

American Undergraduate Mental Health

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I. Introduction

According to the US Census Bureau, 79 million Americans, or roughly a quarter of the entire population in the United States, are enrolled as a students in either pre-school, kindergarten, grade school, undergraduate studies, or graduate studies. 17 million of these students are pursuing an undergraduate degree (U.S. Census Bureau, 2006).

While all students face a range of mental health concerns, it is important to consider undergraduate students as a distinct group. Undergraduate students face a unique set of circumstances which play an intricate role in the manifestation of emotional health problems. In 1999, the Counsel for the Advancement of Standards in Higher Education, when evaluating campus counseling programs, identified these concerns as primarily being related to development and adjustment needs with the goal of preventive counseling. Undergraduate students face a transition period in their lives where many changes are occurring. Often, students leave their parents and guardians to live in dormitory settings. In this new setting, students are given greater personal responsibility and will have to learn to cope with new challenges without the immediate guidance of their parents. Students will have to also leave behind their old friends and make new ones. College students will face new social situations including a greater exposure to alcohol and drugs. For many students, financial concerns begin to be a concern. Furthermore, throughout college, especially towards graduation, students often face uncertainty regarding their next steps in both their professional and personal lives (Education, 1999).

Over the past decade, the demographics of college students have changed considerably. Universities and colleges across America are seeing more minorities, foreign or first generation, female, and older students over the age of 25 enroll in their undergraduate programs (Choy, 2002). Just as the demographics of college students have changed, the mental health needs of

students have changed as well. While traditional concerns such as developmental and informational needs remain, students are presenting to counseling centers with more severe and chronic psychological concerns including depression, anxiety and substance abuse.

Recent tragic events, garnering significant media coverage, further emphasize the uniqueness and importance of collegiate mental health. Tragic school shootings occurring at Virginia Technical University in 2007 and Northern Illinois University in 2008 highlight not only the shift in the realm of mental health problems from adjustment needs to more serious chronic mental conditions, but the importance of the implementation of sound mental health treatment resources and policies in order to target early intervention and prevent future tragedies from occurring.

The goals of this chapter are to:

- 1.) Describe common mental health concerns facing undergraduates
- 2.) Highlight the extent of unmet treatment need
- 3.) Offer solutions to improving the mental health of undergraduates.

II. Common Mental Disorders in the Undergraduate Population

Before discussing the mental health concerns facing undergraduates it is important to clarify the term *undergraduate*. In the context of this chapter, *undergraduate* will refer to students pursuing education immediately beyond the high school (secondary) level. This includes those pursuing both four-year bachelor degrees and those pursuing 2-year associate degrees.

There is evidence to show that depression, anxiety and stress are the most common mental health issues facing college students. A recent survey of college students across America reports that depression, anxiety and stress are in the top ten reported barriers to academic success.

Furthermore, depression and anxiety are ranked number four and six, respectively in the top ten reported health problems afflicting college students (The American College Health Association, 2006). These concerns are not mutually exclusive. For a definition of depression and anxiety disorders please refer to chapter H-2

A. Depression

Depression is by far the most prevalent mental health concern amongst college students. A study reporting the results of annual surveys regarding collegiate behavioral health, conducted by the American College Health Association, reported that nearly 15% of all college students in 2006 had been diagnosed with clinical depression at some point in their life, compared with 10% of all college students in 2000. The same study shows that depression does not only refer to the minority with clinical depression: nearly half of all college students felt so depressed at one point in time that they had trouble functioning.

Depression in college students has also been closely associated with several serious consequences including suicide, substance abuse, physical illness and risky sexual behavior. A study of 1455 college students in four different universities across the United States conducted in 2001 showed that 9% of all students considered committing suicide at one point during their college careers. The most common reasons for considering suicide were the most common depressive symptoms: loneliness, helplessness and hopelessness (Furr, Westefeld, & McConnell, 2001). Depression has the potential to result in changes to the body's immunological system by lower the body's natural defenses against illness (Herbert & Cohen, 1993). One study shows that students at risk for depression, whom received cognitive behavioral therapy, reported fewer symptoms of illness than students not receiving an intervention (Buchanan, Gardenswartz, & Seligman, 1999). While little is known about risky sexual activity in college students, a study in

adolescents has shown that depressed males are less likely to use condoms and depressed females are likelier to have a history of sexually transmitted disease (Shirier, Harris, & Sternberg, 2001).

B. Anxiety

Anxiety has also been reported as being widely prevalent amongst undergraduates. The American College Health Association reported in their Spring 2006 report that 12.4% of all respondents suffered from a clinical anxiety disorder such as generalized anxiety disorder, post-traumatic stress disorder, obsessive-compulsive disorder, and panic disorder. Subclinical levels of anxiety, were however, not assessed. However the figure reported by the American College Health Association is conservative since it fails to acknowledge anxiety in the subclinical context. A study shows that level of general feelings of anxiety amongst undergraduates has been steadily increasing since the 1950s. (Twenge, 2000) Like depression, anxiety has been linked to suicidal ideation, substance abuse, physical illness and risky sexual behavior. (Anxiety Disorder Association of America, 2006)

C. Stress

Stress is a more subjective mental health concern that is not formally described in the context of the Diagnostic and Statistical Manual-Fourth Edition (DSM-IV), however, evidence suggests that chronic stress is widely prevalent on college campuses and adversely affects the lives of millions of students. Students questioned from a national sample of universities reported feeling overwhelmed 9 or more times per year at a rate of 36%. Furthermore, 36% of all students surveyed also reported feeling exhausted (not physically) nine or more times each year. (The

American College Health Association, 2006) If not handled properly, undue stress can result in the formation of more severe manifestations of anxiety and/or depression.

D. Other

Substance abuse is a concern often interlinked with depression, anxiety and stress. Since the 1990s, the prevalence of substance abuse among undergraduate students has been increasing. A retrospective study conducted by the National Center on Addiction and Substance Abuse (CASA) at Columbia University compared prevalence rates from 1993 and 2005. Over 2,000 students and 400 administrators from numerous colleges were surveyed. The study found that 22.9% of undergraduate students meet the medical definition for alcohol or drug abuse or dependence, compared with 8.5% of the general population. Overall, the percentage of students reporting binge drinking three or more times during the previous two-weeks, the percentage using illegal drugs such as cocaine and marijuana and the percentage abusing painkillers have increased over the past decade (The National Center on Addiction and Substance Abuse at Columbia University, 2007).

While not a mental illness, an important concern, with mental health implications, facing undergraduate students is suicide. Suicide is the second to automobile accidents, as the second leading cause of death in individuals aged 15 to 24 (CDC, 2007) The most comprehensive study of suicide in college students, the Big Ten Study (named after the athletic conference in which the participant schools are members), showed that the prevalence of suicide in college undergraduates is half that of the suicide prevalence in a similarly aged population not enrolled in a college degree program (Silverman, Meyer, Sloane, Raffel, & Pratt, 1997). It is important to note that the Big Ten Study considered both undergraduate and graduate students. Recent

studies suggest that suicide rates among youth have been declining (CDC, 2007); however, recent suicide rates in undergraduate students are unknown.

III. Defining the Problem: Unmet Treatment Need

The prevalence of depression, anxiety and stress amongst undergraduate students has been steadily increasing over the past decade. There is evidence to suggest that many students suffering from depression, anxiety and stress, both clinically and subclinically, may not be receiving the treatment and counseling they need. If gone untreated, chronic depression, anxiety and stress can have a lasting negative impact on a students' academic and social lives while at college.

To the author's knowledge, there have not been any published reports highlighting the actual extent of unmet need. Nevertheless, the American College Health Association reports in their 2006 National Collegiate Health that of all students who have been diagnosed with depression in the last twelve months, only 26% are currently undergoing counseling, while only 37% are taking prescribed medications (The American College Health Association, 2006). Furthermore, there may be many other students who might be depressed, but were not formally diagnosed by a psychologist or psychiatrist.

A. Lack of Resources

College counseling centers are especially strained by the rising number of mentally ill students and the subsequent demand for mental health services. There is evidence to suggest that many colleges and universities lack the appropriate resources and infrastructure to handle the mental health needs of students. A survey of college counseling centers in universities and colleges across America revealed that an increase in demand for services without a

corresponding increase in resources serves as a major challenge for 63% of campus counseling centers surveyed (Gallagher, Gill, & Sysko, 2000). A 2007 survey of 32 national universities and 31 liberal arts colleges, conducted by the American Anxiety Disorder Association (AADA), showed that nearly all educational institutions participating in the survey reported an increase in students needing and accessing mental health services. Approximately one-fifth of these schools saw a growing number of students coming to college with a history of mental illness over a period of 6 years between 2001 and 2007 (Anxiety Disorder Association of America, 2006). Due to the inability of many universities and colleges to meet the demand, college counselors are encouraging new students to not terminate relationships with existing therapists and psychiatrists students may have seen prior to attending college (Kitzrow, 2003).

While many schools offer a variety of treatment and counseling services, they report difficulty in keeping up with a demand in services. In fact over 80% of all colleges participating in the survey conducted by the AADA reported implementing a cap on the number of counseling sessions each student may undergo. Also, while almost all universities employ psychologists to provide therapy for students with mental health needs a report by the Association for University and Counseling Center Directors states that only 63 percent of colleges have psychiatrists on staff at least part time (Gallagher, Sysko, & Zhang, National survey of counseling center directors, 2001). Such a figure is problematic considering the evidence that has documented the increasing number of students arriving to college already on psychotropic medications (Stone, 2008).

Many campus counseling centers are referring students in need of more in-depth psychiatric care to off-campus mental health providers. Off-campus referrals may serve as a perceived barrier and a general inconvenience for many students whom already have busy schedules.

Students referred to community mental health agencies may go untreated for an extended period of time before receiving care, or they may not even receive any care at all. Furthermore, even for schools with psychiatrists on staff, average wait times for evaluation, as determined from a survey of college counselors, was found to be 3 to 6 weeks (Gallagher, Gill, & Sysko, National survey of counseling center directors, 2000). During this time, psychiatric symptoms may exacerbate and further intervene with students' academic and social lives.

B. Stigma Towards Mental Illness

While a lack of resources presumably might contribute to the extent of unmet need, many students may possibly decide to not seek appropriate treatment, even when they perceive they may need treatment, due to a stigma attached with mental illness. The stigma associated with a diagnosis can be very devastating and challenging for students. Stigma associated with mental illness produces guilt, shame and fear within individuals with the diagnosis, ultimately playing a role in the likelihood of seeking treatment or even guidance from family or friends. Several studies have even shown that some college students are unwilling to seek counseling and/or treatment because of the perceived stigma associated with disclosure of mental health concerns (Blacklock, Benson, & Johnson, 2003).

Despite the role stigma might play in exacerbating the extent of unmet treatment need, there is evidence to suggest that the stigma of severe mental illness has decreased with regards to major depression (Swindle et al., 2000). Furthermore, a study has shown that students may be receptive to anti-stigma education (Corrigan, 2000). Stigma with regards to anxiety disorders, the most prevalent psychiatric conditions among college students and the greater American population as a whole, has not been formally assessed.

For additional information regarding stigma towards mental illness with regards to research funding disparities, please refer to chapter H-2.

C. Ethical Considerations

While evidence suggests that university mental health services are understaffed, the unmet emotional and behavioral health needs of college students cannot be attributed solely to the lack of counseling resources. Even though many college campuses have some resources to handle mental health concerns, many of these institutions lack formal methods of referral. As such, many students potentially in need of mental health treatment and counseling go untreated.

Students are generally informally referred to counseling centers by friends, parents, professors/instructors and residential staff, if treatment initiation is not self-initiated. University officials including residential staff, professors may observe behavioral issues among students and might intervene by recommending counseling, however, the student of concern is not required to pursue counseling by the university, unless the student is an imminent harm to himself or to others.

The notion of involuntary treatment carries with it numerous ethical connotations. College administrators must balance considerations of individual privacy with community safety. The only federal legislation requiring the privacy of student records is the Family Educational Rights and Privacy Act (FERPA) which mandates that universities receiving any funds from the United States Department of Education, give eligible students (age 18 or over) the right to keep educational records concealed from third parties. It is important to note, that FERPA only applies to educational records, and not to observed behavior or perceived danger. Furthermore, FERPA allows disclosure of students' names to university health centers and campus police in cases of both personal and community health and safety. Ultimately, it is in the purview of

university officials to determine whether or not a student should receive mandatory counseling and treatment (US Department of Education, 2007).

Ethical reasons may also play a role in the general ambivalence many college and university officials are reported to have taken with regards to early detection and mental health screening. Many university counseling officials argue that it would be unethical to offer treatment to students, especially those with serious mental illness requiring both psychotherapy and pharmacotherapy, since the counseling centers on campus have insufficient resources to effectively treat such students.

IV. Theoretical Foundations in Improving Undergraduate Mental Health

There are certain avenues universities and colleges can take in order to improve the mental health needs of undergraduate students. These steps fall under three categories: improving existing services, active screening and surveillance, embracing novel methods of care.

A. Improving Existing Services

As touched on earlier in the chapter, there is the lack of trained counselors and psychiatrists on many college campuses. The primary reason for a lack of appropriate staff members to handle a larger patient load is due to the dearth of funding from university officials. Some schools have even reduced funding for campus counseling centers when faced with short term fiscal crises (Mowbray, 2006). Additional funding for existing counseling services is needed in order to meet the increasing demand for mental health services. Funding should be used specifically, for the following purposes:

- Hiring additional psychiatrists for medication management

- Hiring additional therapists for behavioral counseling
- Extending hours to regular evening hours as well as weekend hours in order to better meet the needs of students.
- Conducting quality improvement based on feedback from students.
- Pursuing closer collaboration with campus health center so mental health is not divorced from physical health.
- Training faculty and residential staff to recognize common behavioral and emotional health concerns, and to appropriately refer students to campus counseling centers.
- General social marketing campaigns, as well as targeted marketing efforts during new student orientation, to increase awareness of counseling services.
- Social marketing campaigns to reduce stigma associated with mental illness.

B. Active Screening and Surveillance

Once an appropriate number of psychiatrists and counselors are staffed, additional funding should be allocated towards early detection and intervention through screening and surveillance programs. Surveillance refers to the assessment of mental health (such as prevalence of various mental health concerns) without intervention. Screening refers to assessment and intervention. Surveillance measures will allow campus counseling staff to identify demographic subgroups of students with particular mental health concerns, allowing for more targeted and effective screening programs.

Early detection through targeted screening programs has tremendous value. There is extensive literature documenting the benefits of early detection and treatment of psychiatric disorders as well as symptomatic concerns. Early intervention allows for the prevention of

future symptom severity (Jacobsen & Rapaport, 1998). Early treatment and support for individuals diagnosed with common psychiatric disorders, including bipolar disorder, depression and schizophrenia, can allow the individual to pursue a normal life. Early intervention in college is especially important since the manifestation of psychiatric symptoms often begins during late adolescence and early adulthood (Mowbray, 2006).

C. Novel Methods of Care

Despite financial difficulties some universities might face in increasing counseling center staffing, there are other measures that can be taken to improve access to care without tremendous financial burden. These novel avenues for treatment are based on the premise that services are more responsive to actual need when those utilizing the services are included in designing, implementing, evaluating and managing the programs (Mowbray, 2006). One way campus counseling services have been able to improve treatment access has been through the implementation of group therapy programs. Group therapy programs, requiring the active participation of all members, serve as a means of mutual support. Self –help programs may also serve as an alternative to traditional counseling. While both group therapy and self-help allow for more students to receive some form of care, it is important to acknowledge that the potential for medication management is not viable in either of these settings unless psychiatric care is also provided for each individual student.

V. Examples of Successfully Implemented Programs and Policies

Colleges and public health agencies alike, have implemented programs and policies to improve and increase access to mental health care. Many of these programs are newly implemented and have not yet been formally evaluated. Nevertheless, they are based on the theoretical

foundations discussed in section IV, and hold tremendous promise. The following are some examples of some of the programs, policies and legislature which have been implemented:

- Active Minds

Active Minds is a national outreach organization which helps to develop as well as support student-run mental health awareness, education and advocacy groups on campus. The ultimate goal of the organization is to help reduce stigma surround mental illness. As of April 2008, 129 American colleges and universities participate in this program. The program has been covered extensively in the national media and has received several accolades. A small study conducted by a graduate student in the University of Colorado has shown that in an 8 week time frame, participation in group activities sponsored by Active Minds is associated with a positive change in attitudes and beliefs towards mental illness. (<http://www.activeminds.org>)

- Substance Abuse & Mental Health Services Administration (SAMSA) and Ad Council Anti-Stigma Campaign

SAMSA and the Ad Council have implemented, in March 2008, a social marketing campaign to decrease the negative attitudes that surround mental illness. The two organizations have delivered 450,000 campus packs, including campaign brochures and flyers, to bookstores at more than 200 colleges and universities nationwide. The materials encourage students to support friends with mental health problems. (<http://www.samhsa.gov/newsroom/advisories/0803273627.aspx>)

- At MIT, teams of physicians and counselors spend time with students in the dorms. Some of the dorms have been physically redesigned to foster more interaction and less isolation. Stress reduction techniques including yoga, are offered within the dorms. The preceding changes occurred as a result of an addition \$830,000 which were allocated to improve university mental health services (Kitzrow, 2003).

- Emory University, the University of North Carolina, and MIT, in 2002, have implemented campus wide surveillance to assess the prevalence and incidence of mental health concerns including depression, anxiety and stress (Gately, 2005).
- On July 9, 2004 the United States Senate unanimously passed (S 2634) an amendment to the Public Health Service Act which provides 82 million dollars for youth suicide prevention, early intervention, and campus mental health programs. 15 million of these funds were allocated to campus mental health centers (The Library of Congress).

V. Additional Resources

- Healthy Minds (<http://www.healthyminds.org/collegementalhealth.cfm>)

Health Minds is the American Psychiatric Association's website for practical resources pertaining to all aspects of mental health. On this website are facts relating to campus mental health including condensed epidemiological data.

- Campus Blues (<http://www.campusblues.com/index.asp>)

Campus Blues is an open-source social networking site which links college students to resources pertaining to all facets of general health, including mental health.

- Revolution Health (<http://www.revolutionhealth.com/healthfair/>)

Revolution Health is a good site for individuals seeking links to organizations involved with collegiate mental health. The site hosts a virtual "college mental health fair" where users can click on links to pertinent sites including Active Minds and Healthy Minds.

- ULifeline (<http://www.ulifeline.org/main/Home.html>)

ULifeline is a website providing a confidential, self-evaluation mental health screening instruments for college students. The instrument is extensive and evaluates many mental health concerns, including depression, substance abuse, anxiety and stress.

- College of the Overwhelmed: The Campus Mental Health Crisis and What to Do About it (by Richard D. Kadison)

This book by Richard Kadison, chief of mental health services at Harvard, provides a more in-depth look at the struggles collegiate mental health services face. Furthermore, he effectively outlines how college mental health is unique from other aspects of mental health facing adolescents and young adults, and the stressors many students face and how such stressors pertain to mental health. The book provides suggestions for administrators, parents and students with regards to dealing with mental health concerns.

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