A photograph of a college campus. In the foreground, there is a green lawn with a paved walkway leading to a brick building. Several bicycles are parked on the walkway. The building has many windows and a central entrance. The sky is blue with some clouds. The text 'College Mental Health Crisis' is overlaid on a dark blue rectangular background in the upper half of the image.

College Mental Health Crisis

A light blue rectangular background with a gradient, containing the text 'Issue Brief'.

Issue Brief

Understanding the development of the mental health crisis experienced by college students & exploring viable solutions

Anna Farris | CAS 138T | 4.15.22

College Student Mental Health Crisis

On February 17th, 2010 Bradley Ginsburg, a student at Cornell University, died by suicide at the hands of the Ithaca Gorges.¹ In the following 3 weeks, two more Cornell students died in the gorges.² Within only a month, three Cornell students died from known or suspected suicides by falling from the bridges overpassing the well known and loved Gorges in Ithaca, NY.

Often referred to as the “suicide school”, Cornell has faced much scrutiny for the frequency of student suicides. They have received national attention for the “high profile” suicides, with The New York Times arriving on-site after 5 deaths in the gorges within 3 years.³ Blame has been placed on anything from the harsh weather, to the academic rigor, to the gorges and bridges themselves for the frequent incidents. However, despite being notorious for their supposed shockingly high rates of suicide, Cornell actually has below average rates for college student suicide, with an average of 1.3 deaths per year as opposed to the 1.5 student deaths the average school of that size would experience.⁴

Because of Cornell’s ivy league status and the shock value the gorges evoke, attention has been called to their mental health crisis, with parents, students, and the media calling for increased mental health services amidst Cornell’s lacking support system. However, without the public eye on them, other universities experiencing even larger crises aren’t criticized, and the widespread mental health crisis college students experience goes unnoticed.

Prevalence of Mental Health Issues Amongst College Students

College students are experiencing a mental health crisis. Young adults and adolescents already are at heightened risk for mental illness with 50% of psychiatric disorders showing up by

adolescence and 75% by mid-twenties, which lines up with the college years.⁵ The extreme life changes that accompany college increase vulnerability and stress levels, with nearly every part of one's life changing, from social circles, to geographical location, to housing, to routines, to the majority of aspects of one's daily life. Additionally, college students must face other challenges like COVID-19, sexual assault, substance use, peer pressure, academic pressure, and new financial burdens, which can all contribute to mental and emotional struggles.

Percentages of College Students aged 18 to 22 Reporting Suicidal Thoughts, Mental Illness, and Major Depressive Episode in Past Year, 2015-2019

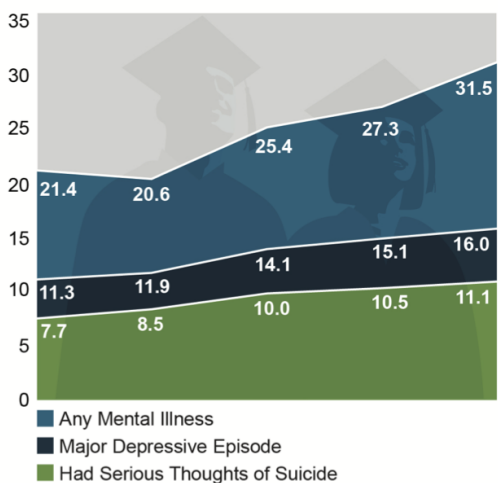


Figure 1

According to The Clay Center for Young Healthy

Minds, almost half of college students met the criteria for a psychiatric disorder within the past year, and one third experienced difficulty functioning due to depression.⁶ An even larger population reports general mental struggles, with 83% of college students reporting their mental state to be negatively impacting their academic success.⁷ Mental health struggles have

been on the rise for college students, with the number of students reporting mental illness, major depressive episodes, and suicidal thoughts increasing significantly from 2015-2019.⁸

Factors Influencing Mental & Emotional Struggles

Sexual assault is unfortunately quite common on college campuses. According to The American Psychological Association, nearly 26% of undergraduate females and almost 23% of LGBTQ+ students have experienced sexual assault, and 13% of all undergraduate and graduate students have experienced assault since entering college.⁹ Undergraduate women are 3 times more likely

to experience sexual assault than the general population of women.¹⁰ Sexual assault is a risk factor for mental health issues, and has been shown to increase risk of developing depression, PTSD, substance use disorders, eating disorders, and anxiety, in addition to causing short-term psychological distress like feelings of guilt, shame, and isolation.¹¹ Given its prevalence and connection to mental health issues, it is clear sexual assault is a contributing factor to the college mental health crisis.

College students are also introduced to increased access to and pressure to use substances. Peers become very important in college, particularly for freshmen adapting to new social circles. The pressure to drink can be extreme, especially with the presence of fraternities, hazing, and intense drinking culture. Alcohol misuse is commonplace at many colleges, as 44% of college students binge drink, and over 20% of college students meet the criteria for an alcohol use disorder, either alcohol dependence or alcohol abuse.¹² Additionally, 1 in 20 college students meet the criteria for a drug abuse disorder.¹³ Substance use disorders are psychiatric disorders in and of themselves, but also often accompany other mental disorders, as substance abuse can contribute to other mental health issues, and mental health issues can contribute to substance abuse.¹⁴

In addition to heightened risks of sexual assault and substance abuse or misuse, students also experience a profound life change that can affect them mentally. Entering college typically involves changes in location, housing, social life, stress factors, and more, as well as separation from family and friends from home, which at times can feel isolating. College also introduces additional academic pressure to succeed and large financial burdens that students may not have experienced prior to their entrance into college, which can contribute negatively to emotional and mental health.

Some stress factors are rising for college students, which aligns with the recent increase in the prevalence of mental health issues for college students. Between 2008 and 2018, there was a 25% increase in costs of attending college, and these growing financial burdens can contribute to increased stress levels among students.¹⁵ Additionally, the COVID-19 pandemic has introduced new stressors and losses to students beginning in March 2020. All of these factors influence the mental health of college students and can contribute to the growing crisis we see today.

Lack of Resources & Accessibility

Though there is an increasing prevalence of mental health and emotional struggles amongst college students, and up to 35% of students screen positive for a mental illness/disorder, only 13% actually receive care from campus mental health services.¹⁶ Some of the top reasons college students do not seek help are: cost, lack of time, not knowing where to get support, and a lack of available appointments, in addition to other factors such as social stigma.¹⁷

A large contributing factor to the lack of help received by students is long wait times for campus counseling services and an inability to get an appointment quickly. According to the Association for University and College Counseling Center Directors, students on wait lists for university counseling services wait an average of 17.7 business days before their first appointment, with some universities averaging up to 34.7 business days.¹⁸ This leaves students on wait lists for anywhere from 3.5-7 weeks, which is about a quarter to a half of a semester. Students are left struggling without support for long periods of time, despite seeking it out, which allows the issues they are experiencing to grow and develop, despite their efforts to resolve them. There is simply not enough staffing or resources provided by colleges to account for the demand.

Waiting periods of weeks leaves students alone and helpless, especially those experiencing severe symptoms. For Constance Rodenbarger, a two week waiting period almost cost her her life.¹⁹ She reached out to the Indiana University counseling center during the second semester of her first year there for support in dealing with depression and an abusive relationship, but was told there would be a two week wait before there would be an available appointment for her. Rodenbarger knew two weeks might be too long, and just a day before her scheduled appointment, she attempted suicide. Though she survived the attempt, she remains an example of the dangerous costs of these waiting periods.²⁰

In addition to the risk factors for students with severe symptoms, students who are not in immediate danger lack support. Oftentimes students who are a risk to themselves or others are prioritized, and although this is an important and understandable safety measure, students who either do not pose that risk or do not know if they qualify lack resources. They may remain on waiting lists for much longer periods of time, lacking support as their issues develop.

Disproportionate Funding & Increased Demand

Mental health issues for college students have been growing rapidly over the past decade, along with demand for mental health services. In 2019 nearly 90% of college counseling centers saw an increase in demand for services.²¹ Safety risks due to mental health are also growing rapidly, with one study finding the rates of severe depression, self-injury, and severe suicidality doubling, and rates of moderate to severe anxiety and suicide ideation nearly doubling for undergraduates between 2012 and 2017-2018.²²

In 2015, despite growing demand for mental health services by almost 5 times the rate of enrollment growth, 40% of college counseling centers had no change in budget or increase in staffing.²³ A survey done by the American College Health Association showed a more recent lack of alignment between increases in demand for services and funding; while 15.5% of colleges expected to hire staff for mental health services for 2021, an equal 15.5% expected reductions in staffing.²⁴ Some colleges have been able to devote more funding to mental health services, but even in these cases often the demand drastically outweighs the resources schools can allocate to funding these services, and the need remains.²⁵

Consequences of The Crisis

ACADEMIC IMPAIRMENT

In the past 4 weeks, how many days have you felt that emotional or mental difficulties have hurt your academic performance?

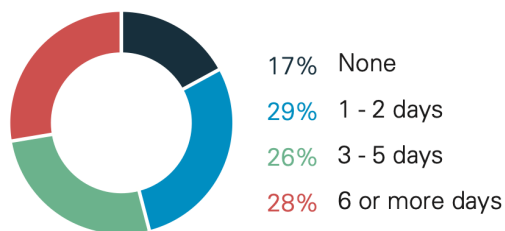


Figure 2

Mental health issues can affect students on both short term and long term levels. Students may experience short term psychological distress and a decrease in wellbeing, or longer term effects that impact grades, ability to stay in school, physical health, social relationships, personal safety, and long-term well-being. Students experiencing depression and/or anxiety have an average of 0.2-0.4 reduction in GPA due to their struggles.²⁶ According to the National Alliance for Mental Illness, the majority of those that dropout of college do so because of mental illness.²⁷ More broadly, as earlier mentioned in this brief, 83% of students found their academic performance was negatively impacted by their mental and emotional struggles.²⁸

In addition to impacts on grades and retention, mental health of college students impacts personal safety. 11% of college students have contemplated suicide in the past year, and one study found the rates of severe depression, self-injury, and severe suicidality doubling for undergraduates between 2012 and 2017-2018.²⁹ Suicide is the 2nd leading cause of death for college students, and the impacts effect everyone.³⁰ Mental health issues are physical health issues, and can risk campus safety in addition to personal safety.

It is clear that the mental health crisis amongst college students affects more than just short-term emotional well-being, and that these challenges have real, tangible effects.³¹ Students are at risk for intense psychological distress, negative impacts on academic success, dropping out, and physical danger. Colleges themselves also are affected by this crisis, with lower retention rates and average GPAs, and a less safe school environment, in addition to concerns for the lack of campus wellness.

Recommended Action

College students are experiencing a mental health crisis, often don't reach out for support, and of those who do, many are wait-listed and cannot receive the care they need. Students in crisis cannot receive proper care in the timely manner required for these cases, and those with less "emergency" cases or those looking to take preventative measures are not able to access resources. In order to help students access adequate support, universities must take actions to increase access to mental health resources and student utilization of these resources. However, universities have proven through lack of action that they do not have adequate financial resources for this, or a willingness to sacrifice funding from other areas.

Due to this, this brief recommends specific actions be taken by both the United States Department of Health and Human Services and universities to mitigate this crisis.

Steps for the United States Department of Health and Human Services (USDHHS):

1. Allocate funds to universities for an emergency response to this crisis
2. Mandate more university funding to be dedicated towards mental health services
3. Require public campuses to have a 1500 to 1 student to counselor ratio

The first step for the USDHHS to take is to allocate emergency rescue funds to universities. The crisis we are facing is an emergency threat to health, and as a department dedicated to working for the health of Americans, they are responsible for responding to health crises, and in this case, funding is necessary. Universities may realize they need to hire additional staff, but the financial cost required for adequate staffing is too high for universities to tackle on their own, as adding even just one new staff member can cost around \$85,000.³² By providing colleges with initial funds, schools can immediately begin taking sufficient and impactful action steps to improve student health without sacrifice.

The second step for the US Department of Health is to mandate that universities utilize more of their overall funding for mental health services rather than other areas. By forcing universities to allocate a proportionate amount of their budget towards mental health resources, they can no longer neglect the issue because they “cannot afford it”, because they will be legally required to invest more in their services. Funding will be immediately used on mental health resources, providing efficient resolutions that will carry forward into the future.

The third step for the US Department of Health is to require a minimum counseling staff member to student ratio of 1 to 1500. The current average student to counseling professional ratio is 1737 to 1, while the International Accreditation of Counseling Services recommends a minimum of 1 full time staff member per 1,000 to 1,500 students, as anything less than this can cause increased wait times, difficulties in providing services for severe cases, and difficulties in providing support to the general campus community.³³ By requiring a minimum ratio of 1 to 1500, universities will be required to hire more staff members, therefore reducing wait times and increasing quality and quantity of care for the campus community.

Steps for universities to take:

1. Hire more mental health and counseling professionals
2. Create a team dedicated to drop-in services
3. Eliminate initial screenings

The first step for universities to take is to use their new and re-allocated funding to hire additional staff members. By hiring more staff members, wait times will be reduced, and more students will have access to proper care. This will automatically benefit students, as well as overworked staff members. Improving the ratio of counseling staff to students will benefit students experiencing severe symptoms and those that are left on waiting lists, as well as increase outreach and non-counseling services for the campus community.³⁴

The second step for universities to take is to create a team dedicated to drop-in services. This team will be specifically focused on drop-in services with minimal focus on other services,

helping students create care plans and receive support on the spot, making care more accessible to those in urgent need of support. Students will no longer be left alone in dire situations and can receive resources in a moment's notice, with a care team specifically focused on helping students who need immediate support. Crisis situations will not be ignored and students' concerns will be addressed immediately before more harm can be done.

The third step for universities to take is to eliminate initial screenings. Many counseling centers utilize initial/triage screenings to determine the support a student needs *before* they see a professional. By eliminating these screenings, students can schedule an appointment right away, and more staff and attention can be dedicated to students on an individual level. Additionally, students in need of help who are not in an active crisis will have quicker access to support. Both steps 2 and 3 have been effectively utilized by the University of Pennsylvania to improve student mental health and access to services. By taking these steps, they were able to cut their wait times in half, even though there was a 23% increase in appointments booked and negligible staff increases.³⁵ By taking these measures in addition to increasing staffing, universities will see drastic improvements in their services as UPenn did, but even more so.

By taking these action steps, students will have much better access to mental health resources, which will greatly improve the current crisis. Of those that seek counseling for their mental health, 70% found it improved their academic performance.³⁶ Additionally, some research shows that access to proper mental health treatment increases retention rates by as much as 10-12%.³⁷ Improving mental health services will improve grades, retention, as well as student wellness and mental health recovery.

Disadvantages

The biggest disadvantage to this plan is the additional costs to the US Department of Health and reallocation of funding/additional costs to universities. However, these can be quickly dispelled by the responsibility that lies on these institutions and the economic benefits and increased retention rates, as they are responsible for addressing urgent health issues for college students and the general public.

There may also be pushback from departments that lose funding during the re-allocation, depending on the level of budget cuts and areas that experience them. This may be inevitable, but with proper strategizing can be kept to a minimum. Regardless, though, student success and well being is worth a slight reduction of funding in other areas.

However, there are also financial benefits despite the costs. Addressing the issue of mental health of college students and forming an effective program could save the United States \$193.2 billion per year in lost work as it is a preventative measure.³⁸ By improving retention rates, universities will not only improve their status & credentials, but also save money. One study showed for every 100 depressed college students that receive proper treatment, 6 will be prevented from dropping out, saving schools \$240,000 in tuition.³⁹

Conclusion

College students are extremely susceptible to mental illness, being in the prime age group for onset, in addition to experiencing new and stressful life changes that accompany college. Mental health struggles have been increasing amongst college students in the last decade, and have

become a crisis gone largely unaddressed. Students who are struggling have difficulties finding support, with long wait lists for counseling services and lack of university response.

Through additional funding from the government, reallocations of funding, new policies, and increase in staffing, this crisis can be minimized. If these steps are taken, students will have greater access to mental health resources as waiting periods will be shorter, more attention will be given to each individual, and immediate drop-in services will be offered. By increasing recovery and treatment for struggling students, grades will improve, retention rates will increase, students will lead happier and healthier lives, and the campus community will be safer. These steps provide a path to a happier and more successful future and college experience for all college students, and will solve a long-standing crisis that we have finally addressed.

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