

College Students Mental Health:
Why Cases Are Rising and How it Can Be Helped

Erin Marafioti

Elmira College

Abstract

Over the past few decades, the rise of mental health cases among college students has dramatically increased. Though there are many factors that contribute to this, financial burdens, pressure to receive outstanding grades and technology have some of the major effects. Although there are many different mental health disorders, anxiety and depression are two of the most common illnesses experienced. A large stigma remains around mental health, but overall it is nothing to be ashamed of. Youth are not taught this early enough though, so they grow up unable to process these emotions and unwilling to express their feelings. Because of this, students will eventually need some type of treatment. Once they come to college and experience major life changes, they could need a professional to talk to. Many college campuses are experiencing this demand, but do not have the staff available to provide for all of the students. Along with making counseling services more available, trauma-informed care should be introduced at a younger age to potentially decrease the amount of mental health cases when these children grow up. If these potential solutions were implanted, hopefully in following years this issue of increased mental health problems will be significantly less, and better handled.

College Students Mental Health: Why Cases Are Rising and How it Can Be Helped

Mental health is an extremely important facet of life that deserves more attention from society. Undergraduates experience mental health problems more frequently than their peers who do not attend college. Anxiety and depression are the most common disorders experienced by students. Viewed as “taboo” by some older generations, college students who suffer can be pushed aside when they need professional help. Pressure to receive high grades, along with the financial burden of college, all while trying to maintain a social life, causes students to feel overwhelmed. The increased prevalence of anxiety and depression on college campuses calls for a stronger emphasis on mental health through the availability of counseling services and introduction of trauma informed care at a young age.

Although there are many mental health disorders that can affect students, anxiety and depression are two of the most common experienced. The DSM-IV, a diagnostic and statistical manual of mental disorders, defines a depressive episode as “a period of at least two weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities, and had a majority of specified symptoms, such as problems with sleep, eating, energy, concentration, or self-worth” (National Institute of Mental Health, 2017). Depression affects a significant amount of people, and 13.1% of adults between the ages of 18 to 25 experience the highest amount of major depressive episodes (National Institute of Mental Health, 2017). Even though many suffer from depression, approximately 35% of adults that have experienced a depressive episode did not seek out any treatment (National Institute of Mental Health, 2017). Not seeking treatment is a serious issue. If not treated, their symptoms will progressively get worse. Part of not seeking

treatment may come from fear of judgement. Mental health has a stigma surrounding it, and if people present these problems, others may consider them weak. Along with depression, anxiety also has a significant impact on many people; it interferes with daily tasks such as school work, relationships, and job performance (National Institute of Mental Health, 2017). The National Institute of Mental Health (NIMH) found that, “an estimated 19.1% of U. S. adults had any anxiety disorder in the past year” (2017). They also found that “an estimated 31.9% of adolescents had any anxiety disorder” (NIMH, 2017). This sizeable amount of people experiencing anxiety disorders decreases productivity, thus making people feel even worse about themselves. Anxiety presents itself in a cycle, so without treatment, the conditions will get worse. Almost everyone experiences some type of anxiety. Teachers and society as a whole needs to educate those who live in a constant anxious state about available resources so they can avoid further suffering.

Mental health cases among college students have dramatically increased over the past several decades, with anxiety and depression being the most common disorders young adults face. The development of these disorders begins at a young age, and high school is the time many students experience mental health problems. According to Henriques, “the average high school student in the year 2000 has the same level of anxiety as the average psychiatric patient did in the 1950s; and those rates have only increased in the last decade” (2014, par. 5). This shocking comparison suggests that society needs to take steps to fix the growing rate. When mental health problems are not addressed at a young age, more severe problems can develop later in life. If uneducated about mental health, these children may feel as though having a mental illness is failing in some way. Teaching these children that this is not the case would support the idea that “students have been pressured to achieve but they have never been taught

how to fail, which is an important part of growing up” (Flatt, K. A., 2013, p. 4). If students were taught sooner that failing is okay, and that seeking out treatment for a mental illness is not failing, they may not experience the pressure of trying to be the most successful. Also, there is nothing wrong with setting goals, but the growing demand for the best education and the best grade causes students to feel suffocated by expectations.

The increase of mental health cases among college students involves many factors including pressure to achieve outstanding grades throughout their college experience. Flatt states that “many students enter university with high grade expectations, but many of these students are not able to achieve the grades they expect” (2013, p. 3). Students who may have received above average grades in high school typically do not anticipate the changes they will experience in college. The difference in grading and demand of work is advanced, and according to Flatt, “grade average of first-year students in university is 65 percent, which suggests that over half the student population is achieving lower grades than they did in high school” (2013, p. 3). High school does not prepare these students for college as much as it should, so when students receive their first bad grade, it can lower their self-esteem. There is a massive amount of pressure put on students to perform well in school, so when they do not meet these expectations, students become angry at themselves. Flatt also states that “53 percent reported increasing depressive symptoms since beginning college, and academic problems were most frequently cited as the cause of their depression” (2013, p. 2). This does not come as much surprise; students are balancing the adjustment to a new living environment, new classroom expectations, and the pressure of making new friends. There should not be so much pressure placed upon grades, especially by parents, as they tend to have the most impact on a student’s perception of success (Flatt, K. A., 2013, p. 2). If parents placed less pressure on their children and instead were

understanding of the occasional poor grade, these students would experience a dramatic decrease in stress. Good grades are important, but they should not trump good mental health.

Along with the pressure to receive outstanding grades, the use and development of social media and technology also has a damaging effect on mental health. The way people communicate is fabricated, with few face-to-face interactions (Henriques, G., 2014, par. 7). Social media is a useful yet dangerous tool and a “hyper-connected world gives us ever more access to an endless array of choices and information that overwhelms and confuses us” (Henriques, G., 2014, par. 8). This constant connection and access to news sources, most of which consists of reports of death and crime, adds stress to people’s lives. Not only does society have access to endless troubling news stories, they also closely follow and idolize extremely wealthy and famous people who do not live up to social normalities (Henriques, G., 2014, par. 8). People feel an irrational need to fit the idea of “perfection”, yet even these wealthy and famous people are not perfect. If less attention was focused on becoming rich or flawless, people may feel less pressure to achieve those standards.

Besides the increase of technology use and high-grade expectations, financial stress also contributes to this increase in mental health cases. College is quite expensive, especially if attending a private school. Not only is college expensive, it is time consuming. When students work their way through college, typically they will not have much time for self-care. Enrolled college students working is common and “according to the National Center for Education Statistics, in 2007 nearly half (45 percent) of ‘traditional’ undergraduates—that is, students between the ages of sixteen and twenty-four attending college full time—worked while enrolled” (Perna, L. W., 2010, par. 2). Undergraduate’s feel stress throughout college just knowing about

potential student loans owed. Undergoing the stress of student loans in addition of expenses to live can cause more issues with a student's mental health.

The premature use of alcohol during high school has serious impacts on the development of mental health issues among college students. Younger alcohol users are at higher risk for suicidal ideations, and those “who reported an episode of heavy episodic drinking during the past year were significantly more likely to report a suicide attempt than peers who did not” (McLoughlin et al., 2015 as cited in Steiker, L. H. & McElrath, J., 2017, p. 61). Alcohol has negative effects on the brain, and when consumed at such a vulnerable time for brain development, depression can result. Alcohol is a depressant, interrupting pathways in the brain's communication (National Institutes on Alcohol Abuse and Alcoholism, par. 2). The brain is also not fully developed until the age of 25, so during the years of high school and college the continued use of drugs and alcohol put youth at even greater risk for mental health issues in the future.

From this premature alcohol abuse, more mental health problems can occur later in life, especially in college. Students who used alcohol in high school are more likely to consume it in college. However, college is sufficiently more dangerous because “students drink at higher rates than their non-college attending peers and they are more likely to receive a diagnosis of alcohol use disorder than their peers not attending college” (Steiker, L. H. & McElrath, J., 2017, p. 62). The mob mentality that goes along with binge drinking in college can cause students to feel pressured to participate. Heavy drinking in college also has academic consequences and research has shown that “one in four college students report academic consequences from drinking, including missing class, falling behind in class, performing poorly on exams or papers, and receiving lower grades overall” (Steiker, L. H. & McElrath, J., 2017, p. 58). Considering that

drinking alcohol causes problems with school performance, the act of drinking also adds to the anxiety students can feel surrounding their grades. According to Acuff et al., “subclinical depression is related to alcohol problems and diminished engagement in substance-free activities” (2018, p. 797). This fact is concerning, as many college students take part in heavy binge drinking. Gregg Henriques also comments on this in his article, stating:

30% of students met criteria for a diagnosis of alcohol abuse and 6 percent for alcohol dependence in the past 12 months. According to a 2007 NIH/NIAAA report, among college students and other 18- to 24-year-olds, binge drinking and, driving while intoxicated (DWI), have increased from 1998 to 2006. (Henriques, G., 2014, par. 10)

The constant cycle of alcohol and depression is damaging, especially the increase in DWI’s among 18 to 24-year olds. Drinking alcohol also increases the probability of physically harming other peers. It is estimated that “each year more than 696,000 students between the ages of 18 and 24 are assaulted by another student who has been drinking, and more than 97,000 students between the ages of 18 and 24 are victims of alcohol-related sexual assault or date rape” (Henriques, G., 2014, par. 11). Sexual assault is a serious crime and in recent years has been discussed more. Typically, female students are the victims of these heinous crimes, and those with a history of this assault experience more depressive symptoms (Mackenzie, S., et al., 2011, p. 104). Perhaps if the use of alcohol was limited during the developmental years of high school, less problems would occur later in college surrounding mental health problems and crimes such as sexual assault.

Considering the growth of students experiencing mental health issues, there is an increased demand for college counselors that few colleges meet. In Connecticut, an increase in depression and anxiety among students places new demand on campuses and universities, “57

percent of directors of college counseling services said the severity of student mental health concerns increased between 2015 and 2016” (Tarkan, 2018, par. 2). Even with the increased demand for counselors, according to Tarkan:

Many colleges do not have enough resources to handle the caseload. About 42 percent of college counseling center directors say they increased the number of full-time staff between 2015 and 2016. Still many centers don’t offer psychiatric services on campus. According to the survey, only 64 percent said they did, up from 55 percent the year before. (Tarkan, 2018, par. 16)

It is increasingly important to make counseling services available to students, because without these services many disorders will go untreated. The increase of 55 percent of colleges offering counseling services is quite significant. For that growth to occur, the demand had to be enormous. Yet still, not all colleges offer these services. According to Flatt, higher education is struggling when it comes to handling this high demand:

Influx of students demanding high priority counselling has become a burden on mental health professionals leading to difficulty meeting staffing demands during peak times, staff burnout, decreased attention to students with less serious needs, and the need to end cases prematurely. Counselling centres in post-secondary educational institutions have difficulty meeting the growing needs of students as they are underfunded and understaffed. Resources are required to increase staffing, improve training, and increase physical space on campus for counselling centres. (2013, p. 2)

Inability to provide students with the needed care can be extremely damaging. Students do not always seek treatment, but when and if they do, they should have a safe space. Moving from home to college is an immense adjustment, and not all students know how to handle it.

Mackenzie, et al. state that the “transition itself from home to college places additional life stressors on young adults as they explore their identity, strive to master new skills, are away from established social support systems, and have increased time demands” (2011, p. 101). These new experiences can cause new emotions to arise that students may have not dealt with before, and if students do not have the available resources to receive the help needed, they will just progressively get worse. The first psychiatric episode some students may go through will happen at college and between twelve to eighteen percent of students have a diagnosable mental disorder (Mackenzie, S., et al., 2011, p. 101). Considering this, it is extremely important for counseling to be available, especially for first time students. This also raises issues for students who already received therapy at home. Students that went through therapy during secondary school are more likely to need therapy while in college (Flatt, K. A., 2017, p. 6). When therapy cannot be continued for students who are accustomed to receiving it, this can set them back further mentally, causing more problems. Counseling services are a vital resource in treating anxiety and depression, and off campus therapists typically are extremely expensive.

Along with developing more access to counseling services, the introduction of trauma-informed care at a young age may decrease the rate of mental health cases in America. The University at Buffalo defines trauma-informed care as:

An approach in the human service field that assumes that an individual is more likely than not to have a history of trauma. Trauma-Informed Care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual’s life- including service staff. (Buffalo Center for Social Research, 2019)

When trauma occurs, it affects an individual's sense of self and the way they behave in the world. This can directly impact the motivation an individual feels. When students experience trauma,

they have “difficulty with emotional self- regulation and struggle to put feelings into words. Anger, often accompanied by physical aggression, may be their most readily expressed emotion” (Cross, 2012; Perry, 2006 as cited by Walkey, M. & Cox, T. L., 2013, p. 123). Many students do not understand how to process and work out their emotions, so they are left frustrated, causing them to act out. There is also a stigma around these issues, and “the belief that addressing students' traumatic experiences is the equivalent of ‘being soft.’ This perception can add another issue for school personnel who believe in a discipline oriented...interaction with students not responding positively to a normative classroom setting” (Walkey, M. & Cox, T. L., 2013, p. 124). Students need to be taught that seeking treatment is not shameful. Raising adolescents with the mindset that experiencing trauma or mental illness makes them “weak” causes them to bottle up their emotions. Introducing trauma informed care can increase the conversation about mental health, making it easier for students to speak up. When students feel heard and their feelings are validated, they can learn methods to cope with their emotions sooner rather than later. An example of an introduction of trauma-informed care is by The Washington State Superintendent of Public Instruction Office in 2011. They introduced “10 Principles of Compassionate Schools” (see appendix A), which are techniques that can provide a more stable background for students growing up, so they know how to process emotions later in life. If more schools were to introduce these techniques, students may feel more confident growing up and expressing their emotions to professionals for help.

A clear problem exists in the current generation of college students facing mental health problems. The evidence supports the need for an increase in counseling services, along with introducing trauma-informed care at a young age. If these students have no access to counseling services, they will not take the necessary steps needed to get better. In turn, introducing trauma-

informed care when these students are young, they can develop healthy strategies to deal with their mental health, and potentially create a new generation with a better handle on emotion. The amount of alcohol consumption young adults participate in during secondary needs to be reduced. These problems follow the students into college, which continue to cause more damage to their grades and their overall mental health. If steps are not taken to introduce more methods of helping these students, the problem will only continue to exponentially increase. Mental health should not be an afterthought; those suffering deserve to be acknowledged and cared for in the same regard as if they had a physical illness. Since mental illness is not physically displayed, people tend to think it does not matter. That mentality needs to be shifted, or else no change will come. Students are suffering, and they need to be acknowledged.

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Appendix A

The Washington State Superintendent of Public Instruction Office: 10 Principles of

Compassionate Schools

1. Focus on culture and climate in the school and community.
2. Train and support all staff regarding trauma and learning.
3. Encourage and sustain open and regular communication for all.
4. Develop a strengths-based approach in working with students and peers.
5. Ensure discipline policies are both compassionate and effective (restorative practices).

6. Weave compassionate strategies into school improvement planning.
7. Provide tiered support for all students based on what they need.
8. Create flexible accommodations for diverse learners.
9. Provide access, voice, and ownership for staff, students, and community.
10. Use data to identify vulnerable students and determine outcomes and strategies for continuous quality improvement. (Walkey, M. & Cox, T., 2013, p. 125)

Reflection

For this paper's revision, I first had Erica Jahn do a peer review. She made a few suggestions, but overall told me the corrections she would make you already suggested. I then went through and fixed your comments, trying to get rid of as much passive voice as I could. I also switched my second and third paragraph after Erica suggested it may flow better. I feel this change did help clarity. In my second body paragraph, I did not break depression and anxiety into separate paragraphs, I instead made a more inclusive topic sentence and made the transition smoother. Along with structural and passive voice changes, I also revised my topic sentences. I

believe now they make more sense and provide a clearer introduction into my paragraphs. I also added my abstract to the beginning of this paper. I saw you made a comment about my font on page 5, but I believe this was due to printing, as my font is all 12pt and times new roman.