

Creation of an Institutional Plan for Well-Being

Alex Walsh, EdD

Department of Psychology and Community Mental Health, New England College

For any questions or comments for the author, contact Alex Walsh at awalsh1@nec.edu

Abstract

The incidence of mental health issues such as depression and anxiety are increasing with the college student population, and they can impact students' academic performance. In response, some institutions have adopted a holistic approach to address undergraduate students' well-being. Well-being refers to thriving and fulfilling one's potential yet some well-being skills such as gratitude and optimism have also been shown to reduce mental health issues. I created an institutional plan for promoting undergraduate students' well-being that was built on five dimensions of well-being. The dimensions are social (development and maintenance of healthy relationships), physical (behaviors that improve physical health), emotional (ability to understand and effectively process emotions), environmental (quality of the physical spaces and how actions impact them), and financial (use of skills to manage personal finances). Emphasis of the paper is on the process of creating the well-being plan, which relied on collaboration, starting small, aligning evidence-based practices with institutional need, and developing a curricular component. Ideas for rolling out the program to the institution are discussed as well.

Keywords: well-being, wellness, mental health, institutional planning.

College life presents an opportunity for young adults to develop in healthy ways that can heavily impact their future professional and personal lives. Today's college student, however, is faced with diverse challenges to their development that include relationships, the college transition, economic and social justice, and COVID-related issues (Abrams, 2022). Recent

surveys of college students' mental health illustrate the various struggles they face. Survey results from the Healthy Minds Study (Eisenberg et al., 2024) indicated that 38.0% of college students reported moderate or severe depression, 34.0% reported moderate or severe anxiety, and 67.0% reported they felt left out and isolated from others some of the time or often (p. 5). Similar data from the American College Health Association (ACHA, 2024) survey found that 48.5% respondents reported loneliness, 19.5% reported serious psychological distress, and 76.4% reported moderate or high stress in the last month. Relationships were another source of struggle from the ACHA (2024) survey, as 25.7% of respondents reported issues with their roommate/housemate, 36.9% with their intimate partner, and 36.9% with family members (p.13).

The incidence of depression and anxiety-related issues with college students are on the rise. According to the Center for Collegiate Mental Health (2023), depression (+.23), social anxiety (+.32), and generalized anxiety (+.29) have risen noticeably in a 13-year period from 2010–2023 (p. 13). Mental health-related issues have also been shown to negatively impact academic performance. Data from the Healthy Minds Study (Eisenberg et al., 2024) illustrated that 77% of college students reported that emotional or mental struggles impacted their academic performance for at least one day in the last month, 45% reported that it impacted at least 3 days, and 21% reported that it impacted at least 6 days (p. 6).

The rise in mental health-related issues has led to an increasing demand for traditional counseling services that some counseling centers have had difficulty meeting. This has led to some institutions creatively addressing how to meet the growing mental health needs of their students (Abrams, 2022).

Toward a Different, More Holistic Model

Fostering student mental health has traditionally focused on addressing the presence of issues that are negatively impacting daily living. Counseling centers are the primary on-campus service provider once an issue(s) has been identified and students are willing to seek out services. The dynamic has recently shifted toward a more proactive, holistic model of student health from a diverse group of institutional stakeholders to balance out the counseling-centric approach. This perspective is exemplified by a statement signed by the National Intramural and Recreation Sports Association (NIRSA). “We believe it is time to transcend reactive, siloed, programmatic approaches to health and establish foundational, proactive, well-being initiatives for the campus community” (National Intramural Recreation and Sports Association, 2025, para. 1). Fifteen other participating national organizations representing various organizational stakeholders including, the American College Health Association (ACHA), American College Counseling Association (ACCA), American College Personnel Association (ACPA), College and University Professional Association for Human Resources (CUPA-HR), National Association of Colleges and Employers (NACE), and National Association of Student Personnel Administrators (NASPA), have signed this statement.

Different sets of institutions have come together in the last decade with a common goal of promoting a holistic health approach in higher education. For example, the U.S. Health Promoting Campuses Network (USHPCN) was created to support institutions of higher education in the U.S. develop frameworks and infrastructure for promoting holistic health at the individual and community levels. Its goal is to promote the Okanagan Charter, created in 2015, so that higher education institutions could formally adopt a pledge to do two things:

1. Embed health into all aspects of campus culture, across the administration, operations, and academic mandates.
2. To lead health promotion action and collaboration locally and globally. (Okanagan Charter: An International Charter for Health Promoting Universities and Colleges, 2015, p. 3)

There are currently 32 institutions—a community college, colleges, and universities—that have adopted the Okanagan Charter. Member institutions meet to generally provide support and share successes and challenges in order to optimize implementation strategies and ongoing assessment. Collaboration between The Wellbeing Project, University of Virginia, and Stanford University led to the creation of The Wellbeing, Innovation, and Social Change in Education (WISE) Network where institutions of higher education in the U.S. and beyond share innovations in promoting student well-being within the context of promoting social change (Chima & Germano, 2020).

Wellness and Well-Being

Modern views on wellness can be traced back to the pioneering work of Halbert Dunn, who was Chief of the National Office of Vital Statistics at the U.S. Department of Health. His groundbreaking conceptualization of health went beyond the disease model and included what he termed “wellness.” Dunn (1957) wrote:

The goal of health now at mid-century calls for not only the cure or alleviation of disease. It calls for even more than the prevention of disease. Rather, it looks beyond, to strive for maximum physical, mental and social efficiency for the individual, for his family and for the community. (p. 225)

Hettler (1980) was another pioneering figure in this area, and he defined wellness as an “active process through which the individual becomes aware of and makes choices toward a more successful existence” (p. 77). His work directly led to the current model of wellness proposed by the National Wellness Institute (2023, 2024), whose core component of wellness focuses on living an optimally healthy life. It includes six dimensions along with their general areas of focus:

- Intellectual—learning and personal growth
- Occupational—meaning from work, academics, volunteering
- Spiritual—exploration of life and the universe
- Physical—taking care of physical health
- Emotional—self-awareness and self-regulation of emotions
- Social—connection between the self, and community and nature (p. 3).

Mainstream psychology has made considerable advancements over the last couple of decades developing the concept of well-being, which I summarized to refer to a state of flourishing that is achieved through influencing five core dimensions of well-being: positive emotions, healthy relationships, engagement, meaning, and accomplishment (Seligman, 2011). This philosophy of “thriving” aligns with Dunn’s (1957) and Hettler’s (1980) “thriving” focus and is fundamentally separate from reducing the incidence and/or intensity of symptoms associated with mental health issues. However, some skills that have been shown to improve well-being can also improve mental health issues such as depression, (Maddock & Blair, 2023; Wolfe, 2021). Thus, creating a well-being program can complement a counseling-centered approach to addressing mental health by teaching evidence-based skills that can improve well-being and select mental health issues.

Creation of the Institutional Well-Being Program (WBP)

Given the trend toward adopting more proactive, health-centered programming to complement counseling-related efforts on various campuses in the U.S., I aimed to create an institutional plan to promote New England College's undergraduate students' well-being. It made the most sense to use the term well-being as opposed to wellness because wellness more represents an emphasis on medical and mental health services at the institution. I thought that it would be confusing at some level if I tried to re-brand the term "wellness" on campus. I also felt that I would encounter unanticipated issues when developing and rolling out the program, so simplifying the process at every turn was important. Thus, I used well-being to represent an emphasis on supporting students' flourishing, which can also benefit students' mental health issues.

The three biggest factors that laid the foundation for the Well-Being Program (WBP) were starting small, collaborating as much as possible, and aligning evidence-based practices with institutional needs. A fourth important factor of developing a sequenced curricular program emerged during program development.

Starting small was important because I did not want to put additional work onto colleagues' schedules with initiatives that would be part of the WBP. I planned to carry out a small set of new initiatives to start the program and notice if others wanted to participate over time. So, I needed to be realistic about what programming would be included in the early stage of the plan. I created an exhaustive plan and then identified programming that would best address institutional need, show value, and build resources over time with the ultimate goal of embedding well-being into all levels of the institution.

Collaboration throughout the entire process was critical in order to achieve two goals:

- Understand well-being from multiple institutional perspectives
- Identify areas of need

It was important to understand what well-being meant within the confines of the institution by hearing the voices of students, staff, faculty, and deans. Students, faculty, and deans were polled with similar mixed-method questionnaires (see Appendix A and Appendix B) about what well-being meant to them, ways in which they promote it, and institutional barriers/roadblocks to well-being. I spoke with various staff members to understand what well-being meant to them and how that translated into the type of work they were doing with students.

Data from the surveys and staff conversations produced a clear picture of basic areas of well-being that were important to the institution. These basic areas, called dimensions of well-being, provided the foundation for the WBP with the description informed by my general knowledge in Psychology and the National Institute of Wellness (2024):

- Social—development and maintenance of healthy relationships
- Physical—behaviors that improve physical health and minimize a negative impact on physical health
- Emotional—ability to understand and effectively process emotions, and behaving in ways that promote healthy emotional expression
- Environmental—quality of the physical spaces we inhabit, and how our actions impact them
- Financial—understanding personal finances and use of skills to manage them

I started this process thinking that areas of need would be gaps, or areas where there was not the necessary programming to support the dimensions of well-being. Conversations with staff led to the realization that they were sponsoring programming that students recognized as

supporting their well-being. Thus, identifying areas of need also included how to best support the robust existing programming for students' well-being. Providing this support could be done mostly remotely via email and meetings compared to the "in person" commitment required to implement new initiatives on campus, which created an additional layer to the WBP.

It was important to select specific, evidence-based skills to address major areas of programming that came from an analysis of data from students, staff, faculty, and deans. For example, socialization opportunities was a major theme that emerged from the data. From this I identified social connection as a critical area of programming. Social connection refers to a minimum amount of quality relationships where there is reciprocal concern for another's welfare. (Baumeister & Leary, 1995, p. 497). This conceptualization of social connection aligns with it being a fundamental human need (Baumeister & Leary, 1995, p. 497). Given the issues surrounding depression, loneliness, and healthy relationships with college students (American College Health Association, 2024; Center for Collegiate Mental Health, 2023; Eisenberg et al., 2024), developing programming focused on social connection fit very well. Gratitude can play a pivotal role in forming healthy social connection (Algoe, 2012; Bartlett et al., 2012; Tsang, 2006) and lowering stress and loneliness (Bono & Sender, 2018; Hittner & Widholm, 2024; Kurian & Thomas, 2023; Zhang & Tsai, 2023), serving as a great example of how some well-being skills can also impact symptoms associated with mental health issues.

It became clear to me during program development that there was a need to create opportunities for students to engage in sequenced programming while ensuring they would have the time to consistently attend. I have found that it is difficult to achieve this consistency with co-curricular programming because of a lack of a clear schedule into which to place specific well-being experiences, so I added an academic component to the well-being program.

A micro-credential program is an academic option that fits well with the WBP because it provides opportunities for students to build well-being into their academic lives and for students to develop various skills associated with all five dimensions of well-being. Students would be able to apply their classroom learning to a diverse set of practical experiences, reflect on those experiences, receive feedback, then continually practice them in various ways. Four added benefits of a curricular component to an institutional well-being program are that it (a) creates a more balanced, robust well-being program by emphasizing certain aspects of well-being dimensions that are not covered as much with existing or newly proposed initiatives, (b) adds a unique, diverse component to the academic offerings, (c) helps with marketing the well-being program, and (d) provides balance to assessing well-being program effectiveness with co-curricular programming.

Rolling out the Well-Being Plan

The WBP has yet to be implemented at the time of writing this article. Thus, everything below is a proposed plan without any comments on its relative success.

Effectively rolling out the WBP is almost as important as creating it, and it requires different approaches to different entities at the institution. But the overarching theme is to find a group of interested students, staff, and faculty who would be advocates for the program by discussing it with their peers.

I believe that a critical piece to marketing the program effectively is having a clear webpage so that everyone can access the information at their leisure. It was important to contact the administration early in the process to gauge support for the initiative. The administration was supportive which is a good first step to creating a webpage on the college website. Thus, part of the plan was a detailed outline of the webpage.

Administration, faculty, and staff will be emailed about the program along with a link to the well-being webpage. I am also creating a monthly drop in, open faculty and staff meeting about well-being.

The core elements of the marketing plan for students are marketing the micro-credentialing program and starting the well-being club. Students can access information and insights about various majors and minors at the college through our advising office and through faculty advisors. Some students are able to learn about the WBP during advising sessions and are able to read about the micro-credential program that includes a link to a full description on the college website.

The well-being club was created to be an option for promoting students' social and emotional well-being. Students in the well-being club will be advocates for the WBP by talking with friends, and marketing and hosting club events throughout the academic year. This is perhaps the best way to involve students as advocates for the program who would educate their peers.

Conclusion

The rise of mental health issues with college students has forced some institutions to think about how to meet these needs. One such option is a proactive, well-being institutional program that aims to improve individuals' flourishing which can also help manage some mental health-related issues. By utilizing a data driven and collaborative process, I created a feasible, robust plan to promote student well-being. Creating an effective plan to educate the college community was also a critical piece that should accelerate the timetable for observing positive results from the program.

References

- Abrams, Z. (2022, October 12). Student mental health is in crisis. Campuses are rethinking their approach. American Psychological Association. *Monitor on Psychology*, 53(7).
<https://www.apa.org/monitor/2022/10/mental-health-campus-care>
- Algoe, S.B. (2012). Find, remind, and bind: The Functions of gratitude in everyday relationships. *Social and Personality Compass*, 6(6), <https://doi.org/10.1111/j.1751-9004.2012.00439.x>
- American College Health Association. (2024). *American Health Association-National College Health Assessment III: Reference group executive summary spring 2024*.
https://www.acha.org/wp-content/uploads/NCHA-IIIb_SPRING_2024_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf
- Bartlett, M. Y., Condon, P., Cruz, J., Baumann, J., & Desteno, D. (2012). Gratitude: Prompting behaviours that build relationships. *Cognition and Emotion*, 26(1), 2–13.
<https://doi.org/10.1080/02699931.2011.561297>
- Baumeister, R.F., & Leary, M. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117(3), 497–529.
<https://doi.org/10.1037/0033-2909.117.3.497>
- Bono, G. & Sender, J. (2018). How gratitude connects humans to the best in themselves and in others. *Research in Human Development*, 15, 224–237.
<https://doi.org/10.1080/15427609.2018.1499350>
- Center for Collegiate Mental Health (2023). *2023 annual report: Bringing science and practice together*. Penn State. Center for Collegiate Mental Health (CCMH).
https://ccmh.psu.edu/assets/docs/2023_Annual%20Report.pdf

- Chima, A., & Germano, D. (2020, November 18). Connecting inner and outer well-being in social innovation education. *Stanford Social Innovation Review*.
<https://doi.org/10.48558/PYMS-KN71>
- Dunn, H.L. (1957). Points of attack for raising the levels of wellness. *Journal of the National Medical Association*, 49(4), 225–235.
<https://pmc.ncbi.nlm.nih.gov/articles/PMC2641304/>
- Eisenberg, D., Lipson, S.K., Heinze, J., & Zhou, S. (2024). *The healthy minds study 2023-2024 data report*. The Healthy Minds Network. https://healthymindsnetwork.org/wp-content/uploads/2023/03/HMS_national_print-6-1.pdf
- Hettler, B. (1980). Wellness promotion on a university campus. *Family & Community Health*, 3(1), 77–95. <https://doi.org/10.1097/00003727-198005000-00008>
- Hittner, J.B., & Widholm, C. (2024). Meta-analysis of the association between gratitude and loneliness. *Applied Psychology: Health and Well-Being*, 16(4), 2520–2535.
<https://doi.org/10.1111/aphw.12549>
- Kurian, R.M., & Thomas, S. (2023). Gratitude as a path to human prosperity during adverse circumstances: a narrative review. *British Journal of Guidance & Counseling*, 51(5), 739–752. <https://doi.org/10.1080/03069885.2022.2154314>
- Maddock, A., & Blair, C. (2023). How do mindfulness-based programmes improve anxiety, depression and psychological distress? A systematic review. *Current Psychology*, 42, 10200–10222. <https://doi.org/10.1007/s12144-021-02082-y>
- National Intramural Recreation and Sports Association (2025). Health and well-being in higher education: A commitment to student success. <https://nirsa.net/portfolio-items/health-wellbeing-in-higher-education/>

National Wellness Institute (2024). The national wellness institute's six dimensions of wellness:

Defining and assessing wellness.

https://nwi.informz.net/NWI/pages/Six_Dimensions_Defining_Assessing

National Wellness Institute (2023). The national wellness institute's six dimensions of wellness:

Introduction & summary.

<https://cdn.ymaws.com/members.nationalwellness.org/resource/resmgr/tools2/6dimensionssummary.pdf>

Okanagan Charter (2015). An International Charter for Health Promoting Universities and

Colleges. <https://open.library.ubc.ca/cIRcle/collections/53926/items/1.0132754>

Seligman, M.E.P. (2011). *Flourish: A visionary new understanding of happiness and well-being*.

Free Press.

Tsang, J., (2006). Gratitude and prosocial behaviour: An experimental test of gratitude.

Cognition and Emotion, 20(1), 138–148. <https://doi.org/10.1080/02699930500172341>

Wolfe, W.L. (2021). Dispositional gratitude affects college student stress and depression from

COVID-19 pandemic: Mediation through coping. *North American Journal of*

Psychology, 23(4), 723–740.

[https://www.researchgate.net/publication/357096957_Dispositional_Gratitude_Affects_College_Student_Stress_and_Depression_from_COVID-](https://www.researchgate.net/publication/357096957_Dispositional_Gratitude_Affects_College_Student_Stress_and_Depression_from_COVID-19_Pandemic_Mediation_through_Coping)

[19_Pandemic_Mediation_through_Coping](https://www.researchgate.net/publication/357096957_Dispositional_Gratitude_Affects_College_Student_Stress_and_Depression_from_COVID-19_Pandemic_Mediation_through_Coping)

[19_Pandemic_Mediation_through_Coping](https://www.researchgate.net/publication/357096957_Dispositional_Gratitude_Affects_College_Student_Stress_and_Depression_from_COVID-19_Pandemic_Mediation_through_Coping)

Zhang, Q., & Tsai, W. (2023). Gratitude and psychological distress among first-year college

students: The mediating roles of perceived social support and support provision. *Journal*

of Counseling Psychology, 70(4), 415–423. <https://doi.org/10.1037/cou0000665>