasingly made responsible for factors outside of their control. Instructors are in a unique position to provide support for student mental health crises that otherwise might go unseen. Academic advisors and student health services only interface with students under particular circumstances and so may not become aware of mental health crises that students experience until after substantial academic struggles. Course instructors, on the other hand, interface with students on a regular basis and, if instructors have developed a trusting relationship with their students, students will sometimes communicate their struggles. Here we offer a few suggestions that can help address the potential for a course to contribute to or impede student mental wellbeing and resources that many universities that instructors can direct students to for support.

Faculty, then, are positioned as "front-line workers" when it comes to student wellbeing and are tasked with recognizing student struggles and taking appropriate action. While empathy and concern for students is absolutely critical, it is also the case that most faculty are not trained clinicians or experts in mitigating student life crises. Managing one's own stress and overwhelm often depends, then, on recognizing the limitations of our own expertise and sphere of influence and helping students access the kinds of supports or resources they might need.

3.1.4 | Familiarize yourself with campus resources

Unlike students who have access to Student Health Services and may benefit from university programming around mental health and wellness, faculty are largely left to fend for themselves. Although some academic settings might offer such things as lunchtime yoga or mindfulness classes, little attention is given to the quality or scope of mental health supports for faculty, which are generally viewed as individual, private concerns.

Many instructors may not be aware of the range of institutional resources available to them. For example, Teaching Centers can provide significant support with regards to course and syllabus design, teaching strategies, and problem resolution. A university ombuds can be an excellent resource for faculty experiencing interpersonal challenges in the workplace. Many institutions also have centers or offices of diversity and inclusion that may have useful resources or supports available. Associations for women and/or minority faculty are also common and can be sources of additional information, mentoring, and networking.

3.1.5 | Direct students to institutional resources

A primary resource available to students at most universities is the student counseling center. Counselors are trained to attend to the specific mental health needs of students. For students experiencing mental health crises, this can be a resource that can provide long-term care for students. However, wait times for appointments can often be quite long and thus may not be a viable solution for students experiencing more acute mental health symptoms. Some universities have support in place for mental health emergencies such as university crisis centers and behavioral intervention teams, although the availability is not ubiquitous. It is important for instructors to familiarize themselves with the breadth of services available in their institution's counseling center.

While counseling centers can provide support through the ebbs and flows of their degree programs, some students may require more specific or more intensive support (Smith, 2020). Student ombuds can be a helpful resource for students experiencing anxiety due to some conflict that has arisen in their university career. Ombuds are trained to both confidentially advise students and point them toward other resources that might be beneficial. Ombuds often have a familiarity with additional services available to students (internally or externally) of which instructors may not be aware.

For students who have experienced gendered discrimination or sexual violence, the institution's Title IX office can provide assistance. All U.S. universities are required by law to have a Title IX office and employees are required to report any known instances of to the Title IX office. These offices provide students with confidential advocates to help them recover from trauma.

An institution's student disability services office can be another point of contact for getting students paired with accommodations that may alleviate some of the stress of learning such as learning/testing accommodations, tutors, and advocacy. The office can mediate between students and instructors to ensure student success and reduce the anxiety that can accompany learning differences.

Food insecurity is an increasing concern among university students as public funding for education is decreasing and costs are increasing (Martinez et al., 2020) and many universities in the United States have opened food pantries to support students that have trouble meeting their nutritional needs. Students that are experiencing financial hardship may be eligible for additional financial assistance through institutional, state, or federal programs. The student financial aid office is a resource that can direct students to additional financial assistance which may include scholarships or grants that do not place a long-term financial burden on students through loans.

3.1.6 | In the classroom

One of the first steps to addressing some of the mental health concerns that students experience in the classroom is to take syllabi design seriously. Students enter the class with a broad array of concerns, some of which are discussed above, and it is important for instructors to anticipate the diversity of experiences that students have. Instructors should consider who their selection of assigned readings represents. To construct a decolonized syllabus it is important to intentionally and critically evaluate the syllabus and to represent a plurality of voices so as to provide students with broader insights into the themes of the course (Zidani, 2020). Decolonizing pedagogy is an act of empathy that centers the diverse array of student experiences and creates an environment of inclusion and support (Zembylas, 2018). This can both reduce the amount of anxiety students experience in the classroom and can also improve academic performance by enhancing overall course engagement for students that have experienced marginalization through their education.

Another step in syllabus design that can impact mental wellbeing for students is to evaluate methods of material delivery and student assessment. Active learning and student-centered approaches improve student engagement (Armbruster et al., 2009) and can reduce student anxiety (Cooper et al., 2018). To implement these kinds of pedagogical strategies, traditional approaches to the classroom (e.g., lectures, seminars) have to be adjusted to accommodate a "flipped classroom." While this strategy may not work for all instructors or all classes, an "ungrading" movement has emerged in higher education in the last several years, in which instructors forego traditional grading schemes for an approach that guides students through the process of learning while providing qualitative feedback to help students improve over the course of the semester. In speaking to this issue, Blum (2016) provides a cutting critique of the structure of contemporary course dynamics and the violence that higher education can perpetrate onto students.[2]

Instructors should also consider the nature of assignments, in particular, what is being asked of the students and whether such responsibilities are necessary to engage with the course material. Many students are not merely college students but must also work to pay for their living expenses. Some have families who they support. Still others are enrolled in a full load of courses (usually 18 semester hours) or are taking very intensive, major-specific courses each semester. Busy work can provide artifacts for assessment but can also disengage students from learning. Assignments should be evaluated in relation to the overall course objectives and the logic of each assignment should be explicitly laid out for students, including how it fits into the broader goals of the course. Resources such as the "Transparency in Learning and Teaching in Higher Education" project (TILT Higher Ed) can assist instructors in designing course curriculum: https://tilthighered.com/tiltexamplesandresources.

A final suggestion for syllabus design is for the instructor to evaluate the financial burden that the course places on the students. Expensive textbooks, lab equipment, and subscription services that are often found in the "required materials" portion of the syllabus can be too much for students to contend with on top of the other costs of their education. Critically evaluating course materials and determining if they are necessary and whether effective alternatives are available (e.g., through the university library, open access texts) can be a significant benefit for students and alleviate some of the strain that attending university has on mental wellbeing.

3.2 | Recognizing mental health concerns and job-related stress

Knowing when regular stress or challenges have become actual mental health concerns, and when those concerns rise to the level of requiring professional intervention,

can be difficult. A number of online resources like the following offer free, online, self-assessment tools to help determine the degree and severity of a variety of mental health conditions and job-related stress:

- Mental Health America offers self-assessment tools for a number of conditions including anxiety, depression, PTSD, addiction, postpartum depression, and eating disorders (among others), and has measures in both English and Spanish: https://screening.mhanational.org/screening-tools/.
- Stanford offers a number of free online self-assessment tools for things like professional fulfillment, burnout, and the impact of work on personal relationships: https://wellmd.stanford.edu/self-assessment.html.
- Most university student health services offer online self-assessment tools, like these from Washington University in St. Louis (http://www.ulifeline.org/wustl) and CalTech (https://screening.mentalhealthscreening.org/caltech).
- Some states offer student-oriented programs for specific kinds of concerns, like the Body U Program in Missouri which provides online assessment and management of weight and body concerns plus resources for eating disorder treatment (https://bodyuorg.wordpress.com/).

3.3 | Knowing when to seek additional help

A general rule of thumb for assessing when distress is severe enough to seek additional support is the degree to which it interferes with one's ability to work, relax, and/or relate to others. If mental, emotional, and/or physical symptoms of stress, anxiety, depression, or behavioral issues (substance use, disordered eating, etc.) impede or significantly alter functioning in any of these areas, it is time to seek further intervention and help.

3.4 | Resources for getting support

A number of resources are available outside of university settings, many of which are free, and most of the remainder are covered by insurance (though check your individual plan to make sure). In some cases, apps, telehealth, and other supportive services may be made available to faculty as part of their employment benefits.

3.4.1 | Self-help and self-care apps

- The Depression CBT Self-Help Guide is an app that offers self-assessments, mood logs, a diary, and a goals section along with informative articles and videos.

- Headspace offers hundreds of guided meditations of stress relief, anxiety reduction, and improved sleep (https://www.headspace.com/).
- Moodfit provides tools and resources to reduce stress and elevate mood (https://www.getmoodfit.com/).
- MoodMission is an app for dealing with stress, low mood, and anxiety (https://moodmission.com/).
- The Safe Place is a free app for the Black community created by a peer support specialist and advocate for mental health. The comprehensive app features a number of tools, from breathing techniques and meditations to Black mental health statistics. The app also offers self-care tips on coping with police brutality and advice on how to speak to family members about mental illness (https://play.google.com/store/apps/details?id=com.he6ecb72aef1&hl=en).
- Sanvello is currently the top-rated app for stress, anxiety, and depression and also provides peer support and coaching, and therapy services (https://www.sanvello.com/)
- Shine, rated "Best of Apple 2020" is a self-care and anxiety app specifically tailored to respond to concerns of individuals of color (https://www.theshineapp.com/).
- Calm, is an app with guided meditations and sleep resources. Many universities subscribe to the service and make it available to employees. (https://www.calm.com/).

3.4.2 | Telehealth

Telehealth has expanded in the wake of the COVID-19 pandemic and most insurance companies now cover telehealth as part of their services (check with your insurance company to see if they cover telehealth and under what conditions). Telehealth is available for both physical and mental health concerns. Here, we will focus on those services that address mental health issues.

3.4.3 | Teletherapy

- BetterHelp provides secure, online counseling with licensed practitioners. Includes video and messaging functions along with resources such as webinars, articles, and worksheets. Couples counseling is also available (https://www.betterhelp.com/).
- Pride Counseling offers professional online counseling for the LGBTQ community (https://www.pridecounseling.com/).
- ReGain is an online counseling platform specifically for those looking for help with relationship issues, though they also provide individual counseling as well. LGBTQIA+ friendly.

- Talk Space offers counseling with licensed professionals as well as medication management with a psychiatrist if needed. It also has options for teens and couples counseling (https://www.talkspace.com/).

3.4.4 | Tele-psychiatry

- BrightSide offers consultation with a board-certified psychiatrist, an individual treatment plan, and medication delivered to your door (https://www.brightside.com/).
- Doctor On Demand provides psychiatry services along with its other medical offerings (https://www.doctorondemand.com/).
- Teladoc has both psychiatrists and therapists on staff (https://www.teladoc.com/).

3.4.5 | How to find a local therapist

- Psychology Today provides perhaps the most comprehensive directory of therapists and psychiatrists across the country. You can search by a number of criteria including location, specialty, gender, and training (https://www.psychologytoday.com/us/therapists).
- The Asian Mental Health Collaborative has a wealth of resources about mental health challenges in Asian communities as well as hotlines, a therapist directory, and resources for talking to family about mental health (https://www.asianmhc.org/).
- Latinx Therapy is a resource for finding Latinx therapists (https://latinxtherapy.com/).
- Melanin and Mental Health provides a database for finding therapists of color (https://www.melaninandmentalhealth.com/).

4 | CONCLUDING THOUGHTS

Academic cultures can contribute to, exacerbate, or even instigate mental health challenges for faculty and students alike. Knowing what to look out for, how to mitigate potential problems, and how to seek different kinds of help are critical components of a successful academic career. At the same time, mental health is not simply an individual concern. All participants in academic life bear some responsibility for perpetuating harmful and damaging policies, practices, and norms of behavior, even if only by accommodation or inaction. It is incumbent upon all of us not only to attend to our own wellbeing but also to work actively to enhance and protect the wellbeing of

others around us. We hope that the hacks offered in this piece provide some tools for getting started.

ETHICS STATEMENT
The authors do not intend the strategies in this article as a substitute for the help of qualified professionals. The strategies are meant to provide useful coping tools for preventing and mitigating common struggles associated with academia. The study did not have to undergo review by the Institutional Review Board.

ENDNOTES

[1] We are mindful of the fact that we do not address a critical group within academia: university staff. This in no way is meant to minimize or elide the indispensable role university staff play in academic life, nor to dismiss the significant pressures, stressors, and mental health concerns staff contend with (Arday, 2021; Morrish, 2019). A thorough engagement with such issues would require a detailing of roles, challenges, and potential interventions that merits a separate, targeted engagement beyond the scope of the current paper.

[2] A recent edited volume, *Ungrading: Why Rating Students Undermines Learning* (Blum, 2020), is an excellent resource for instructors who are considering how they can decenter grades and center students and the learning process. Decoupling the punitive nature of grading from the learning process can do much to alleviate student anxiety and apprehension about engaging in the course material and taking generative intellectual risks.

ORCID
Adam P. Johnson https://orcid.org/0000-0001-7462-8421

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