Student Mental Health & Spirituality

Insights from the Counselor-Chaplain Model

An Innovative Pilot Program Exploring New Possibilities

CHAPLAINCY Innovation Lab

RUDERMAN FAMILY FOUNDATION

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Insights From The Counselor-Chaplain Model

This eBook describes an innovative alliance between the **Chaplaincy Innovation Lab** at Brandeis University and the **Ruderman Family Foundation**, explaining how partnerships between chaplains / spiritual care providers and mental health professionals on college and university campuses can support students' mental health. The eBook begins with the context and rationale, presents the pilot project that was completed during the 2020-21 academic year, and concludes with resources to guide organizations and individuals who wish to establish similar collaborations/services on their campuses.

Background

Even before the pandemic, large numbers of college-aged students struggled with mental health concerns. College is a major life transition for young adults, adapting to independent living, establishing new social networks, and responding to academic demands (National Council on Disability, 2017). The National Alliance on Mental Illness reports that 73% of students experience a mental health crisis while in college (2012). In 2017, the Healthy Minds Study found that over one-third of undergraduate students were experiencing some depression (37%) or anxiety (31%).

Amidst the pandemic, college students continue to struggle with mental health concerns. In the fall of 2020, the Healthy Minds Study found that over one-third of undergraduate students were experiencing some depression (39%) or anxiety (34%), a slight increase from previously collected data. What is staggering is the sharp uptick of reported loneliness, as Making Caring Common's Loneliness in America study revealed that 43% of young adults (ages 18-25) noted an increase in loneliness since the pandemic outbreak (2021). When depression and loneliness occur in tandem,

their effects worsen (Making Caring Common, 2021). At a time when social distancing is encouraged and practiced, college-aged students are lacking sources of human connection and interaction, as reflected by these statistics.

Studies also show that graduate students similarly battle depression (39%) and report anxiety (41%) (Evans et al., 2018). Such mental health concerns are associated with decreased academic performance and increased dropout rates (Eisenberg et al., 2009). While campus mental health services have expanded in recent years, too many institutions struggle to meet the growing demand.

The role of chaplains and spiritual care providers on campuses has also been evolving. Although many colleges were founded to train Protestant clergymen and held religion at the heart of their purpose, for example, there is scholarly and public debate today about how secular or religious university campuses are or should be.

Student affairs professionals increasingly focus on care for the "whole" student (Schmalzbauer, 2013). Contemporary surveys show that student populations in these environments are more religiously and spiritually diverse than ever before, and that a majority of students expect interfaith engagement and religious accommodation on their campuses (Kosmin & Keysar, 2013; Rockenbach et al., 2014; Mayhew et al., 2016).

Based on previous research conducted by the Chaplaincy Innovation Lab about higher education chaplains, we asked whether mental health professionals and spiritual care providers on college campuses can offer students more as partners than either group alone (Barton et al 2020, van Stee et al 2021). This project explored that possibility, mindful of the difficulty in scaling the one-on-one service model offered by therapists and chaplains for students.

Pilot Approach

The pilot project focused on two Boston-area institutions: Brandeis University and Northeastern University. On both campuses, a mental health provider and chaplain joined in offering four-week groups, with each weekly session lasting sixty minutes. Entitled "Making Meaning: A Discussion on Spirituality and Mental Health," these groups invited students to "[c]ome learn with others on Zoom

how spirituality and mental health impact each other." The groups were limited to ten participants. Publicity materials noted that these gatherings were open to students of all backgrounds.

The 4-week group model used a CBT (cognitive-behavioral therapy) framework, focusing on how thoughts, feelings, and behaviors influence one another through the lens of spirituality. The goal was to help participants explore how spiritual resources and spiritual concerns influence mental health.

While planned as in-person gatherings, the pandemic forced these to go virtual on Zoom. Graduate and undergraduate students were equally welcomed, and student organizations, drawing from a range of spiritual and religious groups, social service groups, and leadership groups, assisted with publicizing the sessions to their members and peers.

For this project, spirituality was defined as a way of relating to something which is regarded as "sacred" ("separate" from the material world). It may or may not be linked to established or institutional systems. If students asked for a definition, they were first prompted to offer their own before being given this terminology.

Between September 2020 and April 2021, the Chaplaincy Innovation Lab offered eight sessions and served nearly 70 students. The January intersession groups were particularly well-attended.

An experimental drop-in group, which did not require a four-week commitment did not attract student participants. The curriculum was adapted from the nationally recognized Spirituality and Mental Health protocol created by Dr. David Rosmarin and his team at McLean Hospital, the top psychiatric hospital in the United States, and the Bridges Consortium.

Specifically, the series used a cognitive-behavioral therapy (CBT) framework, focusing on how thoughts, feelings, and behaviors influence one another through the lens of spirituality. Each four-week session focused on spiritual reframing, spiritual activities, spiritual struggles, and the use of sacred verses. In between sessions, facilitators provided optional journal prompts for students to engage further with the material.

Background Characteristics

Everyone who registered for a group was invited to complete a confidential set of questions before the group began and when it finished. Participants were freshmen through seniors as well as graduate students. The largest age group was 20-23 (53%); most identified as White or Caucasian (38%), followed by Asian or Pacific Islander (27%), Hispanic or Latino (16%), and Black or African American (8%); and about two-thirds of the students identified as female (68%).

Almost half of the students (46%) had visited or used services from the spirituality centers at their respective institutions, while about a third (35%) had never heard of the centers before.

Only the students at Brandeis were asked about previous contact with the on-campus counseling center (BCC), with which half (50%) had previously had contact.

Students' religious affiliation was quite diverse. The largest group of students (28%) identified as spiritual without religious affiliation, and some reported no religious identity or affiliation (10%). Of those who did identify with a religion, the majority was Catholic (12%) or Protestant (12%), followed by Hindu (10%), Jewish (10%), or Muslim (7%).

In terms of religious involvement and importance, the large majority of students (75%) belonged to or associated with a faith community during their upbringing. However, only 22% reported that religion was greatly important in their life at the moment. This number increased to 45% when asked about the importance of spirituality in their life today. A third (31%) had not participated, or participated only 1-2 times (35%), in public spiritual or religious activities in the previous three months. More students participated in private spiritual or religious activities during this time frame, with 28% doing this weekly and 22% more once a week.
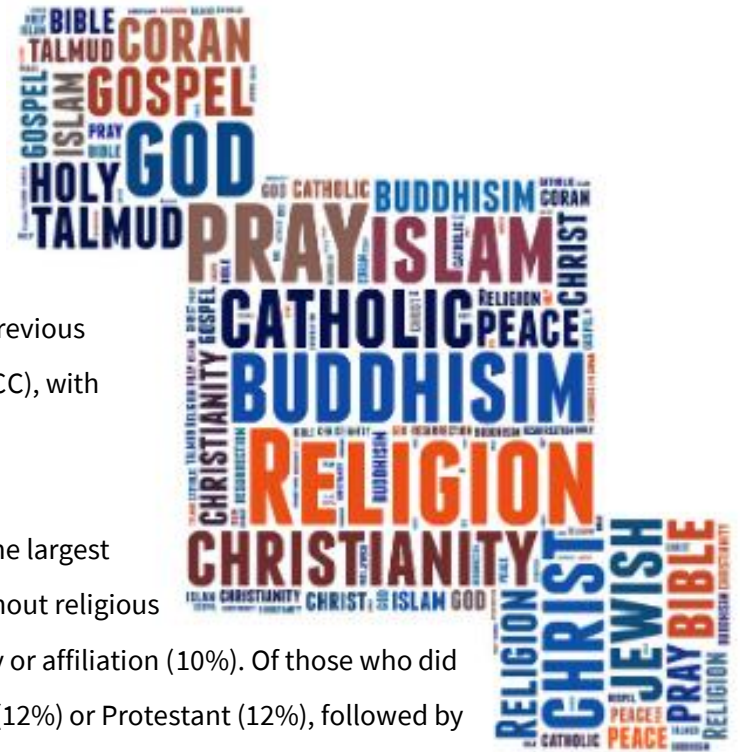
"In Their Own Words"

Students reported in the pre-survey that they signed up for the groups for many reasons:

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- I felt like I needed to develop a sense of meaning, purpose, core understanding of the questions, like who are we, how we should live, what it means to be human, and making sense of the often surreal and very, very mystical reality we live in.

- I tend to feel religious but not spiritual, and I often feel disconnected from the divine. I'm interested in engaging more with spirituality, especially if it means getting closer to God.

- Both spirituality and my religion play a huge role in my life. They vastly improve my mental health and are two of my best tools in making sense of myself and the world around me.

- I would love to focus on my wellness and learn new things about myself as well as ways to improve my mental health. I also would like to strengthen my faith and spend more time learning about God and what he would want me to do.

- I find it hard to engage in meditation and mindfulness practices when I am so overwhelmed with work and school this semester. I thought this would be a great opportunity for me to schedule a time for myself to be able to talk with a group about spirituality as well as build some community.

Students were clear in the pre-survey about what they hoped to gain from these groups. Many said they wanted to better understand the relationship between spirituality and mental health, as well as strengthen the relationship between the two in their lives. Several were looking for community and people with whom to consider these themes. Many also noted that they wanted to explore spirituality and mental health together as related, rather than in the disconnected ways more common in their experiences. A few mentioned related professional goals.

In the Groups

In the first group, facilitators were very clear with discussion guidelines that they were not seeking to change beliefs or practices or convert participants to any given set of beliefs or practices, and that there was to be respect for all the different beliefs and practices in the space.

Using a packet sent to each participant prior to the first meeting, facilitators focused each session's discussion on one aspect of spiritual experience as a way to understand mental health.

To bridge the sessions, facilitators provided optional journal prompts. For example, the first session focused on spiritually based reframes. Reframing is a CBT-based approach to gently challenge unhelpful thinking patterns by tweaking one's automatic thoughts (e.g., "This is too hard and I can't do anything about it, so why try?" can potentially be reframed to "Suffering cannot completely take away my freedom of choice.")

After the discussion, students were invited to think more about reframing throughout the week with these questions:

> 1. What is a reframe (perhaps not on our handout) that has grounded you? It could be from nature, art, music, a mentor, a book, a poem, etc.
>
> 2. Think about a moment this week that you've experienced that was significant, difficult, or perplexing. Was there a piece from the reframes handout that helped guide you through the moment? Or, looking back now, is there a reframe that could have been helpful in making meaning of that experience?

In the next week's discussion, students were welcomed to share their thoughts and lingering questions about reframing from the week. Subsequent discussions focused on the following, using the handouts in the packet as a guide for the open discussion:

Spiritual Activities: Looking at this menu of ideas, are any of these activities you have done before? Are there new activities you'd like to try?

Spiritual Struggles: Recognizing that any domain can bring comfort and difficult questions, we create a safer space to discuss the strain religion can bring up.

Sacred Verses: A brief exploration of a variety of religious texts that may help instill hope, comfort, self-compassion, and encouragement.

Again, each week included optional journal prompts.

In the groups, students talked about their ability to use spirituality to reframe stressful or difficult situations, cope with mental health diagnoses, decrease perfectionism, and feel more sure of their resilience. They discussed how the combination of belonging to a spiritual community and the unexpected ways to tap into their individual spirituality (including connecting to a higher power) helped ground them in their daily routines.

Students brainstormed ways to pivot in their rituals or observances during COVID, and how their observances helped with tolerating pandemic uncertainty. Students explored struggling with toxic religiosity, faith community rejection, and global suffering, and how each affects wellbeing, self-compassion, guilt, and boundaries. Students reflected on the wish to feel more comfortable talking to others about mental illness and spirituality, and appreciated how individualized both mental health treatment and spiritual beliefs/practices are and how they can be tailored to one's needs.
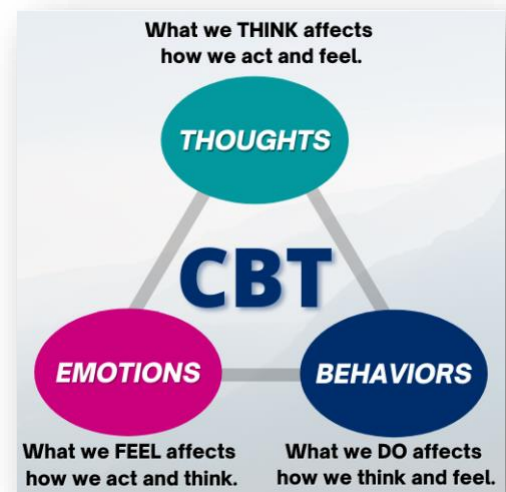
Many students were interested in learning more about cognitive behavioral therapy (CBT), devising a consistent spiritual practice, continuing to explore how spiritual struggles are exacerbating stress levels, and delving further into spirituality and mental health as complex parts to one's identity. As one student summed up what she got from the experience: "This was one Zoom I was looking forward to each week. I love having a space to talk about both spirituality and mental health, and dig into it because it's not always 'okay' or well-received to do so."

Lessons Learned

Most students completed surveys when the groups concluded. Almost all participants indicated that they experienced all of the anticipated outcomes "to some extent" or "to a great extent" on the 4-point scale. All students marked either of the two highest categories for "addressed my interest in the relationship between mental health and spirituality."

Nearly all students (97%) also checked the two highest categories to indicate that these groups "helped me identify some of the challenges I have had with spirituality" and "increased my understanding of spirituality in relation to mental health." And the largest majorities checked "to a great extent" for each of the following items: "addressed my interest in the relationship between mental health and spirituality" (83%), "broadened my ideas about what constitutes spirituality in one's life" (80%), and "increased my understanding of spirituality in relation to mental health" (74%).

Many noted the importance of self-compassion and for the struggles everyone goes through during their lives as key lessons learned. Spirituality was described as grounding and a resource and CBT as an important tool. A number of students noted that there is no one-size-fits-all approach to spirituality or to mental health and they were continuing to learn.

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- I have taken away the ideas that it is important to learn about the historical background of the spiritual practices you are partaking in, it is healthy to look at the intersections of things that can be sometimes contradicting, and how I can reframe things with the help of my spirituality.

- Cognitive behavioral therapy (CBT) can be paired with religious/spiritual identity in a meaningful way. Various religions/faiths/etc. can have common themes in dealing with mental health. Religious texts can be used in a way to make sense of anxiety, stress, and depression.

- Spirituality can both help and hinder mental health. Spirituality should be used as a force for good, not for coercion. Spirituality can frame our worldview and how we see ourselves in the world.

- Spirituality is deeply connected to my mental health in ways I'm just starting to be able to name, it feels good to talk about religion / religious struggle, we are all made of stardust.

Most participants reported seeing greater connections between spirituality and mental health than they did before the groups began. Comments like "It really displaced the belief that the two are somehow two separate areas, but rather are intrinsically connected to my experience" and "This group normalized the connection between spirituality and mental health; I will not shy away from exploring this avenue further in my own journey" were common and repeated.

A number of people came to new understandings of spirituality as distinct from particular religious traditions or teachings in ways they found novel and potentially supportive in their lives.

Going forward, participants mentioned planning to find a spiritual community, read more spiritual texts, and continue to learn about different religious and spiritual approaches and traditions. Specific activities students mentioned included:

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- To incorporate my spiritual beliefs into my feelings, thoughts, and behavior mindfully as a coping mechanism.

- I want to pursue meditation more seriously and really discipline myself to learn further about spirituality as a whole, as well as question my religious beliefs further.

- To explore this topic more, how it can be shared with others and how to dispel myths about religion and spirituality in the mainstream.

- I'm more interested in engaging with my religion's sacred texts and in using meditation, journaling, and drawing to enhance my spiritual life.

- I'm working on daily meditation and setting quiet time aside to turn inward.

Looking Forward

The experiences of the facilitators and participants suggest that students learned a great deal in these group conversations. We plan to continue and extend this approach to more campuses during the next academic year and hope at least some of the groups can be held in person rather than just by Zoom.

Practically, we learned that recruiting through campus groups is helpful, as graduate students as well as undergraduates benefit from these groups, and that the drop-in approach, at least during the pandemic, was not successful. Recruitment and participation numbers suggest that Zoom fatigue in the fall was a serious concern and more students had time and energy to engage in groups during the intersession when classes were not taking place.

 While we hoped to have a mental health professional and chaplain on each campus, ultimately one mental health professional paired with chaplains based at each university. This enabled consistency

across campuses and the mental health professional to engage with a range of chaplains in ways that might extend the support they offer students in future phases of work.

Your Next Steps

Colleagues interested in piloting this approach on their campus or in their workplace should identify a mental health professional and chaplain who are interested and who are already connected to the institution in question.

They require administrative support to produce recruitment materials, field questions, find campus partners, advertise and manage registration, send reminders about sessions, and oversee evaluation, if needed.

We encourage colleagues to also be clear about the population they intend to serve, to think about their schedules and availability, to know what the support structures are that currently exist to support the mental health of students in their settings, and to plan accordingly.

With these pieces in place, colleagues are welcome to be in touch with the Chaplaincy Innovation Lab by contacting Michael Skaggs, Director of Programs, at mskaggs@brandeis.edu.

Acknowledgements

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ABOUT THE RUDERMAN FAMILY FOUNDATION

The Ruderman Family Foundation is an internationally recognized organization that advocates for the full inclusion of people with disabilities in our society. The Foundation supports effective programs, innovative partnerships and a dynamic approach to philanthropy in advocating for and advancing the inclusion of people with disabilities throughout the U.S. and the world.

The Ruderman Family Foundation believes that inclusion and understanding of all people is essential to a fair and flourishing community and imposes these values within its leadership and funding.

In the area of mental health, the Ruderman Family Foundation's mission is to shatter the stigma associated with mental health and to identify gaps in mental health resources and programs within the high school and higher education communities and to advocate for policy level change with key legislative stake holders.

The Ruderman Family Foundation is honored to be a part of this important collaboration with the Chaplaincy Innovation Lab at Brandeis University that explores the unique synergy between chaplains and mental health professionals and their unique roles in supporting mental health of college students.

> *We have seen first-hand the personal struggles of teens and young adults plagued with mental health related challenges. At the Ruderman Family Foundation, we feel a responsibility to bring awareness and resources to these issues. Our goal is to facilitate changes in our communities that will provide better and healthier futures for those struggling with mental health. The Ruderman Foundations' collaboration with the Brandeis Chaplaincy Innovation Lab is a wonderful step in supporting the mental health of college students."*

Sharon Shapiro, Community Liaison and Trustee

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