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Walking into a counseling office is nerve wrecking enough, and for Boone students walking in the Miles Annas building, it can feel like trying to solve a puzzle. For a lot of Mountaineers dealing with stressors, anxiety, or burnout, trying to get help on campus can feel extremely disconnected. Right now, if you are struggling and seek help, you basically get directed into one of two different tracks which are going to the second floor of Student Health Services for a quick physical check, or getting put on a long waiting list for counseling on the first floor.

As a student both studying social work, and working on an inpatient psychiatric unit, I see this gap every single day and can see that same gap for students physically on campus in Boone. Social work students learn about how hard it is for people to find housing and food, while nursing and health sciences students are learning about physical medicine.

To make App State a better place to live and study, the school needs to break down these barriers. I believe both App state and students that attend would benefit from the university starting a student-led Multidisciplinary Crisis Response Team. By bringing together clinical healthcare knowledge and social work skills on the same team, we can help students before they drop out or are simply forgotten about due to a crowded wait list to be seen.

This approach isn't just about making better referrals. It's about changing how we look at health. In the medical world, people usually only look at physical symptoms such as a racing heart, insomnia, or panic attacks. But a medical approach only looking at the physical sometimes misses the whole picture. According to a landmark public health study published in the peer-reviewed journal "Health Affairs," up to 80 percent of a person's long-term health outcomes are determined by social factors rather than doctor visits. This means poor housing, insufficient food, financial stress, and loneliness contribute to someone's healthcare much more than thought about.

When a student shows up at the campus clinic with terrible anxiety, a nurse can check their heart rate and talk about the medication options, but what if that anxiety is happening because the student is about to get kicked out of an overpriced apartment, or because they are skipping meals to buy textbooks and school supplies? Medicine won't fix that. However, a social worker can help find emergency housing or a food pantry, but they might not know how to handle a physical medical emergency or a bad reaction to a prescription. Different needs require different skills.

The campus resources are stretched way too thin. A report from "The Chronicle of Higher Education", talks about an influx of mental health crisis on college campuses everywhere, and counseling centers are struggling to keep up. App State is facing the same problem. With research into our student newspaper, "The Appalachian" indicates that Student Health Services

see a massive 17,000 to 18,000 students every single year. In these reports, health administrators openly admit that matching their available services to student demand is a constant struggle, saying, "We feel like we are always behind." Meanwhile, the Counseling Center faces the heavy weight of helping thousands of students with a small team, leading to long wait times, and even longer checkups for a population that needs help now.

A student-led team could help fill this gap right now, especially as the campus recovers from major, stressful community events. Following the community trauma of Hurricane Helene, student writers for, "The Appalachian" highlighted how vital it is for students to have immediate, ground-level spaces to talk and regulate their nervous systems through physical grounding techniques when they are feeling totally shut down or amped up. As well as student-run initiatives like the campus chapter of Active Minds further prove that students at Boone already want to build an open space where people can talk about their mental health journeys. But, they need a formal, clinical framework to support them.

As the idea could develop further, but as it stands it would be a peer supported model where a senior nursing student and a senior social work student respond to non-emergency student distress calls together. The nursing student can help the person calm down physically and assess their basic health. While, the social work student examines life stressors, develops a safety plan, and connects them to local community resources.

This idea isn't brand new. Mobile crisis teams that combine medical and social work care are becoming the top standard for community health across the country, according to reports from the federal Substance Abuse and Mental Health Services Administration. Bringing this to App State does two notable things. It gives fast, real help to students who are hurting, and it gives pre-professional students at Boone a real-world practice before they graduate.

However, the cons of this would be a worry about liability and money. Is it safe to put students on the front lines? Of course, this wouldn't replace professional doctors, therapists, or 911. Instead, these student teams would act as a trained first step, working under strict rules, regulations made by faculty advisors. As national professional groups like the National Association of Social Workers reference, supervised fieldwork is already required to earn our degrees. We are already doing this work in separate clinics and internships anyway, but we could do it together.

Plus, funding a team like can save money overall. It costs the university way more when students fail their classes or drop out from the school. Investing in early care keeps students healthy and in school. National research from the American College Health Association shows that effective, easy to access campus wellness programs lead directly to better grades and higher graduation rates.

The university advertises the "App State family" and taking care of our community often to get students to attend. But real care takes actual action, not just kind words on admissions brochures. Struggling students can't keep going back and forth between different offices, hoping they have the energy to follow up on random sticky notes and phone numbers.

The administration needs to fund a pilot program that brings health science and social work students into the same room. Our students are ready to do the work, our campus desperately needs the help, and the answers are already right there in our textbooks. It's time to take them out of the classroom and put them to use on the mountain.

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