

“Where Your Best Isn’t Good Enough”: Perceptions of Mental Health and Overachievement at St. Olaf College

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Abstract

Our project investigated perceptions of mental health and available mental health services at St. Olaf College. Additionally, we investigated how St. Olaf College’s perceived culture of overachievement influences the discourse surrounding mental health perceptions. We evaluated responses from interviews with students, faculty and staff. In general, our findings show that students are caught between being overwhelmed because of demands and pressures on one side, and on the other side is the image of the perfect college student, involved in everything and happy to do so. Because students struggle to achieve this ideal image, mental health suffers and the stigma of getting help increases. If students cannot live up to this image and need to seek help, then they believe that they are perceived as weak by their peers and thus are hesitant to get assistance.

Bulleted Summary of Main Points

- There has been increase in mental health cases on St. Olaf campus. These mental health issues stem from stress due to academic pressures and expectations.
- Throughout the interviews, there are a variety of experiences. One commonality is the perception that there is stigma attached to revealing and discussing mental health issues.
- In addition to there being a stigma attached to mental health problems, students don’t know about the available services on campus and most don’t care to find them unless they have a huge, uncontrollable problem.
- Most students passively accept the role of stress in their lives as normal and compare themselves to the image of their peers, who are perfectly capable of handling all of their activities, getting good grades and not having any issues.
- Students in general have sense that St. Olaf is not doing all that it can to ease this problem, and several staff members admit that the available services are not well advertised because it would lead to more work in an already understaffed office.

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Introduction

The college experience is a famous stage in many young adults’ lives. A common image of college life in the twenty-first century depicts parties galore, giving the impression that college is four-years of nonstop fun before hunkering down and getting a job in the “real world.” However, first-hand experience, anecdotal evidence and emerging trends spin a different tale. Taking as many classes as possible, taking the hardest classes possible, loading up on extracurriculars, sports and jobs as well as the overwhelming pressure to be the best at everything—all of this can really take its toll, even on the best of students. This phenomenon is what we identify as overachievement.

Mental health issues combined with this academic pressure have shown to be detrimental to students and we believe St. Olaf is no exception. This study was brought about not only to find out if there is an overachievement ideal, but how much this impacts students’ mental health and their perception of peers with mental health difficulties.

Setting/Community

Our ethnography took place on the St. Olaf College campus, which is located in the city of Northfield, Rice County, Minnesota. The total number of students enrolled in the fall of 2011

was 3,179 students. The institution was founded in 1874, and is a liberal arts college of the church in the Lutheran tradition (ELCA). As a residential college, 96 percent of students reside in one of the 11 residence halls and 18 academic and honor houses. According to St. Olaf's website, the school is committed to the liberal arts and incorporating a global perspective:

...St. Olaf fosters the development of the whole person in mind, body, and spirit... Through its curriculum, campus life, and off-campus programs, St. Olaf hones students' critical thinking and nurtures their moral formation. The college encourages and challenges its students to be seekers of truth, to lead lives of unselfish service to others, and to be responsible and knowledgeable citizens of the world (St. Olaf College Website "About St. Olaf" 2012).

St. Olaf College is known for producing prestigious scholars, including Rhodes Scholars, Fulbright Fellows, and Peace Corps volunteers. St. Olaf also is one of the highest ranking colleges among its peers in the number of graduates who obtain doctoral degrees. The college ranks within the top ten in the fields of mathematics/statistics, religion/theology, arts and music, medical sciences, education and the social service professions, chemistry and the physical sciences, life sciences, and foreign languages (St. Olaf College Website "About St. Olaf" 2012).

For the purposes of this project, we interviewed a selection of students from a variety of school years and disciplines. Many of the students interviewed are acquaintances of the researchers and come from various academic, socioeconomic and regional backgrounds. There was a range of involvement in extracurricular activities, student employment and declared majors from all interviewees. Also interviewed were Steve O'Neill, Boe House Counseling Center, Greg Kneser, Vice President of Student Life at St. Olaf College, and a peer educator from the Wellness Center.

Methodology

Thirty-seven students were interviewed for the purposes of this investigation. Students were contacted through word-of-mouth invitations or public calls for participation via student

organization email aliases and personal communication with the interviewers. These one-on-one interviews were conducted for approximately one hour during the time period of a few weeks in April of 2012, and steps were taken to maintain participant confidentiality. Using these methods, a variety of students from various majors and interests volunteered to participate in the study, but this sample may be non-representative of the actual population at St. Olaf College. As many of these students were acquaintances with the interviewers, this could have impacted their responses during the data collection. Because the nature of the interview was confidential, several students have mentioned feeling more comfortable expressing their opinions with the interviewers without fear of repercussions from the college community. In addition, the respondents appeared more relaxed and comfortable speaking with peers, who can better relate as students at the same institution. However, because many of the interviewers knew the participants personally, several were hesitant to answer the questions completely in fear of changing the interviewer's perception of the participant concerning their personal relationships. Also, because specific student organization mailing lists were used, respondents may have a collective perspective that may be different compared to the rest of the student body. This interview project is a qualitative study of the perceptions of an overachievement culture and the causal effects on mental health from a select few individuals and thus cannot be applied to the greater St. Olaf community. Nonetheless, these interviews provide an important perspective and a starting point for further research on this topic.

The interview itself consisted of open-ended questions and was divided into two broad categories: mental health perceptions and overachievement culture. Most of the questions in the mental health portion considered the participant's perception of the way different groups in the St. Olaf community viewed mental health discourse, for example, faculty and staff,

administration and other students' perceptions. There were also a few questions concerning the interviewees' personal definition of key terms, such as the phrase "mental health." This was deemed important as the respondents showed a wide variety as to how mental health was defined, which further shaped their responses to the later questions. Multiple questions in the interview had overlapping themes which either provided a different lens to view earlier questions in order to dig deeper into a participant's response or impaired the flow of the interview with clunky, repetitive questions.

The section of questions dealing with the overachievement culture dealt generally with the student's daily habits concerning workload and coping strategies. These questions asked about the amount of sleep and activities a student does in a typical week, the amount of homework received and its perceived difficulty and time required, in addition to personal opinions concerning keeping up with the workload. One of the difficulties with this particular interview was an awkward hitch in switching between mental health perceptions and the overachievement culture; participants were generally fine with the switch, but it interrupted the flow of the interview. As these questions dealt more directly with a student's personal habits in terms of studying etc. some students felt more passionate sharing their opinions on their workload and how, in general, this significantly influenced their daily lives and routines. Overall, in spite of the downsides mentioned above, this interview methodology was able to collect a large variety of valuable data from the sample.

Problem and Literature Review

Stress and mental health has become a popular topic discussed in all areas of life, but especially college campuses. Based in a history that has been rather unkind to people with mental illness, lingering sentiments from past definitions continue to influence how mental

health is understood and dealt with in modern society. Furthermore, recent research has shown that there is a nationwide mental health phenomenon affecting people from all walks of life. One significant way this has been recognized and studied is through the growing problem of stress in education, and St. Olaf College is no exception to this issue. There have been various coping strategies developed and studied in their effectiveness in dealing with mental health problems and stress.

History of Mental Health

It has always been a challenge for societies to figure out how to identify and provide treatment for individuals with mental illnesses. The reason is because societies are constantly learning more about the brain: what the brain is comprised of, how the brain functions chemically, and the factors that influence the functioning of the brain, such as environmental or biological factors. This is also due to the changing ideas about mental illness and the inclusions of new conditions in this category (Nolen-Hoeksema 2011:81). As a result of this constant accumulation of knowledge, societies such as the U.S. are continuously changing their services and treatment to better serve those with a mental illness.

Throughout history, mental health has evolved in many aspects, such as classification and treatment. The technical definition of mental illness has changed from deviating from cultural norms, to being possessed by Satan, to being sick, to poor human development, to being family related, to having genetic causes, to having to do with the chemical imbalances in one's brain (Kemp 2007:37). As one can see, all of these terms revert back to the underlying meaning that such individuals have something wrong with them; they are not seen as normal. Due to this fact, such individuals have been stigmatized and have undergone a variety of cruel procedures given

by religious and/or medical professionals to cure them of their mental disturbance, for example, the use of exorcisms and lobotomies.

In terms of treatment, prior to 1963, people with mental illnesses were treated differently in the sense that there were special institutions such as asylums and psychiatric hospitals to care for those with mental illness. These institutions were built for the purpose of confining and protecting those with mental illnesses from the outside world. For example, in the U.S., the first hospitals were founded in the late 1700s, and they were the first to admit individuals with mental illnesses (Kemp 2007:3). The world was seen as harsh and merciless, which made it difficult for those with a mental illness to function. Thus these institutions were seen as a place where one could receive long term care and shelter from these conditions. In the United States, however, these institutions developed when the society became more urban because families needed to earn a living working outside of the home (Kemp 2007:2). In doing this, families lost the time and capacity to care for those with mental illnesses, and therefore, the need for mental health institutions became more prevalent.

In the early to mid 1900s, the government attempted to establish services that were community based, such as placing patients in home-like structures, what we now identify as nursing homes (Kemp 2007:8). In 1909, Clifford Beer established an organization that promoted mental health by preventing hospitalization, encouraging citizens to get involved, and care for those who left the hospital (Kemp 2007:8). In 1963, the deinstitutionalization movement was a push to dissolve these various facilities and was the result of the Community Mental Health Act passed by congress and changed how those with mental illnesses were treated. Many individuals were released from long-term care facilities and placed in short-term care outpatient clinics. As the result of this law, short-term care outpatient clinics became more prevalent, as well as

community efforts to receive mental health services (Kemp 2007:19-20). Though deinstitutionalization seemed like a good idea, this wasn't the absolute solution because many mentally ill patients were not obtaining the assistance that they needed because of the insufficient number of resources available to them. Many were released from psych hospitals and several became homeless. Most commonly, circumstances forced these individuals to self-treat themselves by consuming legal and illegal drugs and alcohol. Such activities landed several individuals in jail (Kemp 2007:20). This evidence proves that most individuals who needed treatment were not getting the assistance that they needed. Nevertheless, the dilemma of how to provide treatment for individuals with mental illness has existed for a long time.

One of the major factors that have impacted the treatment of those with mental illness is the field of psychology. Kemp (2007:9) argues that as psychology has learned more facts about the brain, they have developed new, effective treatments such as medical procedures, medications, and therapy, and have changed their criteria of disorders. In the 1930s, the four new therapies that were introduced were lobotomies, insulin coma therapy, electroshock therapy, and metrazol-shock treatment. Lobotomies were discovered through trial and error procedures and psychiatrists literally probed in the brain and destroyed random brain cells. Needless to say, this procedure had a low success rate in normalizing individuals, and it had after effects such as brain damage, hallucinations, and depression (Kemp 2007:9).

With regards to medication, antidepressants and drugs in general have been prescribed in greater numbers to more and more individuals for the past fifty years. In the 1980s, psychiatrists had discovered a new generation of antidepressants to deal with depression such as Prozac and Zoloft (Palazidou 1997:37). This is partly due to the increasingly fast-paced U.S. society that is causing undue stress to individuals that is jeopardizing their mental health, and individuals are

seeking help for their mental distress. Additionally, changes and controversies surrounding the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) criteria can also lead to the increased prescription of medication for depression in the U.S. society (Nolen-Hoeksema 2011:80). The greatest controversy surrounding the last DSM that was released in 2000 is the idea that disorders fall on a continuum (Nolen-Hoeksema 2011:80-81). In other words, it is thought that disorders are acute versions of ordinary behavior. It used to be that either an individual has the disorder or doesn't have the disorder, but now everyone sits somewhere on the spectrum. Additionally, it was thought that individuals with a disorder acted entirely different from normal individuals, but now such behaviors are seen as similar to normal behavior, only exaggerated to some extent (Nolen-Hoeksema 2011:81). For example, with regards to depressive/manic disorder, those who are completely free of these symptoms are at the lowest part of the spectrum. Though it makes sense, it leaves a lot of gray area for those who do experience symptoms. In other words, this has opened the door to a new section of society who lie within the vague area and experience some symptoms but may not have a full blown disorder (Kramer 1997:37). In turn, many more individuals are being diagnosed with a disorder and are receiving antidepressants. This has created a culture where it's very acceptable to take pills because it's so common (Grayson 2006:13). Though taking medication is normalized and the stigma has decreased significantly, individuals with mental illnesses still face challenges with regards to stigmatization and obtaining effective mental health services.

National Mental Health Statistics

In the United States, the American Psychological Association has announced a growing mental health crisis among today's college students (APA 2011). Rising numbers of students are grappling with serious mental health problems and seeking treatment at college counseling

centers. The alarming trend, beginning in the early to mid-1990s, has not remained unnoticed by colleges and universities. In 2010, the National Survey of Counseling Center Directors reported that “44 percent of their clients had severe psychological problems, a sharp increase from 16 percent in 2000” (APA 2011). The most commonly reported disorders include depression, anxiety, alcohol abuse, eating disorders, self-injury, and suicidal ideation. Additionally, colleges are struggling to accommodate broader issues, including multicultural and gender issues, life transitions, stress, violence, and career and developmental needs (Kitzrow 2003).

This trend is reflective of rising instances of mental health issues within the United States. According to the National Institute of Mental Health (2008), nearly five percent of U.S. adults suffer from one or more serious mental illnesses. A serious mental illness is defined as a mental, emotional or behavioral disorder diagnosable currently or within the past year. It must be of a long enough duration to meet the diagnostic criteria specified within the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*, and must result in a serious functional impairment which substantially interferes with or limits one or more major life activities. Six percent of American females and four percent of males are affected by a serious mental illness. Among individuals of typical college age, 18-25 years old, instances are markedly higher at nearly eight percent (National Institute of Mental Health 2008a).

The Substance Abuse and Mental Health Services Administration (SAMHSA)’s National Survey on Drug Use and Health (NSDUH) found that, in 2008, just over half (58.7%) of United States adults with a serious mental illness received treatment for a mental health problem. Unfortunately, the college aged population was least likely of all adult populations to utilize treatment programs for serious mental illnesses. College aged individuals with serious mental illnesses sought help only 40.4% of the time. In comparison, 40.4% of individuals 26-49 years

old and 70.9% of individuals over fifty sought treatment. Prescription medication is the most widely utilized treatment option, with 52.6% of individuals affected by serious mental illnesses using one or more prescription drugs. 40.5% of adults with serious mental illnesses sought outpatient care instead of or in addition to medication, while only 7.5% received inpatient treatment (National Institute of Mental Health 2008b). These statistics depict a troubling situation that is growing faster than society's view of mental health is changing or solutions are being implemented.

Stress in Education

In turning to the discourse from an educational point of view, there are many challenges in the modern American education system that instead of creating bright, intelligence, creative thinkers are assembling burned-out drones. At first the trend suggested that in order to get ahead, being the best in class was important. Now doing back-busting workouts for five hours a day, six hours of lecture and more time spent working and volunteering is the norm for thousands of students across the country just to keep up. School has become the “survival of the fittest” and young minds are learning that in order to not be trampled by the pack, they must learn to emulate some of the most successful Americans they know: lawyers, businessmen and even politicians who lie and cheat their way to the top (Pope 2001:37, 169). In sacrificing personal beliefs about the value of education, young people from before high school through after college are doing whatever they can and sacrificing their good health to achieve it.

High school has become preparation for college in more than one sense. In the past, the American high school experience was a time to delve into areas that were interesting in order to get a good sense of what one wanted to study in college. Now it has practically become college. AP courses are taught at a supposed “college level” and after passing the AP exam, possible

college credit can be awarded. Robbins (2006:85) discusses how students are loading up with these classes to get ahead and look better on applications for colleges to the point of exhaustion, but a 2004 Berkley study shows that AP classes have no relationship with later college performance. Furthermore, it's no longer just any college that students are striving for. Students have tough expectations from friends, family and society to good grades, get into a good college and make lots of money (Pope 2001:153). Those from high socioeconomic backgrounds especially have more resources and pressure to get into better "brand name" schools, such as the Ivy League, or what's the point in working to the extreme of exhaustion (Pope 2001:159 ; Robbins 2006:186)? Yet recent studies have shown that the name of the college doesn't matter in the grand scheme of things because it is the student who decides how well they will do in school. As Robbins (2006:187) describes, through a twenty-year study, researchers found that graduates of prestigious schools earn salaries that are comparable to a student who did not, even for those students who were rejected from such prestigious schools. Even though society pushes students to strive for these schools, in a comparison of two similar students, performance still mostly relies on a student's strength and motivation.

And for that reason only, students are stressing themselves out to the point where they become physically ill to get a cutting edge above the rest of their classmates. A lot of these problems develop from the underlying issue that there is not enough time in the day to get everything done. This is a problem for adults, most assuredly, but it has been slowly snaking its way down through college students and now, even to high school students. Sleep has been one of the major factors in deciding a student's performance in school, and insufficient sleep can bring in another mountain's worth of problems. A societal side to this issue is that the less one sleeps, the more activities and work can be done; however, there is a strong biological

component that just recently has been discovered. Robbins (2006:177) describes how during the adolescent years, in addition to the changes brought on by puberty, “melatonin—a hormone that helps control sleeping patterns—switches on later at night and continues to secrete for about nine hours” and this usually starts around eleven o’clock at night. This in turn, bumps up the required amount of sleep to around 9.25 hours for teenagers with a natural bedtime of eleven P.M (Robbins 2006:178). To add on top of that, for a teenager to wake up before eight in the morning to go to school feels the same as an adult waking up before three A.M. to go to work (Robbins 2006:177). It’s no wonder all the young people are exhausted when they are expected to go to school for six hours a day, have several hours of clubs and sports, and then do hours of homework on top of that. Insufficient sleep leads to a variety of other symptoms including depression, health issues, low grades and discipline problems (Robbins 2006:179). This can spiral with all the other stress related symptoms and lower overall academic performance.

Furthermore, the “[p]eriods of rapid change as currently typical of academic institutions [which] might create chronic instability” are one of the principle characteristics of stress that influence the current academic system (Fisher 1994:23-24). Moving to a new place and learning to settle in, with classes, professors and peers changing every few months, this creates an elongated period of stress with little time to rest and relax. The move to university can be particularly challenging, as it generally removes reliable forms of social support to reduce stress and anxiety, where even temporary loss of support can lead to panic, distress and feelings of incompetence (Fisher 1994:41). In fact, it is the feeling that one is in control of one’s life that Fisher (1994:26) explains is a major factor for controlling stress: “A person who perceives that he or she can take effective action is less likely to experience stress than one who does not.” In the modern hierarchy, where the students are subject to their professors, peers and families,

professors are subject to the administration and peers, and the administration is subject to internal regulation, laws and government, regents and alumni, it is no wonder that control is hard to come by. Fisher (1994:34) goes on to describe how “the mere belief that the means exist for exercising control over noxious stimulation is sufficient to reduce its unpleasant effects on behavior and to increase tolerance of the situation.” However, if there is no belief present, Fisher (1994:1) depicts how stress builds up to encompass depression, anxiety, and obsession, angry or phobic behavior. Those distressed will be more absent-minded, prone to error, inward looking which can lead to other conditions, such as concentration blocks of mental fatigue, conditions of boredom that make concentration difficult, as well as other anxieties (Fisher 1994:8, 11-12). Test anxiety is another phenomenon that severely impacts the conditions of academic stress. While taking a test, an individual can create “trains of ‘internal’ information or worry directed towards the likely effects of failure... [that] detracts from task activity” thus reducing capacity for optimum performance (Fisher 1994:48). This anxiety is becoming very prevalent in the modern education system at all levels.

In conjunction to all of the above, among the youth of today there is the underlying belief that “people don’t go to school to learn” (Pope 2001:4). In order to get through all the material in a semester, students are cramming the information into their brains and becoming what Pope (2001:154) describes as “robo-students... [who] drudgingly pursu[e] high marks without necessarily learning the material.” Students are believing that so much is at stake just to put an A on a transcript that they just memorize the material to plug in on a test and then forget it immediately afterwards. Who can blame them? Most classes are set up in a fashion where a certain amount of material needs to be covered over the semester and the class must always push forward, leaving little time to problem solve and critically analyze the material (Pope 2001:164).

This fast pace becomes so ingrained and such a strong habit, that many students become convinced that if they aren't doing something productive, e.g. homework, extracurriculars, sports, they feel guilty and anxious for wasting time (Robbins 2006:263).

One of the easiest and most prominent ways to deal with this pace is to cheat. Already, if students don't have to actually learn the material, then cheating their way through a test or a class is much easier to do than suffer through an exam uncomprehendingly. Furthermore, the social construct of cheating is changing between the teacher's generation and the students' generation. Many strategies that students are using, for example "sharing homework answers and checking problem sets together... cop[ying] the answers to calculus problems from the board [as his or her own work]... [whispering] answers to friends during class question-and-answer sessions" are not seen as cheating, but comparing and discussing answers as well as just being a good friend and helping out another student (Pope 2001:40). With so much to learn and so little time to understand it, it makes sense that students are finding creative new solutions to deal with all of the constraints forced upon them.

In the past few years, education in America has taken a dramatic turn for the worst. Students, not biased by age, have felt the pressure from society to become more like adults and conform to the standards of the working world. Most of them feel the constant pressure to be the best, not just in one activity, but all the activities to get a cut above the rest of their peers. This leads adolescents to become physically ill and mentally drained from the amount of work that needs to be done, which, in turn, further degenerates productivity and health. In response, students have done what it takes to cope with such obstacles including regurgitating what the teachers want as well as cheating to get by. It is at this point researchers are finally pausing to reflect on how much we value education and how our current system may be set up for failure.

Stress Coping Mechanisms

When dealing with stress, people cope with it in a variety of ways. Susan Folkman (2010:901) in her article “Stress, Coping, and Hope” states that hope is essential when people need to confront stressful circumstances. The theory she uses in her study is the Stress and Coping Theory, which holds that stress is contextual—it involves activity between the person and the environment and it changes meaning over time. Folkman (2010:902) defines stress as a situation that is evaluated by the individual as personally significant and a situation in which the person’s resources for coping are exceeded. When hope is in low ebb, coping can play a critical role in fostering hope, especially if the person’s coping response to the stressful situation is having hope in respect to the desired outcome. And in turn, hope can sustain coping, especially as a person moves on to face reality (Folkman 2010: 902).

For people with mental illnesses, stigma can be a major stress factor, as the authors of “Stress Coping Model of Mental Illness Stigma” discuss (Rüsch et al 2009:2). By using the stress-coping model, which includes four elements of stigma and its impact on individuals with mental illness, they found that higher levels of perceived stigma can be associated with more harm to the individual. This means that the way in which an individual perceives stigma affects the way it can cause stress (Batia et al. 2009:2). Also, perceiving stigma as unfair was associated with more perceived harm due to the stigma itself. High group value—feeling more connected to those stigmatized—was related to more perceived resources to cope (Batia et al. 2009:3).

History of Mental Health at St. Olaf

St. Olaf is noted as a school with a high academic rigor that motivates, challenges, and develops their students. As stated above, St. Olaf is known for producing prestigious scholars, including Rhodes Scholars, Fulbright Fellows, and Peace Corps volunteers. Students strive to

obtain and uphold certain images that are associated with being an “Ole.” In obtaining, upholding, or failing to do so, students can accumulate some mental health issues.

There has been an increase in the number of cases seen on campus of depression and anxiety in the past years (Kneser: personal interview). Last year, academic year 2010-2011, had broken the record for the recorded amount of people who sought out mental health issues at St. Olaf College. So far this year (2011-2012), they have already surpassed the number of people who sought mental health assistance from the previous year (O’Neill: personal interview). The number keeps increasing and there needs to be some sort of solution to help with this epidemic.

There are students at St. Olaf College from all years that utilize the Counseling Center, but they have started to notice that the majority of these students who are using this outlet happen to be first year students (BORSC Report: 2011). First year students are required to go to the events during Week One, an orientation on how to survive college life. These events include campus life at St. Olaf and available resources on a variety of different things, including mental health. At this time, the freshmen arrive on campus early and go through a comprehensive program that covers all they will need to know about becoming an “Ole.” Recently added to this program is a section titled “The First Hundred Day Journey.” This program’s goal is intended to hopefully get students to engage in more conversation about issues that the students may or may not face as they transition from high school to life at college (BORSC Report 2011). These things that they may face as they transition between the two include, but are not limited to, becoming more independent, academic expectations, and/or social issues.

The American College Health Association (ACHA) is a survey that started in the 1920’s and the goal is to try and advance the health of all students and the campus community (American College Health Association, “Who We Are” 2012). St. Olaf decided to take part in

this survey in the spring of 2010 to assist an array of people including: health educators, health providers, counselors, and administrators in accumulating information about habits, behaviors, and perceptions of their students (BORSC Report 2011).

For the most part, St. Olaf students responded quite similarly to the national average when asking about mental health. St. Olaf students were asked if they have sought out professional help for depression. Out of all the St. Olaf participants in this survey 17.6% had sought out professional help which is very close to the national percentage which is 17.8%. St. Olaf is a campus that can exhaust you not just physically, but emotionally too. About 87% of students have felt exhausted (not from physical activity) sometime in the past twelve months. 92% of St. Olaf students have also felt overwhelmed sometime between now and the last twelve months (American College Health Association St. Olaf Report 2010). St. Olaf was just a tad bit higher than the nationwide percentage of 86.4% (BORSC Report 2011). Also shown in the data was a 2.7% difference between 12.8% of St. Olaf students seeking out depression treatment and the national average of 10.1% (BORSC Report 2011).

Another interesting aspect of the survey is that the St. Olaf male population was twice as likely to seek help for depression rather their national counterparts (BORSC Report 2011). The already existing organizations that support and assist with students' mental health have benefited and improved from these findings from the ACHA. St. Olaf Student Life Division has, since the survey, done work to provide students with easy and accessible resources that they are in need of (BORSC Report 2011).

Different Places

St. Olaf offers a variety of places a student seeking advice or guidance with mental health could turn to: Boe House Counseling Center, Health Services, Pastor's Office, and Wellness Center. These places offer their services for an abundance of different issues, but the most prevalent issue they deal with is mental health (BORSC Report: 2011)

Boe House is located on St. Olaf Avenue and is the primary on-campus resource for counseling, is one of the most sought out places when seeking mental health assistance. Of the many professionals who work at the house, Steve O'Neill is one of those professionals who works at Boe House and discussed how St. Olaf as an institution must better exhibit healthy attitudes. An example that he used was that faculty needs to start demonstrating proper self care more often. He strongly believes that St. Olaf faculty needs to lead by example and their students will follow in line, thus taking better care of themselves (O'Neill, personal interview). This would not only be habits such as sleep and nutrition, but also include setting reasonable and achievable expectations for themselves. (BORSC Report 2011)

Health Services is a walk-in-clinic on campus that offers students assessments of mental health needs and mental health treatment. Since the Boe Counseling Center is usually teeming, the Health Services Center is an excellent alternative for mental health issues. Marie Sampson points out that anxiety and depression usually go together in regards to mental health. In the past years, roughly 10% of the St. Olaf students that came to seek out help at Health Services suffered from depression (BORSC Report: 2011).

One of the hidden gems on campus is the campus' college Pastor. St. Olaf's current pastor, Jennifer Koenig, is happy and willing to listen, assist, and help any Ole who is seeking help. Since Pastor Koenig is not a certified counselor or doctor she will see a student up to three times before she directs them somewhere else (BORSC Report 2011). Pastor Koenig says there

are two different types of depression: Clinical Depression and Circumstantial Depression (BORSC Report 2011). According to the BORSC Report on the “Mental Health and Alcohol Use of St. Olaf Students,” Koeing said for the most part, it is easier to overcome circumstantial depression and much more difficult to conquer clinical depression. Circumstantial Depression would be considered a sort of depression that is caused by a certain event, loss, agony, or it could be from a life altering change that has taken place in one’s life (Self Help Zone 2010). Whereas Clinical Depression last longer than Circumstantial Depression and is not the same as feeling sad or depressed for a few days and then feeling better. It can affect your body, mood, thoughts, and behavior (University Health Services 2012).

Lastly, the Wellness Center is another great place where students can seek help with any mental health issues. As stated in the Wellness Center mission statement they “...The Wellness Center strives to educate and support a community that encourages healthy and safe behaviors through personal responsibility, positive social norms, academic engagement and a vibrant co-curricular life.” (St. Olaf College Website, Wellness Center 2012). They every so often have Wellness Center Events when they talk about different subjects and usually once a year they have one on mental health. The Wellness Center has been working hard to improve their services and they have seen an increasing number of students coming in to be helped over the last year (BORSC Report 2011).

Findings and Analysis

Students

Our findings report that the most simple explanation for this problem boils down to “being an Ole.” Many reported that the atmosphere and simple fact that this is “St. Olaf” greatly influenced students’ perceptions about their personal experiences and that of others. This affects

students in a variety of ways and degrees, but there is this overarching theme of St. Olaf being an environment where high expectations and high stress levels appear normative. Some students successfully avoid this pressure, but many get swept away whether they want to or not.

A general consensus from our interviews suggests that most of the students who chose to come to St. Olaf knew what they were getting into. Many knew, and specifically looked at St. Olaf because of how hard this school is, and were conscious of this when stepping into the classroom for the first time. However, as a first-year said while laughing, “I knew it was going to be hard, but I didn’t know it was going to be *this* hard” (original emphasis). One of the main reasons for this reaction is that students perceive that their professors have much higher expectations than is realistic. This is not the case for everyone, as a select few interviewees pointed out, but a majority feels there is simply not enough time in a day to complete everything for every class to the professor’s standard. Although it depends on the specific professor, most interviewees complained that many professors treat their class as if it is the only one a student is currently taking. An average class load for a full-time student is three to four credits, though it is not uncommon for students to take more. In addition, many classes require labs that typically add two to three hours of lab time a week with corresponding assignments outside of this time, though without credit.

Depending on the student, class was usually not the only obligation in a week. A large variety of extracurricular activities, volunteer commitments and student employment must somehow balance alongside a full course load. This leads students to feel as if they must prioritize their activities and even sacrifice aspects now deemed as “less important.” For example, one student prioritized academics as being the most important and would skip club meetings or work in order to fulfill class requirements. Another spent her time organizing and

planning events for her student organization rather than do homework. Although she preferred not to, she believed that doing the minimum for class was enough to get by and occasionally skipped class to instead dedicate her time to her organization. This shows a common duality that most students struggle with at St. Olaf. Both academics and extracurriculars are important to most individuals, but finding a way to fulfill both obligations is difficult.

A frequent trend among interviewees is sacrificing sleep and physical health in order to donate a little more time for school work. The interviews reflected a polarized view on the sleep situation. One camp viewed sleep as superfluous; it was easily replaced by homework or other activities and students reported drinking coffee to keep awake. There was also a widely held belief that all the sleep forfeited during the week can be “made up” during the weekend. Several said they didn’t like enjoy giving up sleep and that this behavior is unhealthy, but they cannot find a better strategy to deal with everything that needs to be done. Several students even went as far as saying that they would sacrifice more than sleep, adding exercise and eating to the list because they believed that they could catch up on these different activities at a later date. On the other hand, there were also several students who clearly defined sleep as their top priority, higher than school or other organizations. These students thought that they needed a good night’s sleep in order to function at their best and feel their best. They spoke without hesitation, saying that they would gladly skip a reading assignment if it meant that they would be able to get a decent night’s sleep. A large percentage of the interviewees stated that the reasons why they would sacrifice sleep or homework was simply because there was too much to do in a day. There was an exaggerated range when it came to hours doing homework, the lowest amount being six hours which stretched to an astonishing 35 or more hours. The authors, however, advise readers to take this number in stride, as a majority of the respondents struggled quantifying the amount of

time they spent doing homework. This was mostly because they felt as though they were doing it “all the time,” or they just had “a lot” and were forced to guess.

Turning to mental health, there was also quite the variety of responses from students in terms of exposure to mental health. The phrase itself was generally associated with a “balance,” especially the ability to balance the pressures in one’s life with one’s capacities. This basically meant, for most participants, that as long as you were not overly stressed and had mental well-being then you had mental health. On the other end of the spectrum, with several other participants, there was an innate meaning associated with problems attached to “mental health.” Overall, stress was the most common mental health issue of which was talked about in the interviews. One student gave a vivid analogy stating that “Oles are like ducks on a pond, the top is tranquil, but under the water, the ducks are frantically kicking fast as they can to keep from drowning.”

Most students perceived that when the stress became too much to handle, it was extremely important to get help. In spite of almost all respondents reporting the seriousness of seeking help, many also mentioned several social difficulties that prevented seeking or receiving help. The two most common answers were time and stigma. As college students, most of the interviewees experience extremely busy schedules, as previously mentioned, and simply do not have more time to spend not doing an activity. With so much to be done, even spending an extra hour a week can add stress instead of relieving it. Another major time factor was access to the Boe House. With professional counselors on staff, students tended to prefer this service, but several were frustrated with scheduling problems stemming from the house itself. After making room in their schedule, students were disappointed at the response and availability of counselors. One student groaned, “Getting into the Boe House takes forever. You go one time and then wait

weeks to get in again.” Another agreed and added that with her busy schedule, it was more of a burden to try and go to the Boe House than trying to deal with her problems on her own. The stigma factor was the other major deterrent for students wanting help. Students look around and see peers in the same boat, or piling on more work and these students seem just fine. When comparing themselves to the perfect image of these other students, interviewees said that getting help meant “admitting that you have a problem and can’t handle it.” In addition, a few students reported that admitting issues and seeking treatment labels you as “crazy.” This fear of differential treatment from friends and peers made it even more difficult for students to address their mental health concerns.

When asked about mental health at St. Olaf College, most participants struggled to answer this question. A majority responded that mental health is not talked about at St. Olaf at all, and several qualified this answer by adding how it is only talked about casually among peers but not seriously. Students might joke how they are “really stress out” over a paper or test, but there is a sense that no one talks or needs to talk seriously about mental health issues and problems. Furthermore, if serious problems are discussed in the student body, the students we interviewed only heard about issues happening to other people. Many of the students we interviewed reported not having any personal issues with mental health, but if they developed a problem, the factors listed above would deter them from getting the help they need. This enhances the feeling of “I’m too strong to need assistance” or “Other people have problems and not me” which, in turn, increases the amount of stigma perceived when getting mental health assistance. This stigma combined with the sense of troublesome assistance created a tough obstacle for students. As a result of this two-hit combination, the services offered on St. Olaf’s campus are not effective and seem to push the students away.

In dealing with all the stress, most students reported that talking to friends, family and professors was the preferred method of alleviating stress. Talking to friends who are going through the same situation and those who know and love you seems to be much easier to do and a lot less awkward from the student's point of view. A friendly professor or advisor was mentioned by a few interviewees as extremely helpful to talk to, especially about schoolwork and pressures. There were also a couple mentions of the pastor's office, another resource students might use to informally talk to someone about their stresses. Overall, there was a wide variety of knowledge about the different services available with some students not knowing of any specific resources but knew there had to be some out there and some knowing about the most popular services like Boe House. In general, many students knew about the Boe House, the Wellness Center and the Pastor's Office, but there were also many individuals who did not know where these services were located or what they offered. Because many students didn't know about resources on campus, have never or didn't try to access them, this way of self-treatment was one of the few ways students dealt with these types of issues. Another way of coping that a student mentioned was the large usage of "study drugs." Several drugs, such as those used for ADD, enhance the concentration level of someone with difficulty concentrating up to a normal level. But, to someone already at a normal level, they enhance his concentration levels even further and he can get much more done. A student reported that after staying up all night, these types of drugs can keep a student going despite the fatigue on the body and mind. However, after using these drugs, reported side-effects include extreme fatigue, loss of appetite and hallucinations. These two techniques of informally addressing issues as well as using drugs are barely covering up the symptoms of a much more dangerous problem.

In terms of what St. Olaf as an institution is doing to solve this problem, many of the responses were negative or indifferent on St. Olaf's performance, but also on the role of the students themselves. When reading the question "Do you think St. Olaf strives to improve the mental health of the student body?" one student burst out laughing, "'strive' is not the right word." The interviews revealed that students were pessimistic concerning St. Olaf's involvement and actions. Many referred to their lack of knowledge about services as depicting how, even if administration feels as though they are handling a problem, the word is not getting out or not connecting to students. Several students were very critical of the institution for this, but some also recognized that it is also the student's job to attend events and go find services when they need them. However, the programming that is offered is also criticized, for example for not being appealing or easily accessible to students. One student said, "St. Olaf's response is like putting a band-aid on and not actually solving the issue."

Though many view St. Olaf's mental health services as ineffective, others argue that it is up to the individual to seek help. In other words, St. Olaf has its limits as to how far they can help/address/improve the mental health of students here on campus, and it's up to the individual to take some initiative in solving their issues. Besides the lack of time and stigma attached to seeking mental health services, some individuals don't seek assistance because they feel they need a documented disability in order to really get "help." For example, this documented disability statement is required for courses and allows for extra time on exams, extra equipment to aid study etc. This statement requires a doctor's signature and thus can become an obstacle to students who may feel slightly behind, but do not necessarily satisfy the medical requirements as deemed by a doctor. This shows the lack of understanding between the mental health service staff and students. Students are not able to efficiently use these resources because they believe

their problem is not big enough to receive attention. Continuing on the topic of seeking help, many students complain about the professors' "open-door" office hours. The "open-door" policy refers to the designated hours a professor is in his or her office and is available to talk with students. Students believe that professors are not advertising this enough, such as reminding them of when office hours are and making students feel welcomed. Instead, many students feel guilty that they are taking up their professor's time or are too intimidated to actually go in. Many reported they feel as though their problems are not important enough or that their professors will not acknowledge or be flexible with a student's issue. Another student complained about the punishment system in place at St. Olaf. For example, from his experiences "the punishments, such as the required class after being written up for alcohol violations, only address the immediate act of alcohol abuse and does not necessarily address the underlying causes of this act." Yet another student complained about the current, dry-campus policy in place at St. Olaf. For example, some students reported drinking alcohol to help unwind, however, St. Olaf prohibits alcohol usage on campus at all times. This results in various problems, such as the trend of drinking a large amount of alcohol in a short time before moving on to other events and activities. Though this can also occur on "wet campuses," the amount of alcohol consumed within this short period sometimes endangers a student's health sometimes to the point of hospitalization. Because students cannot drink alcohol publicly, they feel the need to binge drink in order to avoid this punishment and yet still feel relaxed from the effects of alcohol.

Staff and Faculty

One point upon which staff and students agreed was the need to take measures to make school work and tests less stressful for the students. A suggestion proposed by Steve O'Neill, and echoed by the students, was the idea that breaks need to be breaks. He believes this will

immensely lower the stress level of students. They can take the official break time and spend it with family and relax instead of using it to work on homework, taking exams, and preparing for exams that are scheduled on the first few days coming back from break. In regards to sleep, Steve O'Neill argues that most students can't get away with the lack of sleep because it is the main thing one needs to maintain good mental health. As far as maintaining a stable mood and energy level throughout the day, students would do a lot better if they received an adequate amount of sleep. Some students can't afford to jeopardize their mental health because they lose the ability to function as a student. He feels that many students tend to medicate symptoms instead of trying to cure the problem.

Greg Kneser, Vice President of Student Life at the college, stated that another plan being implemented for the next academic school year (2012-2013) is for the institution and the professors to be more lenient and flexible with exam schedules. The hope is that students will eventually be able to take their exams anywhere and trust that people will abide by the St. Olaf Honor code. When we brought up the topic of overachievement, Greg Kneser argued that there is a distinct difference between achievement and overachievement. He stated that achievement in itself is good; it helps in attaining one's goals. However, overachievement is when one is involved in too many activities, experiences a lot of stress, and begins to feel overwhelmed. He worries about this as it can be unhealthy and can lead to mental health issues. He also says that students value breadth over depth, therefore students are overachieving because they are trying to obtain several experiences to make themselves as well-rounded as possible without taking time to delve deeper in a given experience.

A peer educator from the Wellness Center discussed how the Boe House gets extremely busy at the end of semester. She stated that the house is being overbooked and, as a result,

becoming inaccessible. However, if a student were to complain about this overbooking to the peer educator, she would ask the student if he or she has sought out other helpful resources. She feels that students allow for their problems to accumulate to an extreme point. This can be due to lack of coping skills and scheduling conflicts. She used the analogy of a buffet of resources: students are starving and they could have gone to any number of food stations but all they want is the Boe House. They could have eaten slowly throughout the day or gone to a different station but they just end up starving.

Summary and Conclusions

Our data suggests that the overachievement culture here at St. Olaf does affect the students' perceptions of mental health. The overachievement culture as defined by doing so much that one feels overwhelmed and one's health is sacrificed is very identifiable at St. Olaf. This is revealed in the number of courses enrolled, as well as the extracurricular activities, musical groups, sports, and volunteering that students are involved in. But it is also shown by the amount of time students spend doing homework, and the sacrifices that the students make to sustain their busy lifestyle, such as the lack of sleep, intake of caffeine, and the lack of exercise. All this leads to students doing more than they can handle and negatively impacts mental health. From what we have gathered in our interviews, mental health is defined as a balanced mental well-being and having perceived control over a situation. It is when students feel as though they have no control over a situation in their lives, such as no control or no confidence when taking a test, that mental health degenerates. When something like this occurs, students believe there are factors that inhibit them from seeking the mental health assistance such as a lack of time and the stigma surrounding mental health. In other words, a number of students perceive a perfect Ole as someone who is able to simultaneously stay mentally healthy, engage in several extracurricular

activities, and obtain excellent grades. We also discovered that a major issue surrounding the mental health services is that many students know very little about these services; therefore, students argue that St. Olaf needs to do a better job with advertising its services, among other revisions. All of the preceding factors can prevent a student who is in need of mental health assistance from seeking such services.

Though students argue the necessity of better advertising, some staff argue that there is no time to advertise and the resources allocated to a particular service are limited. They have stated that even if there were more resources allocated to advertising, this would only lead to overbooking these already understaffed services. Although stigma is still a barrier to seeking help, the staff interviewed generally agreed that through the lessening of stigma, more students would be more open to accepting assistance. Because students usually keep everything bottled up until the breaking point, the staff argues that students need to come in earlier to discuss minor issues before they blow up into huge problems. Despite staff wanting to meet with students in earlier phases of trouble, the peer educator described how students perceive small problems as “doable” and not a big enough deal to seek out help.

One of the most popular suggestions from students to improve the situation, which we also advocate, is the policy that “Breaks should be breaks.” This means that professors should not assign homework or other assignments during an official break and should plan accordingly in the course outline. Students complained that although it is a “break,” professors either assign or encourage extra work to be done in lieu of class time. Due dates for these assignments are usually the first class after a break and do not generally allow students to wait until classes resume to complete the work. Thus students spend their breaks worrying or laboring over assignments when the purpose of a break is to rest and relax.

We also recommend that students follow Mr. O'Neill's advice: students shouldn't wait until one reaches a mental health crisis to seek help. Rather, they should not hesitate to make an appointment at the Boe House for even the smallest problem, as it could help prevent a bigger problem from happening. Although students are encouraged to seek help earlier, they are disinclined because of full schedules and understaffed services. With more resources available, students would have more opportunities to discuss problems and seek mental health assistance in addition to having more flexibility in scheduling, especially in an urgent situation. Therefore, if there were to be more resources accessible, students' problems wouldn't escalate to the level of a mental breakdown.

Another implementation would consist of improving the mental health services by informing students to be more mindful of one's mental health and that it is okay to acknowledge that a problem might exist. We advocate that if students can recognize an issue earlier, seeking help right away instead of waiting is appropriate and advantageous in the long run. Every issue is important and everyone is entitled to feeling one's best. Students need to understand that if getting assistance is the best way to address the problem, then they should not feel ashamed about this course of action.

The last improvement we suggest is the readjustment of evaluation criteria for the students. As evidenced in our interviews and background research, not only do students worry about getting everything done, they do so while wanting to get good grades and sacrifice deeper meaning and reflection in schoolwork. Proposed changes would consist of different evaluation criteria for students, such as more emphasis on class participation, discussion and reflection, and less on busywork which consumes most of a student's time. This way, students can focus more of their time really thinking about concepts rather than skipping the harder questions to focus on

the busywork that gets graded. Also, by having fewer assignments and more time to complete them in, the quality of the work should improve in juxtaposition with the state of student's mental and physical health. With more time to complete work, the goal is that students will not feel the need to pull an "all-nighter" to finish an assignment. However, this also depends on the student's ability to plan and better organize their time and not exploit the opportunity being presented to them. Furthermore, if these different aspects of a course were emphasized in the evaluation, hopefully students would not feel compelled to sacrifice their health for an A.

In addition, by helping students achieve this new way of thinking, faculty could encourage more meetings with students to discuss class topics, assignments or to foster a student's interest. Meeting with a professor can be a scary experience for a student, so putting students at ease and taking away the fear of appearing stupid and subpar will hopefully help students become better at studying. Understandably, this is a national phenomenon that cannot be fixed through St. Olaf alone, but if the administration, faculty and staff could help change the students' perceptions of the importance of grades, students may learn to accept bad grades and not risk resorting to harmful behaviors to complete work.

In conclusion, evidence from this study shows that there is an awareness of the mental health services on St. Olaf's campus, but these services are not being utilized because of the stigma attached to mental health and lack of time students and services are available. Therefore, St. Olaf needs to better value the mental health of their students by "letting breaks be breaks," changing educational criteria, improving the dialogue of mental health services on campus, and by better addressing the different services offered, especially the Boe House. Now, the challenge is implementing change in order to alleviate the stress on students so they can focus on learning what it means to be an "Ole."

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Appendix

Interview Questions for students

Mental Health section:

1. What's your major? Year?
2. What was your experience transitioning to St. Olaf (either as a first year or a transfer student)?
3. What does mental health mean to you?
4. How do you feel mental health is viewed at St. Olaf?
5. What are your experiences with mental health?
6. Do you know what mental health services are available at St. Olaf?
7. How did you find out about them?
8. In what types of situations do you think it would be important to seek mental health assistance?
9. Do you think there is anything that may hinder you from seeking mental health assistance? (Such as...
 - a. lack of time
 - b. stigma
 - c. lack of knowledge/awareness
 - d. inability to get assistance (i.e. scheduling difficulties, Boe House can't address problems, etc))
10. In general, how do you feel other students view mental health at St. Olaf?
11. How do you feel faculty and staff at St. Olaf view mental health? Do they take the mental health of students into consideration?
12. Do you think there is stigma attached to revealing mental health problems at St. Olaf? Why or why not?
13. Do you think mental health is adequately addressed by St. Olaf? Why or why not?
14. Do you think St. Olaf strives to improve the mental health of the student body? If so, how do they do this? What kind of effect do you think this has?
15. How do you feel St. Olaf could improve students' mental health?

Overachievement Culture section:

1. How many credits are you taking?
2. What extracurricular activities are you involved in?
3. How much time do you spend on extracurriculars each week?
4. Have you studied abroad?
5. How much time do you spend on homework each week?
6. How many hours of sleep do you get per night each week?
7. Do you feel like you're usually prepared for classes? Why or why not?
8. Do you feel like you can comfortably keep up with your class work?
9. What are the requirements for graduating from St. Olaf? Is this adequate?
10. What stressors affect your life the most at Olaf?
11. Do you think your professors are accommodating of your needs?

12. Do you feel that your professors have reasonable expectations of you?
13. Do you feel your professors have an understanding of student stress levels?
14. How do you feel that, in general, professors are addressing stress and mental health?
15. What do you feel St. Olaf expects of you in order to be successful?
16. How does the school define success?
17. How do you define success after college?

Follow up:

1. Do you think there's a culture of overachievement? If so, where does this come from? What are some examples, in your experience? Is it a bad or good thing? (If they didn't bring it up already)
2. Do you feel that this pressure of overachievement affects your mental health? How?
3. What would you like to see change to alleviate stress?
4. Do you feel that this pressure is beneficial or detrimental or both?

Interview Questions for staff

Mental Health section:

1. What's your job title? How many years have you worked at St. Olaf? And other colleges?
2. What was your experience transitioning to St. Olaf culture as a staff/faculty member?
3. What does mental health mean to you?
4. How do you feel mental health is viewed at St. Olaf?
5. What are your experiences with mental health?
6. Do you know what mental health services are available at St. Olaf? [or if interviewing someone in mental health] Do you think many people are aware of this service/all health services offered here at St. Olaf?
7. How do you think most people find out about this service/all health services? How do you all advertise?
8. In what types of situations do you think it would be important to seek mental health assistance?
9. Do you think there is anything that may hinder students from seeking mental health assistance?
 - a. lack of time
 - b. stigma
 - c. lack of knowledge/awareness
 - d. inability to get assistance (i.e. scheduling difficulties, Boe House can't address problems, etc))
10. In general, how do you feel other faculty and staff view mental health at St. Olaf? Do they take the mental health of students into consideration?
11. How do you feel students at St. Olaf view mental health?
12. Do you think there is stigma attached to revealing mental health problems at St. Olaf? Why or why not?
13. Do you think mental health is adequately addressed by St. Olaf? Why or why not?
14. Do you think St. Olaf strives to improve the mental health of the student body? If so, how do they do this? What kind of effect do you think this has?
15. How do you feel St. Olaf could improve students' mental health?

Overachievement Culture section:

1. How many credits do you think most of your students are taking?
2. When you assign assignments, do you consider how long the assignment will take? And do students other activities factor into how long your assignments end up being?
3. If students come to talk to you about class performance, do you take into account a student's other activities (do you ever negotiate with your students regarding assignments?) If so, how?
4. How much time do you think students are spending on extracurriculars each week?
5. (Do you think students are expected/pressured to study abroad? Do think they think students perceive this to be the case?)
6. How much time do you think they spend on homework each week?
7. How many hours of sleep do you think they get per night each week?
8. Do you feel like they are usually prepared for classes? Why or why not?
9. Do you feel like they can comfortably keep up with their class work?
10. Do you feel that there is an expectation to go above and beyond what they currently do (class, extracurriculars, internships, study abroad, majors, etc)? If so, where does this come from? What are some examples, in your experience?
11. What stressors do you think most affect students' life the most at Olaf?
12. Do you think their professors are accommodating to students' needs?
13. Do you feel that their professors have reasonable expectations of them?
14. Do you feel their professors have an understanding of student stress levels?
15. How do you feel that, in general, professors are addressing stress and mental health?
16. What do you feel St. Olaf expects of students in order to be successful?
17. How does the school define success?
18. How do you define the success of a student after college?

Follow up:

1. Do you think there's a culture of overachievement at St. Olaf? Is it a bad or good thing? (if they didn't bring it up)
2. Do you feel that this pressure of overachievement affects the mental health of your students? How?
3. What would you like to see change to alleviate stress among students?
4. Do you feel that this pressure is beneficial or detrimental or both?