Wellness for students of color requires... normalizing discussions about wellness and mental health.

#YoungGiftedWell2019 #SteveFundHarvard
This spring, The Steve Fund’s convening at Harvard University was called Young, Gifted & Well. Previous conferences bore the name Young, Gifted & @Risk. It’s not as if the mission has changed, or that bright students of color no longer face obstacles in higher education, but the successes of The Steve Fund’s initiatives in research, solutions and other endeavors call for a more hopeful message.

Gordon Bell, a graduate of Harvard College and the Graduate School of Business, served as master of ceremonies. Introducing his nephew, Evan Rose, Harvard Class of 2009, Bell told the audience, “Evan came up with the idea days after we lost Stephen, his best friend and brother” to suicide. In their sadness and grief, the family created The Steve Fund.

Evan Rose said he starts each morning taking stock of his mental health, and urged each person in the room to “take a minute” to do that, too.

“The Steve Fund has expanded well beyond us,” making significant progress and using advances in technology and social media to improve the mental health of young people, so we “need to reframe from [a message] of deficiency to one of optimism.”

In his welcome, Harvard Provost Alan Garber pointed to the evident increase in self-reported mental health issues among college students in the past decade. “We are not keeping up with the increased
demands of our students,” and “we’ve discovered that the ways that we’ve dealt with these issues are not particularly effective.”

A key leader in accelerating meaningful change at Harvard, and the conference’s sponsor, is Dr. John Silvanus Wilson Jr., an alumnus of Morehouse University who served as its 11th president. He received a B.A. from Morehouse College, a Master of Theological Studies degree from the Harvard Divinity School, and both Master’s and Doctoral degrees in Administration, Planning and Social Policy from the Harvard Graduate School of Education. Dr. Drew Gilpin Faust, Harvard’s only woman president, asked him to serve as senior advisor and strategist to the president (now Lawrence Bacow) to ensure that the findings and recommendations of the recent comprehensive Task Force on Inclusion and Belonging are heard and implemented. Dr. Wilson was an active and vital presence at this conference.

“Another rock star” on the program, as Bell introduced her, and a co-sponsor of the convening, was Dr. Bridget Terry Long, dean of the Harvard Graduate School of Education. When she came to Harvard after graduating from Princeton, there was one black student “every other year,” in her doctoral economics program.

“Nearly five times as many students are reporting mental health issues than ten years ago,” Dr. Long said. “I very much identify,” even though “I came well-prepared.”

In the first Plenary, Dr. Josephine Kim outlined “Cultural and Social Determinants of Mental and Emotional Health.”

“Suicide is the second leading cause of death in college students,” she said, “and 75% of those with a chronic mental health illness experience onset before age 24.”
Students and presenters noted throughout the day that there is plenty of work still to be done to prevent the 1100 suicides on college campuses each year.

One of Dr. Kim’s analogies particularly resonated with audience members: comparing the sometimes invisible barriers of living with mental illness to mobility issues requiring a highly visible wheelchair, where stairs are an obvious impediment. Is the solution to get the person’s body to work better or to remove the barrier?

Dr. Kim holds dual appointments in Harvard’s Graduate School of Education and School of Dental Medicine. She took the audience through theories that have informed past strategies and practices, and newer ones demonstrating better results. Even today, creators of structural racism are often oblivious to obstacles for students of color.

“When it’s embedded in the culture--‘Harvard being Harvard,’” she said, matters large and small conspire to make anyone “other” than students and professors of earlier generations feel like outsiders. Consider the example of a professor who assigns his students to cover a concert, mentioning that formal dress will be required. Not wanting to be embarrassed, any student without the “proper” dress may not speak up, feels he/she cannot attend thus fails the assignment. “That’s social exclusion,” Dr. Kim explained.

By contrast, experiences of representation – “someone who looks like me” – make those who are not straight white men more comfortable in almost any environment. These experiences include:

**Mirroring:** “reflects back value,” finding someone who has had similar experiences, validating that the person sharing “is not crazy.”

**Twinship:** “I am not the only one. There are things I don’t have to explain.”

**Idealization:** “Someone I can look up to, who inspires.”
“As people of color,” Dr. Kim said, “we need to have spaces where we feel really safe, “to get energy to sustain us in other spaces.”

Any stereotyping can be detrimental, she noted. As a Korean-American, she and other Asians are often assumed to be excellent at math and science. Latinx students report people calling them by the same names, as if they were interchangeable. African-American females who speak up deal with the “angry black woman” stereotype. Frequent micro-aggressions like those lead to depressive symptoms, Dr. Kim said. And while all students of color are less likely to seek help than whites, “Asian students wait the longest, five years, until it’s a crisis.”

“All students need more mental health literacy,” she said, and specific populations require programs tailored to cultural norms, both hidden and explicit. “The absence of representation,” among peers, professors and in the visual environment of artwork, statues and portraits, “perpetuates acculturative stress – trying to fit into a host culture.” These factors contribute to Imposter Syndrome, Dr. Kim said, the “fear of being found out as a fraud.” In her best-selling book Belonging, Michelle Obama writes that she experienced those feelings when she went to a selective high school and then to Princeton and Harvard Law School: “Am I good enough? “Do I deserve to be here?”

Individual students often blame themselves for anxiety or panic attacks, Dr. Kim said, citing academic research on the physiological effects of oppression such as fatigue, stress and worse.

She recommends turning the prism, reversing the question, just like the wheelchair example: “It’s not a fit issue for the student, it’s a fit issue for the institution.”

Dr. Anthony Abraham Jack, author of The Privileged Poor: How Elite Colleges are Failing Disadvantaged Students and assistant professor at the Harvard School of Education, presented his research on students who were the first in their families to go to college. He separated them into two groups: the “doubly disadvantaged,” those who stayed in their home environments and went to local public high schools and the “privileged poor,” those who studied at prestigious prep schools before matriculating to university.

“College is a land of unwritten rules and unsaid expectations,” Dr. Jack said, with “unequal rewarding.”

Many lower-income students, particularly those who are first in their families, hear the word “fellowship,” for example, and think “church,” not something to seek that would advance their academic careers. But this goes beyond awards and honors, he notes. “Keep in mind: if an undergraduate is uncomfortable asking for help for an assignment, how likely are they to ask for help for a diagnosis?”

“My research showed a significant number of disadvantaged black students” who, like former Massachusetts Gov. Patrick, went to fancy prep schools (Milton Academy, in his case) and became comfortable with norms that helped them succeed in college and career. Meanwhile, the “doubly
disadvantaged,” even when native English speakers, literally did not speak the language of academia.

Professors wondered why students did not come to their office hours. Finally, someone asked. The doubly disadvantaged thought those announced hours were when their teachers wanted to be left alone, not what other students knew: getting to know their professors resulted in benefits such as extensions on assignments and letters of recommendation for internships and jobs.

Dr. Jack shared stories of black, latinx, and white students he interviewed. A young woman named Valeria told him her father, a blue-collar worker, emphasized self-reliance, “hard work, not kissing ass.” Another student said she felt overwhelmed and couldn’t focus. Eventually, she discovered that most of her peers seemed so much more alert than she because they were taking Adderall, which was not on her radar.

Many lower-income students experience divided loyalties, pressure from home and pressure to make the most of academic opportunities. Families say, “You abandoned us,” Dr. Jack recounted. A student named Rose was depressed and not sleeping, doing poorly in her studies and feeling guilty on all counts. “It doesn’t matter [to college officials] your Mom is dying, you still need to perform to the same level as others.” It wasn’t until that student suffered a breakdown and was walked to treatment by friends that she got therapy. “I thought I could do it on my own,” Rose told him, “I don’t like asking for help.”

Meanwhile, the “privileged poor learned how to lean on their teachers at boarding and prep schools. They instilled that’s how you get ahead in this world,” Dr. Jack said.

When members of the two groups, perhaps outwardly alike because of skin color, met on campus, each thought the other “crazy” for what they did and did not do. Childhood and adolescent experiences of the two groups impact student assumptions.
The “doubly disadvantaged” had much more exposure to school disorder and violence, and much less to white students. While the latter factor is not intrinsically a plus, research shows that multi-ethnic high schools produce better academic results. The environment exposes students to variations in, and celebration and understanding of, different cultural expectations.

Another “everybody knows” disconnect in college is the “add-drop” period. Students in non-elite public schools had a set curriculum, no electives, so hearing this phrase meant nothing to them. Thus many missed out on opportunities to craft class schedules and choose instructors that better met their interests, goals and learning styles.

“Faculties and counselors have to recognize their own blind spots,” Dr. Jack said. First-generation students also bear a burden of educating their families about college culture and terminology. Valeria’s father, for example, instilled his values: “keep your head down and do the work.” Following those rules, she could easily be ignored or overlooked.

Dr. David Rivera, associate professor at Queens College of the City University of New York, and a Steve Fund advisor, asked the audience at the outset of Plenary Two how many had taken an Introduction to Psychology course when they were in college. Most hands went up. He then debunked what most of us were taught.
“I work directly with young people, so I know how vital prevention is,” Rivera said in opening the Intersectionality and Mental Health Plenary.

“I want to dispel the myth of universality,” citing curricula focusing on three dominant theories about normal compared to “abnormal” psychology: psychoanalytic, behavioral and humanist.

“For all too long, psychology has done a lot of damage,” Dr. Rivera said. “And I’m a psychologist by training.”

He is also an out gay man. Until 1973, according to the American Psychiatric Association, homosexuality was classified as a mental disorder.

Dr. Rivera’s experience and those of people of color have led to “a fourth force” in understanding and treating mental health issues: “multiculturalism.”

It’s a “more collectivist sense of health,” he explained, looking at relationships with other people and the defining characteristic of various cultures and sub-cultures, acknowledging and using rituals and traditions. “The individualism of the first three schools of thought led people to believe there was ‘an expert,’” while “multiculturalism focuses on the patient being the expert on their life.”

Still, medical providers, in particular, are way behind this cultural understanding, said Dennis Dacarett-Galeano, soon to graduate with a Master of Public Health degree. He was part of a student panel commenting at the end of this plenary.

“Medical training is very poor about issues of cultural complexity,” he said. Providers are trained to be more aware of their own biases, implicit or not, but that orientation still focuses on them rather than the patient.

Dr. Rivera addressed this core issue earlier: “A cookie cutter approach in any field does not meet the mark,” he said. If that attitude is unrecognized, it “contributes to a conspiracy of silence.”
“When we don’t acknowledge…how privilege is dictating the forces” or fail “to give voice to experiences marginalized people have had for generations, it leads to erasure of identity,” he said. People disappear into depression when they feel no one sees or cares about them.

The annual web-based Healthy Minds survey of U.S. undergraduate and graduate students shows that low-income, first-generation students of color are the most vulnerable to college-onset mental health issues.

“I identified” with all of the risk factors, he said, growing up in a rural area across the road from their church. Family and religion taught that homosexuality was a sin.

Dr. Rivera gave a tutorial on the work of Kimberlé Crenshaw, a critical race scholar, whose first research question, in the late 1980s, centered on why black women weren’t being believed and unfairly treated in the justice system. Her more recent work, which he highlighted, is the “intersectionality tool.” The word “intersectionality” has been oversimplified by popular culture, he said, into only an individual’s identities. Crenshaw’s concept is far more complex. She says “a lens through which you can see where power comes and collides, where it interlocks and intersects with individuals’ and cultural groups’ attributes, looking at the structures, the systems of society, that dictate how we see ourselves.”

People of color are often unaware of these strong yet often invisible forces at work, he said, which is why it’s important to teach.

“Even the marginalized play a role if we go along and don’t challenge it.”

Dr. Rivera also cited the work of Dr. Kim Case, a professor at the University of Houston, another pioneer in defining and exploring intersectional pedagogy. He showed a graphic from one of her books, describing it as the best illustration of the multiple pressures in play on each individual in a given structure.

“We all do a lot of code switching in our daily lives,” Dr. Rivera said of himself and everyone else defined as “other.” Our minds immediately make identifications—male, female, black, white, old, young. Others are hidden, depending on how a person chooses to present.
An individual may choose not to foreshadow certain aspects, he said, noting the conventional male attire he was wearing.

The illustration on the screen behind him clearly included multiple concentric and overlapping circles, but what do the gears represent? He suggested they show how systems of privilege and oppression put into motion the ways we understand ourselves and the nature of our involvement with institutions, such as education and healthcare.

“The wheels are putting things in motion…we are navigating life with multiple sociocultural identities that are often competing…” These forces can go on for some time without colliding, but then: “opposing cultural values” may collide with structural issues.

Crenshaw says when you feel like you have to sacrifice a piece of yourself that society does not value or affirm, this can cause dignitary harm. “If you don’t believe you deserve good things, you are not likely to go after them— and good things just don’t land in your life,” said Rivera.

Crenshaw, the theory’s author, divides her time between teaching at the law schools of University of California-Los Angeles and Columbia University, as well as writing. Dr. Rivera said there is much for
researchers to explore in further unraveling the theory’s ramifications. A good first step to understanding these concepts, he suggested, is the Equity in Mental Health Framework, developed by The Steve Fund and the Jed Foundation.

Moderated by Deanna Lee, a senior advisor to the Carnegie Corporation, a student panel responded to and amplified Dr. Rivera’s points. Lee is a multiple award-winning broadcast journalist, a first generation Chinese-American who grew up in Seattle and graduated magna cum laude from Harvard. She was elected to Harvard’s Board of Overseers in 2013.

She asked the students how their intersectional identities informed their lives and their reasons for being on this panel.

One student described herself as the “proud, privileged daughter of two Pakistani immigrants who endured crazy amounts of racism and discrimination.”

Her parents frequently worked three jobs each, with the goal of providing their daughters with the best education possible. When she got to Harvard, wearing hijab, “I realized I was queer…my parents don’t know. I’m out only on campus. It’s surreal.” She is the president of the Harvard Divinity School Student Association and soon will be awarded her Master of Divinity degree with a specialty in Islam, Ethics and Politics. After 9-11, she said, her father was working at a Harley-Davidson plant in Michigan. His supervisor dismissed him from work early, saying he could not guarantee his safety. “He went home and found our house had been destroyed.”

Another panelist, close to earning her doctorate from the Harvard Chan School of Public Health, is vice president of the Black Student Health Organization (although she identifies as Latina). She said her first attempt at a doctoral program, immediately after college, did not go well. She was the only Latina in the program. One night, her mother called to tell her that her best friend had been killed by her boyfriend.

“I was 25 and facing mortality,” she said. “I was studying health disparities, but (felt) I could not bring up gender violence in my program.”
A third student, studying at Harvard Law School, said she grew up in a conservative Korean-American family in Missouri, with a younger sister, “in a home of domestic violence.” As she has grown older and broadened her perspective, she realizes, “I had a lot of embedded trauma from experiences in childhood, such a sharp divide between what I had understood to be my reality and what the survival strategies were…my journey is about unlearning so many things.”

An undergraduate studying to be a school counselor told of finally summoning the courage to ask her parents about mental health services. They replied, “You can just talk to me.” To laughter from the audience, she recalled thinking to herself, “No! Because I want to talk about you!”

There were five afternoon break-out sessions, followed by a debrief. During “Reflections,” moderators provided key takeaways from each smaller group. Dennis Dacarett-Galeano said he was expecting his session addressing Self-Care to discuss micro-level strategies, and was instead “blown away” by panelists’ insights into navigating college as undergraduates with mental health issues and what institutions could do better.
Tariana Little said participants in “Resilience through Art,” led by Michelle Napoli, an art therapist and adjunct professor at Lesley University, learned about indigenous ways of non-verbal storytelling, and “the resilience of identity, voice, cultural patterns of connection, racism, genocide, fear and grieving.”

“Resistance is a heart on fire,” Little cited as her most memorable take-away “I was really touched by her looking at art as cultural reclamation theory.”

Osiris Rankin, a graduate student of Dr. Matthew Nock, Edgar Pierce professor of Psychology at Harvard, said he was surprised to be in a group whose members couldn’t stop talking about suicide. “I’m used to people not talking about it.”

His session was called “Understanding the Nature of Suicidal Behavior.” Rankin said the main takeaway was the degree of negativity in suicide research. “What is going right?” He asked each participant. “What do you do to take care of yourself, on a day-to-day basis and in moments of crisis?”

A practical preventative step he recommends is a metaphorical “fire-drill,” so “you know where the exits are” before experiencing suicidal impulses. A counselor in the audience asked him to elaborate. “We’ve found suicidal thoughts to be somewhat fleeting, that strong urge for someone to hurt themselves,” Rankin replied.

Dr. Nock and his associates want individuals to know and practice how to survive those suicidal moments. Those “exits,” discussed in advance to develop an individual plan, can include questions to be answered and tangible actions to take, such as:

- What activities can you do to get through it?
- What person can you talk to (either about ‘the problem’ or not)? Who is a trusted person to confide in?
- Removing any means of suicide anywhere nearby.
If a person is resistant to thinking this through, a counselor can ask and recommend:

- Do you have a therapist?
- If not, would you like the number of one?
- “Let’s talk about this before you’re in a crisis. Keep yourself safe….Do we need to take a gun out of the home? Make sure your bullets are separate from the gun.”

Jenny Hsi, a doctoral candidate at the T.H. Chan School of Public Health, reported on Asian Women’s Action for Resilience and Empowerment, led by Dr. Hyeouk Chris Hahm, Chair of Social Research at the Boston University School of Social Work. She said two counselors at Harvard are of Asian ancestry. The AWARE intervention program at Harvard last fall showed positive results in increasing help-seeking behavior and reducing anxiety and even PTSD by Asian students, she said. AWARE also focused on partner violence and Asian-American students’ feelings of inadequacy.

Keona Wynne, a Howard University alumna now a PhD candidate in population health sciences at the T.H. Chan School of Public Health, reported on the session, “Decolonizing Mental Health.” Wynne’s graduate work focuses on “the ethical issues surrounding resource allocation, minority and vulnerable population protection and social justice.” She appreciated this session because participants engaged “in an action-oriented way, advocating a new toolkit, Pre-K to Psych 101.”

Even though decolonizing itself is very difficult to achieve, the group also brainstormed about what their worlds would look like if/when that happens. “Everyone agreed that lectures on ‘cultural competency’…aren’t cutting it,” and that comprehensive curricular reform must take place so that students and faculty understand the origins of health disparities.

Plenary Four was delivered by Dr. Rivera. He reviewed statistics about the huge increase of college students of color in this century, highlighting critical survey data about the scope of their mental health challenges. While a 2015 Harris poll of college students found many feel “overwhelmed,” black students were more likely (51%) than their white peers (40%). Three-quarters of black students say they keep their feelings to themselves; 61% of white students reported suffering in silence. Only 28% of students of color reported feeling a sense of inclusiveness on their campuses (compared to 45% of white students).

Dr. Rivera emphasized not only the need to recruit students of color but to also pay more attention to their retention. He encouraged audience members to look in-depth at the resources on The Steve Fund website, particularly the Knowledge Center. He urged students to send their parents the link to a webinar specifically addressing parental concerns.

Dr. Stephanie Pinder-Amaker addressed “Race and Identity Across the College Mental Health Eco-system.” She is the founding director of the McLean College Mental Health Program and an assistant professor at Harvard Medical School.
In addition to the risks addressed earlier in the conference, she pointed to other negative practices on campuses, combined with not seeking professional help, that lead to self-harm and suicides. These include binge drinking, substance abuse, cyber-bullying, stalking, hazing, sexual assault and harassment.

“All of these mean Job Number One – thriving in the academy – is compromised. No campus is immune from these issues,” said the Duke alumna. At McLean, “we work with hundreds of students” every year, double the number of only a decade ago, coming to the renowned hospital from more than 200 institutions in this country and abroad.

The work is data- and research-driven, studying the effectiveness of interventions and resulting in better care and “a significant amount of outreach education,” Dr. Pinder-Amaker said.

More than half of young adults in the United States are now attending college, she said. The ethnic minority presence was 10% of undergraduates in 1976, 35% in 2010 and continues to grow. International student enrollment has increased 62% in the past 25 years, she said.

“Race, ethnicity, gender, sexual orientation, religion, ability/disability interact in an intersectional way and also intersect with our higher education system,” she said, producing “complex and sometimes unpredictable outcomes.”

The increase in international students provides unique challenges for mental health professionals. They cannot take a semester off to get better – their student visas could easily be revoked. The number of students with disabilities has doubled in the past two decades. “Many more students qualify for Americans with Disability Act” accommodations, she said. The accommodations often are not the problem, however. Many students with disabilities reject that label, so are not accessing services, telling administrators, “college is our first chance to be normal.”

There is “very high internal and external pressure to succeed while ‘being a normal student’ among all demographic groups, particularly at elite competitive colleges,” Dr. Pinder-Amaker said.

Demand for McLean’s outreach services keeps growing, but priorities have changed, she noted. Top concerns now are:

- Insufficient identity and cultural excellence among college staff.
- The number of requests from high schools and colleges, a “remarkable shift” in seeking to diversify staff quickly and effectively.
Using herself as an example, identities she seldom thinks about include being a well-educated adult with privilege. Her identities as African American woman are visible and defining. “I have tremendous pride in this deep and rich culture,” she said, “but, without question, these identities are correlated with more barriers—I think about these multiple times a day.”

While this list is longer than any on applications or surveys, it is far from complete, and different identities come into play regularly, evoked by current events and individual experiences. Examples of “seminal events that might affect a student’s sense of belonging” are:

- Resurgence of white supremacy
- Documented crimes against Jews, Muslims and others for their religious beliefs and dress
- Charlottesville
- The steady drumbeat of “Me Too”
- DACA – the Dreamers – (Deferred Action Against Childhood Arrivals)
- Colin Kaepernick, the former National Football League player who protested violence against people of color by not standing for the national anthem, who was both celebrated and condemned
- The persistently-high rate of black men being shot
Further, she said, microsystems on individual campuses can affect student mental health, such as:

- New financial aid policies
- Renaming of campus positions (e.g. changing house “master” to “dean”)
- Replacing campus monuments
- Portraits in places of honor of slaveholders
- Controversial campus speakers
- Admissions discrimination lawsuits
- Architectural challenges to inclusivity
- Hate crimes and protests, even releases of diversity reports and climate surveys

College administrators must consider, “Who are the students, based on their identities, who would feel vulnerable based on these events and issues? How do we do a better job of supporting these students?”

Students themselves are becoming more vocal about their needs, Dr. Pinder-Amaker said. McLean did a case study on a movement that “emerged organically in 2015-16, protests and demands that their needs be met.” Concurrently, “trainees at McLean also were pressing for more culturally informed training.”

Four psychiatry residents volunteered for a pilot program at a college that requested it, directed by Dr. Pinder-Amaker. “The details were all guided and driven by student voices on that campus,” she said.

The team held focus groups with students and faculty to assess needs and treatment barriers. Among the results of that project, “we offered a racially affirming and safe space to discuss experiences of being underrepresented students and the impact those experiences have on mental health.

“Students receive and provide support,” she emphasized. “We heard repeatedly that it’s not enough to learn how to cope with microaggressions and racism. We have to go beyond that work to help them to heal, thrive and excel in the academy.”

For those wanting to replicate this model, she cautioned, “Always think safety and sense of belonging first. It’s so easy to make a misstep, so important to have focus groups first.”

Near the beginning of the pilot project, her team “learned overwhelmingly” that the existing counseling offices were not considered a “welcoming” space. More conversation lead to a decision to do the McLean work at the Black Student Center. Dr. Pinder-Amaker was initially worried that this location would limit the population served, but “it became one of the most diverse spaces I’ve encountered on any campus.” She and others at this conference stressed that it’s valuable for students to say out loud, “I’m the only...” Even more valuable is connecting them with others in that situation for coalition-building and the potential for more power and influence.
“Acknowledge institutional support while pressing for change,” she advised, and this includes important details like providing food – “good, healthy, food, too, no pizzas.”

Not only did that nutrition allow students to maintain energy and attention while they missed regular lunches to attend the sessions, it was a tangible sign that their college supported these efforts.

Dr. Pinder-Amaker detailed two other McLean cases; the first for all tutors at Harvard, including those from engineering and chemistry. “We asked them to do their own work first to understand their own identities,” even though it was the Race Relations tutor subgroup that called for this process.

“We taught basic skills of validation, positionality, emotional preparedness and creating welcoming and identity-affirming spaces, she said, providing “language that is not off-putting or stigmatized.” In multi-cultural competence training for any audience, “it’s important to model the self-reflective behavior,” such as identities that can be hidden.

She cited the work of Dr. Kenneth Hardy, using his own identity to be “the broker of permission.” He might preface comments by saying, “As an African American,” or, “As a black therapist,” letting the client know, “I’m okay acknowledging race; I’m even okay if we talk about it.” This tactic is not only useful in therapy, Dr. Pinder-Amaker said, but can be helpful in meetings of faculty, students and activists.

“Wherever you sit, we may very well be the brokers of permission. It’s incumbent on us to address race, identity, gender, sexual orientation” and more, she said. Such practices “have important mental health implications for the students among whom we are so privileged to be able to work.”

In closing the convening, Dr. Wilson recalled the April 4, 1968, assassination of Dr. Martin Luther King Jr., when “the world changed.”
Colleges had already made offers of admission, but “they started recruiting in places they never had before,” Wilson said, making spring 2019 “an anniversary of sorts,” because that autumn “10 times more students of color” arrived on U.S. campuses than had matriculated a year earlier. “That’s where it started,” he said. Now, the undergraduate population “is almost half minority.” Despite that critical mass, he said, “minorities are more likely to exhibit stress because they feel unprepared socially and academically.”

As the presentations and conversations of this convening demonstrated, today’s students, counselors and university leaders have much more awareness of cultural differences and many more treatment strategies and tools than they did even a decade ago.

“We feel we can do something about it,” Dr. Wilson said. “As we approach the 50th anniversary of that September… it is incumbent upon Harvard to partner with The Steve Fund.”

“This is a start to a movement to change our culture at Harvard University and across the nation,” he said, and macro-solutions are crucial. But so are individuals and their stories.

“In the name of Steve Rose, we’re going to do,” he vowed, as well as for current students still suffering, several of whom spoke up at the convening, whether they were on the formal program or not.

“We’re looking to do some powerful things here at Harvard University,” he said, noting that already four academic deans are women of color. “Harvard is about leadership and we’re going to lead in this way, too.”

Then Evan Rose thanked Dr. Wilson, the Harvard team and The Steve Fund staff, after which the audience applauded and made sure to get contact information of new friends and future collaborators they had met this day.
Wellness for students of color requires...

the collective belief that all students of color deserve to feel supported, accepted, and well. (Constant revisiting is a must!)

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