THE DETERIORATING MENTAL HEALTH OF AMERICAN COLLEGE STUDENTS:
PART I

By Jenni Valentino, Senior Writer

According to the National Center for Education Statistics, almost 20 million students enrolled in colleges and universities for the fall 2019 semester. Of those 19.9 million students, a large majority suffer from mental health concerns including anxiety, depression, suicidal ideation, and substance abuse.

A survey from the American College Health Association indicates three out of five students experienced "overwhelming" anxiety, just in the past year. Active Minds, a group dedicated to supporting the mental health of college students, claims 39% of college students experienced a "significant mental health issue," and a 2018 report from the ACHA (American College Health Association) said more than 40% "felt so depressed they had difficulty functioning." The National Center for Biotechnology Information (NCBI) research shows about one in five college students have engaged in non-suicidal self-injury (NSSI), including cutting, burning, or bruising themselves intentionally.

Most troublingly, suicide is now the second-leading cause of death among college students, according to the National Institute of Mental Health. This tragic statistic and those cited previously have led many experts to assert that the mental health of college students has officially reached crisis-level. Peter McDonough, vice president and general counsel at the American Council on Education, says, "Against this troubling backdrop, student life deans, resident directors, mental health counselors, and others try to balance and respond to the competing tensions and obligations of managing at-risk students on a 24/7 basis."

But working to protect the mental wellness of students amid the other challenges of running a college or university with increasingly limited resources and funding is tricky, to put it mildly. How much responsibility do institutions, counselors, and the students themselves have in identifying at-risk students, making the correct types of resources available, and encouraging their usage?

As society collectively grapples with these questions, it might be most important to become familiar with the gravity of the crisis, understand who is most at risk, and get a view of the current state of mental health resources available and attitudes pervasive at most institutions.

Awareness of Statistically At-Risk Students

When it comes to identifying which students are most at risk, research overwhelmingly shows that nontraditional students, Black men, people with nontraditional gender identities, and women are much more susceptible to anxiety and depression. A recent study in the Journal of American College Health examined the differences in life stress, anxiety, depression, and alcohol use of traditional and nontraditional learners, and found that nontraditional students "scored significantly higher on life stress, anxiety, and depression than traditional students" (with no significant difference in alcohol use). An Indiana University of Pennsylvania (IUP) study evaluated the role that a sense

of belonging and acceptance have in the college experience, and found that "post-traditional students are not able to consistently seek out the same sources of support as traditional students due to the competing demands of a full-time job, family obligations, and school. As a result, they can be more prone to anxiety and depressive episodes fueled by a sense of hopelessness and lack of control."

The National Center for Education Statistics reports that 38% of nontraditional students drop out during or after their first year, compared to 16% of traditional students, which likely has a direct correlation with the findings of IUP and Journal of American College Health.

For Black men reentering the education system after time away, the challenges are even greater. Research by J. Luke Wood and Ronald Williams finds "Black men in community colleges are more likely to be low-income, have dependents, be married, and delayed enrollment into higher education. Coupled with unequal education in the K-12 system, along with inadequate services in higher education, many Black men do not graduate in the traditional four years or not at all. The reasons for their troubles have been largely misunderstood due to stereotypes, and inadequate research to support their achievement."

Author Ferlin McGaskey says Black men are more likely to face challenges regarding "financial constraints, work-life balance, and household management," and as a result end up needing to "multitask multiple identities." And yet, Black men are often denied mental health services in higher education. According to the 2016 Too Distressed to Learn report, "just 8% of community colleges have on-site psychiatric facilities appropriate for treating mental illness," compared to "58% of four-year colleges and universities." Yet a report called Aspirations to Achievement reports that "community colleges educate more Black and Latino men than any other higher education institution." As a result, Black men and other nontraditional students for whom community colleges and career colleges often make more sense than four-year institutions, and who face multiple risk factors for poor mental health, are unlikely to receive the support they need when they need it.

Ellen Bara Stolzenberg of the Higher Education Research Institute reports that "women's self-rated emotional health has been consistently lower than their male peers" for decades. In 2017, just 40.5% of women entering college rated their emotional health as above average, compared to 56.1% of men. "These results are not surprising," she says, "as women have higher rates of depression, anxiety, and sleep problems."

And college students with nontraditional gender identities, says MedPage Today, report "two to four times as many symptoms of mental health conditions as cisgender students." 78% of gender minority and 45% of cisgender youth reporting at least one symptom of a mental health problem, with trans and genderqueer people "particularly vulnerable" to mental health problems.

Considering these populations—nontraditional students, Black men, people with nontraditional gender identities, and women—make up the majority of the student population at most career colleges, the colleges themselves must prioritize mental health at an institutional level. Yet many institutions feel unprepared and under-resourced. Here's why.

A History of Mental Health on Campus

One of the more startling aspects of the college mental health crisis is the rapidity of its onset. McDonough of the American Council on Education wrote, "The American College Health Association (ACHA) recently reported that over 60% of college students said they had experienced 'overwhelming anxiety' in the prior year, and in the same timeframe, a little over one in ten college students seriously considered suicide. This is an increase of over six percentage points in less than a decade."

While increased awareness and decreased stigma may contribute to students speaking out more readily on their struggles, there is more (and more gravity) to the situation. According to data from the Centers for Disease Control and Prevention (CDC) data, suicide rates among American 15-to-24-year-old Americans have risen 51% over the past 10 years, attributed to rising levels of depression and anxiety among this age demographic.

The Cooperative Institutional Research Program (CIRP), now based at the University of California Los Angeles, has administered a survey of more than 15 million incoming freshmen at almost 1,900 colleges and universities every single year since 1966. Called The Freshman Survey (TFS), it is the largest consistently-running study of higher education in the United States. Since its inception more than 50 years ago, questions on physical health behaviors like drinking, smoking, and exercising habits have been included. In 1985, however, the survey began including new questions on students' own perception of their mental and emotional health as well, including questions like, "How often did you feel depressed or overwhelmed during your last year in high school?"

Bara Stolzenberg dug into decades' worth of survey responses to see how students' perceptions of their own health and well-being had changed over the years. While certain unhealthy physical behaviors declined drastically (8.8% of students smoked "frequently" in 1985, compared to just 1.4% in 2015), and the number of students who "frequently" or "occasionally" drank beer as incoming freshmen dropped from 66.5% to 30.3% over the same period, oddly, "almost two-thirds of students (63.9%) reported above average physical health in 1985 compared to just over half (55.2%) in 2015."

The decline in emotional health was even more startling. "In 1985, 63.6% of all incoming students rated their emotional health as above average or in the top 10% compared to the average person their age. This figure decreased to 47.4% in 2017." No wonder colleges and universities can't keep up with the deluge of struggling students. Traditionally, they were much less likely to recognize mental health as an issue. And when it was an issue, it was much more likely that the students' families would take responsibility, not the college itself. But as things continue to

get worse, the responsibility of student mental health becomes everyone's.

But why, exactly, is student mental health getting so much worse, and so rapidly, since it is unlikely that coursework or campus life has changed dramatically since 1985?

Garen Staglin, the founder of One Mind at Work, an organization focused on standardizing mental health and well-being in the workplace, asserts that declining mental health among students is "influenced by a range of factors, including issues like harassment and assault, political instability, student debt and future careers."

In an interview with NPR, Dr. Anthony Rostain, leading child and adolescent mental health expert and coauthor of 2019's *The Stressed Years of Their Lives*, focused on four key contributors to the mental health crisis.

1. **Sudden independence:** "What we're seeing now are growing numbers of students coming [onto] campus who are already being treated for mental illness, or who are on various medications and who really have learned to manage their illnesses at home," Rostain says. "But suddenly they're on their own and sometimes they're not following through [with] their own recommended treatments."

2. **A culture of trauma and uncertainty:** "Culture has changed in the last 30, 40 years, and that these students are growing up in the post-9/11 era, that they've been exposed to a lot of trauma, both in the media and also in their lives . . . School shootings, the rise in the uncertainty from globalization and the economic uncertainties, and of course the economic recession of 2008," Rostain says.

3. **Parental pressure:** "Parents are scared that there's only one path, a linear path, to the good life, and so for some parents who are affluent enough, that means the brand-name college, or the top prep that you can get," Rostain says. "For other parents, it's just a lot of pressure on the kids, 'You have to do well. You can't make a mistake or your chances will be ruined.' So we see especially very smart kids, which some researchers call brainiacs, they have what we call 'destructive perfectionism'; they cannot tolerate not excelling at everything. And no one typically excels at everything."

4. **Financial concerns:** "Students come to school nowadays very conscious of [high tuition] . . . and that adds to their burden of worry about doing well and especially about anything going wrong."

"There's a much more radical feeling that you're either a winner or a loser," Victor Schwartz, a psychiatrist and medical director of the Jed Foundation (which helps colleges improve their mental health programming) told *The New York Times*. "That's put tremendous pressure on college students and is feeding a lot of the anxiety we're seeing."

While the media has previously been quick to blame technology, specifically video games and social media, for the mental health concerns of young people, some experts aren't so sure. A 2019 *Frontiers in Psychiatry* journal article titled "Technology and College Student Mental Health: Challenges and Opportunities"

says that while "several studies linked the observed rise in symptoms with the ubiquitous rise in use of personal computing technologies, including social media, and have suggested that time spent on these types of technologies is directly correlated with poor mental health," it draws a different conclusion. "Given that the rise in use of personal computing technologies and social media has occurred concurrently with a rise in young adults reporting mental health symptoms, one may be tempted to conclude that these types of tools are unhealthy," but "these studies have been correlational and thus cannot assert causality."

"It is clear that the rise in personal computing technology usage has dramatically shifted the landscape in which college students connect with one another," the article continues. "While misuse appears to have some detriments to mental health, the same technologies offer a number of opportunities for the enhancement of mental health and the treatment of mental illness."

"Technology-enabled mental health services, including those delivered online and via apps," for example, "offer the possibility to expand treatment options and reduce barriers to mental health services." And more than ever, access to mental health services in any capacity is crucial to a successful college experience.

Studies have found that a full third of students who are diagnosed with depression end up dropping out of college. Research from the School of Public Health at Boston University shows, however, that one-fifth of those students would have stayed in school if proper treatment had been provided.

The Availability of Mental Health Services on Campus

For years, colleges and universities have offered resources for students struggling with mental health, but those resources have existed largely in the background, unadvertised and unutilized. The ACHA reports that, historically, only about 10–15% of struggling students ever seek the help of their college or university's counseling center. And Innovative Educators reports that 73% of students with a mental health condition experienced a true mental health crisis while on campus . . . but almost 35% of them said their school never knew about it. Why?

First, the marketing of these programs' existence has, until recently, been targeted largely toward students in only the most dire, life-threatening situations. Additionally, society has only recently begun to destigmatize mental illness and its treatments, including regular therapy and medications including SSRIs (selective serotonin reuptake inhibitors). And even with this destigmatization, America's pervasive "bootstraps" attitude has often kept people from reaching out for help.

Rostain, author of *The Stressed Years of Their Lives*, says, "There are some startling surveys that show that among students who endorse suicidal ideation, suicidal thoughts on a regular basis, only about one in four go for help. The other three out of four say things like, 'Well, I can handle this myself,' or 'It's not probably not that bad,' or, 'I don't have time,' and wishing that eventually it'll just go away on its own like a bad cold."

Encouragingly, a report by Penn State University's Center for Collegiate Mental Health, counseling center utilization by college students across the US increased by an average of 30–40% from fall 2009 to spring 2015, a period in which enrollment increased only by 5%.

Now, it is not just access and utilization that is a problem. As more and more students begin to take advantage of the mental health services provided by their universities, schools are struggling to keep up with demand. An Associated Press article focused on the experience of Ashtyn Aure, a student at Utah Valley. When she checked in at the school's mental health clinic, "she was suffering anxiety attacks and had not slept for days. Her mind kept returning to past traumas. When she asked to see a counselor, a staff member told her the wait list stretched for months. She left without getting help."

Student Mental Health Experiences

Percentage of students who experienced the following, at any time within the last twelve months:

- **Feeling hopeless: 53.4%**
- **Overwhelmed by all they had to do: 87.4%**
- **Exhausted, not from physical activity: 84.3%**
- **Feeling very lonely: 62.8%**
- **Feeling very sad: 68.7%**
- **So depressed that it was difficult to function: 41.9%**
- **Overwhelming anxiety: 63.4%**
- **Overwhelming anger: 42.1%**
- **Seriously considered suicide: 12.1%**
- **Attempted suicide: 1.7%**
- **Intentionally injured themselves: 7.8%**

Spring 2018 ACHA-NCHA survey of more than 88,000 student respondents

Many schools that provided data to the AP reported a similar state of affairs: it can take weeks for students to get an initial appointment. As a result, many schools have tried to address the demand issue by shifting the focus of their mental health services. "In approximately the same time frame [that college and university counseling center usage increased 30–40%, from 2009-2015], mental health counseling center resources that are devoted to 'rapid access' services increased by 28%," says Staglin. The intent behind this increase is positive, considering that an A One Mind at Work report found that 35.8% of students who seek out counseling services have experienced "serious suicidal ideation," Staglin continued, "a number that has increased for the eighth year in a row." Concurrently, however, resources dedicated to "routine treatments" decreased, "suggesting that students may be less likely to receive long-term care and attention after initial crisis counseling."

The problem is this: A recent study by Pennsylvania State University's Center for Collegiate Mental Health found greater reductions in anxiety and depression at clinics that focus on providing students counseling at regular intervals, compared with clinics that offer quick initial help but cannot always provide routine follow-up treatment. The study found that prioritizing access over treatment "may have significant negative consequences for students in need."

Prioritizing Mental Health on Campus

An American Council on Education article by Hollie Chessman and Morgan Taylor drew upon the third annual Pulse Point survey of over 400 college presidents, conducted in early 2019, which found that while presidents at public two-year colleges were twice as likely to hear about housing insecurity and significantly more likely to hear about addiction issues and food insecurity from their students compared to presidents at four-year institutions, 82% of presidents at four-year institutions had identified or reallocated funding toward mental health. Just 57% of presidents at two-year institutions could say the same. Now, whether that reallocation was implemented in the most effective way is unclear. For example, The University of South Florida created "relaxation stations" that include massage chairs, bean bags, and nap pods in order to reduce stress on campus—and the chairs cost more than $10,000 each.

Regardless of how the mental health crisis is addressed on campus, it simply must be addressed.

Ben Locke, senior director of Penn State Counseling and Psychological Services and executive director of the Center for Collegiate Mental Health (CCMH), sums up the issue well when he says, "Effectively addressing [the health crisis] will require a range of large-scale efforts aimed at helping the general student body successfully navigate the developmentally normative experiences of anxiety and depression common to this age group while also making more intensive treatment available to those in need."

Throughout 2020, *Career College Central* will continue to examine the mental well-being of college students, focusing specifically on how institutions can provide systemic support and resources, how counselors can better understand their most at-risk students, and how students themselves can take steps to support their mental wellness.

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