Librarians at the World's Ending

Why and How Access Services Staff Should Prepare for Patron Mental Health Crises

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ABSTRACT Since 2020, there has been an emerging realization that mental health is important, but psychological distress and mental health crises were serious problems before the pandemic. We can expect them to continue to be issues that need to be addressed for a long while, including on our campuses. Are they, however, issues within the purview of academic libraries? This session presented information on recognizing the need to address psychological distress on campus and why academic librarians should be concerned, as well as provided some ways libraries and library staff can address psychological distress and mental health crises among students and other patrons, proactively and reactively.

While grand pronouncements of the end of the world may seem hyperbolic, there are many who are currently in mental health crises and whose worlds are collapsing around them. There are students at our institutions of higher education, undergraduate and graduate/professional alike, who feel like their worlds are crumbling and who will act from that feeling. Many are reporting moderate to serious psychological distress as well as loneliness, which have a negative impact on their educational advancement and can lead to severe consequences for themselves and those around them. As academic librarians, we (especially those of us in access services) can and ought to intervene to help our students—but we must do so carefully, so as to avoid exacerbating existing problems of mission creep and vocational awe.

RECOGNIZING THE NEED

According to the American College Health Association's National College Health Assessment summaries for Fall of 2021, most students in higher education—74.8% of undergraduates (American College

Health Association 2022, *Undergraduate Student ... 2021*, 12) and 67.4% of graduate/professionals (ACHA 2022, *Graduate Student ... 2021*, 12)—report moderate to serious psychological distress, meaning they are reporting symptoms of depression, anxiety, and stress strong enough to affect various aspects of their lives, including their educational achievements. About half of students in higher education—53.9% of undergraduates (ACHA 2022, *Undergraduate Student ... 2021*, 12) and 45.8% of graduate/professionals (ACHA 2022, *Graduate Student ... 2021*, 12)—also report loneliness, which has a serious impact on mental and physical wellbeing. It can trigger psychological distress, or it can be a result of psychological distress; it is also a risk factor for substance abuse. In fact, it can form a spiral: symptoms of psychological distress limit connections with others, which increases loneliness and decreases the protective nature of community engagement, which in turn increases symptoms of psychological distress (Mental Health America n.d.). One of the severe symptoms of psychological distress is self-harm (cutting, burning, bruising, or otherwise injuring oneself without the intention of dying by suicide), which 11% of undergraduate students are reporting engaging in (ACHA 2022, *Undergraduate Student ... 2021*, 13).

Given the events that have occurred in the last few years, it should be no surprise that our students have more on their minds than school. In addition to worrying about financial costs, employment, grades, future direction, and commitments to family and friends, they have had to face a global pandemic, supply shortages, worsening climate change, an insurrection, mass shootings, violent social injustice, and more.

But while the number of students reporting psychological distress, loneliness, and even self-harm have increased, they have not skyrocketed from the fall of 2019. Even before the pandemic, according to the American College Health Association's National College Health Assessment summaries for Fall of 2019, about two-thirds of students in higher education—69% of undergraduates (ACHA 2020, *Undergraduate Student ... 2019*, 11) and 62.6% of graduate/professionals (ACHA 2020, *Graduate Student ... 2019*, 11)—reported psychological distress, half—50.3% of undergraduates(ACHA 2020, *Undergraduate Student ... 2019*, 11) and 41.9% of graduate/professionals (ACHA 2020, *Graduate Student ... 2019*, 11)—reported loneliness, and a solid tithe of undergraduate students—10.1% (ACHA 2020, *Undergraduate Student ... 2019*, 12)—reported self-harm. Our students' mental health

should have been concerning us even before they had to worry about what kind of mask they should wear or how they would manage to get formula for their babies.

Our students are suffering considerable psychological distress, but they are not alone. While we think of cancer, heart disease, and lung disease as serious health issues, there are more cases of mental health problems than all three of these conditions combined. Problematically, most of those who need care do not receive it, which can have devastating consequences: approximately every 12 minutes, 26 people in the U.S. attempt suicide, and one succeeds. Tens of thousands more every year lose their lives to substance abuse (Mental Health First Aid USA 2020).

It does not, however, have to be the end of the world; if we recognize when someone's world is ending, we might be able to save their world. Early intervention is important. We do not have to wait until there is a crisis to help, and it is much easier to address a mental health problem before it reaches critical stages. In fact, the sooner we can intervene, the easier recovery is for the person. If the world is only a little unraveled, it is easier to put back together than if it has fallen apart completely. Not everyone receives treatment, though, for three primary reasons. First, stigma is a concern. Diagnoses can have a real impact on future job prospects, on relationship dynamics, on financial stability, and much more. Second, lack of access to care is another big problem: most of those in need of care do not receive it, in large part because it can be prohibitively expensive or time consuming, or there might not be anyone in the area to help them. Third, lack of information is another concern: perhaps a person has access, but if they do not know that, then it does not do them any good (Mental Health First Aid USA 2021).

FINDING OUR PLACE

It is obvious that there is a need for institutions of higher education to address the mental health wellbeing of students. The question still remains whether it is the library's duty to do so and, if there is a duty to act, how exactly the library should respond. Like an invasive weed, mission creep and vocational awe can undermine the mission of the library, crowding out projects that the library ought to take on and monopolizing resources that should be spent in other ways.

Mission creep often starts small, with projects that seem like things we can do, even if they are only mission-adjacent. Too frequently, those small things become big problems that are hard to reverse and threaten to undermine the library's actual mission, directly or indirectly (usually by taking our time and other resources away from mission-specific projects). Allowing one or two small projects can also open doors to other, larger mission-adjacent projects that are similar. It is difficult to justify not performing a special request for one department when another department is already getting special allowances. It is important that the library stick closely to the stated mission objectives when taking on new projects.

Likewise, vocational awe can be a serious problem that needs to be rooted out. Libraries are not sacred and perfect, nor can or should they be relied upon to solve all problems. We need to stop thinking of libraries as temples, and we should certainly not think of librarians as saviors. Academic libraries and librarians have distinct, important roles to play in higher education that do not include ongoing mental health care treatment. It is unreasonable to expect libraries and librarians to solve this problem in addition to performing all our other tasks, although we wish we could.

Besides, there are other places and persons on campus—health services, counseling services, chaplains, resident assistants, etc.—who ought to be better trained and therefore better suited to address mental health problems. That does not mean, however, that there is no place in the conversation for academic libraries; there are good reasons why we, particularly those in access or user services positions, should be concerned about mental health problems on campus and be prepared to address certain aspects of such in our own spaces.

For one thing, libraries are where students are told to go for information. If we do not know the answer, it is still expected that we know where to look for it. Students may know counselors or chaplains are available, but not how to get in touch with them, so they are likely to come to the place they expect to find someone who has or will know how to find that information. Libraries are also big, safe spaces. They are places where students can go to be alone with other people around, or where they know they can be protected after regular class hours. If they are feeling distressed or frightened and need a place to go, the library is frequently a place they know will be open and will not require interaction if they do not wish to interact but will have people to connect with if they need someone there at the moment.

In addition, students know library staff as people in the institution—but people who do not control their grades, are not involved in their financial commitments, and who do not communicate with their parents. We are authoritative, for information purposes, but we are not authority figures, generally speaking. This is true for access or user services staff in particular because we are usually the first and most frequent library staff members students interact with, through quick directional questions, checking items in and out, etc.

The end result of all this taken together is that we can fully expect students to come to the library when they are in psychological distress—to find information, to find a place of refuge, and to find familiar faces that are not authority figures. Given this, we should expect that, especially without proactive measures, we will have mental health crises in our libraries. It is just a question of when.

Remember, most people do not receive treatment when they need it. They are in those loneliness loops and are not getting help with recovery; their mental health is likely deteriorating. Consider if a person broke their ankle just a little bit and did not seek treatment; the more they walk on it, the worse it gets—and the closer they get to serious, perhaps permanent, damage. We cannot predict when a crisis will occur and neither can the individual in psychological distress. No one schedules a panic attack, any more than a person schedules tripping and falling. In addition, we cannot always stop a crisis once it gets started. A person experiencing severe psychological distress may not be able to control their fear and anger and calm down easily, any more than a person having a heart attack can just stop it.

Mental health first aid is a necessity for academic librarians. First aid responders can save lives with mental health first aid just as they can with medical first aid. Being there to intervene when someone is having suicidal ideation can save their life just as much as being there to intervene when someone is choking. While we do not want to move beyond our mission as a library and should not be expected to take the role of counselors and chaplains on campus, we should be involved in addressing mental health issues in our own way and in our own space.

MEETING THE NEED

If academic libraries and librarians have an appropriate place in the conversation of addressing psychological distress among our

students, then we need to find appropriate ways to meet the need; that is, library-specific ways of helping that do not conflict with the library's mission. When we think about practical ways to address the need, a good place to start is with the three primary reasons why people do not get treatment: stigma, lack of access, and lack of information.

Reducing stigma is a good place to start. For one thing, we can be open about our own mental health. During the pandemic, many of us felt moderately to severely stressed, depressed, or anxious—that is, we were in psychological distress—but we did not admit it to others, especially our student staff or patrons. Instead, we put on a brave face and mustered up a cheerful attitude for work. We might think we are setting a good example when we do that, but what message are we actually sending to students or coworkers in psychological distress? Those who are already feeling lonely are likely to feel even lonelier if they think they are the only ones who are inordinately stressed, depressed, and anxious. If we are cheerful and getting on with things, at least to all appearances, others are not likely to tell us if they are thinking about hurting themselves. But if we are honest with others about feeling stressed ourselves, they might open up to us. It is important to do this carefully, though—we ought not burden students or coworkers with everything we tell our therapists, nor should we forget that stigma exists with real-world consequences. No one should feel the need to share official diagnoses with students or anyone else if they are not in a position to do so safely. Providing information about psychological distress is another way to combat stigma. Knowing the extent of the situation serves two purposes: one, it lets those who are suffering know they are not alone; two, it makes those who are not suffering aware of how prevalent psychological distress is and how to recognize and address it when they encounter it in their friends and family—and in themselves.

Another thing we can do is advocate for access to care. We do not control who does and does not have access to campus resources, but we can find out who does and does not. While we do not control access to resources, we can speak to those who do about weak spots we find and make sure they are aware of the need. Perhaps all our students are covered, but what about their spouses and children? How suddenly after graduation does coverage stop, and what happens to alumni then? Who should they ask about off-campus access to care? For instance, during the pandemic, I talked to students who

were having difficulty making appointments with counselors: there were too many students seeking help and not enough counselors to meet the need, compounded by students needing care who were not on campus but were spread all around the world. Luckily, those needs were known and being addressed long before I found the person to speak to about it—but there must have been a first person to speak up about the lack of access. There may be times when we are the first to hear from students about access issues. We can also be ready to provide information about accessibility. Not having what you need when you need it can be devastating. If the library serves a community with many members who do not have access to on-campus resources, find some ways they might be able to get help. For instance, if a graduate student needs mental health counseling for their child, is that child covered in the same way the student is? If not, are they covered some other way, and how do they arrange that care? We do not need to display this information anywhere, necessarily—but if a student comes to the desk and asks, it would be nice to have that information.

Without doubt, the best information libraries can provide is a list of available resources. The list does not have to be comprehensive, but students should know what is available on campus, in the community, and/or nationally, especially in the case of emergencies. At our institution, we have an area for displays near the circulation desk; right now, we have a selection of mental health books from our collection displayed—and, as usual, a bibliography handout listing those and related resources. Tacked onto the end of the bibliography is a short list of available hotlines and other services, along with how to contact them (by phone, chat, and/or text). It is an unobtrusive way for students to get that information if they are not comfortable asking. A similar list is always posted on the library's bulletin board.

Displays are one form of passive programming, but there are other programming opportunities available, both passive and active. Academic libraries are generally familiar with therapy dog programs, which are an excellent way to help students destress, particularly at times like midterms and finals. But the dogs cannot always be there, some students are scared or allergic to dogs, and some who need help the most are not going to want to cuddle puppies and cry in the corner as a group activity. It is not a difficult step to set up passive programming, in addition to active programming like therapy dog visits—things students can take home or into a quiet corner. They

should be left out unobtrusively, if possible. At our library, we often leave out a tabletop labyrinth as well as rosaries and prayer beads, which occasionally disappear (and that makes me happy; I can get or make more). We also leave out a rotating selection of small items like pull-apart erasers, coloring bookmarks, or motivational stickers for patrons to take home. The most popular accidental item we have is a stuffed sheep, originally part of a collection for local ministry use. During midterms, finals, and other stressful times, it gets carried around the library by students who need something soft and friendly to rest with for a while. These little things can have a bigger impact than we think—even if it is just to let students know that we recognize the stress in their lives. As well as providing things and activities ourselves, we can set aside space to advertise other community activities like yoga practices or meditation meetings.

In the end, though, we need to be ready to provide mental health first aid in the case of an emergency at our libraries. This is not to be confused with mental health counseling or care. It is similar to medical first aid—we can respond to a tumble down the stairs, but we are not doctors and cannot set a broken bone or diagnose a concussion. In the same way, we can and should be ready to provide mental health first aid should an emergency occur, but we are not responsible for actual mental health care—it is beyond our libraries' missions. It is important to include our student staff members in determining how to respond to mental health crises in the library, too. Students frequently serve as frontline staff: working the circ desk, doing the shelving, answering the main line, etc. Often, they will be closest in the event of a crisis, so they need to know what to do—even if what they should do is simply, "Go get the nearest librarian." If possible, though, encourage them to get fully certified and arrange for training opportunities; they will be best prepared, and we will be encouraging students to consider the importance of mental health and mental health care as they go out into the world to make a difference.

Recognizing the importance of being prepared for a mental health crisis in the library, the best step to take is to earn mental health first aid certification, which is offered through the National Council for Mental Wellbeing. Individuals can find classes, or organizations can contact an instructor to arrange a class for a group at their website, www.mentalhealthfirstaid.org. Like medical first aid certification, there is typically pre-class work that takes a couple hours, followed

by a whole-day class. Classes are offered in-person, virtually, or in a hybrid situation. Certification lasts three years before recertification is necessary.

Before arranging certification classes for individuals, libraries, or specific departments, funds and time must be set aside to accomplish it. That requires convincing library administration that it is a necessary idea that fits within the library's mission and goals. If professional or staff development is included as part of the library's goals, mental health first aid certification certainly should count; it is an opportunity to learn a skill that will make library staff better at their jobs, which is why it is important to see how it fits into the library's mission. The heart of every academic library's mission should be supporting your students in their education. Mental health first aid is tied to educational success: psychological distress that impacts the student's ability to complete their classwork should be addressed as early as possible, which requires that those around them recognize that they are in psychological distress and to assist them in finding help. For this reason, it is important for library staff to know their institution's relevant numbers. National statistics are helpful for seeing the need generally, but it is better to know what is going on at the specific institution; how psychological distress manifests in a specific community determines how best to address the need for that community. For instance, at our institution there was a significant increase in the number of students seeking mental health care over the last couple years, which is a good data point for why the library should have someone certified in mental health first aid. Finding the most relevant statistics can be easy. Check with the counseling center and chaplain's office; they will have numbers to share without invading student confidentiality or privacy, and they will support the idea of having mental health crisis first responders on campus. They will probably have a list of resources to share, as well.

If there is a particularly strong pattern of situation, libraries can create training and workflows for patron-facing staff, especially student staff, to handle that situation specifically. For instance, librarians at the University of Nebraska–Omaha noticed a pattern of trauma calls, specifically suicidal ideation; so they created a handbook and workflow, including sample scripts and resource numbers, for staff answering the phones; and then they trained their desk staff in the

workflow.[1] One of the great things about how UNO librarians created their suicide prevention guide and training is that librarian Marina "Bob" Hand has experience in the medical field that was useful in its development (Hand and Rogers 2021). There will be people on campus who are willing to help identify specific needs and ways of addressing them, and who will be happy to do so—including students, faculty, and staff. It is important to find and involve these people.

There are big ideas and major changes that can be made, but the easiest and most effective thing library staff can do is to build awareness into every interaction they have with students. Recently, I had a student staff member come to me with a request for a slight, temporary change in her schedule. It was easy enough to just say, "Sure. No problem." I noticed, however, that she was not excited about something that should have been exciting for her. I asked her about how she was feeling and explained why I was asking; she admitted that she was feeling homesick and lonely and was struggling to find the connections she needed to feel part of the community at our school. I told her I understood how she was feeling and suggested a person in the chaplain's office she could speak to for her immediate need. We also talked about ways she could find or make community for longer term support. A week later, she came back to tell me that she had talked to the chaplain and had been connected to a community that had plans for activities important to her—she was no longer disconnected and was no longer lonely. All I needed to do to help her was to be aware of her distress, listen, and know who to direct her to, but it made a difference for her levels of psychological distress. It can sometimes be that easy.

CONCLUSION

The need for support of students under psychological distress is clear, and the library does have a seat at the table for the conversation of how best to do so while avoiding mission creep and vocational awe. Of course, there is plenty to read on the topic. It is also important to get creative and to look for new ways to help and provide information that are in line with the library's mission. Having multiple avenues and styles of outreach means you can help students

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1   Contact Marina "Bob" Hand at the University of Nebraska–Omaha Dr. C.C. and Mabel L. Criss Library for more information and/or a copy of the policy, "Suicide Prevention: How to Handle a Person in Crisis."

who were not supported before. Keep the therapy dogs; add stuffed animals. Give out stickers sometimes and erasers others. Put out prayer beads and perhaps consider giving a workshop on how to use or make them. The most important step, however, is to be prepared for mental health crises before they occur. Earning mental health first aid certification (and encouraging student staff to get certified, as well) cannot be recommended highly enough. Encourage faculty and staff friends in other departments to get certified, too—it is better to have several first responders than none if a crisis occurs. Keep looking for ways to help; our students need it.

YALE UNIVERSITY MENTAL HEALTH CARE RESOURCES

On-Campus Care Resources

Urgent Mental Health Services for Students: Mental health professionals are available 24/7 for urgent situations. During regular office hours, a clinician may be reached through the Department of Mental Health and Counseling at 203-432-0290. After office hours and on weekends and holidays, a mental health clinician may be reached for urgent situations through the Acute Care Department at 203-432-0123. (*https://yalehealth.yale.edu/more/urgent-mental-health-services-students*)

Yale University Chaplain's Office: Our chaplains are meeting one on one with anyone who would like to talk. Appointments can be made on our Chat with a Chaplain Form, by reaching out to one of our chaplains directly through email found on our staff bios, or by calling our office at (203) 432-1128. (*https://chaplain.yale.edu/*)

Off-Campus Care Resources

988 Suicide and Crisis Lifeline: Hotline that can help with many issues, not just suicide: feelings of sadness, hopelessness, or suicidal thoughts/planning; friends or families worried about loved ones; interest in mental health treatment referrals. People can call, text, or chat to be connected to trained counselors who will listen, understand how their problems are affecting them, provide support, and connect them to resources if necessary. Learn more or connect with a counselor at www.988lifeline.org, or text or call 988 for help.

Crisis Text Line: Organization that helps people with mental health challenges, 24/7; connects individuals with trained crisis volunteers who provide confidential advice, support, and referrals, as needed. Text "MHFA" to 741741

Lifeline Crisis Chat: Chat online with crisis centers around the U.S. Chat at www.crisischat.org.

SAMHSA (Substance Abuse and Mental Health Services Administration) National Helpline: 24/7 treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders. Call 1-800-662-HELP (4357), text your zip code to 435748 (HELP4U), or visit the online treatment locater at *https://findtreatment.samhsa.gov/*.

The Trevor Project: Trained counselors are available 24/7 to support people under 25 who are in crisis, feeling suicidal, or who need a safe and non-judgmental place to talk; specializing in supporting the LGBTQI+ community. Call 866-488-7386, text "START" to 678678, or chat at *www.thetrevorproject.org*.

SUGGESTED FURTHER READING

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