Peer Review

Engaged Learning, Student Mental Health, and Civic Development: Can We Demonstrate the Relationship?

By: Barry N. Checkoway

What happens when colleges and universities build capacity for engaged learning in ways that promote the mental health and well-being of students—specifically by addressing depression and alcohol abuse—and that contribute to their civic development? This question is significant, especially in light of alarming increases in depression and alcohol abuse on the campus. Too many of today's undergraduates experience depression or abuse alcohol that interferes with their academic work, and also disengage from democracy to the extent that there is concern about its future.

With funding from the Charles Engelhard Foundation of New York in partnership with the Association of American Colleges and Universities (AAC&U), and led by Donald Harward, the Bringing Theory to Practice (BTtoP) project’s demonstration site program was created to address these concerns.

The program assumes that depression is not simply a symptom of students as individuals who have personal problems that require clinical psychological, psychiatric, or medical treatment, but rather of students as group members who are disengaged
from learning in their educational institutions and withdrawn from participation in their society. The program thus constructs mental health and well-being as problems of education and democracy and, in the spirit of John Dewey, ascribes instrumental roles to campus and community.

The program does not assume that engaged learning should substitute for clinical care needed for students with severe depression or mental illness. Instead, it assumes that if students were more engaged in their learning, then their mental health and civic development would be affected.

The program is based on the belief that colleges and universities have a level of responsibility for the mental health and well-being and the civic development of the student as a whole person and not just as a consumer of education or a mere recipient of knowledge.

Finally, the program assumes that if institutions formulate strategies for engaged learning through service-learning, community-based research, and other approaches, and that if such efforts truly engage students and increase active involvement in learning on campus and in the community, then the program has the potential to promote the mental health of students and to contribute to their civic development.

Despite the significance of the relationships among engaged learning, mental health, and civic development, there is too little research in this area. Although there are scientific studies of older people that demonstrate how civic engagement can change their psychosocial condition, affect their body chemistry, and even reduce their depression and dependence on medication, there are few such studies of young people.

**Launching the Program**

BTtoP seeks to develop and assess engaged-learning strategies that promote the mental health and civic development of students. The initiative builds on a series of national conferences and leadership colloquia with students, faculty members, professional staff, and presidents of institutions who share the notion that addressing these phenomena as a subject of study
will contribute to their quality as a field of practice and, when viewed in a systematic fashion, will advance the core academic mission of higher education.

For this purpose, we received a large number of proposals from colleges and universities nationwide and selected seven institutions that were already seeking to increase engaged learning and wanted to take their work to the next level: Barnard College, Emory University, Morgan State University, Dickinson College, St. Lawrence University, Georgetown University, and Syracuse University.

Because this is a pilot program, we placed special emphasis on identifying the initial institutions in what we expect will become a longer-term initiative. Our objective was to start the process and learn from experience, not necessarily to find a representative sample of institutions nationwide.

Evaluation is instrumental to the program as a vehicle for building the knowledge base. Evaluation operates at the institutional, cross-site, and national levels. At the institutional level, evaluators gather empirical data, answer specific questions, and assess outcomes in each college or university. At the cross-site level and national levels, an evaluator assesses the work of each institution and of the overall program. We visit sites and stay in regular communication about our common cause.

Cross-site meetings bring participants together to review our fundamental purpose and gain in-depth knowledge of each campus effort. We discuss operational meanings of key terms, issues that cut across sites, and strategies for implementation. The meetings help us develop our working relationships and build a mutually supportive learning community.

Evaluation includes information about the project's objectives, activities and outcomes, individual and institutional outcomes, facilitating and limiting factors, and cross-site themes and lessons learned. It includes quantitative and qualitative measures, pre-and post-testing, and comparison-group tracking
of differences between students involved in the project and
students who are not involved.

All demonstration site campuses participate in the National
Survey of Student Engagement, administrated by Indiana
University. This allows our program to add to the survey’s core
questions assessing student engagement in learning, a common
set of questions assessing substance abuse, depression, and
civic development.

At this writing we are assessing data for more than 3,000
students across the seven campuses, hoping to further
illuminate the relationship between engaged learning, mental
health, and civic development. This special issue of Peer Review
includes a preliminary analysis of these data.

After two years, the demonstration program has a lengthy list of
activities and accomplishments at the national, cross-site, and
institutional levels. It is fascinating to observe how each
institution, while working toward a common purpose, has
employed a distinct strategy, including the following:

- Involving students in academic seminars on campus,
living-learning communities in residence halls, and
placements in the community
- Establishing a center for civic engagement and leadership
that involves students in curricular and cocurricular
activities on campus and in the community
- Infusing content on mental health and wellness into
courses in disciplines like anthropology, biology,
psychology, and philosophy
- Strengthening service-learning to address depression and
drug use in a target neighborhood of a large city

Bridging the Divide
As our learning community develops, an analytic framework is
emerging from empirically based practice, resulting in two initial
questions that presently guide some of our discussion: What
have we learned about bridging the divide among engaged
learning, student mental health, and civic development? What
have we learned about implementing institutional change in higher education?

To help answer the first question, BTtoP commissioned a literature review by Lynn Swaner, which quickly became the best work of its kind. The Association of American Colleges and Universities then published a special issue of *Liberal Education* (Winter 2007) that enabled participants to provide perspectives on the program.

Now the first empirical findings from the demonstration program are being featured in this special issue of *Peer Review*. The articles draw upon campus visits, cross-site meetings, evaluation findings, and case studies by institutional representatives, who give a strong flavor of what we are trying to accomplish.

Lynn Swaner and Ashley Finley describe the evaluation to date, including initial findings from the data showing that engaged learning leads to deeper learning that is personally transformative and highly satisfying for student participants, and that it generates positive outcomes for measures of mental health and civic development. They observe that the overall BTtoP Project is laying the foundation for a new subject of study and new methodological approaches. Swaner and Finley also express concern about self-selection bias as a challenge for evaluation: Students who are civically inclined and tend to drink less may have self selected to participate in the various projects.

Because of this, the question arises as to the extent to which we can generalize from the data. Out of our concern for the societal problems that motivated the BTtoP initiative, however, our primary purpose was to involve initial institutions and address a real-world problem. Thus we proceeded, with the expectation that a more sophisticated scientific approach would develop.

The project has grown faster than anticipated, raised expectations, and enabled us to see that we faced the classic issue of self-selection bias in research. In retrospect, this allowed us to realize what we might have done differently in retrospect.
The activities and accomplishments of some demonstration sites, and the lessons learned at these sites, are significant. At St. Lawrence University, for example, Ronald Flores, Catherine Crosby-Currie, and Christine Zimmerman describe the creation of the Center for Civic Engagement and Leadership. Through this center, faculty members and student mentors work with college students in a living-learning community whose residents enroll in courses on community and citizenship, and participate in placements on the Akwesasne Mohawk Reservation and with other organizations. The center combines curricular and cocurricular activities through which students work together with community partners to develop and direct community projects that address locally identified needs. The experience enables them to question their assumptions, develop their thinking, and gain self-confidence, which makes them stronger and prepares them for active participation in a diverse democracy.

At Georgetown University, Joan Riley and Mindy McWilliams describe a large-scale curriculum infusion initiative in which faculty members bring mental health issues into courses in biology, English, mathematics, philosophy, theology, and other academic disciplines and professional fields. The courses increase students' awareness of mental health issues and increase faculty sensitivity to students' situations. The courses also improve campus relations among health providers and students by involving the providers in the classroom.

At Dickinson College, entering students enroll in first-year seminars on a wide range of subjects, live in common residence halls, and develop through educational experiences. The initiative has involved more than 180 students who reportedly consumed alcohol less often than control group students, although their levels of depression were more uneven during the experiment.

**Institutional Change**

In considering our second guiding question, what have we learned about implementing institutional change in higher education? We observe from our institutional, cross-site, and national efforts that no single strategy characterizes all
approaches to practice. Indeed, each institution has some measure of support from campus leaders who show commitment to the goals, although leadership varies from one institution to another.

For example, there are institutions whose president, chancellor, or provost has shown especially strong support. There are vice presidents for academic affairs and vice presidents for student affairs who have provided cash and in-kind matching, sustainability plans, evaluation personnel, and campus stakeholder participation in planning and implementation.

Most campuses have at least one champion or change agent who shows exceptional leadership and management. These champions are broadly talented individual leaders who arise from academic affairs or student affairs, who have abilities in project planning and organizational development, and who have formulated a political strategy for engaging stakeholders.

These champions also develop small core groups that are passionate about the issues and instrumental to the work. The project offers opportunities for them to use their expertise at bringing together faculty and staff members with student participants on campus and in the community.

Each team is structuring its efforts differently. Examples include efforts to centralize the BTtoP function in existing offices of executive officers, create entirely new institutional units and bureaucratic structures, and decentralize the function to academic units campuswide. Before the project, schools had no units that combined the constituencies of engaged learning, mental health, and civic development, and in some cases our site visit comprised the first meeting for this purpose. Each campus has its own culture, and the effectiveness of its efforts is affected by the ability to find the right fit.

Faculty members participate in the project, but this is uneven from one institution to another. Faculty participants include senior faculty members with a history of involvement and junior faculty with strong commitment but without tenure. Faculty are strategically situated through their multiple roles in the
institution, their responsibilities for fulfilling its core objectives, and their relationships with those that influence implementation. We believe that faculty are instrumental to the success of the program, for without the faculty, nothing lasting is likely to happen. However, many faculty do not participate in the program, and while a campus might have an exceptional living-learning program in a residence hall, some of its faculty will have never set foot in a residence hall.

But despite the obstacles, the number of colleges and universities that share our cause is growing, and there is enough evidence to cause us to imagine that some combination of engaged learning, mental health, and civic development holds promise to establish this as a field of practice and subject of study.

**Unanswered Questions**

We also realize that there are many, many unanswered questions or unresolved issues that remain for future work:

- Will the project demonstrate and develop knowledge of the process of bridging the divide over the long haul?
- Will the project build institutional capacity for engaged learning in ways that promote mental health and contribute to civic development?
- Are there best-practice strategies for successfully implementing institutional change?
- What are some ways of increasing the involvement of faculty members in the implementation of institutional change?
- Will the institutions sustain the efforts? If so, how?
- What are some ways of building a learning community and sustaining the work? What institutional, cross-site, or national initiatives are needed to accomplish the purpose? What is, or should be, the long-term vision of the project?
- What are the lessons learned? What have we learned from empirically based practice? What are the
implications for this as a field of practice and subject of study?

These are not the only questions, but they are among the important ones.

**Moving Ahead**

As we ponder these questions, however, we continue to move ahead in taking actions that we think complement our common cause. With all due respect to social science and scientific positivism, we do not need definitive data to know that there is a serious problem and that there are people who want to do something about it.

We have reason to be optimistic and to expect that some of our objectives will be fulfilled and that the evaluation will answer some of the questions it asks.

We believe that higher education is ideally positioned for work of this type. Yet we also know that even exceptional efforts by colleges and universities will remain limited without increasing the involvement of other entities and building an arena around BTtoP issues in the larger society.

We know that colleges and universities are anchor institutions in American society, that they have addressed problems of a magnitude equal to ours, and that we are learning a great deal from these institutions. But there is no reason to expect that they will be able to address these problems without an effort of unprecedented proportions.

Indeed, higher education is only one of numerous institutions in a society whose levels of depression and alcohol abuse and whose rates of civic engagement are affected by forces that originate outside of colleges and universities. We are coming to realize that only part of the solution is to motivate institutions and demonstrate outcomes from this special initiative. But we are coming to realize that while educational institutions move forward, there are other powerful institutions—such as the medical establishment, the pharmaceutical industry, and alcohol producers—that also are strategically situated.
And while we have learned less about civic development than we have learned about engaged learning and mental health, we know enough to know that too many people have withdrawn from participation and disengaged from democracy and that the responsibility for this cannot be understood as only that of higher education.

After all, who has responsibility for the civic development of young people? Is it higher education, or is it also the community, the family, and the individual? If it is everyone’s problem, then it is no one's problem, and this is unacceptable to us.

We strongly believe in what we are trying to accomplish, and we are acting in the assumption that we can make a difference, and in the final accounting, we expect that we will.

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