



BEACH WELL
**WELL-BEING
ELEVATED TO
A LIVING LEGACY**

2022-2025



**THE BEACH
MODEL FOR
MENTAL HEALTH
& WELL-BEING**

THE BEACH MODEL FOR MENTAL HEALTH & WELL-BEING

As we continue our commitment to Graduation Initiative 2025 and embark on our journey toward Beach 2030, we are committed to being a student-ready university, embedding holistic well-being in every aspect of our university community, and helping students develop strategies for increased resilience. We are here to help students succeed in their current academic pursuits and to prepare them for fulfilling lives as graduates. Our strategic mental health plan outlines ambitious goals and a transformational approach to supporting thriving minds, healthy lives, and bright futures for all CSULB students.

Our plan recognizes societal challenges surrounding health inequities and the enormous impact of social traumas such as racism, sexism, homophobia, and ableism. We commit to doing the work to create systems that support all our students in the ways they need to be supported. To do that, we intentionally create various spaces throughout campus where students with different lived experiences can feel comfortable sharing sensitive concerns and accessing a variety of culturally informed supports. We weave preventative behavioral health care and skill-building into every facet of our university to promote well-being and we work to destigmatize behavioral health services.

But that is only the beginning. One of the cornerstones of our model is a proactive, public health approach. We recognize there are real reasons why some students hesitate to reach out and we work to provide assistance proactively, without always requiring students to come forward. The Beach model is unique and distinct because



we work to get to students before their struggles are urgent, as we recognize that some members of our community are reluctant to ask for help. We will mobilize our community to anticipate the challenges our students will face and reach out to them proactively, early and often.

Everyone at The Beach plays a part in prioritizing mental health and well-being and we are excited to empower every member of our community with the tools needed to make it happen. Together, we are Beach WELL.



Jane Close Conoley, Ph.D.
President



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Damian Zavala,
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Health & Wellness

EXECUTIVE SUMMARY



Before the COVID-19 pandemic, our university began exploring solutions to the mental health crisis affecting our nation and community. The Centers for Disease Control (2021) reports that one in five Americans will experience a mental health related illness each year. We have important work to do to support our students here at CSU, Long Beach. Our most recent campus data from the American College Health Association - National College Health Assessment (2021) shows that 86% of our students are experiencing moderate or high stress. The leading mental health diagnoses of our students is anxiety (22%) and depression (18%). Over half are witnessing discrimination online or in person. Twenty-seven percent of our students have lost someone close to them from COVID-19 and 92% reported the pandemic somewhat or significantly impacted their level of stress.

The after-hours use of the university's online chatbot indicates that there are times when students are interested in accessing assistance outside regularly scheduled hours. Our students might know of our services, but they access them less frequently. Seventy-nine percent of our students considered getting help from a medical

professional, but only 21% sought out help within the last 12 months (NCHA, 2021). Madrigal and Blevins (2020) found that while 80% of students are aware specifically of Counseling & Psychological Services, only 20% have used the services, which is consistent with our NCHA data. Why? We know that first-generation students, minoritized students, and low-income students typically seek help far less than their peers (*Healthy Minds Network, 2021*). We also know that 85% of our CSULB mental health services require a student to come forward and request assistance. This misalignment exacerbates longstanding health-equity issues. Our services need to align with the needs and preferences of our students.

To enhance our support of students' well-being, we must also focus on the health and preparedness of our faculty, staff, and external partners. Nationally, 75% of faculty are willing to help students in distress, but only 50% of them report knowing how (*Healthy Minds Network, 2021*). Additionally, almost 60% of college students turn to their parents, family, or extended family for help first (*Kaplan, 2021*).

Other facts have shown:

65%
of students rate their behavioral health as fair or poor and 53% have been worried or scared often in the past six months
(Higher Ed, 2021)

53%
of students felt their emotional health/mental difficulties have hindered their academic performance in the past three days or more
(Health Minds Network, 2021)

Depression has doubled since 2014
(Healthy Minds Study, 2014, 2021)

Students reported the lowest health mental index score compared to all industry groups in U.S.
(Morneau Shepell, 2021)

Feelings of isolation, loneliness, and a lack of belong continue to increase among students
(The New York Times, 2021)

Therefore, this call to action has inspired us to create a plan with five important guiding objectives.



“The pandemic was a learning experience that brought to light the need for a shift of how the university approaches mental health. This initiative puts students first and aims to make every student on campus feel a sense of community!”

“Through this initiative, the university is reimagining how mental health resources will be provided accessibly to everyone on campus. It is already taking a step in the right direction by having faculty, administration, and students collaborate with one another. Typically, when it comes to decision making, a lot of times students are left out in the dark, and they don’t know what goes on in those offices.”

Fidel Vasquez, fourth-year economics & political science major

OUR GOALS

1. We will honor our students’ diversity by using culturally informed practices and developing strategies to promote inclusive excellence in services.
2. We will build a community of care on and off-campus to help us identify struggles early and often.
3. We will increase awareness, expand our reach, and decrease stigma.
4. We will align our resources to ensure students have easy access to services.
5. We will leverage technology to reach students faster and more proactively.

OUR MISSION

Our Beach community will aggressively promote well-being and support students through their toughest moments in preparation for life’s greatest challenges.

1. **AWARENESS** - We know the current struggles and pressure points for our students.
2. **ACCESS** - We constantly improve access to services.
3. **ACHIEVEMENT** - We understand mental health impacts on degree attainment.
4. **TOOLS FOR LIFE** - We provide skills for life success.



“I felt because people don’t have the same opportunities within my culture that I do now being at a four-year institution – I had to push through and not take care of myself.”

Jeana Young, fourth-year molecular cell biology major

OUR APPROACH & COMMITMENTS

INTENTIONAL

Our organized and proactive public health approach means we are ready for the challenges students face now and in the future.

PERCEPTIVE & PROACTIVE

We will provide a high-touch experience by mobilizing our resources, and getting help to students even if they are hesitant to seek it themselves.

EXTENSIVE & RESPONSIVE

There is no wrong door for students to walk through at The Beach, anytime 24 hours a day, 7 days a week.

EQUITABLE & ACCESSIBLE

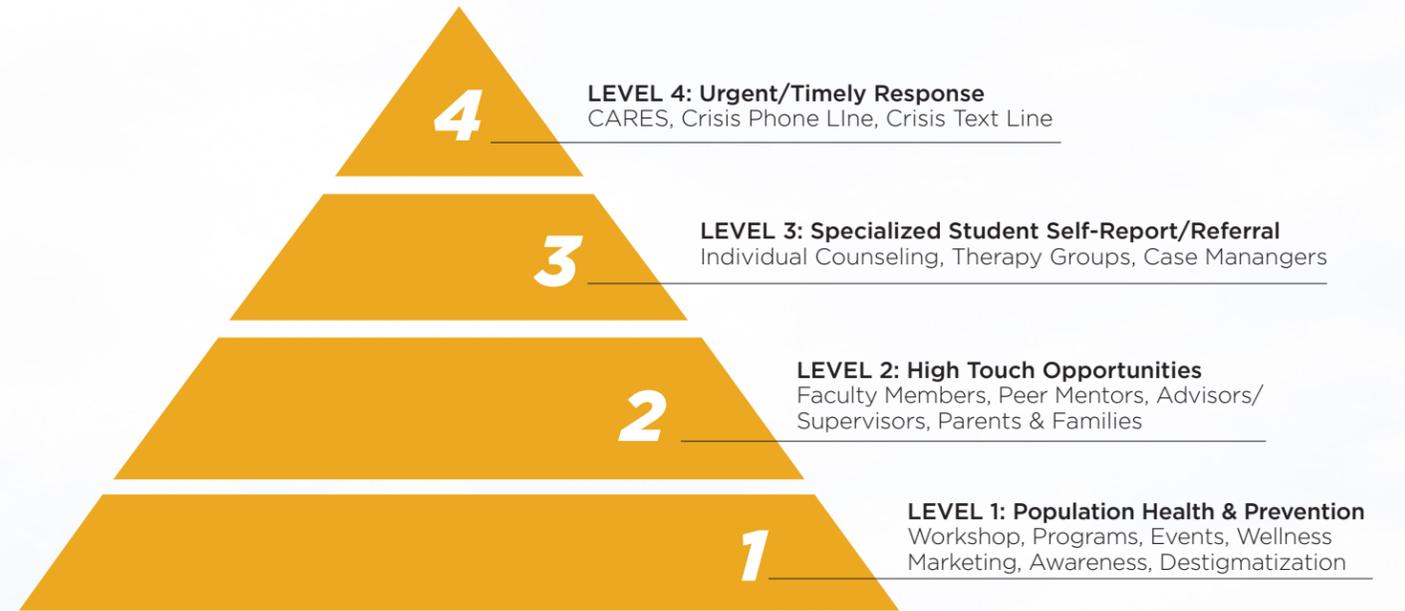
We recognize how historical contexts have shaped our students’ experiences and our health structures. Our methods will create health equity with purpose.

COLLABORATIVE

We are dedicated to a campus and community movement where student mental health is a collective responsibility and priority.

OUR CONTINUUM OF CARE

Our layered continuum approach helps maximize our resources by frontloading preventative care and population health (Level 1 & Level 2 supports) and reserving our more specialized and clinical professionals for the elevated needs (Level 3 & 4 supports).



“I definitely think this will increase mental health awareness on campus. I truly think Long Beach cares about its students and their wellbeing. I think they’re doing everything they can to help students.”

Presley Dalman, fourth-year community health education major

OBJECTIVE #1:

We will honor our students' diversity by using culturally informed practices and developing strategies to promote inclusive excellence in services. (Beach 2030)

Our students' unique identities, backgrounds, and experiences create the foundation for how they respond to, and interact with, health care professionals and health care structures. Systems of oppression that have excluded groups from accessing health care, misrepresented groups in research studies, and severely abused groups of people through medical treatment are challenges we must name and face in this plan. Our best methods for combatting these historical barriers and establishing trust are:

1. staffing our care units with professionals who are trained in culturally informed and trauma-informed approaches (specifically trained to address microaggressions, discrimination, and racial trauma)
2. using recruitment strategies that increase counseling candidate diversity
3. creating relationships with students using trained peer mentors, who have demonstrated skill and experience serving diverse populations, and
4. engaging with students in places where they are most comfortable sharing their experiences

Gap: Current recruitment strategies limit us to recruiting doctoral level clinicians when data indicates that some of the most diverse, prepared, and qualified professionals have extensive experience as licensed master's level mental health providers.

Action Items

- A. Ensure professional staff and peer mentors in our behavioral health units have demonstrated skill and commitment to serving diverse student populations using culturally informed and trauma-informed approaches
- B. Restructure recruitment strategies to increase counseling candidate diversity and representation through updated position descriptions and partnerships with master's level internship programs
- C. Engage identity center staff and student groups in prevention and support (i.e. cultural identity centers, Bob Murphy Access Center, Veteran's Center, International Students, parenting students, and graduate students)
- D. Create 10 or more physical spaces where students are comfortable sharing sensitive experiences and expressing aspects of their well-being among trained professionals
- E. Initiate a Mobile Crisis Team of social workers to respond to community concerns on behalf of uniformed police officers
- D. Exercise specific strategies and approaches for high-risk students - LGBTQIA+, students at risk for discrimination/harassment, students with disabilities



OBJECTIVE #2:

We will build a community of care agents (staff, parents, families, faculty, peers, and community partners) on and off-campus to help identify struggles early and often.

Our network of care agents will give us the power and capacity to tackle a high-touch proactive approach on a campus of 40,000 students. In our campus community, every employee encounters students, regardless of their role. Some interact rarely, others daily. It is essential that we also demonstrate compassion and care for our faculty and staff. When our employees are well, they will be better positioned to care for our students. Off-campus, parents, families, friends, peers, and faith leaders also pay close attention to our students' attitudes and behaviors. We need them too. By providing widespread knowledge of basic well-being tools and proper referral strategies and resources, everyone will feel more confident and competent intervening to help students.

Gap: Current training opportunities focus on suicide prevention and first-aid crisis response, yet there is an increased need to train on basic well-being principles and rudimentary intervention. Intentional training will ensure more community members can address basic care needs while reserving our trained clinicians for higher-level referrals.

Action Items

- A. Create a robust and intentional first-year experience focused on behavioral health, where every student belongs to a peer mentor cohort and curriculum is aligned across groups
- B. Develop a menu of training options that allow faculty and staff members various training opportunities based on their level of engagement and skill level. Identify current existing trainings and fill training gaps.
- C. Identify situations where non-clinical paraprofessionals can assist with health promotion and help generate widespread understanding around the differences between clinical and non-clinical needs. Use these situations within training modules.
- D. Prepare parents and families with tools to be our partners in supporting their student through continuous engagement and communication
- E. Build the infrastructure to collect emergency contact information for parents/families/support persons. Identify who will have access and how the emergency contact information will be utilized and protected
- F. Establish a Community Advisory Collaboration of local health agencies, faith leaders, and social services to strengthen partnerships, discuss referrals, and address barriers to access
- G. Consolidate and streamline communication and outreach about health and well-being resources to the faculty, staff, and campus community members
- H. Invest in supporting faculty, staff, and their families with behavioral health resources, thus preparing them to be the most effective mentors for students
- I. Create a culture of care for faculty and staff by investing heavily in training and development for managers and administrators on supporting faculty and staff mental health
- J. Embed a student behavioral lens in Academic, Administrative, and Financial university policies.
- K. Be prepared to respond and support a community impacted by collective trauma with nimble communications protocols

OBJECTIVE #3:

We will increase awareness, expand our reach, and decrease stigma.

Our students need to know that their well-being is as important as their academic success. When our students graduate with a degree from The Beach, they will be more self-aware, more resilient, and more confident moving forward. To keep well-being at the forefront of our student's minds, we will stack awareness mechanisms so they can find them 'just-in-time.' Our campaigns will be modern and relevant. Our marketing and awareness approach is largely modeled using recommendations from Kaiser Permanente's landmark study (1998) with the Centers for Disease Control on long-term effects of childhood trauma. This study is one of the only conducted entirely with subjects from our region in Southern California. It provides guidance on strategies for creating a more resilient future generation using preventative approaches and widespread campaigns.

Gap: Overprogramming and repetitive programming tend to become noise to our students. They are flooded with communication and messaging from all directions. The programming and awareness efforts are fragmented and disjointed causing attendance to be low and engagement limited.

Action Items

- A. Organize our well-being practices into an integrated continuum with levels allowing us to reach students as early and often as possible for maximum prevention and population health
- B. Create a milestone map of essential checkpoints and stressors that can be utilized for counseling, programming, and peer mentor groups
- C. Using data from utilization, crisis text line, and the chatbot, create an academic timeline to build out the marketing campaigns, planned strategic communications, and technology outreach to students based on moments of increased stress and anxiety during the semester
- E. Ensure all programming, including marketing materials, reflects diversity, accessibility, and access
- F. Update programming to reflect contemporary challenges and current student trends such as healthy relationships with technology and social media, handling the emotions of advocacy work, and multi-racial identity development/social identity development
- G. Secure prominent/influential guest speakers to discuss mental health and decrease stigma
- H. Launch vigorous and structured campus marketing campaigns that embed our health care promotional activities across campus using videos, social media, and print material
- I. Use utilization, crisis text line, and chatbot data to create a predictable approach for planning supports, preventing acuity while also preparing for times of high volume
- J. Collect and share our student success stories with our campus community and outside collaborators
- K. Invest in raising awareness about digital health platforms and assess impact

OBJECTIVE #4:

We will align our resources to ensure students have easy access to services.

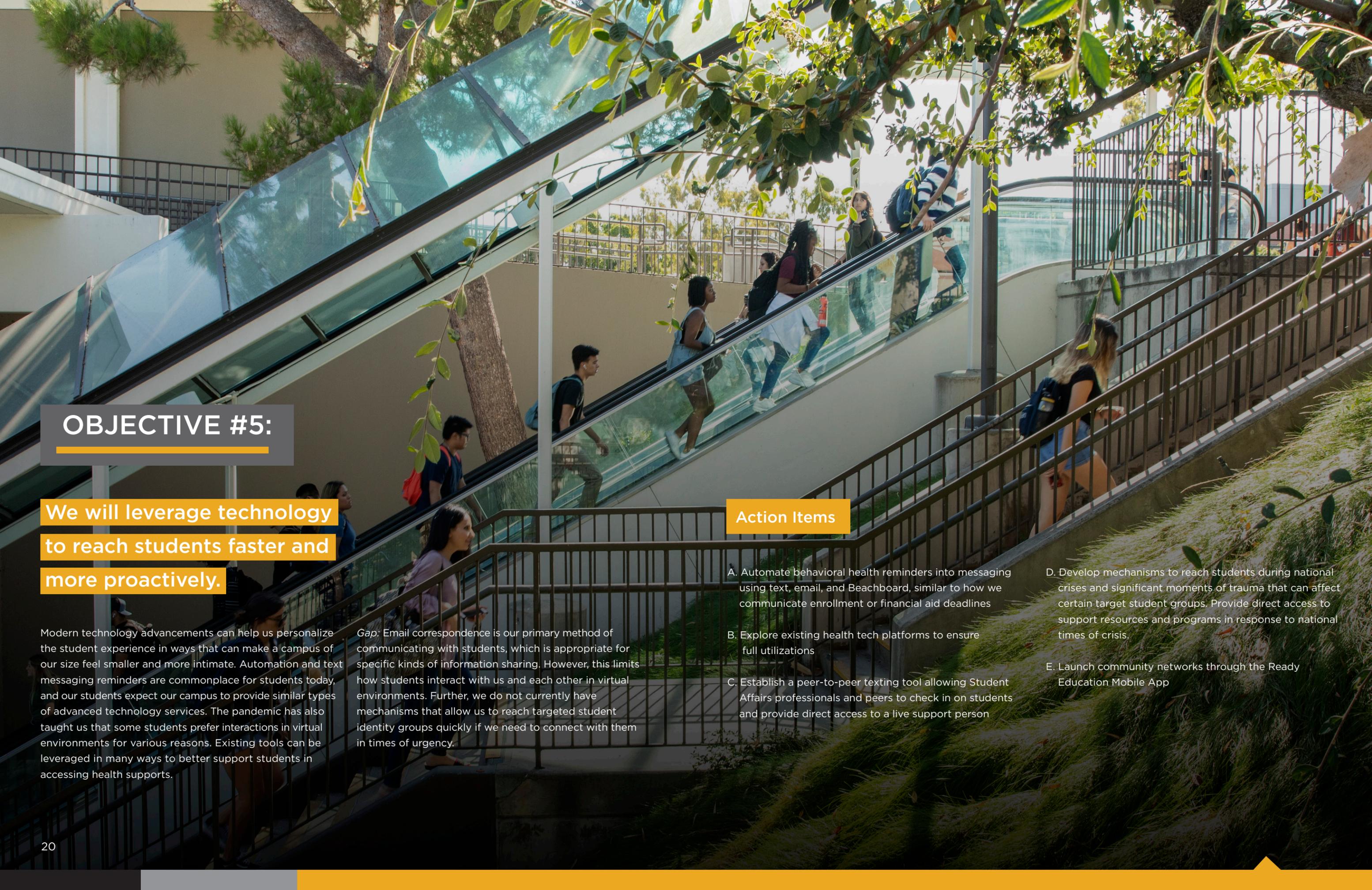
Many departments, working groups, and individuals across campus are already committed to supporting student mental health. By combining work efforts, information, and student feedback, we can identify campus trends, maximize our impact, and streamline services. Our sizeable, expansive network will create more significant change than a diffused group of people overwhelmed from working in silos. Aligning our services will reduce the duplication of efforts allowing us to reach more students, more often.

To be a student-ready university, support needs to be available evenings and weekends, especially in times of crisis. Not only will we provide exceptional and timely services on-campus, but we will also facilitate connections with appropriate local community providers to assure long-term, sustainable support.

Gaps: Different campus groups and teams work separately to collect information and share strategies for supporting student mental health. A coordinated campus-wide effort will always deliver a better return on investment than many smaller efforts operating in silos. Accessing health care is also challenging for students based on differing levels of insurance coverage and needs that fall outside of typical business hours.

Action Items

- A. Collect student feedback systematically and analyze together for increased impact from student voices
- B. Create a quick, simple, standardized post-care survey for CARES, CAPS, Basic Needs, SRWC coaches, SHS, and BMAC that asks students if services were useful
- C. Evaluate Case Management models for CAPS, Basic Needs, CARES, SHS, BMAC
- D. Streamline student health and well-being oversight into one body with a defined purpose involving Student Affairs departments, faculty members, and students
- E. Investigate on-demand virtual solutions to accessing and expanding behavioral health support/telehealth
- F. Develop a BEACH Crisis Text Line for campus-level student crisis data
- G. Address significant cost barriers to student healthcare (health insurance)
- H. Connect students with long-term access to health care solutions to use after they graduate
- I. Establish strong community partnerships with non-profit organizations, community resource centers, and health care networks
- J. Build connections with local Long Beach community resources to establish long-term care for students post-graduation and options for referrals during peak sessions of service needs on campus



OBJECTIVE #5:

We will leverage technology to reach students faster and more proactively.

Modern technology advancements can help us personalize the student experience in ways that can make a campus of our size feel smaller and more intimate. Automation and text messaging reminders are commonplace for students today, and our students expect our campus to provide similar types of advanced technology services. The pandemic has also taught us that some students prefer interactions in virtual environments for various reasons. Existing tools can be leveraged in many ways to better support students in accessing health supports.

Gap: Email correspondence is our primary method of communicating with students, which is appropriate for specific kinds of information sharing. However, this limits how students interact with us and each other in virtual environments. Further, we do not currently have mechanisms that allow us to reach targeted student identity groups quickly if we need to connect with them in times of urgency.

Action Items

- A. Automate behavioral health reminders into messaging using text, email, and Beachboard, similar to how we communicate enrollment or financial aid deadlines
- B. Explore existing health tech platforms to ensure full utilizations
- C. Establish a peer-to-peer texting tool allowing Student Affairs professionals and peers to check in on students and provide direct access to a live support person
- D. Develop mechanisms to reach students during national crises and significant moments of trauma that can affect certain target student groups. Provide direct access to support resources and programs in response to national times of crisis.
- E. Launch community networks through the Ready Education Mobile App



SPEED
LIMIT
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CALIFORNIA STATE UNIVERSITY
LONG BEACH

Student Affairs

□ Student Health Center
□ Student Union Center
□ Student Center
□ Student Services Center