

COLLEGE STUDENT MENTAL HEALTH AND WELLNESS

Drawing on recent mental health data collected from over two million college students, as well as decades of well-established scholarship in diverse disciplines, Dr. Hayes deepens our understanding of college student mental health, the well-documented increase in psychological distress on our campuses, and factors associated with both distress and well-being. The author is widely published in the field of mental health and psychotherapy and has taught and provided psychotherapy to adults and college students for over 30 years. This book will benefit faculty members, college mental health clinicians, supervisors, trainees and student affairs professionals who seek to understand and meet the needs of a diverse college student population navigating an increasingly complex world.

—*Juan R. Riker*, Training Director and Psychologist,
Counseling and Psychological Services, University of
California, Santa Barbara, USA

Drawing from his breadth of experiences in research and practice, Dr. Hayes delivers a critical update on the state of collegiate mental health and the unique challenges encountered by college students that impact their psychological well-being. This book is an essential resource for any clinician, practitioner, administrator, professional, or concerned other who directly works with college students.

—*Brett E. Scofield*, Ph.D., Executive Director, The
Center for Collegiate Mental Health (CCMH), Penn
State University – University Park, USA

This book is a clear and comprehensive summary of the state of mental health in college student populations. It is an excellent introduction to the topic for anyone who works with college students or for students themselves who want to reflect

on their own mental health. The book goes beyond the simple headline that students are struggling; it reviews not only the challenges, such as anxiety and suicide, but also the many strengths and opportunities that support positive mental health. Professor Hayes is a leading teacher and researcher for this topic, and his plain-spoken and rigorous style makes for an enriching and engaging reading experience.

—*Daniel Eisenberg*, Professor of Health Policy
and Management, UCLA Fielding School of
Public Health, USA

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COLLEGE STUDENT MENTAL HEALTH AND WELLNESS: COPING ON CAMPUS

BY

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INVESTOR IN PEOPLE

This book is dedicated, with deep love and appreciation, to my wife, Dr Janet McCracken. You have provided unwavering encouragement, love and support throughout my career, and the time while I was writing this book was no exception. You have been both a fulcrum and an anchor for my own wellbeing, ever since you proposed to me, and probably beforehand. Your commitment to your own exercise and sleeping and eating and meditating and friendships and family and spiritual searching and our marriage reminds me of what is important in this life, and what is possible through and beyond it. "Should I fall behind, wait for me." "We'll make it through. We always do."

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THE CURRENT SCENE IN COLLEGE STUDENT MENTAL HEALTH

ABSTRACT

This chapter provides an overview of the current state of college student mental health. It describes the contextual factors affecting college students' mental health, such as institutional funding devoted to students' wellbeing; the COVID-19 pandemic and its consequences; and sociopolitical realities such as racism, gun violence and anti-Semitism. The sensationalistic and opportunistic portrayal of college student mental health in popular media is explored, as are the positive and negative effects of social media on students' wellbeing. Finally, the current scene with regard to college student mental health is placed in a historical context to highlight long-standing concerns and changing trends facing today's college students.

Keywords: College students; mental health; COVID-19; institutional support; sociopolitical factors; popular media; social media; history

INTRODUCTION

College is a liminal experience. Nobody remains a college student forever. For traditionally aged undergraduates, the college years involve a transition from adolescence to adulthood. College students encounter normative developmental challenges that provide opportunities for maturation. This has always been true. Recently, however, accounts have begun to emerge suggesting that many college students are facing not just typical challenges but profound mental health struggles. From a US surgeon general's report on the wellbeing of young people (www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf) to near daily accounts in popular media, the mental health of college students has gained increasing attention, particularly since the onset of the COVID-19 pandemic. On many dimensions, the increased attention seems warranted. Data indicate that from 2010 to 2022, suicidal thoughts, suicide behavior and non-suicidal self-injury rose steadily among college students in the United States ([Center for Collegiate Mental Health \(CCMH\), 2023](#)). Not surprisingly, more students than ever are seeking help for psychological problems from campus mental health professionals. A survey conducted by the American College Health Association found that 36% of college students had received mental health care in the previous year ([American College Health Association, 2023](#)). The demand for psychological services at college and university counseling centers across the United States has outpaced growth in undergraduate enrollment more than fourfold ([Xiao et al., 2017](#)). In particular, from 2009 to 2014, enrollment at colleges and universities grew by 6% nationally and the number of students seeking counseling on campus grew by 29%. Some counseling centers have tried to meet this increased demand for services by spreading out counseling sessions to more students on a less

frequent basis. When counseling centers adopt this approach, unfortunately, counseling tends to be less effective (CCMH, 2019).

Beyond the obvious, why does the psychological wellbeing of college students matter? First, many serious psychological disorders, such as major depression and schizophrenia, have their onset between the ages of 18 and 25, ages that include most undergraduate and many graduate students (Ballester et al., 2022). It is important, therefore, that college students attend carefully to their mental health. If they begin to suffer from a psychological disorder, early interventions such as medication and psychotherapy can prevent symptoms from worsening. Even in the absence of psychological disorders, college students' mental health affects their academic performance, social functioning, risk of dropping out of school, time to graduation and prospects for employment after graduating (National Academies of Sciences, Engineering, and Medicine, 2021).

INSTITUTIONAL SUPPORT FOR STUDENTS' MENTAL HEALTH

Colleges and universities are almost as varied as college students themselves. Some are commuter schools that lack campus housing and others are large universities with more than 40,000 young adults living in close proximity to one another. In between are Tribal colleges, small liberal arts schools, religiously affiliated colleges, historically Black colleges and universities, community colleges, Hispanic serving institutions, art and trade schools, women's colleges, technical schools, military academies and Ivy League universities, to name a few. Given the tremendous variety of colleges and universities in the United States, perhaps it is no

surprise that high school students spend considerable time and energy trying to find the “right” college. Their decisions are influenced by a host of factors including a school’s cost, location, size and reputation (e.g., academic prestige, athletic prowess and social scene). Does it matter whether a student chooses one school over another? Not as much as one might think, according to research (Pascarella & Terenzini, 2005). With only a few exceptions (e.g., economic gain over one’s career), most student outcomes are fairly similar between institutions. In addition, the ways in which students change during college tend to be fairly comparable across schools, again with notable exceptions (e.g., religious universities promote faith development among students more than do secular institutions). Given the importance of mental health among today’s youth, it is an open question as to whether high school students consider the effects on their psychological wellbeing of attending school A instead of school B. If this were an important factor in choosing a college, how would students decide which school to attend and which to avoid? Information along these lines tends not to be publicized by colleges.

On the one hand, a recent study suggests that students from different universities tend to have similar levels of distress. Data from more than 58,000 students at 116 colleges revealed little difference between schools in students’ psychological distress, both generally and in specific areas such as depression, anxiety, eating concerns and substance use (Carney et al., 2021). On the other hand, institutions of higher education do vary in the resources they devote to college students’ mental health. In 2019, 410 college and university presidents were surveyed about student mental health at their institutions. Although nearly 75% of presidents had increased funding on their campus to support student mental health, more than a quarter had not (Chessman & Taylor, 2019).

And then COVID-19 hit. A survey the following year reflected the increased sense of importance that most, but not all, college presidents attached to students' mental health. Almost 70% viewed the mental health of students as "the most pressing issue" they faced (Turk et al., 2020). A subsequent survey of 442 university presidents found that more than two-thirds thought that they were "very aware" of the mental health of their undergraduate students and that their institution was capable of meeting these needs, primarily through increased staffing for counseling centers (Jaschik & Lederman, 2023). On the other hand, a separate survey was conducted around the same time of more than 54,000 undergraduates at 129 schools; 56% of students believed that their health and well being were not a priority at their institution (American College Health Association, 2023). Further complicating the picture, most university presidents perceive undergraduates as in need of counseling because students are not sufficiently resilient (Jaschik & Lederman, 2023). The presidents' views, while potentially victim blaming, may be somewhat legitimate. On an instrument that measures resilience (on a 0–8 scale), the mean score for undergraduates was 5.9, a full point less than the average score for adults in the general population (American College Health Association, 2023; Vaishnavi et al., 2007). These statistics raise the thorny question as to why university presidents don't direct financial resources toward programs that could enhance student resilience.

Instead of focusing on prevention, many universities rely on remediation of student mental health problems. The primary form of remediation occurs through the campus counseling center, which is staffed by mental health professionals. Again, there is a wide variety in the nature and composition of these agencies. Some counseling centers have as few as two therapists on their staff and others have more than 100. Roughly 40% of counseling centers impose limits on the number of

therapy sessions a student can receive, although most do not. On average, students have to wait 18 days between appointments, although wait times can range from a week to nearly a month. Most, but not all, counseling centers are formally integrated with at least one other campus office to support students' wellbeing (e.g., a health center or career services; Carney et al., 2021).

Depending on the size and financial resources of an institution, students may have at their disposal numerous additional resources designed to promote their wellbeing. Included on this list would be offices for students of color, students with disabilities, women and gender non-conforming students, international students, student athletes, first-generation students, students who identify as sexual minorities, returning adult students and religious students, to name a few. The presence of these offices doesn't guarantee that students know about them or will utilize them, of course. Furthermore, although larger schools may have more of these student support services, often they are not well-coordinated so that students wind up utilizing only a fraction of the resources from which they would benefit. An example may help illustrate this point.

Consider the case of Isabelle, who is a first-generation, 19-year-old, Latina, cis-gender, Catholic student. Isabelle finds herself attracted to both men and women, although she does not identify as bisexual. Isabelle was diagnosed in high school with an attention deficit disorder and has celiac disease (i.e., she is gluten-intolerant). Isabelle is in her second semester at a large public school in her home state, although the small town where she grew up is 300 miles away from campus; as a result, she rarely gets home to see family and friends during the semester. Isabelle is the oldest of four children. Her father works in the public library in her hometown and Isabelle's mother is on the local school board but is not

employed. Isabelle was an honor roll student in high school and was a very good long-distance runner, earning varsity letters in both cross-country and track all four years of high school. Isabelle was not recruited by any colleges to compete athletically, however.

During her first semester of college, Isabelle floundered academically. She had not yet declared a major and mostly took courses that fulfilled general education requirements. Isabelle's grade point average was 2.35, well below what she was accustomed to in high school. Isabelle felt frustrated by her grades; she spent several hours each weeknight studying in her dorm room, which she shared with two other women. She also felt like she had let her parents down, since they were paying for her schooling. Socially, Isabelle had a hard time fitting in with her peers on campus. Many of them had more spending money than she did, so when they invited her to go out to eat, she usually declined. Furthermore, her celiac disease made it difficult for Isabelle to find food, both on and off-campus, that was safe for her. She also could not drink beer, which was commonly served at off-campus parties, since it contains grain. Isabelle attended Catholic services on campus most Sundays and met some fellow students who shared her faith, but few of them were Latinx, as was true more generally on campus. Because the congregation was large, Isabelle had not yet made a personal connection with either of the priests who said Mass. She kept in touch through social media with friends from high school, which sometimes helped with her feelings of isolation and at other times made her feel more alone on campus. Finally, Isabelle felt conflicted about her attraction to women. She had dated several people in high school, though never women and never seriously. In addition, Isabelle wondered if her attraction to women was sinful; she was fairly certain that dating women would not be acceptable to either of her parents.

As her first set of exams approached during the spring semester, Isabelle felt anxious and depressed. She was worried about the prospect of telling her parents that she was still struggling academically, and her anxiety interfered with her concentration while she was studying. Isabelle also, for the first time in her life, found herself having difficulty sleeping. She had given up running so that she could spend more time concentrating on her studies. Isabelle's interest in eating, which was often low due to the challenges associated with celiac disease, diminished even further. Isabelle spent more and more time in her dorm room alone, with a book open in front of her, while her roommates were out socializing in the evening and on weekends.

One Friday night, Isabelle's resident assistant knocked on her door and asked if she could come in. She told Isabelle that she was concerned about her and described what she had observed, and what she had heard from Isabelle's roommates, that led to her concern. Upon the resident assistant's suggestion, Isabelle contacted the counseling center the following week and got an appointment the week after that. After an initial intake session, the counselor explained that there was a waiting list for individual counseling appointments, and she invited Isabelle to join an ongoing counseling group for women who were questioning their sexual identities. The counselor also recommended that Isabelle schedule an appointment with the psychiatrist on staff who could prescribe medication that might help with Isabelle's anxiety and depression. Isabelle reluctantly agreed to both, although she wasn't sure that she was ready to openly discuss her sexuality with strangers. Isabelle also had reservations about antidepressants based on what she knew about possible side effects.

Several weeks later, Isabelle had attended three sessions of group counseling and had been taking daily doses of sertraline, a drug designed to treat depression and anxiety, although