

## College Student Mental Health - A Crisis Underway

As Advanced by the Faculty Advisory Council and the  
Student Advisory Committee to the Illinois Board of Higher Education  
September 2007

Diagnosable mental illness and related behavior problems have risen dramatically on college campuses<sup>1,2</sup>. Media reports of emotional distress, suicide, and acts of violence related to mental illness (most notably the recent tragedy at Virginia Tech) on college campuses have put an exclamation point on the seriousness of this growing crisis. The purpose of this paper is to describe the extent of the crisis, discuss possible causes, and suggest remedies for the consideration of the IBHE and the legislature.

### Extent of the Crisis

The American College Health Association<sup>3</sup> conducts surveys of college students every semester, and some of their questions target mental and emotional health. Significant findings from the most recently published data, based on over 94,000 students surveyed in the spring of 2006, include that 67% of women and 55% of men reported feeling hopeless at times over the last school year, that 47% of women and 38% of men reported feeling so depressed on at least one occasion that they could not function, and that 10% of women and 8% of men seriously considered suicide. Stress was cited as the single greatest impediment to academic progress by both genders, with depression and anxiety also ranked among the top 10 academic impediments.

These findings mirror those from mental health care providers on college campuses. In 2006 the annual National Survey of Counseling Center Directors<sup>1</sup> found that 92% of directors believe that psychopathology severity has increased in recent years; that 40% of their clients have severe psychopathology, with 8% being so severe they cannot continue their studies; that 16% of student clients were referred for psychiatric evaluation; and that 25% of student clients were on psychiatric medications (up from 20% in 2003, 17% in 2000 and 9% in 1994). Counseling center directors clearly feel that student mental health is a growing concern.

It might be tempting to dismiss such findings on the grounds that surveys capture subjective impressions rather than objective assessments, but they have been bolstered by a recent empirical study. The counseling services center at Kansas State University<sup>2</sup> conducted a study of student mental health trends over a 13-year period. The authors examined counselor assessments of clients at the time of case closure from 1988 to 2001 and noted significant increases in student psychopathology in 14 of 19 problem areas. Over those 13 years, rates of anxiety and stress-related problems increased by 58%, the rate of depression nearly doubled, and the rates of personality disorders, developmental disorders, psychiatric medication use, and suicidality more than doubled. Other noteworthy problem areas that increased, albeit to lesser extents, included relationship problems, family problems, poor academic skills, grief, physical problems, and sexual assault. We must acknowledge that college students are under stress, and mental health issues are growing in severity and importance.

### Possible Causes

Why has this mental health picture changed so dramatically over the last two decades? The causes are more speculative in nature than the clearly demonstrable changes in overall mental health, but scholars in this area have suggested similar causal mechanisms.

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<sup>1</sup> Gallagher, R. (2006). *National survey of counseling center directors*. Alexandria, VA: International Association of Counseling Services.

<sup>2</sup> Benton, S.A., Robertson, J.A., Tseng, Wen-Chih., Newton, F.B., & Benton, S.L. (2003). Changes in counseling center client problems across 13 years. *Professional Psychology: Research and Practice*, 66-72.

<sup>3</sup> American College Health Association. American College Health Association - National College Health Assessment (ACHA-NCHA) Web Summary. Updated April 2006. Available at [http://www.acha-ncha.org/data\\_highlights.html](http://www.acha-ncha.org/data_highlights.html). 2006.

Those causal factors have been nicely summarized by Dr. Richard Kadison, chief of mental health at Harvard University Health Services. He suggests the current mental health crisis has been influenced by the massive social and academic upheaval that accompanies the transition to college, the increasing financial burden of attending college, increased exposure to cultural diversity (which creates positive overall growth via a frequently stressful process), coming from broken families, poorly developed familial bonds due to excessive high school extracurricular activity involvement, rising substance abuse, excessive focus on grades, and the downplaying of symptom severity by both the student and the student's family<sup>4,5,6</sup>. Other scholars studying these issues, including some from within Illinois, have offered similar explanations<sup>7</sup>.

Three causal factors listed above deserve elaboration, as these factors are especially amenable to intervention by colleges, IBHE, and the state. One factor is the great stress students experience when faced with the academic expectations set by their college professors<sup>5</sup>. For many students, especially those in the traditional age range, college-level academic expectations are experienced as dramatically greater than the expectations set by their teachers in high school. Indeed, the ubiquity of remedial courses offered at our colleges suggests that high school teachers today are not adequately preparing their students for college work, with core academic skills needed for success in college often poorly developed when the student reaches college<sup>8</sup>. Consequently, many students who were accustomed to getting perfect grades in high school are surprised and upset to discover that their work is not highly regarded by their professors, and struggle to develop the core skills needed to improve their work<sup>5,8</sup>. Similarly, the realities of the modern employment landscape dictate that individuals pursue higher education to find satisfactory work. Many students who in previous generations would not have attended college are now experiencing the pull to do so, and as a consequence we are now seeing an influx of students with weaker academic backgrounds than those who traditionally sought higher education. As more and more students enter college unprepared for such rigorous expectations, greater numbers of them will face what for them is an unanticipated source of stress.

Likewise, the college transition usually brings considerable social upheaval. This is of concern because a major risk factor for affective (mood) disorders is insufficient social support, especially when faced with major stressors<sup>9</sup>. A recent study<sup>10</sup> has found that Americans have seen a reduction in the number of close confidants over the last two decades. In 1985 the average person reported having 2.94 individuals with whom to discuss important matters, but by 2004 that had dropped to just 2.08. Even more troubling is the finding that the most commonly reported number of available confidants is now zero. Students transitioning to college, be they traditional-aged freshmen, transfer students, or returning students, will be in the midst of a major change in their social landscapes, likely resulting in a reduced social support network and putting more and more of them into the "zero confidant" category. Studies specifically targeting incoming college freshmen have found that students with adequate social support have greater

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<sup>4</sup> Kadison, R. (2004). The mental health crisis: What colleges must do. *The Chronicle of Higher Education*. Retrieved November 16, 2006 from <http://chronicle.com/weekly/v51/i16/16b02001.htm>

<sup>5</sup> Kadison, R.D. & DiGeronimo, T.F. (2004). *College of the overwhelmed: The campus mental health crisis and what to do about it*. San Francisco: Jossey-Bass.

<sup>6</sup> Higher Education Research Institute (2007). Findings from the 2005 Administration of Your First College Year (YFCY): National Aggregates. Higher Education Research Institute, Los Angeles. Retrieved May 23, 2007 from [http://www.gseis.ucla.edu/heri/PDFs/2005\\_YFCY\\_REPORT\\_FINAL.pdf](http://www.gseis.ucla.edu/heri/PDFs/2005_YFCY_REPORT_FINAL.pdf)

<sup>7</sup> Mowbray, C.T.; Megivern, D.; Mandiberg, J.M.; Strauss, S.; Stein, C.H.; Collins, K.; Kopels, S.; Curlin, C., & Lett, R., (2006). Campus mental health services: Recommendations for change. *American Journal of Orthopsychiatry*, 76, 226-237.

<sup>8</sup> IBHE Faculty Advisory Council (2006). *Breaking the cycle of teacher inequality: New standards for teachers in a P-20 education system in Illinois*.

<sup>9</sup> Kashani, J. H., Canfield, L. A., Bordoyn, C. M., Soltys, S. M., & Reid, J. C. (1994). Perceived family and social support: Impact on children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 33, 819-823.

<sup>10</sup> McPherson, M., Smith-Lovin, L., & Brashears, M.E. (2006). Social isolation in America: Changes in core discussion networks over two decades. *American Sociological Review*, 71, 353-375.

protection from major life stressors<sup>11</sup> and also adjust better to those stressful situations<sup>12</sup>. A reduction in social support may thus explain part of the rise in depression seen in our students.

Another major source of distress for students is the spiraling cost of higher education<sup>6</sup>. Growth in college tuition and fees has far outpaced inflation in recent years, largely as a result of deep reductions in state support for higher education and flat funding for government-sponsored financial aid. These policy decisions have resulted in two frequently parallel sources of stress for students: escalating student debt<sup>13</sup> (which includes the sometimes problematic involvement of private lenders) and the need for students to devote additional time to working (often full-time) while enrolled (also often as full-time students). Erosion of state support for higher education has also had trickle-down effects on nearly every entity within the college structure, including campus counseling centers<sup>2</sup>. Thus, while student distress and demand for services have risen, campus counseling services have struggled with flat or reduced resources.

## Conclusions

There are limitations on the ability of individual faculty, colleges, the IBHE, and the state to address the causal factors of the college mental health crisis. There are, however, some things that can be done. The recommendations that follow are designed to address some of the suspected underlying causes of the growing mental health crisis that we realistically have the capacity and opportunity to remedy, while simultaneously providing for the treatment needs of current students. Indeed, it is in the best interest of all parties to address this crisis as soon as possible. Inaction will almost certainly lead to a continuation of this troubling trend. The good news is that there are effective preventive mechanisms and treatments for the problems most commonly reported by students. And not only will support of counseling centers on campus help to alleviate human suffering, but also doing so can help colleges address other problems (e.g., via enhanced student retention<sup>14</sup>).

Resources should be allocated to support campus counseling centers, specifically, and state-supported colleges in general. *Indeed, it is crucial to have adequate support for counseling services on our campuses in place immediately, as we can reasonably anticipate that many of the veterans returning from the Iraq war will be seeking higher education, and many of them will face mental health issues in addition to the typical pressures of being college students.* We can best help those students by adopting a proactive posture and ensuring that our counseling centers are able to address their needs.

The recent tragedy at Virginia Tech spurred much of the current discussion of campus mental health issues. It is our hope that this discussion remains focused as much as possible on *mental health* and that the discussants avoid the temptation to move toward an exclusive discussion of *campus security and surveillance of those with mental illness*. It seems likely that addressing mental health will assist with security. Also, providing safe places for learning is essential, but this must not be the sole focus of our efforts. Our college campuses are generally quite safe: college students are victims of violent crimes at lower rates than nonstudents<sup>15</sup>, and the overall trend for violent crime on college campuses has been a downward one. The events at Virginia Tech were terribly tragic, but they were also highly unusual in the context of overall campus security.

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<sup>11</sup> Cohen, S., Sherrod, D.R., & Clark, M.S. (1986). Social skills and the stress-protective role of social support. *Journal of Personality and Social Psychology*, 50, 963-973.

<sup>12</sup> Brissette, I., Scheier, M.F., & Carver, C.S. (2002). The role of optimism in social network development, coping, and psychological adjustment during a life transition. *Journal of Personality and Social Psychology*, 82, 102-111.

<sup>13</sup> IBHE Faculty Advisory Council (2006). *Student debt - an impending crisis*.

<sup>14</sup> Wilson, S.B., Mason, T.W., & Ewing, M.J.M. (1997). Evaluating the impact of receiving university-based counseling services on student retention. *Journal of Counseling Psychology*, 44, 316-320.

<sup>15</sup> Baum, K., & Klaus, P. (2005, January). *Violent victimization of college students, 1995-2002*. (NCJ Publication No. 206836). Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

The rise in mental illness on our campuses is, at least in part, evidence of success in our efforts to improve higher education's accessibility. Individuals suffering from mental illness in generations past would have been far less likely to receive treatment, and as a result would frequently earn poor grades in primary and secondary school or drop out of school entirely. Improvements in detection and treatment of mental illness over the last several decades, combined with higher education's efforts to make college more accessible to all (including the mentally ill), have made higher education attainable to many who would never have been able to consider its pursuit in the past. Thus, the need for improved campus mental health services is, in part, a need of our own making. If we truly wish to embrace the idea of accessibility of higher education to those with mental illness, then we must provide them with the resources they require to succeed.

It is our sincere hope that policymakers will take these messages to heart, and that they will be especially sensitive to the need for easily accessible, sufficiently staffed, high quality mental health care on our state-supported campuses. It would be inhuman to recognize a problem that results in widespread suffering, only to state that we do not have the money to address it.

### **Recommendations**

1. Dedicate additional resources to provide adequate staffing for campus mental health and counseling facilities, with an emphasis on enhancing treatment capacity via the addition of both therapists and psychiatric services. Once the backlog of service demands has been addressed, we recommend that counseling centers use these additional resources to enhance ongoing or adopt new outreach, awareness and training programs (e.g., training faculty/staff on the signs and symptoms of mental illness, having counseling centers participate in national mental illness screening days, programs to encourage student/parent declaration of service needs at initial enrollment, and offering wellness programs). Kadison & DiGeronimo's *College of the Overwhelmed*<sup>5</sup> provides a compilation of such ideas and would be a useful reference for such outreach efforts.
2. Reduce the pressure students face to take on enormous debt and overextended employment by providing additional financial support for higher education in general. This will reduce the need for colleges to rely upon tuition increases to meet basic, long-neglected needs (e.g., building maintenance and repair). Provision of additional grants, scholarships and stipends to students who have demonstrated financial need would also prove helpful.
3. Colleges should work to develop more enriching first-year and preview experiences for freshmen and integrative experiences for transfer and returning students. Such experiences would help establish social networks they could turn to for support. Integrative and social networking experiences targeted at *all* students might also prove helpful. Targeting additional resources at Student Life/Student Affairs Divisions, likely to be responsible for such programs, would undoubtedly help.
4. Improve academic preparedness for future incoming students by adopting the recommendations made in the previously submitted FAC document *Breaking the Cycle of Teacher Inequality: New Standards for Teachers in a P-20 Education System in Illinois*<sup>8</sup>. Likewise, work with interested parties to adopt curriculum standards in high school that will more adequately prepare students for the college experience.