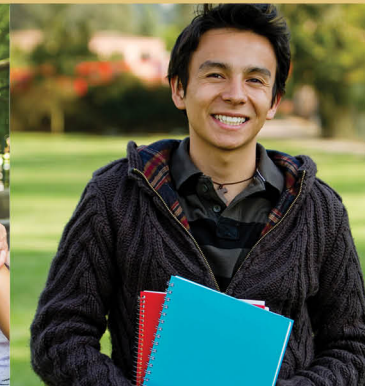# BEHAVIORAL HEALTH AMONG COLLEGE STUDENTS INFORMATION & RESOURCE KIT

Mental Health Issues

Mental Health Issues

"We integrate suicide prevention, alcohol and other substance abuse prevention, and stress management programs within our wellness and health promotion strategies. If college students are in need of education, support, skills, and so forth then we're out there doing some form of primary prevention to reduce risk and help improve the outcomes for students."

Karen Moses, Director, Wellness and Health Promotion, Arizona State University

Mental Health Issues Among College Students

Mental health issues are common in the college-age population, often characterized by the pursuit of greater educational opportunities and employment prospects, the development of personal relationships, and the accumulation of associated stresses and worries. While studies show that the overall rate of psychiatric disorders is similar among college-attending individuals and their non-college attending peers, various components of college life can lead to the initiation of such problems or exacerbate existing conditions.[1] The presence of such disorders among college students reflects the often overwhelming pressure of college life, the changing cultural and age composition of the student population, and the fact that more of today's students already have mental health issues when they enroll. The strong link between mental health issues and substance misuse is furthermore accentuated in young adulthood and the college environment. As a result, colleges are challenged in meeting the need and demand for services that range from counseling to crisis management. Solutions call for coordinated and proactive approaches to behavioral health, including the creation of integrated systems of student mental health and counseling services with more than one portal to meet increased, diverse needs; and the establishment of a comprehensive, coordinated plan for suicidal crisis response involving resources both on campus and within the local community.

Scope of the Problem

Mental health issues are common among college students. According to a 2016 American College Health Association survey, 37 percent of students reported feeling so depressed within the last 12 months that it was difficult to function, and 21 percent felt overwhelming anxiety.[2] The 2017 National Survey on Drug Use and Health (NSDUH) found that 25.4 percent of full-time college students ages 18 to 22 reported any mental illness in the past year, and 7.6 percent reported serious mental illness in the past year.[3] In addition, 14.1 percent of full-time college students this age reported at least one major depressive episode (MDE) in the past year.[4]

Female college students are much more likely than male students to report any mental illness (30.8 percent versus 19.4 percent).[5] The female/male difference is also apparent when comparing rates of serious mental illness (10.2 versus 4.8 percent) and of MDE (17.2 versus 10.6 percent).[6] It is worth noting that women have been found to be more likely than men to acknowledge such problems and to seek professional help.[7]

Substance Misuse Connection

The link between substance misuse and mental health issues is well established. The 2017 NSDUH shows that adults ages 18 or older with past-year mental health issues were more likely than other adults in that age group to have used illicit drugs in the same period (34.3 versus 15.8 percent),[8] to have engaged in drinking in the past month (56.9 versus 55.6 percent)[9], to have smoked cigarettes (28.2 versus 17.3 percent),[10] and to have illicit drug or alcohol disorders (18.3 versus 5.1 percent).[11]

Similar links exist between depression and substance misuse. Adults ages 18 or older with MDE in the past year were more likely than those without MDE to have used an illicit drug (39.5 versus 17.7 percent),[12] to have smoked cigarettes daily (17.5 versus 10.7 percent),[13] to have used alcohol heavily in the past month (10.2 versus 6.5 percent),[14] and to have had a substance use disorder in the past year (21.5 versus 6.5 percent).[15]

The risk of substance misuse as a companion of mental health issues is especially pronounced among college students as they negotiate a tricky transition from adolescence to adulthood, an age when mental health issues often surface for the first time and in a new environment where substance use is common. College-age individuals are especially vulnerable to mental health issues, in part because many such problems first emerge in the late teens or early twenties.[16] Drug misuse and mental health counselors confirm that students who seek mental health treatment often report symptoms of substance misuse, while college students who use alcohol or other drugs often display signs of depression or anxiety.

Seeking Help

Many students are aware of the stress, anxiety, or depression they experience. However, it is important to emphasize the importance of seeking help and to provide information on where to access resources and services.

More college students are seeking mental health services on campus. A 2014 survey of college counseling directors showed that 11 percent of enrolled students sought counseling in the past year. Students with serious psychological disorders made up 52 percent of students who came to college counseling centers, up from 44 percent in 2013.[17]

Increased demand for mental health services may reflect the fact that more students already diagnosed with mental health disorders are going to college.[18] A survey of students seen for mental health services at 66 college counseling centers found that prior to college, 10 percent of these students had used psychiatric medications, 5 percent had been hospitalized for psychiatric reasons, 11 percent had seriously considered suicide, and 5 percent had attempted suicide.[19] College counseling center directors reported that 26 percent were taking psychiatric medication, a rate that rose from 9 percent in 1994.[20]

There may be an increased need for services due to the diversity of today's college students. Students of color, international students, lesbian, gay, bisexual, and transgender students, and other minority groups may face cultural tensions and discrimination. Older students may experience financial pressure and the stress of interrupted careers and life transitions.[21] In 2011, many colleges and universities announced significant increases in their tuitions, adding to financial pressure on current enrollments, college-bound younger people, and their families.

Access Issues

Research has shown that students who are mentally distressed are more likely to know about services and to use them. However, some students who reported mental distress did not know about services, or knew

about services but did not use them. Students living off campus, males, and those having spent fewer years in college were less likely to know about campus mental health services. Female students and students with more years of college experience were more likely to use mental health services.[22]

Some students may be afraid to seek certain types of help for a mental health issue. For example, they may fear requesting accommodations for their illness because professors could view them as incapable, and students may fear that they will be expelled from school.[23] However, without accommodations, their performance may be negatively affected.

Cultural factors, such as ethnic/racial social norms and past experiences within one's community, may restrain some students from seeking help for a mental health issue. A variety of studies show that ethnic minority college students may have fewer indirect experiences with help-seeking, such as knowing family members or close friends who have sought professional psychological services; may perceive on-campus psychological services as irrelevant and not culturally competent; and may not perceive health service utilization as an established cultural practice.[24] According to one study, among African-American college students, negative family norms about mental health were the driving factors related to limited help-seeking. Furthermore, negative peer norms influenced help-seeking among African-American males specifically.[25] Other research suggests that Asian cultural norms and the belief that seeking professional psychological services translates into a sign of weakness and shame upon one's family have also negatively affected Asian-American college students' willingness to utilize campus help services.[26,27]

A campus' action to clear the path to mental health services may include a publicity campaign to reduce the negativity associated with seeking help for mental health issues, to educate the campus community about the warning signs of mental health issues, to demonstrate understanding of different ethnic/racial social norms and needs, and to raise awareness of the resources on campus and in the surrounding community.[28] Putting the student counseling center in an area with other common services can help students feel more comfortable with seeking on-campus services.[29]

There may be added reluctance or shame attached to seeking help from community services. As a result, students are more likely to get help if it is available on campus. A solution when campuses do not have sufficient behavioral health capacity is to have a mental health or addictions professional from the community work on campus directly with students. In addition to helping students, such a professional can provide education and support to staff and counselors who deal with student mental health issues.

Identifying Problems

In addition to increasing awareness of mental health services and making them more accessible, more proactive efforts to identify students with problems are vital. Screening can be administered as part of the first-year orientation, when health-related information is collected about students, and when students visit the student health center for primary care. Web-based screening provides an ongoing and convenient way for students to screen themselves or to identify another student who may need help. It also can put students into direct contact with clinicians.[30]

In addition to formal screening, colleges may prioritize making the entire campus community, including faculty, residence life staff, and primary care providers, skilled in identifying people at risk.[31]

Meeting Demand

College counseling centers cannot meet all of the needs they encounter. In addition to streamlining their processes and expanding their capacity, many college counseling centers have strengthened their external referral networks, but some have unavoidably trimmed the type and timeliness of their services. According to a 2014 survey conducted by the American College Counseling Association, 14 percent of clients were referred to a psychiatrist for further evaluation.[32]

College mental health centers may be understaffed and in need of more sophisticated training in assessment, diagnosis, treatment, and management of students with major psychiatric disorders and dysfunctions. Four-year colleges and universities are more likely to have access to licensed clinicians, but community colleges and two-year institutions often rely on nurses to provide most health services. This means that building working relationships with community mental health providers is important, although reliance on them may strain local services that are oriented to low-income and working populations.[33]

Meeting increased student demand for help—especially because the demand is driven by an array of conditions such as depression, bipolar disorder, schizophrenia, and substance misuse and prompted by various academic situations, personal experiences, and perspectives—requires an integrated system of student mental health and counseling services with more than one portal.

Structural approaches include putting counseling, academic support, and mental health services under the same organizational umbrella; developing a comprehensive health and well-being plan focused on mental health issues, including mental health promotion; and establishing a central office or official in a campus life entity to organize and track campus statistics in the area of mental health care. Developing such a plan is enhanced by giving members of the community opportunities to make comments and suggestions through surveys, focus groups, and interviews.[34]

Colleges may conceive and frame proactive and comprehensive mental health activities under the concept of a caring university or a culture of caring.[35,36] Such an approach may take the form of policies to ensure the well-being of all members of the college community. These policies may focus on student behaviors that are erratic and disruptive to the mission of the college and the safety of its members as well as suicidal or self-injurious threats or behaviors. Action including assessment, treatment, and/or disciplinary sanctions may be taken through a unit representing campus entities such as student services, academic affairs, and the counseling services.[37]

> **Penn Resilience Training for College Students**
> *University of Pennsylvania*
>
> The Penn Resilience Training for College Students program is a cognitive therapy-based prevention program for college freshmen who are at risk for depression. The goal of the program is to promote positive coping and problem-solving skills by raising students' awareness of negative and automatic thinking patterns, teaching them to challenge negative thoughts, and allowing them to practice stress management strategies. Students attend one- to two-hour weekly group sessions for an eight-week period and also receive one-on-one attention from trained cognitive specialists. Two randomized controlled trials of this program showed that compared to the no treatment group, the intervention group experienced significant decreases in depression and anxiety symptoms, a higher sense of well-being, and higher scores on more positively-toned thinking; and resulted in sustainable positive effects (NREPP, 2007; PSU, 2011).

At the Substance Abuse and Mental Health Services Administration's (SAMHSA) Mental Health on Campus dialogue meeting, student mental health consumers and college representatives identified attitudinal, cultural, and systemic barriers to mental health and developed a set of recommendations to overcome them. Specific recommendations were made in three areas:[38]

- Improving campus culture—focusing on discrimination, trust, respect, dignity, sensitivity and cultural competency;
- Improving access to information—focusing on the information needed, and communication and dissemination practices; and
- Managing expectations of campus mental health systems and changes to promote mental health and recovery on campus—focusing on student control and choice, mental health care expectations, administrative expectations, accommodations and policy, community approaches, and SAMHSA actions.

Suicide

Among full-time college students ages 18 to 22, 10 percent had serious thoughts of suicide in the past year, 3.2 percent planned suicide, and 1.3 percent attempted it.[39] Approximately half of the students who attempted suicide received medical attention as a result.[40]

According to a report from the SAMHSA-supported Suicide Prevention Resource Center (SPRC), graduate students have the highest rates of suicide among students in undergraduate and graduate programs, and women in graduate school are at greatest risk. Older students who are returning to school after being out for a significant period appear to have the highest rates overall. Graduate students may experience more stress than undergraduates, including increased financial burdens, concern about time away from careers and being out of the workforce, and uncertainty about the future job market.[41]

Some undergraduate and graduate student populations are at greater risk for attempted or completed suicide than the student population overall. SPRC points out that limited data indicate that adolescents who are lesbian, gay, bisexual, or transgender (LGBT) are more likely than their non-LGBT peers to experience suicidal ideation and attempts. These youth also report higher rates of victimization, being threatened, and engaging in substance misuse. The Center cites studies finding that young gay and bisexual males are 14 times more likely to report a suicide attempt than straight males in their age group. SPRC suggests that LGBT students transitioning into college may bring their suicidal behavior with them, and urges campuses to provide a positive, safe, and su pportive environment for LGBT students.[42]

Although self-reported symptoms of depression and mental distress are much more widespread than either suicide or suicide attempts, almost all college students who seriously consider suicide say that, at least once in the previous year, they felt so sad that they could not function and that they felt hopeless. Students who seriously consider suicide also are more likely to use alcohol, tobacco, and illicit drugs.[43]

Crisis Management

The ability to respond appropriately to a suicidal crisis is a challenge for many colleges. Doing so requires a plan that is comprehensive, coordinated, and collaborative. However, counseling staff may not be trained in crisis intervention. Moreover, full-time emergency counseling may not be available on campus and psychiatric services may be lacking entirely. As a result, mental health emergencies may be handled by campus security or administrators rather than trained clinicians or healthcare providers. Likewise, local emergency rooms may not have full-time psychiatric coverage, and students who are taken there may return to campus without being seen by a mental health professional.[44]

Following a mental health crisis, students may be asked to take a medical leave of absence with the idea of returning after they have stabilized. However, lack of appropriate mental health care in their home communities and lack of strong systems or policies in place to help them return to school can end their college careers.[45]

Components of Quality Programs

The National Mental Health Association and The Jed Foundation identify the following as elements of a quality suicide prevention program:[46]

- Screening programs;
- Targeted education programs for faculty, staff, and residence assistants;
- Broad-based, campus-wide public education;
- Educational programs and materials for parents and families;
- Off-campus referrals;
- Emergency services;
- Postvention programs;
- Medical leave policies;
- Stress reduction programs;
- Nonclinical student support networks;
- Onsite counseling centers; and
- Onsite medical services.

SPRC added the following components:[47]
- Leadership to promote mental health and suicide prevention;
- Life skills development;
- Restriction of access to common means of suicide;
- Social marketing; and
- Social network promotion.

Campus Connect
Syracuse University

Campus Connect is a three-hour suicide prevention gatekeeper training program for college faculty and students that is designed to enhance participants' knowledge, awareness, and skills concerning college student suicide. Participants learn through experiential exercises and discussion how to interact with suicidal students and overcome obstacles that often leave such students in crisis, feeling misunderstood, and dismissed. Syracuse University also offers a six-hour train-the-trainer course to colleges interested in implementing the Campus Connect training on their own campus. More than 75 additional campuses are currently replicating this model. Comprehensive evaluation of this program has shown the consistent and significant improvement in resident advisor suicide intervention skills. The Campus Connect program is also included within the SPRC Best Practices Registry (SPRC, 2007; SU, 2012).

For more information about the Campus Connect program, visit http://counselingcenter.syr.edu/campus_connect/connect_overview.html.

SPRC also states that "culturally appropriate health and mental health services may not be available on campus or in the community…It is essential that campus mental health staff understand how culture may influence students' orientation to mental health and well-being." This is particularly relevant when working with students who are members of traditionally underserved populations, such as particular ethnic/racial groups or the LGBT community.

Facts

- Smaller colleges are more likely to have integrated centers for counseling and health services, although these arrangements may reflect using integration to fulfill otherwise unmet needs.[48]
- Young gay and bisexual males are 14 times more likely to report a suicide attempt than straight males in their age group.[49]
- Approximately half of full-time college students who attempted suicide received medical attention for it. [50]
- Increased academic distress among college students—as measured by academic-related factors such as level of enjoyment of classes, level of motivation, ability to concentrate, and level of academic confidence—is directly related to increased severity of suicide-related thoughts and behaviors.[51]
- According to the American College Health Association, 14.3 percent of students attending two-year and four-year undergraduate and graduate institutions reported being diagnosed or treated by a professional for anxiety and 12.0 percent were diagnosed or treated for depression in the past 12 months.[52]
- Measures of suicidality were twice as high among students who reported that they were questioning their sexual orientation than among heterosexual students, and significantly higher than among nonquestioning gay, lesbian, and bisexual students.[53]

*For anyone in suicidal crisis or experiencing emotional distress, help is available through the National Suicide Prevention Hotline at **1–800–273–TALK (8255)***.

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