Health and Wellness Needs Assessment

In Spring 2025, the Health & Wellness Center conducted a campuswide needs assessment survey to better understand how CHC faculty, staff, and administrators support students experiencing mental health challenges. A total of 89 valid responses were received. The survey explored participants' confidence levels, preferred training formats and frequency, and interest in specific mental health-related topics such as de-escalation, referral protocols, and self-care. Respondents also provided detailed feedback on the biggest challenges they face when supporting students, along with suggestions for future training and service improvements. Participation was voluntary, both in taking the survey and responding to individual questions.

What is your primary function at CHC?

Answer	#	%
Administrator/Manager	3	3.4
Classified Staff	19	21.3
Confidential Staff	1	1.1
Full-time Faculty	13	14.6
Part-time Faculty	26	29.2
Unspecified	27	30.3
Total	89	100.0

How often would you like trainings to be offered?

Answer	#	%
Once per semester	34	38.6
Monthly	26	29.5
Twice per semester	21	23.9
Other (please specify)	6	6.8
Bi-weekly	1	1.1
Weekly	0	0.0
Total	88	100.0

How confident do you currently feel in supporting students experiencing mental health challenges?

Answer	#	%
Very confident	16	18.0
Somewhat confident	49	55.1
Not very confident	21	23.6
Not at all confident	3	3.4
Total	89	100.0

What format would you prefer for these trainings? (Select all that apply)

Answer	#	%
On-demand/recorded sessions	60	67.4
In-person workshops	58	65.2
Live webinars	44	49.4

Trainings Offered – Other (n=6)
As needed or perhaps once during duration of the program then as needed.
As often as possible as long as funding is in place for training.
Faculty does not have free time to attend weekly - focus on faculty needs for scheduling. In service days seem logical.
I am not a fan of trainings because it gives a false sense of expertise. We can't possibly be trained to have the expertise of our mental health faculty and staff. I would prefer we know the proper steps to take for common situations.
I would like it twice or three times a semester - maybe at the beginning, towards the middle, and end of the term (finals).
Monthly FAQs, webinars, workshops, one office training session, etc. Whatever you can do.

Which topics would you be interested in receiving training on? (Select all that apply)

Answer	#	%
Understanding referral protocols	64	71.9
De-escalation techniques	57	64.0
Self-care and burnout prevention	57	64.0
Recognizing signs of depression and anxiety	46	51.7
Recognizing signs of distress	44	49.4
Mindfulness and self-awareness skills	36	40.4
Other (please specify)	10	11.2

Other-Topic(s) (n=6)

- How to respond when warning signs are recognized
- Supporting students with sensory sensitivities
- Body positivity
- Syllabus tips for connecting students to help
- Identifying needs in online students
- When to end a difficult conversation

Other Topics (n=7)
Anything that can help us to help students in any way.
As someone who is highly sensitive to fragrances, I know it's impossible to control what students wear by way of cologne or perfumes, I've been noticing that multiple offices on campus are using air fresheners like Febreze or Glade whatever it is when it comes to student and employees with scent sensitivity or sensory disabilities they's fragrances are highly toxic and side effects can be as a minor cough or throat irritation to a full blown asthma attack i feel it's rather presumptuous to think we an employee has the right to pollute the air we all breath
Body positivity
I can recognize the signs but would like training on how to handle them when I see them.
I would love to know what information would be good to put in my syllabus that would specifically lead students to where they can get help.
What to look for when you only have online students
When to stop the conversation.

Key Challenges Identified

Referral & Navigation Challenges
- Difficulty making accurate or timely referrals
- Lack of clarity around referral processes, contacts, and available services
- No clear step-by-step system for common situations
- Outdated or complicated BIT referral form

Confidence & Role Clarity
- Uncertainty about when and how to intervene
- Not knowing when to support versus refer to professionals
- Lack of confidence in responding to serious or crisis situations
- Conflicting approaches among staff (e.g., "coddling vs. tough love")
- Some roles involve limited or no direct student interaction

Resource Gaps & Institutional Support

Access & Availability Issues
- Long waitlists and limited counselor availability
- Lack of evening/weekend or real-time support options
- Some resources not accessible online or clearly communicated
- Scheduling constraints for faculty and classified professionals

Student Engagement & Communication
- Students disengaging or not responding to outreach
- Difficulty building trust and helping students feel safe opening up
- Struggles in encouraging help-seeking without being intrusive
- Not knowing the right words to comfort, support, or guide students

Special Considerations

- Feeling unsupported or blamed when raising concerns
- Lack of coordinated or visible institutional support
- Emotional burden of supporting students without adequate tools
- Desire for more on-campus self-care and wellness opportunities
- Addressing trauma, grief, and complex student needs
- Staff identity or office environment creating discomfort for students
- Desire for more inclusive communication (e.g., staff lists, events, service visibility)

What are the biggest challenges you face when trying to support students' mental health and wellness needs? (n=55)
FT & PT Faculty Comments
Being able to make the correct referrals. One student told me the counselor wanted to use hypnosis. However, as I understand it they must be a level of trust between the patient and therapist.
Chain of command awareness
Connecting students to appropriate services.
Getting support from this office. The blame is immediately put onto the professor, the concern is so focused on the student and not their actions that cause worry and stress on faculty and other students who witness disruptive and threatening behaviors. Students are not held accountable.
helping distressed students stay in class and finish the semester
How do deescalate conflict, self-care, and finding the resources needed outside of Crafton.
How to refer for help.
I don't know all of the services offered at CHC, and I don't know exactly how to help in an immediate crisis in class.
If big things come up for them, what's the best way to support them?
Knowing and accessing the resources to help the student.
Knowing how to lead students to getting help
Knowing when to give support and when to let the professionals handle the situation.
Making the student feel comfortable talking to me
My greatest challenge is knowing who, if I even should refer to someone else, to go to for this student's needs.
Not knowing the support that the school can provide.
"They stop participating, and stop communicating with me. I reach out and they don't respond."
Who to send them to
Administrator/Manager/Classified/Confidential Comments
As a classified staff and adjunct faculty, I have come across a few students who were experiencing a mental health struggle or crisis and where I struggle is getting students to go to SSB. When I did have a student go to SSB, they were told there is a waitlist and try again later in the semester which was very discouraging.
awareness
Besides referring students to the health and wellness center and continuing to check in on them, not sure how else I could help. For example, I believe students get free therapeutic services but I don't know how that works specifically.
Determining how the student needs help
Difficulty contacting someone who can help quickly without having to contact police, whose presence often escalates or heightens the situation, whether they intend to or not.
I don't work with students.
I'm not always confident that when I refer students for help, there will actually be someone available to assist them.
Knowing what resources are available
None so far
Not knowing what resources, we have
Not knowing who to call when there is no therapist available and the student needs help now.

on campus resources that aren't online
Patience, resource availability
The availability of counselors at H&W. I've had students share with me that they were interested in meeting with a counselor at Health & Wellness, but appointments were not available. Is there a set time or particular days for walk-ins or scheduling?
The lack of access for programs that meet off site or outside of business hours
Understanding the root of the issue and being unable to refer to a therapist on the spot.
Unspecified Comments
An outdated and difficult to complete BIT form
Because I am an older, big, Caucasian male I am well aware that some students are uncomfortable alone with me, especially in a confined space such as my office. I'm not sure there is any good work around for this but it is a factor.
Connecting them to resources.
Emotional overload with stressors from school, work, home, family, etc.
Feeling like I may say the wrong thing to the student despite my best intentions
Getting them the help they need and how to do so.
Getting them to use the services we offer on campus.
How to encourage students to get help without making them uncomfortable or self conscious
How to even approach without being pushy or making them feel that your prying or want to know personal business
I conflict with my colleagues regarding approach: coddling vs tough love. I want to see more programs that support the development of fortitude and resilience in students.
I sometimes find it difficult to provide the right words to tell someone, just to help them feel better or understood.
Identifying mental health issues
Insufficient staffing of counselors, thus timeliness of student being seen. Also, difficulty in keeping faculty informed on process while maintaining student confidentiality.
Knowing I can refer them to TimelyCare but if a student is stressed or experiencing burn out they often see my recommendation as just another task that they do not have the time to complete. I wish there were self-care workshops, sound baths, meditations, and things available on campus so students can learn techniques in real time.
Knowing when to intervene and if follow-up is needed after intervention.
Lack of resources.
Not knowing when it goes from a Q&A in our office with students, to a meltdown.
Not knowing who to refer them to.
Students who experience trauma or develop grief from the loss of life experienced as a new/training care provider.
There is a fine line we must walk as instructors between stepping in too much or too little. And gauging if we are qualified to step in, something we have to assess for each individual interaction. And no matter how much training we might receive, we usually feel compelled to refer students to the experts, which means we mostly are sending them somewhere or to someone else. Maybe we need to figure out as a college a well-defined reliable system that we can use each and every time for common scenarios. A flow chart might help: If your student does A, send them here/take this action; if your student does B, send them here, or take this action. Just some of my thoughts.
We need to make the service more approachable to student by including on the health and wellness website a list of staff assisting our students. As well as a list of events where student can feel free exploring all services provided by the health and wellness center.

Do you have any additional suggestions or topics you would like Health and Wellness to consider? (n=21)
FT & PT Faculty Comments
How to help students who just give up in school would be helpful.
Recognizing Learning Disabilities
Stress management, dealing with difficult people, and financial literacy which leads to stress.
"Understanding how trauma impacts the brain.
Techniques to help some in crisis.
Tools for non-mental health professionals in using the Columbia Suicide Severity Rating Scale. (CSSR-S). "
We need to know if there is on campus support for students, if there is a long wait list, or if we should be referring to the online timely care if there is no one available to recieve them at the Health & Wellness Center.
Work with faculty, develop meaningful and accurate questions to determine how to help the student. Putting blame on faculty is not only useless, but dangerous to the overall well being of the classroom, students, educational experience and faculty. Conduct stronger evaluations of students and their needs prior to sending them off to classes which they either need an aid or constant and meaningful check ins.
Administrator/Manager/Classified/Confidential Comments
Grief counseling. This year I have had a few students experiencing the loss of a loved one.
having a decretal pamphlet to be able to give students with resources to help
Having additional therapists available for students, mental health services for faculty and staff on campus
It would be nice to have an in-service workshop where the team introduces themselves and they go over the different services they offer as well as signs to look out for. This could be where we're informed more in detail on how students can benefit from these services. You may also want to create a video to send to students on how they can take advantage of these services around those stress peak times like midterms and finals.
This is a great start. Thank you so much.
Topics on how to cope with, prevent, deal with Bullying
Unspecified Comments
A specific process to follow for students in crisis to include contact numbers and names
Faculty specific opportunities for similar mental health workshops
Not at this time.
Set a precedent that air fresheners whether they are plug-ins or aerosol are not to be used on campus.
Thank you for inquiring. I hope it helps to hear how faculty might feel about our interactions with students. I would say we are confident about sharing resources with students and referring them when we see/hear/recognize some signs, but a process set in place by the college is the best bet to ensure students get the right help
Trauma informed teaching workshops (recognizing we serve students who have experienced trauma and how to practice trauma informed responses), Having a dedicated quiet room on campus (a space for reflection, meditation), events that serve or discuss healthy foods on a budget (healthier options students could have access to), have healthy food available on a recurring basis like salads, wraps, pressed juices at events where food is served
Yes, more therapists. Fast. We have so many students who do not like the online Timely Care. I know some will say it is popular, but it is not with our students.

Combined Faculty Survey Short Summary (Full-Time + Part-Time, n = 39)
Note: Responses without a stated position were not included in this summary.

Confidence in Supporting Students Experiencing Mental Health Challenges:
- Somewhat confident: 20 respondents (22.5%)
- Very confident: 9 respondents (10.1%)
- Not very confident: 8 respondents (9.0%)
- Not at all confident: 2 respondents (2.2%)

Preferred Training Formats *(Multiple responses allowed)*:
- On-demand/recorded sessions: 28 respondents (31.5%)
- In-person workshops: 19 respondents (21.3%)
- Live webinars: 14 respondents (15.7%)

Preferred Frequency of Trainings:
- Once per semester: 18 respondents (20.2%)
- Twice per semester: 7 respondents (7.9%)
- Monthly: 11 respondents (12.4%)
- Other: 1 respondent (1.1%)
  - Schedule around faculty availability (e.g., in-service days), Offer as often as possible.

Topics of Interest for Future Trainings *(Multiple responses allowed)*:
- Recognizing signs of depression and anxiety: 20 respondents (22.5%)
- Self-care and burnout prevention: 20 respondents (22.5%)
- Understanding referral protocols: 25 respondents (28.1%)
- Recognizing signs of distress: 21 respondents (23.6%)
- De-escalation techniques: 19 respondents (21.3%)
- Mindfulness and self-awareness skills: 12 respondents (13.5%)
- Other topics: 1 respondent (1.1%)
  - I would love to know what information would be good to put in my syllabus that would specifically lead students to where they can get help.

Classified & Confidential Staff Survey Summary (n = 23)
Note: Responses without a stated position were not included in this summary.

Confidence in Supporting Students Experiencing Mental Health Challenges:
- Somewhat confident: 14 respondents (60.9%)
- Very confident: 4 respondents (17.4%)
- Not very confident: 3 respondents (13.0%)

Preferred Training Formats *(Multiple responses allowed)*:
- In-person workshops: 18 respondents (78.3%)
- On-demand/recorded sessions: 13 respondents (56.5%)
- Live webinars: 10 respondents (43.5%)

Preferred Frequency of Trainings:
- Once per semester: 10 respondents (43.5%)
- Twice per semester: 5 respondents (21.7%)
- Monthly: 4 respondents (17.4%)
- Other (e.g., "twice or three times a semester"): 1 respondent (4.3%)

Topics of Interest for Future Trainings *(Multiple responses allowed)*:
- De-escalation techniques: 16 respondents (69.6%)
- Mindfulness and self-awareness skills: 11 respondents (47.8%)
- Recognizing signs of depression and anxiety: 13 respondents (56.5%)
- Recognizing signs of distress: 12 respondents (52.2%)
- Self-care and burnout prevention: 14 respondents (60.9%)
- Understanding referral protocols: 16 respondents (69.6%)
- Other topics suggested: 3 respondents (13.0%) - Body Positivity, responses after recognizing warning signs, ending conversation(s)

Summary of Findings

The Spring 2025 Health & Wellness Needs Assessment reveals that while most CHC faculty and staff feel *somewhat confident* in supporting students experiencing mental health challenges, there is a strong desire for clearer referral processes, increased awareness of available services, and more institutional support. Respondents overwhelmingly prefer on-demand or in-person training, with a majority favoring once-per-semester sessions.

The most requested training topics include referral protocols, de-escalation techniques, and self-care strategies. Open-ended feedback underscores key challenges: navigating unclear referral pathways, limited access to timely mental health services, uncertainty about when and how to intervene, and the emotional toll on staff. Participants also requested practical tools like flowcharts, increased visibility of services, and trauma-informed strategies.

The findings indicate a need for structured, accessible training, improved communication, and coordinated campuswide systems to ensure faculty and staff are equipped to support students effectively and sustainably.