

Mental Health On College Campuses

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Introduction

This article draws on past studies, surveys and statistics to illustrate the vital need of mental health services on college campuses. Colleges have the responsibility to educate their student population on the importance of mental health while also providing and informing students about the effective mental health services available to them. Mental health services on college campuses offer individual professional psychological counseling, peer-to-peer counseling, programs to educate students and bring awareness to mental health, and a multitude of other services. Well-rounded and effective mental health services can have a lifelong impact on individuals as well as benefits that reach far beyond the college campus.

Mental health is defined by the World Health Organization as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.” Mental illness results in the lack of mental health. The National Alliance on Mental Illness (NAMI) defines a mental illness as “a medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning.” Serious mental illnesses are the most prevalent diagnoses and they include attention deficit hyperactivity disorder (ADHD), bipolar disorder, borderline personality disorder, major depression, obsessive-compulsive disorder (OCD), panic disorder, posttraumatic stress disorder (PTSD), and schizophrenia.

Prevalence of Mental Illness on College Campuses

In developed countries, mental illnesses account for a larger portion of disability than any other group of illnesses. Mental illness affected nearly 20 percent of individuals age 18 to 25 within the past year (NAMI, 2012). This percent is greater than that of cancer or heart disease. Unlike illnesses that strike more often later in life, mental illnesses affect both youth and young adults in significant percentages. 75 percent of lifetime cases of mental illness begin by age 24 (NIMH, 2005). With nearly half of the individuals between the age of 18 and 24 enrolled in college, college campuses are at the heart of this issue (United States Census Bureau, 2013).

With such a high prevalence of mental disorders comes the demand for services and programs to treat those personally affected by a mental illness. The National Survey on Drug and Health (NSDUH) found that just over half of the adults in the United States with a serious mental illness receive treatment. The number decreases when looking specifically at young adults, age 18-29, with just over 40 percent receiving treatment (NIMH, 2008). This results in just slightly more than half of the college-age individuals with a mental disorder ever receiving treatment for their mental illness; the numbers are alarming.

Barriers preventing students from seeking treatment vary from campus to campus and student to student, but many students reported that he or she believed treatment was not needed, lacked the time to receive treatment, believed in self-management of the mental illness, or was fearful of the stigma that would be associated with having a mental illness and

seeking treatment for it (Czyz, Horwitz, Eisenberg, Kramer, & King, 2013).

Effects of Mental Illness

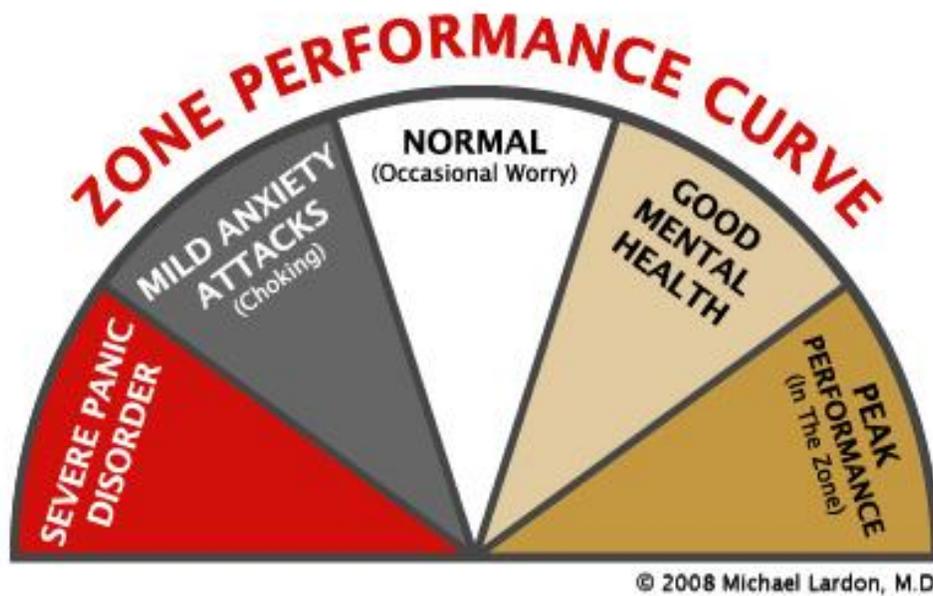
The effects of mental illness reach far beyond the individual that is personally affected by it. Looking slightly beyond the individual, one can see that close friends, family, employees, and fellow students can see the effects of mental illness too. The ripple effect continues as colleges, companies, and societies are placed with the burden of caring for individuals who currently do not have the ability to function in day-to-day tasks of their life.

On college campuses, poor mental health results in poor performance by college students. Graduation rates are a key factor in determining the success rate of a college. A study of first-time full time students who began seeking a bachelor's degree at a 4-year institution found approximately 60 percent of students graduate within six years (Institutional Retention and Graduation Rates for Undergraduate Students, 2014). This number includes all students with and without a mental illness. A survey titled *College Students Speak: A Survey Report on Mental Health* found 64 percent of the students with mental illness dropped out of college. The

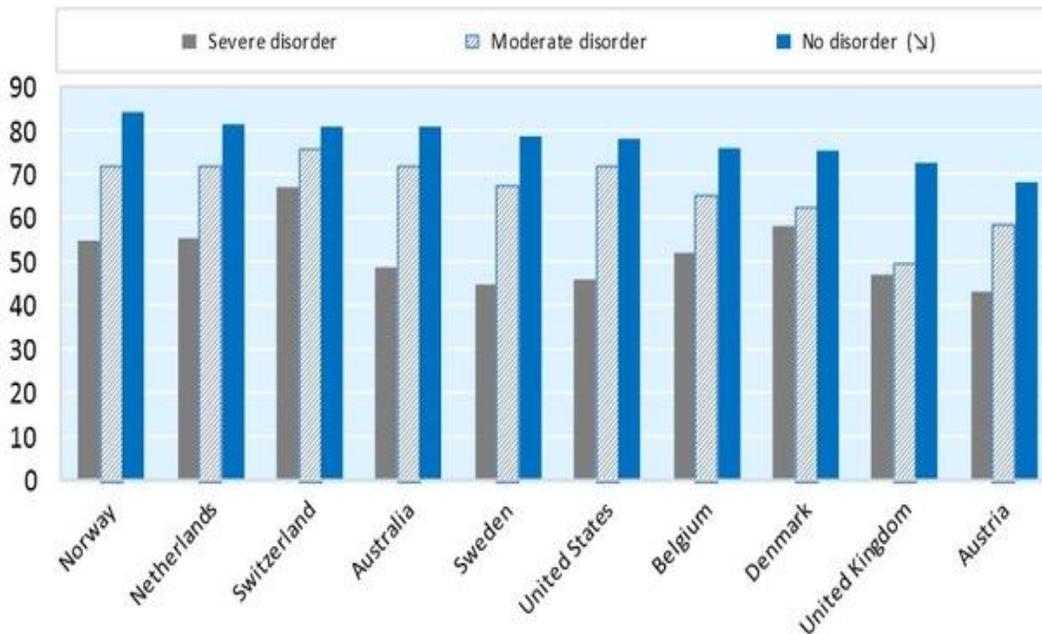
total number of students who drop out of college would be greatly reduced by addressing the students that are dropping out due to mental health concerns. The reason for 50 percent of students with a mental illness dropping out was that they did not access mental health services and support (NAMI, 2012). College mental health services can reform their outreach services to address these student concerns.

Furthermore, college success rates also factor into career development and preparation. The United States unemployment rate for people with a mental illness is 15 percentage points lower than those without a mental illness. Individuals with a mental illness are two or three times more likely to be unemployed than their counterparts without a mental illness (PBS).

When colleges are not effectively addressing mental health on their campus, they are not adequately preparing their students for the expectations beyond graduation. The impact of not adequately addressing mental health results in a loss of wages. Serious mental illnesses cost the United States at least 193 billion dollars annually in lost earnings (NIMH, 2008). Providing effective mental health services is a good investment.



Employment rate* for people with and without a mental disorder



* Paid or self-employed work of at least one hour per week

With budget constraints at the core of the issue in determining which student services remain and which are removed, California State University, Stanislaus has continued to invest in the mental health of their students by providing a variety of services and outreach programs. Included in the cost of tuition, students are provided psychological services by professional licensed staff and student support groups through the PEER Project – raising awareness with campus wide programs. Campus tour guides and new student orientation leaders inform and support the use of these services to new and visiting students. With the support of student leaders, the student body culture is more likely to adopt a similar supportive attitude. This coupled with a diverse platform to reach the variety of students; CSU Stanislaus values the mental wellbeing of their students and strives to provide effective resources to students (College Report, 2012).

Mental Health Initiatives

Recent college campus shootings have brought national media attention to extreme cases. Changes are being implemented in public policy as awareness of the need for effective mental health services increases. Nationally, the Mental Health Parity and Addiction Equity Act (MHPAEA) of reformed mental health benefit requirements to align more similarly to other health benefit requirements. MHPAEA, along with the Affordable Care Act of 2010, seek parity in mental health initiatives and increased services to millions of Americans. In California, the Mental Health Services Act (MHSA), originally known as Proposition 63, was passed in November of 2004 to impose a one percent income tax on personal income over one million dollars (California Department of Health Care Services, 2012). The funding then goes primarily to the county level to increase and improve programing for mental health. Colleges have the

responsibility to educate their student body and increase awareness of the importance mental health.

Mental health programs help to educate the student body on the importance of mental health, the benefits of seeking help when needed, and the process by which one may receive treatment. Education and open dialogue begins to reduce stigmas associated with mental illness and seeking help. A mental illness does not equate to the definitive nature of a person. By understanding mental health, one can better understand how to separate our perceptions of a person from the illness they suffer.

Many students with poor mental health do not seek treatment or are reluctant to seek out resources available to them. With greater understanding of the behavior of students who seek help on individual college campuses, improvements to the process by which outreach, awareness and intervention strategies are used can be adapted to become more effective in communicating with the larger student body. Improving intervention strategies and treatment for mental illnesses on college campuses is beneficial to the individuals personally affected and will surely contribute to the success rates of the college. The impact of effective mental health services can then reach out beyond the college sphere.

If you or someone you know experiences a life crisis, whether or not the crisis is accompanied by thoughts of suicide, the option is present to call the National Suicide Prevention Lifeline at 1-800-273-8255. One can also reach out through this online link: <http://www.suicidepreventionlifeline.org/> to get information on mental health services in your area. CSU Stanislaus students can reach out locally to the Student Counseling Center at (209) 667-3381 to receive free and confidential professional counseling.

For a detailed description of disorders that constitute mental illnesses, one can refer to

The Diagnostic and Statistical Manual of Mental Disorder Fifth Edition (DSM-5) published by the American Psychiatric Association. (But see the article in this volume by Katie Segura, which discusses possible shortcomings of these definitions.)

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