spectra

COMMUNICATION & MENTAL HEALTH
on campus

ABOUT
spectra

Spectra, the magazine of the National Communication Association (NCA), features articles on topics that are relevant to Communication scholars, teachers, and practitioners. Spectra is one means through which NCA works toward accomplishing its mission of advancing Communication as the discipline that studies all forms, modes, media, and consequences of communication through humanistic, social scientific, and aesthetic inquiry.

NCA serves its members by enabling and supporting their professional interests. Dedicated to fostering and promoting free and ethical communication, NCA promotes the widespread appreciation of the importance of communication in public and private life, the application of competent communication to improve the quality of human life and relationships, and the use of knowledge about communication to solve human problems. NCA supports inclusiveness and diversity among our faculties, within our membership, in the workplace, and in the classroom; NCA supports and promotes policies that fairly encourage this diversity and inclusion.

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Note: Beginning in November 2020, Spectra will become an expanded, online-only magazine. This will be the last printed issue of the magazine. Please see the back cover of this issue for more information.

In this issue

spectra

DID YOU KNOW

A new NCA Mental Health and Communication Working Group is being developed through an initiative of NCA First Vice President David T. McMahan. The working group will generate an agenda for supporting and expanding mental health research in the Communication discipline and an agenda for providing increased mental health support for graduate students and faculty members.

THE VIRUS THAT VIRUS BEGAT

By Kent A. Ono, Ph.D.

I get it. Disease is scary. Communicable disease is even scarier. Communicable diseases that can kill are the scariest yet. Nothing is worse than having to worry that one or one's loved ones might get the "killer" disease. Still, as many thoughtful pundits have been arguing for the last few weeks, China (and Asia in general) did not purposefully create the coronavirus; and while the first known cases were found there, China should not be blamed for it. Asia, generally, is not to blame, and Asian people should not be the target of suspicion, blame, fear, and/or hysteria. If anything, people of conscience should join (and many have joined) in mourning the loss of American and Chinese people, and the many others around the globe who have contracted the virus and died from it.

Those of us in Communication recognize the emotional signs, such as worry, anxiety, and fright, that understandably follow the announcement of a deadly "pandemic." But, when such emotions bring people to hurt others, something needs to be done. When combined with (conscious or unconscious) nativism, "virus panic" can be an ugly result. As Communication scholars, we can do a lot to help stem the tide of xenophobic reactionism to the coronavirus outbreak. From the very beginning of the pandemic, Chinese people, Chinese Americans, and Asians and Asian Americans, generally, were singled out with derision, hostile comments, angry glances, and verbal and sometimes physical assault. Numerous publications have documented quotidian experiences of patrons or everyday Americans making negative remarks toward Asian and Asian American people in their midst.

Don't get me wrong. The United States does not have a monopoly on anti-Asian reactions. *Business Insider* (March 7, 2020) reports that a man tried to push a woman off her bike in the Netherlands, and that a man was punched and kicked in London.

Such fear of Asian bodies as incubators of disease has been part of U.S. culture at least since the Chinese exclusion era, beginning in the 1880s. Fears that Chinese were infecting lepers, that Americans would be forced by Chinese people to eat rats, that Chinese were carriers of fatal diseases, and that Chinese were unclean, primitive, and backward were very much part of this era. In this context, poor living conditions were imagined to result from bad moral character. As Nayan Shah writes in *Contagious Divides: Epidemics and Race in San Francisco's Chinatown*, Chinese figured to be "an incubator of fatal epidemics." In short, the rhetorical substitution of "Chineseness" for "disease" was an unfortunate historical consequence of American-style racism.

In more recent history, media stories about fears surrounding H1N1, the Bird Flu, SARS, and MERS have figured Asia and the Middle East, and often China in particular, centrally.

I believe the larger cumulative effects of the sum total of racial microaggressions and the hostile climate in the United States that has followed the virus scare will be with us for some time.

By now, we know that coronavirus has spread across the globe, while new cases of coronavirus in China have diminished significantly. China's main worry, in fact, has been and continues to be "reverse infection"—infection from people outside of China visiting the country and infecting Chinese citizens with the virus.

I would argue that the virus of fear of Asians and Asianness that emerged following the coronavirus outbreak is still with us and growing, even as new cases of coronavirus in China subside. Moreover, I believe the larger cumulative effects of the sum total of racial microaggressions and the hostile climate in the United States that has followed the virus scare will be with us for some time, which is something to think about as technologies such as Zoom are now mediating our conversations with students, colleagues, and others.

The psychic burden that Asian and Asian American people are enduring as a result of the coronavirus, and consequently the psychological, not to mention economic, taxation Asians and Asian Americans continue to experience are factors that, at least in part, can be addressed through communication. Simply talking about one's fears and experiences, and lifting the curtain on how Asia and Asian and Asian American people are characterized in narratives about coronavirus can significantly ease the impact of media and discourse targeting.

Something else Communication scholars and teachers can work on is the arresting guilt people may feel when they themselves have unpredictable and unintentional, personal xenophobic reactions to Asian and Asian American people. Talking about such reactions, getting these tough thoughts and feelings out on the table, and working to repair relationships by creating conditions for respect, admiration, curiosity, collaboration, and understanding will be critical to addressing the xenophobic and racial virus that is a cultural companion of the coronavirus.

This commentary is not intended to diminish in any way what it means to suffer from coronavirus, to die from it, or to lose a loved one to it. Fear of one's own death and the death of others is an existential part of living through a pandemic scare. Along with our work to stamp out the coronavirus should be efforts to discuss racism and xenophobia against Asians and Asian Americans, as part of the overall healing process. Irrational fears that incorrectly identify Asian and Asian American people as a danger require recognition, discussion, and remedy. I feel lucky to be part of a field that can help support people affected by both viruses and can bring education and lessons to harmful labeling practices that result from communication. ∎

Spotlight

Communication Teaches In-Demand Skills Companies Need Most in 2020

A recent LinkedIn article examined the skills companies need most in 2020. These skills are identified as soft skills and hard skills. Soft skills help people work together, while hard skills are the skills that impact what employees are working on. The top five soft skills and top ten hard skills most necessary in 2020 are listed below. Skills taught in Communication curricula can be found on both lists.

Soft Skills

Four of the five most in-demand soft skills also made an appearance on LinkedIn's 2019 list. A new soft skill is Emotional Intelligence, which replaced Time Management on the list. This list indicates that employers are seeking new hires who can work well in teams and effectively communicate ideas.

The top five most in-demand soft skills are:

1. Creativity

2. Persuasion

3. Collaboration

4. Adaptability

5. Emotional Intelligence

Hard Skills

Hard skills evolve in response to rapidly changing job markets. This year's data, however, indicate that data-driven decision-making skills and the ability to reach people using multiple platforms are essential in today's workforce.

The top 10 most in-demand hard skills are:

1. Blockchain

2. Cloud Computing

3. Analytical Reasoning

4. Artificial Intelligence

5. UX Design

6. Business Analysis

7. Affiliate Marketing

8. Sales

9. Scientific Computing

10. Video Production

Source: "The Skills Companies Need Most in 2020 – And How to Learn Them," LinkedIn, January 13, 2020. https://learning.linkedin.com/blog/top-skills/the-skills-companies-need-most-in-2020and-how-to-learn-them

Note: The most in-demand skills were determined by looking at skills that are in high demand relative to their supply. Demand is measured by identifying the skills listed on the LinkedIn profiles of people who are getting hired at the highest rates. Only cities with 100,000 LinkedIn members were included.

TEACHING AND LEARNING

NCA Teaching and Learning Resources Help Move to Online Teaching

The COVID-19 pandemic has forced schools, colleges, and universities around the world to shutter their physical campuses. While several institutions chose to end their academic semesters early, many ordered their instructional faculty to migrate their courses online. In response, NCA's Teaching & Learning Council developed a list of online teaching and learning resources to help faculty manage the transition. This list is beneficial to those with prior online teaching experience as well as those who are experiencing online teaching for the first time. Resources include general tips for effective online teaching, course development, managing student isolation, and using technology and online learning platforms.

To access the new resources, visit https://www.natcom.org/academic-professional-resources/teaching-and-learning/classroom/online-learning-resources.
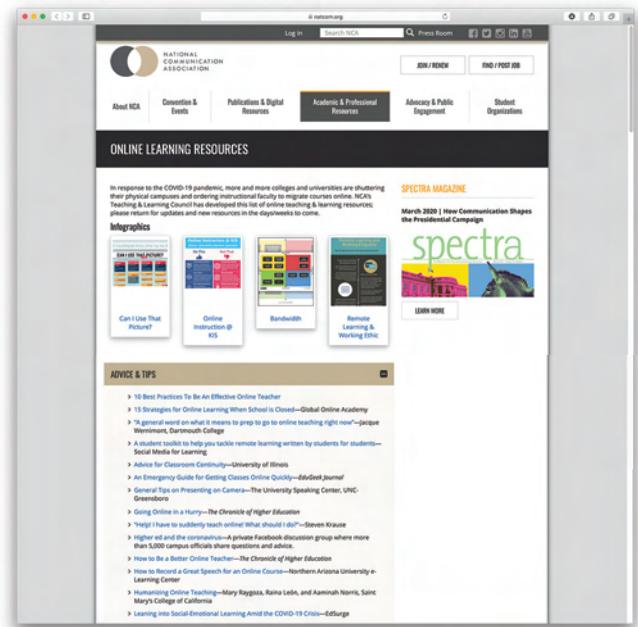
IN OUR JOURNALS

Charee M. Thompson and Christopher M. Duerringer, "Crying Wolf: A Thematic and Critical Analysis of Why Individuals Contest Family Members' Health Complaints," *Communication Monographs,* DOI: 10.1080/03637751.2019.1709127

In this study, Thompson and Duerringer analyzed the discourses that are prevalent in family members' contested health complaints. Interviews were conducted with 32 participants who were skeptical about a family member's health complaints. Using the Enlightenment Subject as a framework for this study, four central contestations that mirror elements of the Enlightenment Subject were identified and discussed. The authors emphasize that there is a need to expand upon critical interpersonal health communication research in order to better understand and address health issues and relationships.

Emily Krebs, "*13 Reasons Why* as a Vehicle for Public Understandings of Suicide," *Critical Studies in Media Communication,* DOI: 10.1080/15295036.2019.1704038

Since its 2017 release, the television drama *13 Reasons Why* has received criticism for its portrayal of suicide. Many critics argue that the show glorifies suicide and can have dangerous effects on its teen audience. In this article, Krebs frames *13 Reasons Why* as a scientific pedagogy that provides a necessary platform for

discussion about suicide. Krebs explains that the show is both medically accurate in its depiction of suicidality and successful in demonstrating the role uncertainty plays in suicide. Krebs argues that the show encourages productive engagement with the topic of suicidality and demonstrates the role of society in suicide prevention.

Eura Jung, "Korean Americans' Varying Levels of Depressive Symptoms in Relation to the Ethnicities of Their Major Interaction Partners: Comparisons and Explanations," *Journal of International and Intercultural Communication,* 13 (2020): 71-91.

In this article, Jung explores the depressive symptoms of Korean Americans in the context of their interactions with European Americans, African Americans, and Latino/as. The study indicates that Korean Americans who primarily interact with European Americans report lower levels of depressive symptoms than those who frequently interact with African Americans or Latino/as. An analysis of the relationships between perceived ethnic distance, identity gaps, and depressive symptoms provide insight into the study's results. Jung stresses that identity concerns can affect mental health, and offers the study as a gateway for future research to address mental health issues cause by interethnic interactions.

COMMUNICATION AND MENTAL HEALTH ON CAMPUS

In this special issue of *Spectra*, we explore the growing mental health challenges that confront students, faculty members, administrators, and health services providers on campus, offering Communication scholars' perspectives on ways to meet these challenges. We cover issues ranging from ways faculty members might engage with students to support their mental health, to how to reduce the stigma associated with mental health issues. And, two of our authors share their own journeys and provide constructive suggestions based on their unique perspectives.

One important topic that is not addressed by our authors is confronting mental health challenges while mothering. Mothering is conducted by a variety of people: birth mothers, adoptive mothers, foster mothers, stepmothers, grandmothers serving as mothers, surrogate mothers, and what I like to call "bonus moms," who share in feeding, transporting, and advising our children. Then, of course, there are the mothers who have lost their children, whether through illness, accident, miscarriage, or stillbirth. All of these types of mothers face obstacles to achieving a work–life balance that is not shared, or fully understood, by those who are not mothers.

Mothers face the decision each day of whether, and how and when, to work; they face stigma associated with being a working mother; and they sometimes simultaneously fight mental health issues that are unique to this population. I have written extensively about maternal mental health issues, as my own experience with postpartum depression, the societal stigma I endured, and the lack of help offered by my health care team led me to explore postpartum depression from both a risk and health perspective.

A woman experiencing postpartum depression, a postpartum mood disorder affecting one in eight new mothers, can exhibit symptoms anytime after giving birth. Symptoms include extreme sadness, exhaustion, anxiety, irritability, and feelings of self-harm or harming one's child. While the condition can be overwhelming, research shows that many women choose to suffer in silence rather than confront the stigma associated with saying they are unhappy as mothers, are not bonding with their baby, or feel sad. After all, women are conditioned from the time they are young to believe that motherhood is the pinnacle of womanhood; failing to perform this natural function well is seen as a failure of the woman. Certainly, this condition, one of only many that impact new and veteran mothers, impedes the mother's ability to successfully find a work–life balance.

In Communication Ph.D. programs, women account for 63 percent of all students. These women frequently are far from home, pursuing a degree that requires significant time and energy, and often receiving very little in terms of stipends or benefits. Women who give birth as students may be forced to withdraw from their program, or to take considerable time off to care for their child. This can lead to confusion, depression, and low self-esteem, as the woman's identity shifts from student/

> Just as we learn and grow in our understandings of race, ethnicity, sexual identity, etc., we must also grow in our understanding of mental health issues and who is most impacted.

researcher to mother. Once a woman gives birth, conversations often focus on the child rather than the woman, and new mothers are often pressured to show they can balance their professional and personal lives. This constant struggle can lead to or heighten mental health challenges that students are simply unable to address, either because they lack health benefits, because they want to avoid the stigma associated with expressing challenges, or because they lack the time needed to seek help.

These challenges do not end when mothers enter the academy. Often in positions where they must consistently publish to gain tenure, mothers are forced to make hard decisions that are unique to them: stay home with their sick child or teach their daily classes; work on a research study or make dinner for their children. The choices mothers make affect their daily outlook.

In the United States, women are afforded 12 weeks of unpaid leave in the event of childbirth, adoption placement, a seriously ill spouse/child/parent, or their own illness. While this benefit represents an improvement over previous decades, unpaid leave is often unaffordable by families. Not only does this place an emotional and physical burden on a family, it also requires a mother to weigh the importance of her time off. Should mothers take all of those 12 weeks immediately after giving birth? Should they save some of those in case their child or partner becomes ill? What if the new mother faces postnatal physical or mental health issues?

Mothers face unique obstacles to balancing their lives, whether as students or as faculty members. Often, we treat these women as we would their male counterparts, giving little thought to the idea that they may be suffering in silence. They face discrimination when seeking employment or new positions within their institutions, are expected to be both excellent caregivers and excellent scholars and teachers, and are expected never to complain.

We can improve how we treat mothers in the academy. Just as we learn and grow in our understandings of race, ethnicity, sexual identity, etc., we must also grow in our understanding of mental health issues and who is most impacted. Mothers are only one of these groups, but they are an important subset. They are tasked with educating themselves, educating one generation, and raising the next. Let us all work a bit harder to understand the conditions that impact these mothers, and perhaps instead of judging mothers' ability to sit on committees, we can lend a helping hand, offer emotional support (often simply by listening), and provide a safe space for mothers to adjust to their unique challenges as mothers–scholars–teachers. ⬤

—LaKesha N. Anderson, Ph.D.
*NCA Director of Academic
and Professional Affairs*

The Communicative Roles of Faculty in Students' Mental Health Management

By Sara LaBelle, Ph.D.

You are holding office hours,

waiting on a student to come in to discuss their repeated absences from this semester's research methods class. You have had this conversation before with many other students; you will remind the student of your absence policy, encourage them to correct their behavior to avoid failing your class, and move on to the next student. However, when this student arrives, they appear very distressed. They tell you that for the past few weeks they have been too overwhelmed with worry and stress to focus on their coursework and have not been sleeping well at night. They apologize for their absences, but tell you that they are not certain they can overcome their anxiety and pass your course. As their instructor, you must think quickly in this situation: Do you ask the student more intimate questions about why they might be having these anxieties? Do you recommend them to mental health services on your campus? Do you accept their apology and send them on their way?

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If you have not had a conversation like this with a student, emerging data trends suggest that you will at some point in your teaching career. According to the 2017 *National College Health Assessment II*, produced by the American College Health Association, more than half of the 64,000 college students surveyed reported feeling both overwhelmed and mentally exhausted in the previous two weeks, with another 45.1 percent feeling they had "more than average" stress. In 2018, the Center for Collegiate Mental Health reported long-term trends indicating that more students are seeking treatment each year for a variety of concerns, most frequently for anxiety and depression. Specifically, between 2010 and 2014, college counseling centers saw a 30 percent rise in the number of students seeking treatment for mental health issues. These centers have become increasingly overburdened, and lack sufficient staff to fully meet the demands that student counseling and mental health support requires. As a result, students are placed on months-long waitlists or referred to outside providers. Given these trends, it is evident that college campuses must play an active role in identifying, preventing, and treating students' mental health issues. Yet, the full spectrum of what that role might entail has yet to be explored.

One constituent that has yet to be fully examined in the context of students' mental health is that of the college instructor. It is well established that instructors who use students' names, who demonstrate care and concern for students, and who validate students'

Given the interpersonal relationships that college instructors and students develop, it is likely that conversations will occur both in and outside of class that pertain to students' mental health.

worth and establish open, supportive climates in the classroom have students who report being more motivated and engaged, and overall learn more in their courses. Much has been written on the way in which this relational aspect of teaching is worth examining, understanding, and promoting across disciplines. Given the interpersonal relationships that college instructors and students develop, it is likely that conversations will occur both in and outside of class that pertain to students' mental health. As instructors, we see our students frequently. We observe their patterns of communication and behavior. Students disclose, both directly and indirectly, their struggles with mental health to their instructors in both in-class and out-of-class interactions. Are instructors comfortable having these conversations, and are they prepared to do so? What do they see as their role in the overall picture of students' mental health in their classrooms, and on their campuses? Despite the known impact of instructors on students' collegiate experiences, and the growing issue of mental health on college campuses, this instructor perspective remains relatively unknown.

To begin to answer these questions, Allison White and I conducted a series of semi-structured interviews with instructors at our own university. We specifically sought to understand instructors' perceived communicative roles in managing students' mental health, as well as any concerns they had in approaching or handling such interactions. For a shared understanding of mental health, we provided interviewees with the World Health Organization's definition: a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. In the discussions that followed, four unique perspectives emerged in terms of roles faculty

perceived themselves as having in student mental health management. These roles reflected a continuum of comfort in having mental health–related conversations and the extent of interpersonal exchanges instructors were likely to have with students on this topic.

In the most involved role we identified, some instructors felt comfortable and equipped to empathize with students struggling with mental health. This *empathic listener* role was characterized by having interpersonal conversations with the students, taking time to listen, and offering support as necessary. Witnessing notable changes in students' behavior most often motivated this role; empathic listeners approached students as a way to acknowledge the students' academic hardships while also expressing emotional support for their well-being. Notably, instructors identifying with this role said that they had related their own mental health struggles and experiences to students as a way of expressing a shared humanity with them and reducing the stigma around this issue. Participants who saw themselves as empathic listeners felt strongly about the need to play this role for students in distress. As one instructor said, "It's not about being their instructor. It's not about being their friend. It's about being a human being and saying, 'You're hurting. Let's talk.'"

Other participants were willing to engage with students in discussions about mental health, but were quick to redirect such conversations to other, more qualified sources of information on campus. These *referral source* instructors generally felt that discussing students' mental health was beyond the scope of their training and expertise. Specifically, referral sources worried that they could not positively contribute to a students' mental health in the moment or in a time of crisis; they were hesitant to overstep or potentially make matters worse.

A third role similarly centered around the idea of alerting others to an issue, but *first responders* saw

FACUTLY ROLES IN STUDENT MENTAL HEALTH MANAGEMENT

EMPHATIC LISTENER

REFERRAL SOURCE

FIRST RESPONDERS

BYSTANDER

themselves as more passive observers of fluctuations in students' mental health and well-being. As the members of the university who see students most often, first responders felt it was their responsibility to observe students' behavior in class and give notice to superiors (e.g., Deans or Chairs) of concerns – but not necessarily to engage with the students directly. The discussions surrounding this role, which was much less centered on interpersonal discussions about mental health with students, spoke to the importance of faculty involvement in students' mental health. As one participant said:

> You know, you're kind of on the frontlines as a faculty member. You can see something that parents don't get to see because they don't see [their] kids every day, and you see something that maybe psychological services won't get to see because they're not with the student on campus.

The first responder role is observant, yet cautious, but most importantly aware of the various resources and personnel on campus related to mental health issues.

Finally, the *bystander* role was reflective of instructors who felt that they have no direct role in addressing, discussing, or managing students' mental health. This role seemed to be primarily based on either fear of

students' misinterpretation of their advice, dealing with the repercussions of unknown legal ramifications, or a lack of formal training. These instructors worried that if they initiated such conversations, students might become defensive, aggressive, or even violent. The bystander role was largely enacted to avoid overstepping bounds, offending students, or getting involved in something that is not their "business" as an instructor.

Together, these four roles present a spectrum of instructor-student conversations regarding mental health on college campuses. An underlying theme that emerged across all of our discussions, and a distinguishing characteristic of the four communicative roles we discovered, was the concern and discomfort that instructors felt about engaging in conversations with students about mental health. Many instructors we spoke to felt unqualified and poorly trained to handle mental health discussions with their students. Thus, these instructors felt that they would make matters worse for students by offering poor or misguided advice. Despite these hesitations, nearly all of the faculty members we interviewed had an experience to discuss related to students' mental health, suggesting that much more work needs to be done to prepare faculty for these conversations both in and outside of

the classroom – and to help them develop appropriate responses that they feel comfortable delivering, and that help students find the resources and support they need.

LOOKING FORWARD: SIMPLE TECHNIQUES TO ADDRESS STUDENT MENTAL HEALTH

In our study, we asked instructors for techniques they use to address student mental health in their instruction. Their responses offered a number of appropriate and feasible strategies for instructors who want to address this issue without crossing boundaries or offering unsolicited or incorrect advice to students. The most frequently employed of these techniques was to incorporate information on campus mental health resources in the course syllabus. As part of (or in addition to) including this statement, instructors addressed the importance of mental health management on the first day of the semester. Including such statements and information in the course syllabus is highly encouraged, as it not only communicates the importance of maintaining good mental health to students, but also offers practical information on the appropriate sources of information and help to students who might not otherwise know to whom to turn on campus. Notably, even the most hesitant or cautious instructors in our study were willing to include statements regarding mental health in their syllabi. Instructors who chose to be more involved also included regular "mental health check ins" or reminders throughout the semester, particularly during periods of high stress such as midterms or finals week. These messages create a culture of open and supportive communication in the classroom and also indicate appropriate boundaries for instructor–student communication surrounding mental health.

While our study was in many ways meant to start a conversation about mental health interactions between instructors and students, it also uncovered a series of implications that can be addressed on college campuses. Namely, it is evident that mental health communication training is needed for faculty with all levels of experience, and from all academic backgrounds. Many participants indicated that they never received formal, university–sanctioned mental health training, yet they were often faced with situations in which students' mental health played a prominent role. Administrators and faculty can work toward mentoring new faculty who may have questions or insecurities about confronting these issues. By simply providing new faculty with approved syllabi statements and a list of mental health resources (and phrases for suggesting them), much of this uncertainty can be addressed.

This work affirmed the prevalence and severity of college student mental health issues, and indicated that instructors are already confronting these issues on a regular basis in their interactions with students. As the four communicative roles we found indicate, instructors are able and willing – to varying degrees – to be a part of the solution. Any attempt to include or involve instructors in managing students' mental health must attend to the fact that an individuals' mental health is the result of a complex array of personal, situational, and biological indicators. The emotional burden, expertise, and mental health of instructors also must not be ignored in suggesting techniques or recommendations for how they can help. Although not every instructor will feel comfortable assuming one, if any, of the communicative roles we identified in our study, there is a clear and undeniable need to equip college instructors with the knowledge, skills, and training they require to have constructive and appropriate conversations about students' mental health. ■

SARA LABELLE is an Assistant Professor and Assistant Dean of Academic Programs and Faculty Development in the School of Communication at Chapman University. Her research is focused on the intersection of instructional and health communication. Specifically, LaBelle has published on the teaching-learning process as it applies to the college classroom, the impact of student-to-student communication on academic and health outcomes, and the implementation and evaluation of health communication campaigns. LaBelle is the co-author of *Strategic Communication for Organizations* (University of California Press, 2020), and her work has been published in *Communication Education*, *Personal Relationships*, *Western Journal of Communication*, *Communication Quarterly*, *Journal of Health Communication*, and *Substance Use & Misuse*, among other outlets.

Helping Students Who **Aren't Ready** or **Aren't Thriving**

By Jennifer Rothman

'm not ready. That's all I can remember thinking. I was a high school senior, enjoying all that came with my senior year: portraits, prom, the thought of finally being out of that building. One thing I didn't find myself giving much thought to was college. While I was going through the motions of any typical high school senior, I was also dealing with a lot at home. My mother had been diagnosed with bipolar disorder, had attempted to take her life, and had been in and out of psychiatric hospitals. My sister was away at college. In the middle of all this, my father left my mother.

Many of my friends had been accepted to one college or another and had plans for the summer before they left on this new and exciting journey. I can't remember if I applied to more than one college, but I can tell you that I was accepted to one. Because of my grades, however, I would need to attend summer classes prior to registering for the fall. While I had no idea what my plan for life was, attending summer classes was not it. It was then that I decided to tell my parents that I wasn't ready for college.

I was scared to tell my parents, but it turned out my family was not surprised that I wasn't ready to attend college. In fact, they felt awful that I had been so worried about telling them. They understood my fears and told me they would support me in whatever I decided, reminding me that if I changed my mind later, college would always be there.

Percentage of High School Graduates Attending Postsecondary Education

UNDERGRADUATE DEGREE PROGRAM 2011–12	CERTIFICATE (%)	ASSOCIATE'S DEGREE (%)	BACHELOR'S DEGREE (%)	NOT IN A DEGREE PROGRAM OR OTHERS (%)	TOTAL
ESTIMATES					
Total	9.6	41.9	47.2	1.3	100%
HIGH SCHOOL GRADUATION YEAR					
Before 2011	21.7	55.9	20.7	1.7	100%
2011 or Later	5.1	37.3	56.4	1.2	100%

NOTE: Rows may not add up due to rounding.

SOURCE: U.S. Department of Education, National Center for Education Statistics, 2012/17 Beginning Postsecondary Students Longitudinal Study (BPS:12/17).

Computation by NCES QuickStats on 2/13/2020

Relief washed over me when the pressure of getting a degree was removed. But today, many students feel their only choice is to attend college and get a four-year degree. In fact, according to the U.S. Department of Education's National Center for Education Statistics, the percentage of graduating high school seniors that have enrolled in a bachelor's degree program rather than a certificate or associate's program has more than doubled since 2011.

Students feel more pressure than ever to attend college, get a degree, and land the job of their dreams. This can push students to get the best grades, participate in as many extracurricular activities as possible, and find ways to stand out to college admissions committees. The last two years of high school have turned into a race to see how many SAT prep classes can be attended, volunteer hours collected, final exams aced, and applications submitted. While managing competing responsibilities can be a great lesson in what's to come in college, it can also leave students feeling anxious and depressed. In a fall 2018 Pew Research Center survey of U.S. teens ages 13 to 17, 70 percent of teens reported that anxiety and depression were major problems among their peers.

With the stress and anxiety caused by preparing for college after high school, why aren't more students turning to different options? Like me, students could choose to work after high school graduation, taking a gap year to find out more about what interests them and build their self-confidence before diving into college. A 2015 Gap Year Association survey of more than 700 former gap-year participants found "overwhelming personal, academic, career, and civic engagement benefits associated with taking a gap year." In fact, "over 90 percent of all respondents indicated that their gap year provided important time for personal reflection, aided in personal development, increased maturity and self-confidence, and fostered the development of interpersonal communication skills."

Taking time off between high school and college was exactly what I needed. I was able to work for several years, which helped me improve my confidence and learn more about my strengths and weaknesses and also how to work with coworkers with varying personalities. I took the time to figure out who I was and what steps I wanted to take next. When I finally enrolled in college, it was in an associate's program, and I had no intention of obtaining a four-year degree. I attended classes part time in the evenings while working full time during the day. Once I realized how much I enjoyed college and that I wasn't as bad at it as I thought I would be, I moved into the college transfer program so I could complete my four-year degree. I'm proud to say that in May 2007, I graduated with a 4.0 GPA and a B.A. in general psychology.

I like to say that being in the workforce and knowing the pay that I would continue to get without a degree was the force behind my doing as well as I did in college. I knew

[A]ccording to the U.S. Department of Education's National Center for Education Statistics, the percentage of graduating high school seniors that have enrolled in a bachelor's degree program rather than a certificate or associate's program has more than doubled since 2011.

what was at stake and the role this degree would play in my life. And, I'm not alone. According to a 2016 analysis from the National Center for Education Statistics, students who delay college have overall higher GPAs in college compared with students who do not delay college entry. When I look back at those years, I also think the experiences I gained from working full time helped me better handle my college workload. I had opportunities to learn how to multitask and figure out time management skills.

My life circumstances led to my attending college in a less traditional way, and I wouldn't have done it any differently. Many high school students don't feel that taking time off or even enrolling in an associate's or certificate program are options. Instead, they're graduating and immediately moving into their four-year college career, not considering that they just might not be ready, or perhaps fearful that if they wait until they're ready, they'll never actually enroll in a college program.

For students who do decide to go straight from high school into college, the stress and pressure does not let up. Many young adults struggle when they are experiencing their first taste of independence from their support systems, figuring out how to excel in their classes and their social circles, and trying to determine what they want to do for the rest of their lives. That's a lot to manage at 18 or 19 years old and part of why we're facing a mental health crisis on college campuses.

In 2007, when I graduated from North Carolina State University, I was grateful to find a position with the National Alliance on Mental Illness (NAMI). NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. What started as a small group of families gathered around a kitchen table in 1979 has blossomed into the nation's leading voice on mental health. Today, we are an association of more than 600 local affiliates and 48 state organizations who work

in communities across the country to raise awareness and provide support and education that was not previously available to those in need.

Our education programs are offered through NAMI State Organizations and Affiliates in thousands of communities across the country, ensuring that hundreds of thousands of families, individuals, and educators get the support and information they need. NAMI also advocates on the national and state level, working to shape national public policy for people with mental health conditions and their families. We also provide volunteer leaders with the tools, resources, and skills they need to advocate for mental health in all states.

Over the past 12 years, I have used my personal mental health experiences to guide my work on behalf of NAMI, and in the past year and a half as Senior Manager of Youth and Young Adult Initiatives, I've been able to dive deeper into the issues young adults are facing on college campuses. One of my main focuses is developing NAMI on Campus (NOC) clubs on campuses across the country. NOC clubs are student-led campus groups that raise awareness through fairs, walks, and candlelight vigils; educate campuses with presentations, guest speakers, and student panels; advocate for improved mental health services and policies on campus; and support peers with NAMI programs and support groups. NOC clubs are one of many ways that NAMI uses in trying to address the mental health needs of college students.

This past fall, I visited a large college campus to collect the opinions of students and faculty members around a mental health campaign we were looking to launch on college campuses via the NOC clubs. We met with 150 students and campus leaders from diverse groups – freshmen, student athletes, student body leaders, committee members focused on campus mental health issues, and business students.

What I heard in these focus groups has stayed with me over the past few months, as NAMI has received media

The more we normalize seeking help, the less embarrassed and ashamed students will feel when they've reached a point where they can no longer handle their feelings on their own.

requests to address mental health on campus, the mental health of high school students, and the need for more services. I continue to share the importance of educating high school and college students about the warning signs of mental health conditions and where to seek help if they notice these signs in themselves or friends. The more we normalize seeking help, the less embarrassed and ashamed students will feel when they've reached a point where they can no longer handle their feelings on their own.

In these focus groups, students shared repeatedly that they were aware of mental health services on their campus, but felt that things were never "bad enough" to use them. Students felt that they were not experiencing symptoms that were severe enough to seek help, with many stating that because they had the same workload as any other student, they shouldn't need to ask for assistance. That kind of self-inflicted stigma can be very dangerous and can prevent students from seeking help when they need it. Unfortunately, most students were not aware of campus preventive and wellness services, such as yoga and meditation classes, time management skills training, mentoring, and other programs that teach coping skills to help students manage their stress during college and beyond. It seemed that support and treatment weren't even considered until symptoms had reached the point of crisis.

Students in these focus groups all agreed that mental health was an important topic that should be addressed on their campus. While there was mention of awareness weeks several times a year, they felt that mental health needed more constant attention. College campuses could benefit from continuous marketing and communication around mental health prevention, what maintaining good mental health looks like, how students can talk with friends when worried about their friends' mental health, and what's available to students on their campus. The more mental health issues are talked about, the more normalized they become, and the more willing students will be to seek help not only for their peers, but for themselves as well.

Creating campaigns that highlight the personal experiences of students, both past and present, especially those that hold celebrity status, or creating partnerships with high-status fraternities, sororities, and college clubs to focus on the topic of mental health will drive home the message that mental health should not be ignored. Mental health on campus can't be managed by one group or department. Students, faculty, administrators, families, and communities need to come together to take a stance and support students as they're navigating this new territory.

High school and college students should have the resources and support they need to understand that deciding to take time between high school and college or asking for help does not make them weak, irresponsible, or not good enough — it means that they're brave enough to speak up and get the help that they deserve. Mental health conditions are biological, and they don't discriminate. They aren't anyone's fault, and students don't have to handle the symptoms alone. With treatment, students can continue to attend classes, work, participate in campus activities, and live the college life they've always dreamed of. ∎

JENNIFER ROTHMAN is the Senior Manager of Youth & Young Adult Initiatives at NAMI, the National Alliance on Mental Illness. Rothman has worked with NAMI at the state and national level with a focus on youth and young adults for 12 years, using her personal and family experiences with mental health conditions to contribute to efforts to help the millions of Americans who are affected by mental illness.

GRADUATE STUDENTS:
YOU ARE MORE THAN YOUR PH.D.

By Kathryn R. Wedemeyer-Strombel, Ph.D.

I am a soccer player, a nature lover, a dog mom, a wife, an Education Programs Manager, and a recent Ph.D. in environmental science. As a scientist, I integrate social and natural science methods to improve endangered species conservation. As a human being, I struggle with mental health issues that were exacerbated by graduate school: anxiety, depression, and ADHD. During graduate school, I worked until burnout and lost my identity to my Ph.D. I became one dimensional, a research robot: Katie, Ph.D. Candidate, full stop. Today, almost a year post-defense, I still struggle with these mental health issues, and I am working through the PTSD I suffer from having had abusive professors early on in my academic career. Every day, I rediscover more of myself, more of who I am in addition to a Ph.D., and with each re-discovery comes healing.

Mental health issues and the need to heal from graduate school are not unique to me; they affect many students. A quick Google Scholar search reveals at least one book, *Wellbeing in Doctoral Education*, which includes the chapter, "Intrapersonal Wellbeing and the Academic Mental Health Crisis." The search also reveals several articles on this crisis, with at least two published in *Nature*: one from 2012, "Mental health: Under a cloud," and 2018's "Evidence for a mental health crisis in graduate education." Others have covered the statistics on this important issue. I am going to share pieces of my own mental health journey, what I learned along the way, and advice I wish I'd had as a graduate student.

When I first started learning about my own mental health, I read Brene Brown's *The Gifts of Imperfection*, in which the author writes, "We have to talk about things that get in the way – especially shame, fear, and vulnerability." All three of these echoed strongly across my Ph.D. experience and negatively affected my mental health. I felt shame that my first advisers told me that I didn't have *it*. That, if I would not make my Ph.D. my only priority, I would fail - that wanting to see my family was a childish excuse for a vacation. I felt fear every time I had to communicate with them. They had explicitly stated, "This is graduate school. We can talk to you however and whenever we want. Pull up your big-girl panties and deal

with it." I was terrified to be vulnerable, to be seen as a human with flaws instead of a research robot – as it seemed that this somehow made me "less academic."

Although I went to counseling after leaving my first advisers at the end of my second year, it took me several years to openly talk about my struggles, afraid that doing so would make me less than my peers, or prove my first advisers right – that I didn't have what it takes, that I didn't belong. I kept circling back to Brown's finding that when we speak words to shame, we take away shame's power. However, we need to be selective in who we share our stories with. Graduate student: you do not owe your story to anyone. Because I found myself in an environment where I felt comfortable, I started writing about changing labs, marital problems, toxic academia, self-care, and mental health, as they all related to graduate school. The more I shared my story, the more it resonated, and I discovered that the things that made me feel different, less than, or not enough – are the things where I have found the most compassion, support, and belonging.
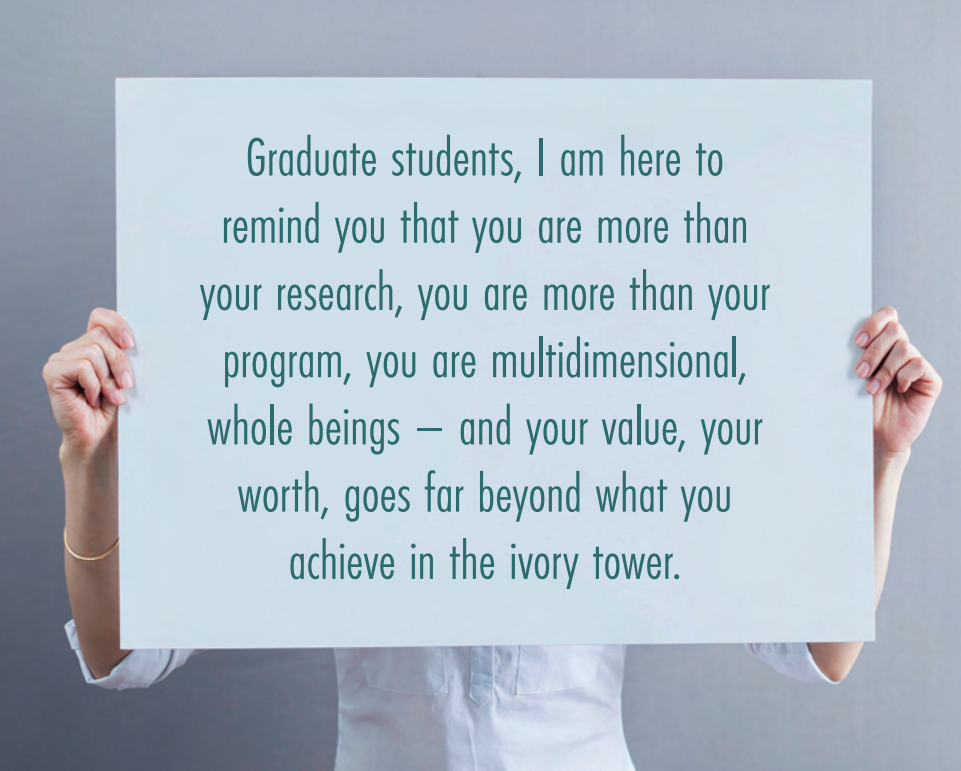
This helped me build up the courage to share my struggles with my new adviser, Tarla Rai Peterson, and her response is the most important thing I learned during my Ph.D. program. She said, "It seems to me all of us are healthier if we give ourselves permission to know each other as whole beings." Hearing this from a mentor I trusted and respected, and who is successful in her field – this blew me away. I have taken these words to heart, and I share them any chance I get. But I also add that we must give *ourselves* permission to know *ourselves* as whole beings. In graduate school, it is so easy to lose ourselves to our programs, to lose our identity beyond "graduate student," to fall into the trap of becoming research robots. I did that – I let my Ph.D. become everything, I stopped sleeping through the night, I didn't spend time with loved ones, I didn't talk with my cohort about anything other than our research and classes, and the goals set by my program, my advisers, and my granting agencies became how I measured my life. My own mental and physical health, my personal satisfaction and happiness – there wasn't room for those in my graduate student world. I lost myself completely to it, and it was only when burnout forced me to take a step back, to pause, to

breathe, that I realized I didn't recognize myself. Yes, on paper I looked to be a successful NSF Graduate Research Fellow completing my Ph.D. – but I felt incredibly lost and broken.

Graduate students, I am here to remind you that you are more than your research, you are more than your program, you are multidimensional, whole beings – and your value, your worth, goes far beyond what you achieve in the ivory tower. So, enjoy your life that is happening now, and give yourself permission to know yourself and others as whole beings. Framing our graduate education in this way, as a piece of who we are, but not all of who we are, is critical. It has taken me years of therapy and hard work to find myself again, to rediscover hobbies and interests beyond my Ph.D., to heal, and to calm what had become endless anxiety. I hope that you will be more proactive than I was, that from the beginning, your advisers support your research and your holistic well-being. Below, I provide some suggestions and encouragements that I hope will help you see yourself, and one another, as more than just graduate students. Please note that I am not a mental health professional, but a recent Ph.D. who began navigating my mental health while a graduate student. If you are struggling, I hope that your university offers affordable and accessible mental health care, and I encourage you to speak with a therapist.

Graduate student, you are more than your work. It is important that you set boundaries with school and prioritize your life in a way that works best for you. For your mental and physical health: take time off regularly, and take more when you need it – your work can wait. Burnout forced me to take a year off from my dissertation work, to slow down, to rest and find myself again. Do not wait for burnout. Take the time you need now. If you need to schedule time off in your calendar as a critical step in your research protocol, do it. Rest is not only a reward for hard work; it is a critical component of working hard. To help maintain a work–life balance, stay connected to your non-academic friends

Graphic text in image:

> Graduate students, I am here to remind you that you are more than your research, you are more than your program, you are multidimensional, whole beings – and your value, your worth, goes far beyond what you achieve in the ivory tower.

and interests. Pursue hobbies that are unrelated to your field, something that brings you joy outside of work. Take a moment right now and think of the last non–academic related activity you did just for you. If that didn't happen in the last two weeks, schedule it now for next week. Similarly, if you have to formally schedule calls with friends and family outside of your program, do it, and keep those appointments as part of your research protocol. If you find yourself struggling, ask for help. We all need it at some point. Seeing a therapist is the best decision I made as a graduate student, and I would not have completed my Ph.D. without the support of my Student Counseling Center. As important as being proactive about your work–life balance is, it is equally important to surround yourself with people – peers and mentors – who honor your boundaries. As Rebecca Barnes says, "Science is a team sport; choose your team wisely." Once you find your team, honor it. Support one another, share your stories and struggles with those who earn it, and remind one another that we are stronger when we realize we are whole beings, and we are in this together.

Graduate students: Know your peers for who they are, not what they study. I have met some of my best friends through graduate school. Members of my initial cohort lifted me up and kept me going when I felt I couldn't. They advocated

for me, supported me, and were a welcoming community when I needed it most. I was lucky to have their support. Not having that community adds to the stressors of school, and I know that for minority students, especially international students, finding these supportive communities can be even more difficult. We all need to do our part to build inclusive communities, to understand that we are on the same team, we are in this together – and we are all better when we support one another. I challenge you to get to know your peers as more than just research associates, to realize that your friend is more than the "internal rhetoric of scientists and engineers" researcher. Learn that they enjoy Taco Bell, bike riding, and seeing live music. Find out that they've never stood on top of a frozen lake and go do that together. Edit paper drafts together, cheer one another on, and encourage your peers to have fun through it all. To start, try new things with your cohort mates this week: find out their favorite colors, their favorite type of cake, their favorite movie – then bake and decorate some cupcakes together and have an alcohol-free movie night. Try to make these types of gatherings a weekly event, when you hang out together alcohol-free and you don't talk about your research or school. I specify alcohol-free because so much of academic networking happens at happy hours, which can promote unhealthy habits, and is alienating to those who do not drink for a variety of reasons. I challenge you to find fun, new ways to bond and blow off steam. You all have so much to offer beyond your manuscripts; find out what that is and celebrate it!

Professors: Lead with kindness and have high expectations. Students can only do so much in a system that exacerbates mental health issues, and they need your help to promote an intellectually challenging experience, rather than a traumatic one. As a student, I lived both experiences, and the mentors made all the difference. You can help prevent student burnout and promote a healthy lifestyle by encouraging regular, guilt-free time off. Students are in graduate school because they are hard workers. They will get the work done and we will all benefit from emotionally and physically healthier students. Support your students who pursue hobbies and interests outside of academia, talk about your own non-academic interests, and model a work-life balance yourself. Take care of your own mental health, and protect your life outside of academia, too. Advocate for students who need it, call out colleagues who are creating toxic work environments, and fight for your university to hold those colleagues accountable. Demand that your institution provides accessible and affordable mental and physical health care to your students, and that the university invests in the well-being of its students by providing an ombudsman, alt-ac career support, and a living wage. You can be one of the most positive aspects of your graduate students' careers. You can help make or break their success, and you affect their mental health. I finished my Ph.D. because of the incredible professors who advocated for me, who demanded excellence, and who led with empathy. I am a better person and scientist because I worked with them, and every student deserves that kind of support.

Graduate school is a time for students to grow, to generate new knowledge, to celebrate publications, and to learn to cope with rejection. It should be challenging and it should celebrate students' multidimensionality. Graduate students and professors: You are so much more than your publications, than your research progress. I encourage all of us to value one another for all that we have to offer. Let's learn a new hobby, try new foods, rest often, share our stories with those who have earned them, and, most importantly, let's give ourselves permission to know ourselves, and one another, as whole beings. ∎

KATHRYN R. WEDEMEYER-STROMBEL is a Teacher and Program Manager at Kaplan Test Prep, freelance writer and speaker, and a volunteer with PhD Balance, which promotes graduate student well-being. In 2019, Wedemeyer-Strombel earned her Ph.D. in Environmental Science as a National Science Foundation Graduate Research Fellow. Her research integrated fishers' ecological knowledge and stable isotope ecology to improve sea turtle conservation. Her Ph.D. spanned two institutions, two advisers, and Biology and Communication departments. Wedemeyer-Strombel believes that graduate school should be intellectually challenging, but not traumatic, and she hopes that we can work together across academic generations to drive systemic change in academia.

COMBATTING
MENTAL HEALTH STIGMA
ON COLLEGE CAMPUSES

By Jaclyn K. Brandhorst, Ph.D.

According to the Centers for Disease Control, the suicide rate for Americans aged 15–24 has increased by 51 percent in the past decade. Additionally, data demonstrate that this most recent generation, named Generation Z, experiences higher levels of stress, depression, and anxiety. For those who work on college campuses, this generation is familiar: they are students, and they are facing unprecedented mental health challenges.

In 2019, an American College Health Association survey of more than 63,000 students found that 46 percent of students felt so depressed that it was difficult to function, while 66 percent said they experienced overwhelming anxiety. Numerous reasons account for the increase in anxiety levels, including worries about money, career prospects, and pressure to excel academically.

To address growing concerns about the mental health of students, college campuses have put significant effort into increasing student support through counseling services and other resources. These efforts have seen success; between 2009 and 2015, the number of students using counseling center services increased by about 30 percent, while enrollment numbers grew by less than 6 percent, according to a report from Penn State University's Center for Collegiate Mental Health. Despite efforts on the part of universities and colleges to offer mental health services to address this growing problem, a significant underlying issue remains: mental health is still very much a stigmatized topic.

MENTAL HEALTH STIGMA

Stigma is defined as a mark of disgrace; it is characterized by negative attitudes and beliefs which lead to stereotyping, prejudice, and discrimination toward an individual or group of people. Mental health stigma is multi-faceted; it is both public and private in nature. Public stigma includes larger structural and societal attitudes about mental health that reinforce belief systems that create barriers to treatment. Societal misconceptions about mental health include the belief that individuals with mental illnesses should be feared and therefore excluded, that they should be cared for and treated like children, and/or that they are irresponsible and of weak character. These larger cultural assumptions influence how individuals living with mental illness perceive their worth and subsequently seek – or

> Stigma is defined as a mark of disgrace; it is characterized by negative attitudes and beliefs which lead to stereotyping, prejudice, and discrimination toward an individual or group of people.

avoid – treatment. This second form of stigma, known as self-stigma, emerges when individuals internalize these messages and feel guilty or inadequate because of their condition. They may begin to believe that they could control mental health challenges if they only "tried harder," that seeking help would be seen as a sign of weakness, or that mental health challenges should be kept private.

Stigma results in feelings of shame, social exclusion, and hopelessness, and creates significant barriers to help-seeking. A UCLA-led research team found that college students are less likely to seek treatment if they go to a school where there is a high level of stigma around mental health issues. This means students often continue to struggle in silence. Students may feel embarrassed to ask for help, worried about being judged or perceived as lazy, and anxious about the confidentiality of services. These beliefs can be intensified by feelings of inadequacy and negative self-talk; students may believe that because they are struggling, they must not

be working hard enough. Anthony Rostain, co-author of *The Stressed Years of Their Lives,* explains that students may tell themselves, "I can handle this myself," "it's not that bad," or "I don't have time." Additionally, a broader public dialogue dichotomizes health and illness, contributing to the perception that one should always be happy and healthy. The consequences of such messages are dire for student health, well-being, and academic performance, but there are steps schools can take to help support students.

Communication has a key role to play in addressing mental health stigma on campus. One of the first steps is to create awareness about the issue. Talking openly about mental health, educating oneself and others, and being conscious of language use are all critical to combatting stigma.

AWARENESS THROUGH CONVERSATION

For some college campuses, creating awareness includes developing orientation sessions that are focused on sharing mental health resources. In the same way that orientation sessions may typically cover information on sexual violence prevention and drug and alcohol abuse, these sessions are useful for helping students recognize and talk about the signs of mental illness, as well as pointing students to resources and support. Some of these sessions, such as one developed at Northwestern University, include actors reading narratives from alumni describing their mental health challenges in an effort to decrease the feelings of isolation that students may feel around these issues.

In a recent study, researchers from Indiana University found that college students who participate in conversation-based peer activities around mental health are less likely to stigmatize people with mental health conditions. These activities, ranging from a suicide awareness walk to participation in scavenger hunts and escape rooms, were found to reduce prejudice toward people living with mental illness. The study was designed to examine the effectiveness of a program called U Bring Change to Mind, which is part of a larger initiative by Bring Change to Mind, a non-profit organization dedicated to reducing mental illness stigma.

Some colleges are turning to technology to start the conversation. More than 350 schools use Kognito, a web-based platform that features evidence-based simulations to model real-life conversations about mental health, substance use, and other topics impacting health and well-being. Students complete online simulations that are designed to

help them recognize the signs of mental distress and practice intervention skills. Princeton University hosts a mandatory annual "Kognito Day" to educate first-year students about mental health.

On a national level, the nonprofit organization Active Minds has more than 550 student-led chapters dedicated to empowering students to reduce the stigma around mental health on campus. In a longitudinal study published in 2018, researchers found that participation in Active Minds increased knowledge and positive attitudes about mental health, creating a more supportive campus climate and prompting students to be more likely to reach out to friends who may be struggling. The Jed Foundation is a similar organization that evaluates campus mental health and suicide prevention efforts and identifies strengths and opportunities for improvement. The Jed Foundation uses a comprehensive approach to help campuses engage in strategic planning around mental health promotion.

INTEGRATING HEALTH AND WELLNESS ON CAMPUS AND IN THE CLASSROOM

Preventive measures can be equally important for helping students combat mental health concerns. In an effort to increase student resilience, some institutions, including Florida State University, have started resilience initiatives that are designed to help students develop skills to "bounce back" from experiences associated with change, grief, and stress. Florida State University requires all incoming freshman and transfer students to participate in the training, which uses multimedia, videos, and animated content to build positive coping skills. At Stanford University, The Resilience Project uses personal storytelling and academic skills coaching to support students and help them grow from, rather than fear, failure. In online videos, students share feelings of self-doubt, perseverance, and the importance of learning from mistakes.

Beyond broader campus initiatives, there is important work that can be done in the classroom to make health and wellness a critical component of the coursework experience. Leading students through a breathing exercise or asking them to take a moment to reflect and orient themselves to the classroom space can help them practice mindfulness techniques that can reduce anxiety and improve focus. Vanderbilt University's Center for Teaching provides information on the pedagogical role of mindfulness, including information that professors can use

to incorporate mindful activities into the classroom. Practicing mindfulness has been shown to reduce symptoms related to anxiety and depression and decrease emotional reactivity. For students who are self-critical, overwhelmed, or struggling from constant internal comparisons, mindfulness can help them practice self-compassion, which is associated with positive psychological outcomes such as happiness, optimism, and curiosity.

At the heart of each of these initiatives is a dedication to clear, honest, and consistent communication about mental health on campus. Creating a campus culture that equalizes physical and mental health, provides training and resources for students, faculty, and staff, and takes preventive measures to empower students to practice self-compassion is of vital importance to decreasing mental health stigma. While campuses are making great strides in these efforts, there is still much work left to do. ▪

JACLYN K. BRANDHORST specializes in resilience, conflict management, and well-being in the workplace. Her research focuses on how individuals communicate about mental health at work and seek help from resources designed to promote employee health. With expertise in organizational communication, conflict and dispute resolution, and crisis communication, Brandhorst teaches classes in management and business communication within the Harmon College of Business and Professional Studies at the University of Central Missouri.

CAREER OPPORTUNITIES

University of Indianapolis
Instructor, Assistant Professor of Practice, or Assistant Professor of Communication

The University of Indianapolis, Department of Communication, seeks applicants for an Assistant Professor, Professor of Practice, or Instructor with expertise in sports communication beginning in August of 2020. This is a 9-month position. This role will be tenure track for candidates who possess a terminal degree or are ABD.

The successful candidate will teach primarily undergraduate courses; maintain a research agenda; and provide service to the department, university, city, and/or discipline. Professional experience is a plus. Review of applicants will begin on April 6, 2020 and continue until the position is filled.

The city of Indianapolis contains many professional sports teams, including the Colts (NFL), Pacers (NBA), Fever (WNBA), Indians (AAA Baseball), Indy Eleven (USL), and Indy Fuel (ECHL). It is also home of the NCAA headquarters, the Indianapolis Motor Speedway, and the Indiana High School Athletic Association. Furthermore, the city hosts major sporting events including the NCAA final four, the Big Ten football championship, and the Big Ten men's and women's basketball tournaments. Indianapolis also hosted Super Bowl XLVI. Thus, the city is ideally located for students seeking internships and/or career opportunities in sports communication.

Required Qualifications: Applicants must have a Master's degree, at least three years of experience teaching, and evidence of effective pedagogy.
Preferred Qualifications: Ideally, we seek candidates who also possess a terminal degree and have experience in the sport industry.

To view the full advertisement and apply, visit **hrjobs.uindy.edu**.

The University of Indianapolis is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, sex, age, color, religion, national origin, disability, citizenship status, military status, marital status, sexual orientation, gender identity, or gender expression. The University of Indianapolis does not discriminate on the basis of sex in its educational programs and activities, including employment and admission, as required by Title IX.

This institution does not offer domestic partner benefits.

This institution offers benefits to spouses.

COMMUNICATION
AT THE CROSSROADS

NCA 106th Annual Convention

November 19–22, 2020 • Indianapolis, Indiana

Make plans now to join thousands of your colleagues for the NCA 106th Annual Convention, to be held November 19–22, 2020, in Indianapolis, IN. The convention theme, "Communication at the Crossroads," is designed to provide special opportunities to come together to examine and discuss future directions for research, teaching, and the Communication discipline itself.

About Indianapolis

- The convention hotels are located just 15 minutes from the Indianapolis International Airport (IND) and a day's drive from most of the continental United States.

- With flights from 51 non-stop destinations, IND has been named the #1 airport in North America since 2012 by the Airports Council International.

- Indianapolis is ranked the #1 Convention City in the United States by USA Today, and has been named one of the 25 Best Places to Visit in the United States by Forbes.

- The city is home to the Indianapolis Cultural Trail, an eight-mile biking and walking trail that connects the city's cultural districts.

- Indianapolis offers an excellent and diverse culinary scene, from fine dining in restaurants that have drawn rave reviews, to well-known chains.

The Convention Hotels

- The JW Marriott Indianapolis was ranked the #1 hotel in the Midwest by Conde Nast in 2016 and 2017, and has continued to appear in the top 10.

- The hotel is located in the heart of the city with easy access to Lucas Oil Stadium and Circle Center Mall.

- You'll be mere minutes from the White River State Park, 250 acres that are home to walking trails, waterways, the Eiteljorg Museum, public art pieces, and the NCAA Hall of Champions.

- Marriott IndyPlace, which includes the two convention hotels, leads the way in sustainability. In 2017, IndyPlace announced a plan to generate 10 percent of its electricity from wind energy, which is expected to reduce more than 1 million pounds of carbon dioxide emissions each year.

Coming Soon:
A New, Online

spectra

NCA is pleased to announce the upcoming launch of a greener version of *Spectra*. Beginning in November 2020, *Spectra* will become an expanded, online-only magazine. The new magazine will continue to include invited, theme-based features, but also will include new data for and about Communication, summaries of newly published NCA journal articles, information about NCA events, innovations in teaching and learning, news about NCA members, and more. Finally, the new format will allow for a section featuring member submissions.

To give us time to plan and prepare for the launch of the new *Spectra*, this will be the last printed issue of the magazine.