Collegiate Recovery Supports for Underrepresented Student Populations

BACKGROUND

Postsecondary education plays a large role in shaping health, earnings, and social outcomes across all stages of life (Pennington, 2004). At the same time, many postsecondary students find their educational goals challenged by unmet needs related to mental health issues and substance use disorders. According to SAMHSA's report, *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings,* almost one in four of the nation's college students (22.9 percent or approximately 1.8 million individuals) meet the DSM–IV criteria for substance use or substance use disorder (Substance Abuse and Mental Health Services Administration, 2014). This is nearly two-and-a-half times the proportion of the general population (8.5 percent) meeting this criterion (Center for Behavioral Health Statistics and Quality [CBHSQ], 2013). While this difference is partly explained by stage of life, alcohol use; binge alcohol use, and heavy alcohol use in the past month are reported more frequently by people aged 18 to 22 who attend college full time than by the general population of people aged 18 to 22: 58.0 percent versus 48.2 percent, 37.9 percent versus 32.6 percent, and 12.5 percent versus 8.5 percent respectively (CBHSQ, 2016). Aspects of college culture promote the misuse of substances, particularly alcohol (Perron et al., 2011). Almost 60 percent of college students aged 18–22 reported drinking in the last month, and almost two-thirds of these students reported binge drinking during the same period (CBHSQ, 2015).

Almost 1 in 4 college students meet the DSM-IV criteria for substance use or substance use disorder

Many college students also experience mental health issues, including serious mental illness. One recent

	College	General Pop.
ALCOHOL USE	58%	48.2%
BINGE ALCOHOL USE	37.9%	32.6%
HEAVY ALCOHOL USE	12.5%	8.5%

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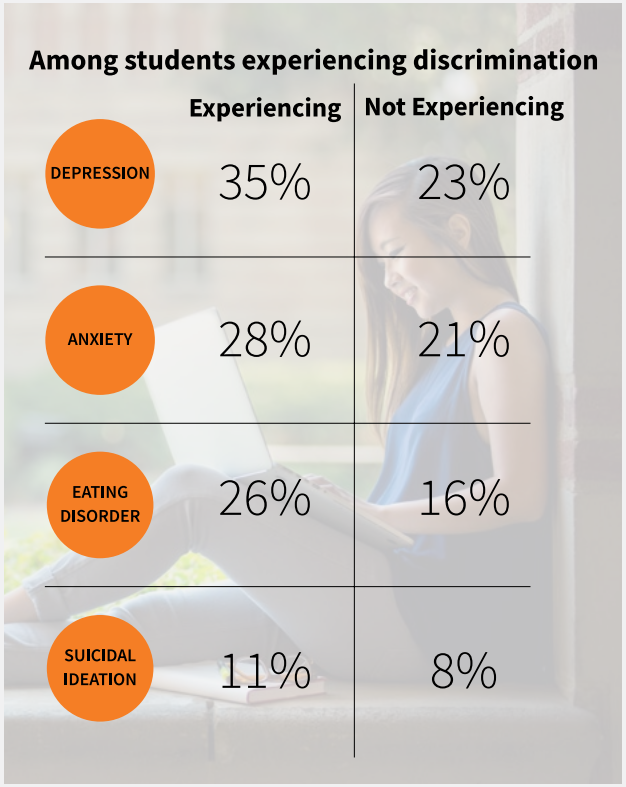
In this issue brief, we use the term *underrepresented students* to describe the following student populations at both two- and four-year schools:

- Minorities including ethnic, cultural, national, or religious groups
- Veterans
- First-generation college students
- International students
- LGBT students
- Returning or older students
- Student athletes
- Students transitioning from out-of-home care, such as foster care
- Students with criminal justice experience
- Low-income students
- Students with disabilities, such as learning or physical disabilities.

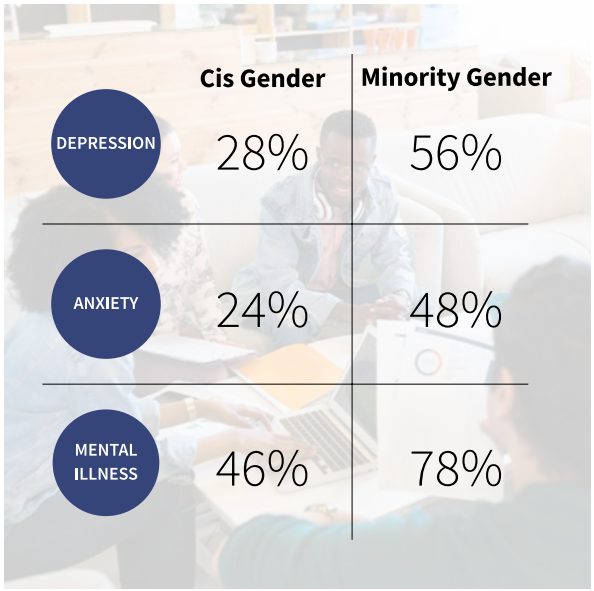
report found that as many as 50 percent of community college students had mental health issues (Eisenberg, Goldrick-Rab, Ketchen Lipson, & Broton, 2016). Among young adult college students, the significant disruptions associated with attending an institution of higher learning may trigger the first symptoms of a condition or amplify symptoms that manifested in earlier adulthood or childhood. Older students may experience a worsening of symptoms or a relapse due to the high demands of juggling family, work, and college responsibilities (Perron et al., 2011).

Underrepresented student populations have distinct recovery support needs, and many experience trauma, discrimination, insufficient financial resources, serious challenges to meeting survival needs, and a lack of access to culturally relevant and supportive services. At the same time, they may be less likely than other students to seek help for mental health issues or substance use disorders. Community colleges, technical schools, and tribal colleges educate many students who identify as underrepresented, and these schools often confront challenges in supporting students that are different from challenges encountered by four-year colleges.

Underrepresented student populations, including those who identify as people of color, having minority gender identities, sexual orientations, or religious or cultural identities, or being first-generation or low-income students, are as likely or, for some groups, even more likely, than college students in general to experience mental illness or substance use disorder. Discrimination could play a part in this. Nearly two-thirds of African American students participating in the Healthy Minds Study reported high levels of discrimination and were more likely to screen positive for depression (35 percent versus 23 percent), anxiety (28 percent versus 21 percent), eating disorder (26 percent versus 16 percent), and suicidal ideation (11 percent versus 8 percent) (Healthy Minds Network, 2018) than their peers who did not report experiencing high levels of discrimination.



Some student populations, including students with minority gender identities and students of Arab descent, experience anxiety, depression, and other mental health issues at significantly higher rates than do their peers (Lipson, Kern, Eisenberg, & Breland-Noble, in press). The Healthy Minds Network reports that 56 percent of people surveyed who identified with a minority gender experienced depression, 48 percent experienced anxiety, and 78 percent had been diagnosed with a mental illness, compared to cisgender participants who had a rate of 28 percent depression, 24 percent anxiety, and 46 percent any diagnosis of mental illness (Lipson, Raifman, Abelson, & Reisner, 2018). Many first-generation and low-income college students with mental illness or substance use disorders struggle to balance academic demands with work and family responsibilities, leaving little time or energy to tend to self-care or sustain engagement in treatment or recovery supports. Set to Go research showed that **African American and Latinx students reported half the rates of being diagnosed or treated for anxiety, depression, and self-harm of white students, but reported feeling less safe and more isolated, and being more likely to keep their feelings to themselves and not seek help (**JED Foundation, Jordan Porco Foundation, & Partnership for Drug-Free Kids, 2015). This lower rate of being diagnosed or treated among students of color may be related to a lower rate of help-seeking, as students of color may be less likely to seek treatment or help for difficulties they experience.



Dedicated students, family members, administrators, and other community and academic leaders have developed varied approaches to supporting students' recovery. The Association for Recovery in Higher Education (ARHE) defines a *collegiate recovery program* as being "institutionally sanctioned and institutionally supported programs for students in recovery from addiction who are seeking a degree in higher education" (Association for Recovery in Higher Education [ARHE], n.d.-b. Active Minds and National Alliance on Mental Illness (NAMI) on Campus are student-led, student-run mental health programs that raise awareness and, on some campuses, offer peer supports. In addition to formal collegiate recovery programs and nationally known programs such as Active Minds and NAMI, many student groups, health centers, and recovery community organizations offer various types of recovery support for students.

Although the varied and decentralized nature of much postsecondary recovery programming challenges accurate estimation of how many programs exist, the number is increasing. ARHE reports that the number of collegiate recovery programs across the country has grown from 40 in 2015 to 140 in 2018 (ARHE, n.d.-a). Transforming Youth Recovery (TYR) created a 2017 census (https://www.transformingyouthrecovery.org/wp-content/uploads/2018/03/2017-Census-20180319.pdf) and distributed it to 249 contacts; TYR verified that services and resources for recovery exist at 184 institutions as of March 2018 (Transforming Youth Recovery, 2018). NAMI on Campus clubs have been credentialed on more than 135 campuses in 41 states, the District of Columbia, and Puerto Rico, and Active Minds has over 450 chapters (Active Minds, n.d.; National Alliance on Mental Illness, n.d.). These supports have made it possible for thousands of students with mental health issues and substance use disorders to meet their educational goals. Many students report that their involvement with recovery programming contributes to their success in school and helps them sustain their recovery. For example, Texas Tech University (TTU) reports that students in its collegiate recovery program have an average GPA of 3.18, which is markedly higher than TTU's overall undergraduate GPA of 2.93. Since 2002, relapse rates (defined as any use) per semester range from 4.4 percent to 8 percent (Cleveland, Harris, Baker, Herbert, & Dean, 2007; Harris, Baker, Kimball, & Shumway, 2008). These programs reach and support underrepresented student populations to varying degrees, but recent studies, as well as ample anecdotal evidence, suggest they can do much more to ensure that underrepresented students have the recovery supports that they need to achieve their educational goals (Eisenberg et al., 2016).

TTU's Recovery Program
3.18 GPA

TTU's Overall Undergraduates
2.93 GPA

Strategies for SUCCESS

While there is no one way to support underrepresented students in accessing prevention, treatment, and recovery, participants in SAMHSA's 2018 Federal Roundtable on Collegiate Recovery Supports for Underrepresented Student Populations[1] described several promising practices:

1 The virtual meeting brought together key SAMHSA staff, collegiate recovery subject matter experts, and federal partners including the Health Resources and Services Administration (HRSA), White House Office of National Drug Control, and the Office of National Drug Control Policy (ONDCP).

CONNECT on-campus services and supports and strengthen referral pathways between programs

Many students have complex and intersecting needs, but student support systems are often specialized to such an extent that students struggle to access—or even learn about—the various support services that could benefit them. This is because systems operate in relative isolation from one another, and different federal agencies, states, and foundations design, fund, and monitor these support services. This fragmented approach results in missed opportunities to maximize resources available to support students through cooperative efforts. For example, many students involved with federal TRIO Programs, which are designed to identify and provide services to low-income individuals, first-generation college students, and students with disabilities to assist them attend and graduate from institutions of higher education—like many students not served by TRIO—have recovery support needs, but lack information about available collegiate recovery supports on their campuses. Similarly, while many students involved with collegiate recovery programs meet TRIO eligibility criteria and could benefit from the academic supports available through TRIO, they may be unaware that TRIO supports are available. Unfortunately, many programs on individual campuses lack connection to one another. Student health centers, collegiate recovery programs, TRIO, disability services, and other campus programs could increase their reach and impact by building cross-referral pathways and coordinating efforts to meet the intersecting needs of the students they serve.

Shared recognition of the prevalence of recovery support needs among students served by different support service systems is essential, but not yet evident across the constellation of systems supporting students. In recent years, a few systems have launched efforts to increase collaboration and more effectively achieve common program goals. For example, in 2015 the U.S. Department of Education (DoED) and the Administration for Children and Families (ACF) initiated a partnership between the DoED's TRIO Programs and ACF's Runaway and Homeless Youth Program, Adolescent Pregnancy Prevention Program, and Family Violence and Prevention Services Program (U.S. Department of Education [DoED], 2015). This type of collaboration is an important early step toward greater system alignment and connection and may hold promise for increasing underrepresented students' access to recovery supports and other needed resources.

Similarly, collegiate recovery programs could increase their capacity to effectively support students by developing strong connections with other on-campus supports and services. Disability services, for example, could provide resources to support students with mental illness or substance use disorders, yet many students in recovery lack awareness about these available supports and services. The more that recovery-focused programs learn about available resources to help students meet their full range of clinical, survival, academic, and social needs, the more effectively these programs will be able to support their students.

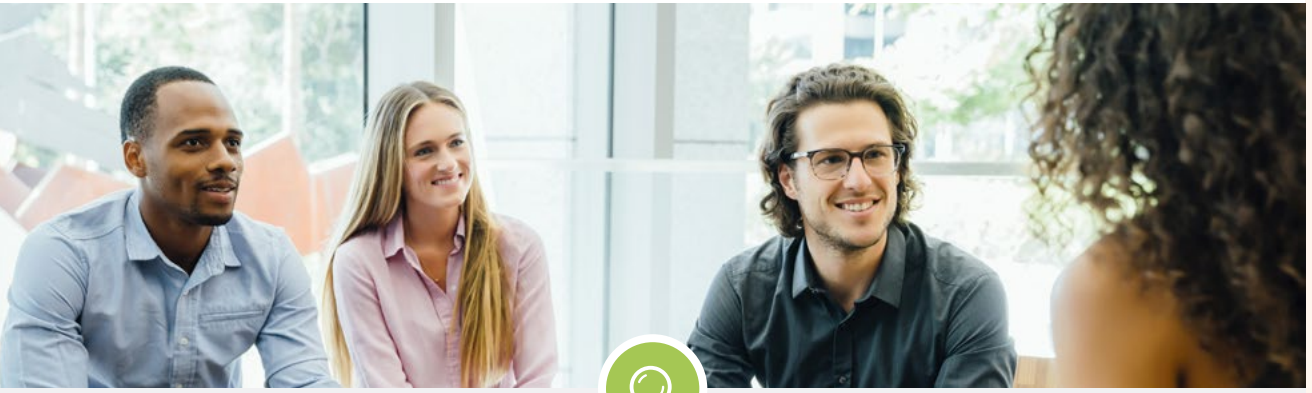
The **James Irvine Foundation** funded the Student Support Partnership Integrating Resources and Education (SSPIRE) initiative from 2006 to 2009 to increase the success of young, low-income, and academically under-prepared community college students in California through integration of support services with academic services and instructions. Ten California community colleges implemented one of the four following services:

1. A learning community that incorporated student services and counselors into classrooms and curricula
2. A drop-in study center where students could study and connect with other students, peer mentors, and faculty in an informal setting
3. A summer math program
4. A case management program that provided targeted counseling and tutoring services

Integrating the various student supports into classrooms and informal settings increased students' usage of services and connections among students and faculty and promoted academic success. These schools illustrate that integration of services is possible, and several of them have found ways to continue to offer the supports developed as part of the SSPIRE initiative (Weissman et al., 2009).

IDENTIFY and Train Gatekeepers

With training, students and faculty and staff including chaplains, financial aid officers, resident assistants, academic advisors, athletic trainers, Veterans Affairs' staff, and student support staff can be highly effective gatekeepers who are able to recognize and respond to students' needs at critical moments. Gatekeeper training programs train community members to recognize and intervene when other community members may be in crisis and to identify people at risk of suicide or relapse and refer them to appropriate resources. Typically, "gatekeeper trainings address knowledge, beliefs, and attitudes about mental health, suicide, and health care, and teach listening and response skills" (Burnette, Ramchand, & Ayer, 2015; Harrod, Goss, Stallones, & DiGuiseppi, 2014; Lipson, Speer, Brunwasser, Hahn, & Eisenberg, 2014; Quinnett, 2007; Reiff et al., 2018).



Following a series of student deaths by suicide in 2013 and 2014, the **University of Pennsylvania** developed a gatekeeper training called "I CARE" to help trainees engage and intervene appropriately with students experiencing stress or crisis. The training covered college mental health trends, campus resources, crisis intervention skills, awareness of cultural factors, awareness of attitudes about help-seeking, discrimination, and supportive listening skills. The training program led to significant increases in knowledge of support and crisis intervention skills and readiness to intervene in situations of crisis or distress.

During follow-up, trainees reported applying their skills, intervening, and making appropriate referrals when interacting with students in distress (Reiff et al., 2018). Gatekeeper trainings can help faculty, staff, and students who interact with underrepresented students on campus to recognize student needs, provide support at critical times, and connect students with mental illness or substance use disorders with treatment and recovery supports and services. Mental health promotion can also be integrated into regular meetings between students and gatekeepers as part of overall prevention efforts.

SUPPORT and connect student-driven initiatives

Students are formidable agents of change. On many campuses, student-led recovery supports and campus-wide education programs are already yielding powerful results. Many students in or seeking recovery identify multiple intersecting aspects of their experience that affect their academic and social trajectories. Often, students may identify as a person in recovery secondary to other affiliations, such as being a veteran, a person of color, or a member of the LGBT community. Many students who could benefit from recovery supports are already participating in campus groups that align more explicitly with other aspects of their identity, such as on-campus LGBT alliances, African American Student Unions, Veterans' Offices, fraternities, sororities, or athletic departments. Given the complexity of many students' support needs and the extent to which they interact, and at times overlap, it is vital that collegiate recovery programs cultivate collaboration with these and other programs supporting underrepresented students, both on and off campus. These collaborations offer significant opportunities for collegiate recovery programs to learn more about the support needs of different student populations and to educate other on- and off-campus groups about how to become more recovery-friendly. In addition, relationships between collegiate recovery programs and other groups promote resource sharing and facilitate effective outreach to students.

EXPAND access to peer support

Very broadly, *peer support* consists of a variety of activities and interaction between individuals who have shared experiences. These experiences can be a diagnosed mental illness or substance use disorder or being part of an underrepresented population on a college campus. Peer support offers people acceptance, understanding, and validation. A growing body of research shows that peer support is effective in supporting recovery from mental health issues and substance use disorders. Benefits include increased self-esteem and confidence (Davidson et al., 1999; Salzer & Mental Health Association of Southeastern Pennsylvania Best Practices Team, 2002), increased sense of hope and inspiration (Ratzlaff, McDiarmid, Marty, & Rapp, 2006), increased engagement in self-care and wellness (Davidson, Bellamy, Guy, & Miller, 2012), and increased social support and social functioning (Kurtz, 1990; Nelson, Ochocka, Janzen, & Trainor, 2006; Ochocka, Nelson, Janzen, & Trainor, 2006; Trainor, Shepherd, Boydell, Leff, & Crawford, 1997; Yanos, Primavera, & Knight, 2001).

Student-run collegiate recovery programs or communities, as well as groups like Active Minds and NAMI on Campus, offer students with a shared experience of mental illness or substance use disorder opportunities to connect in structured and unstructured ways with others who share these experiences. Peer support, alongside treatment and other types of recovery supports, is a critical component of successful and supportive collegiate recovery supports for underrepresented students because it helps students to feel less alone and increases connection and community on campus.

There are a variety of peer support models that colleges can use to support students from underrepresented populations.

At **Xavier University of Louisiana**, Wellness Peer Counselors (WPCs) promote holistic wellness on campus through mental and substance use disorder education, empowerment, Recovery Month, and Wellness Week initiatives. WPCs respond to peers with resources and referrals when they report struggles with mental health issues and substance use.

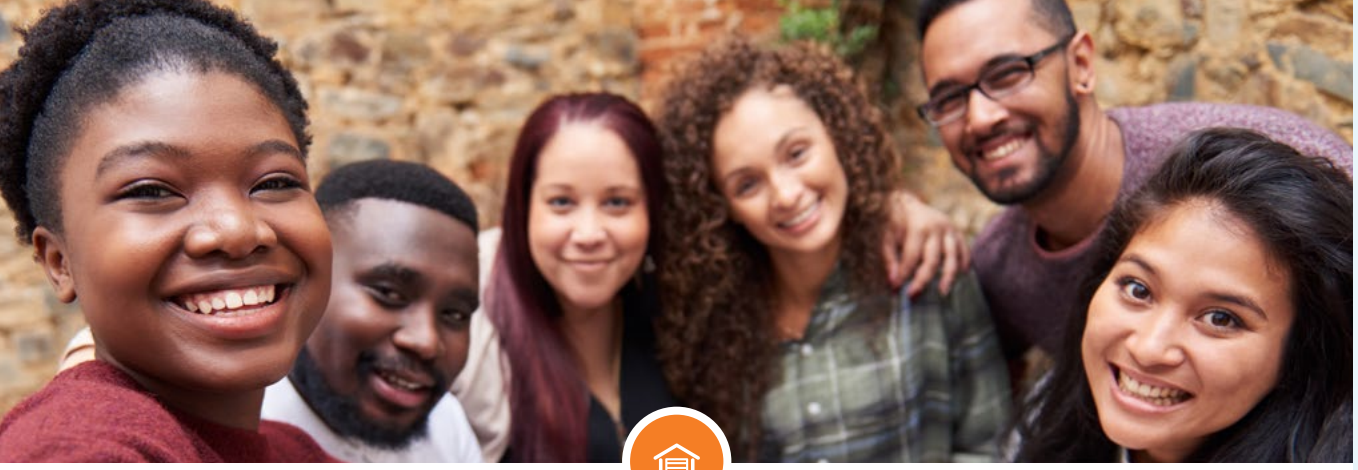
The **University of Florida** Counseling and Wellness Center (CWC) offers a range of recovery-oriented peer support groups for students. Its Intentional Peer Support (http://www.intentionalpeersupport.org/what-is-ips) group focuses on transformative relationships and is based on the three principles of moving from helping to learning together, from individual to relationship, and from fear to hope and possibility. The Experiential Peer Support (https://counseling.ufl.edu/services/gw/groups/experiental) group incorporates Hearing Voices Network's (http://www.hearingvoicesusa.org) training and values and focuses on the continuum of the human experience. The University of Florida also offers training and support for students who are creating Wellness Recovery Action Plans (https://counseling.ufl.edu/wrap). As another component of the CWC program, a trauma-informed, recovery-oriented training approach (https://counseling.ufl.edu/rights-based-approach) is transforming clinical practices to be recovery-oriented.

TAILOR approaches for specific populations and types of schools

Different groups of underrepresented students have different needs. International students, for example, may have difficulty communicating about their mental health needs in English; community college students often experience competing demands of work and family responsibilities and may require flexible scheduling or access to telephonic or online supports; and student veterans may have difficulty assimilating to the campus culture. In addition, student experiences and needs vary greatly depending upon the type of school they attend: community college, majority white or historically black college or university, commuter school, large state university, or elite four-year institution. The students on each of these campuses have unique needs and experiences. There is not one common experience for all students at each kind of institution, but it is important to recognize that programs and models that work on one type of campus may not be as successful if used at a different kind of institution. At all campuses, however, it is essential to include people with lived experience in planning and creating opportunities to expand access to and engagement with collegiate recovery support. This will allow programs to be more specific and responsive to student communities.

The **Minneapolis Community and Technical College (MCTC)** is one of Minnesota's most diverse schools, with many students of Somali and Native American descent. Minority enrollment is 50 percent, which is higher than the State average of 27 percent (Community College Review, n.d.). Because of this student body diversity, the collegiate recovery program on campus has developed a range of programming elements. In addition to offering 12-Step meetings, MCTC also hires Native American, African American, LGBT, male, and female work-study student employees to conduct outreach on campus and engage with community programs serving Somali, Native American, and African American populations.

Greenfield Community College (GCC) in Massachusetts has 43 percent nontraditional-age students (more than 25 years old) and 21 percent students of color (Greenfield Community College, 2017). GCC has an office on campus called the Community Resource Studio staffed with a variety of community partners to support the wide range of students on campus. The studio holds All Recovery meetings for anyone who identifies as being in recovery; runs a peer-to-peer support program; funds a community support intern who provides information about available resources; and operates a wellness center that holds events, provides counseling, and makes referrals to community organizations and recovery coaching. The Community Resource Studio works closely with the Western Mass Recovery Learning Community, which offers peer support, alternative healing practices, creative expression groups, and other groups such as Alternatives to Suicide (http://www.westernmassrlc.org/alternatives-to-suicide) and Hearing Voices. Because of the wide range of experiences on the GCC campus and various paths into and during recovery the Community Resource Center offers a variety of tailored recovery supports (Greenfield Community College, n.d.).

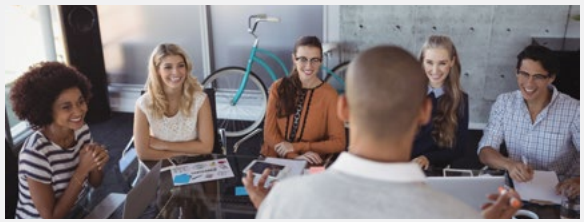


PLACE recovery supports in settings where students are comfortable being and being seen

Many students from underrepresented populations are reluctant to talk about their struggles with mental illness or substance use with others and may not be willing to visit a counseling center or collegiate recovery program. Others may live off-campus and have difficulty arranging transportation or child care to attend treatment or supports. Using technology to foster students' connection with supports at their convenience is one promising approach, and co-locating supports with other student programming is another.

The Bureau of Study Counsel (https://bsc.harvard.edu) at **Harvard University** offers a variety of support services to help students grow, learn, and engage in the Harvard community. The services provided are "grounded in a 'whole person' educational or developmental model that recognizes the interrelationships among the intellectual, social, and personal aspects of academic life and learning" (Harvard University, n.d.). The Bureau of Study Counsel houses academic counseling, peer tutoring (including English as a second language), self-help materials, workshops, and discussions along with a course in reading and study strategies. In this model, students can receive counseling for mental health issues, participate in group discussions, or meet with their academic counselor in the same location.

Rutgers University–New Brunswick has community-based counselors embedded in cultural centers and various academic departments that help reduce students' barriers to seeking mental health services by placing counselors in locations where students may feel more comfortable. One popular service the community-based counselors offer is "Let's Talk," a drop-in consultation session (Rutgers University, n.d.).



DEVELOP intentional outreach strategies

To increase access to recovery supports, collegiate recovery programs and other groups must actively recruit and reach into the community and the campus to share what is available and to create a vibrant recovery community. Cultivating relationships with other campus entities including cultural centers, TRIO, admissions, guaranteed admissions programs, regional campuses, athletic departments, and fraternities and sororities is critical to connecting with underrepresented students who may benefit from recovery supports, and to combating negative perceptions on campus about students with mental illness or substance use disorders.

On **Saint Joseph's University** campus, various campus groups hold "speak outs" to reduce negative perceptions of mental illness and recovery, increase awareness of sexual assault, explore LGBT concerns, and talk openly about other topics. A speak out can have a variety of formats, but it is a space and time created for individuals to exchange their stories. For example, a mental health speak out was a coordinated effort among various campus offices and student groups. Throughout the evening, various offices on campus provided resources and facts about mental health. Often, the more factual and resource-focused stories would follow a particularly emotional story told by a student. The goal of the speak out was to increase awareness and hope. Speak out facilitators asked speakers to relate their story, which resources helped them, and what they hoped other people would learn from their experiences. Having a speak out can offer hope to students who are struggling, increase students' feeling that they belong on campus and that others hear them, and educate students about the availability of recovery supports.

RECRUIT diverse faculty, staff, counselors, students, and student leaders

Between 2005 and 2015, the total college enrollment of Hispanic students, defined as percentage of all 18- to 24-year-olds enrolled in two- or four-year colleges and universities, increased from 25 to 37 percent and black total college enrollment increased from 33 percent to 35 percent (Musu-Gillette, et al., 2017). There has not been similar diversification, however, among faculty at postsecondary institutions. The National Center for Education Statistics reports that 23.2 percent of full-time faculty in degree-granting postsecondary institutions are black (5.95 percent), Hispanic (5.01 percent), Asian/Pacific Islander (10.77 percent), American India/Alaska Native (0.47 percent), or two or more races (1.00 percent) (National Center for Education Statistics, 2017). Students often attend classes and receive counseling and support from faculty who may not share or, in some cases, understand their culture or background. For example, at California State University at East Bay, 11 percent of undergraduate students are black. There are only three black staff members, however, in student health and counseling services and no black counselors at all (New, 2016). Students need to see, learn from, and be supported by people who are like themselves, have had similar life experiences, and are culturally aware. Staff at campus mental health centers need to reflect the campus population that they serve. If a black student received behavioral health support from a black counselor, they might feel more comfortable and understood (Meyer, Zane, & Cho, 2011; Sue & Zane, 1987; Zane et al., 2005). This is an important consideration to increase engagement with recovery supports. The more comfortable students feel, the more likely they will be to engage with recovery supports. Students may be more willing to engage if they feel heard and valued. Campus organizations and offices could create spaces for students from underrepresented groups to share their perspectives, and proactively recruit students from underrepresented groups into internship and work-study positions in roles that interface with faculty, staff, and students.

Cultivating collegiate recovery program leaders who are members of underrepresented student groups is also important. In a study of African American male student leaders at six predominantly white institutions, the men shared a commitment to "uplifting the African American community (both on campus and broadly defined) and devoted [themselves] to dispelling stereotypes, breaking down barriers, and opening new doors for other African American students on his campus" (Harper & Quaye, 2007). A study of LGBT student leaders showed that once they became leaders, they increased their level of involvement on campus, were more comfortable with their identity, and began to explore social justice issues and activism (Renn, 2007). Diverse leaders of collegiate recovery programs and other recovery supports can create a more inclusive community, increase the presence of underrepresented people in recovery supports, and increase collaboration among student organizations.

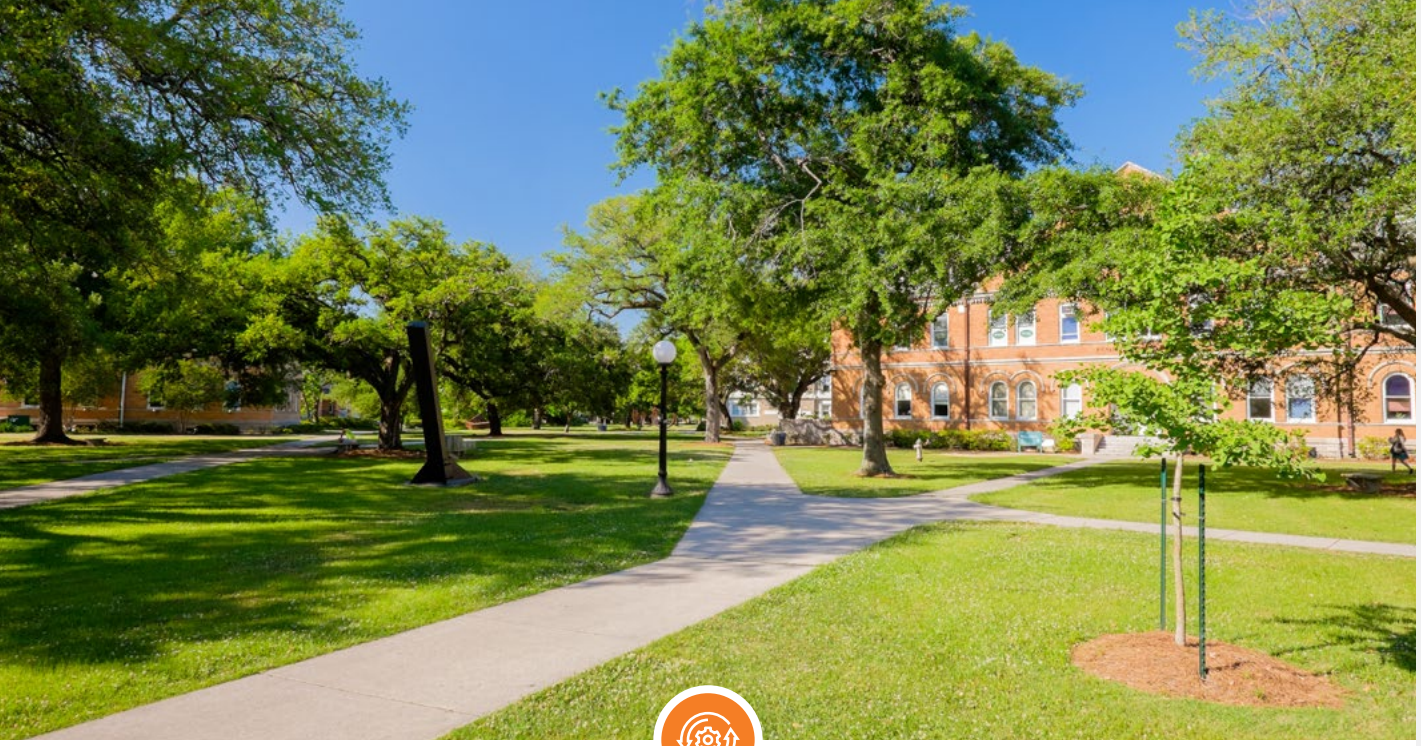
INCREASE opportunities for people with SMI, SUD or criminal justice involvement to attend college

A major reason for the lack of underrepresented students using recovery supports on campus is that for many people in recovery from mental illness or substance use disorders, other disabilities, a lack of social capital, interrupted or unsuccessful experiences with earlier education endeavors, criminal justice involvement, poverty, a lack of awareness about postsecondary options, and varied combinations of these and other challenges mean that they either do not access higher education at all or that they leave school before achieving their educational potential. Recovery community organizations, peer-run organizations, treatment providers, and recovery housing operators can be valuable connectors—linking people in recovery to information about various resources to assist them attain higher education. Collegiate recovery programs may find that by sharing information and building connections with community-based organizations serving people in recovery, they are able to support these organizations in connecting the people they serve with pathways to college and the resources they need to succeed once there.

Criminal justice system involvement, an experience shared by many people with serious mental illness or substance use disorders, as well as a disproportionate number of people of color, poses daunting challenges to accessing postsecondary education (Scott-Clayton, 2017; Steadman, Osher, Robbins, Case & Samuels, 2009; Torrey et al, 2014; The White House, Office of the Press Secretary, 2016. Because many colleges gather information about criminal records during the application process, many applicants with a criminal history may be less likely to be admitted. Schools may address this by delaying the collection of criminal record information until after an admissions decision is made and ensuring that necessary questions are clear and narrowly focused (DoED, 2016). In June 2017, Louisiana became the first state to ban all public colleges in the State from asking about criminal history during the application process (with exceptions for convictions relating to sexual assault or stalking) (Roll, 2017). New York University conducts initial application reviews without knowledge of convictions; the information is collected and reviewed by a special team later in the admissions process (DoED, 2016).

Recovery high schools (secondary schools designed for students recovering from substance use disorders or co-occurring mental illness and substance use disorders) that provide recovery-oriented programming to promote academic success and recovery, also play a key role in creating pathways for students to advance to college. GED programs, treatment practitioners, re-entry programs, and employment services providers can also do much to help those they serve who are in recovery to explore postsecondary options. Collegiate recovery programs can also reach out to potential students, to offer them information about postsecondary options and campus-based supports for people in recovery.

Texas Tech Center for Collegiate Recovery Communities, for instance, established a program in 2015 called Providing the Outside World with Empowerment and Resources or POWER. POWER's mission is "to provide a foundation and a voice for under-represented individuals in recovery by delivering positive end results through opportunities for success." POWER reaches out to and seeks underrepresented students in recovery from mental illness or substance use disorder, or both, and offers career counseling, academic advising, and assistance with the collegiate recovery program (CRP) application (Center for Collegiate Recovery Communities, n.d.). Intentional outreach and engagement with the community can increase access to recovery supports and spread the word among underrepresented populations.



DEVELOP pathways back to school for students who have left college for reasons related to their mental health issues or substance use

Many students who start college leave due to reasons related to their mental health issues or substance use disorders. A growing number of promising models for supporting students in resuming educational pursuits are available, but many of these may be difficult or impossible for low-income students to access. Life of Purpose (https://www.lifeofpurposetreatment.com) focuses on treating young adults whose substance use has disrupted their education. The program offers primary care, intensive outpatient treatment, academically focused aftercare, and recovery housing. College Re-Entry (https://collegereentry.org) helps people with mental illness get back to school. This program assists students with regaining academic skills, improving wellness, and reconnecting with the community. Boston University's Mental Health Programs also assist students living with mental illness to develop supports, academic skills, and resilience to achieve their academic and personal goals. These programs include NITEO (https://cpr.bu.edu/living-well/college/programs/niteo), which is an intensive, one-semester program that supports young adults with mental illness, and College Coaching (https://cpr.bu.edu/living-well/college/programs/college-coaching) which is for students in college or seeking to return. Expanding access to these types of supports for low-income students is one promising strategy for increasing opportunities for underrepresented students in recovery to achieve their educational goals.

Conclusion

Underrepresented student populations with mental health issues or substance use disorders have distinct recovery support needs. Working together, stakeholders in their success—including treatment and recovery support providers, college and university leaders and departments, collegiate recovery programs, and other student groups can expand access to the treatment and recovery supports that they need in order to achieve their goals in college and beyond.

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