The Mental Health Needs of Today's College Students: Challenges and Recommendations

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This paper reviews the literature on the changing mental health needs of today's college students and the challenges posed by both the growing number of students with serious psychological problems on campus and the increase in the number of students seeking counseling. The implications of student mental health problems for students, faculty, staff, and the institution are discussed, as well as some strategies for responding to the surge in mental health needs on college campuses.

The mission of university and college counseling centers is to "assist students to define and accomplish personal, academic, and career goals by providing developmental, preventive, and remedial counseling (CAS, 1999, p. 67). Traditionally, the emphasis has been on developmental and preventive counseling. However, the role and function of college counseling centers continues to evolve and change in response to a variety of social, political, and economic factors (CAS, 1999); and to the momentous changes in the demographics of today's college student population, perhaps the greatest change in higher education in recent years (Levine & Cureton, 1998a). Today's college students are increasingly diverse: 30% are minorities, 20% are foreign born or first generation, 55% are female, and 44% of all undergraduates are over the age of 25 (Choy, 2002).

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Just as the demographics of the current generation of college students have changed considerably from the past, so have their needs, including their mental health needs. The need to provide counseling for such a broad range of students and issues—including multicultural and gender issues, career and developmental needs, life transitions, stress, violence, and serious psychological problems—is one of the major challenges facing college counseling centers, a challenge that can be "daunting" at times (Archer & Cooper, 1998, p. 13). In addition, there has been a marked increase in both the number of students with serious psychological problems on campus and the number of students seeking counseling services. This paper discusses the changing mental health needs of today's college students, the challenges posed by the growing number of students with serious psychological problems, and the overall increase in the demand for counseling services; and offers some strategies for responding to the surge in mental health needs on college campuses.

Increase in Severe Psychological Problems

During the last decade, university and college counseling centers have reported a shift in the needs of students seeking counseling services, from more benign developmental and informational needs, to more severe psychological problems (Gallagher, Gill, & Sysko, 2000; Gallagher, Sysko, & Zhang, 2001; Pledge, Lapan, Heppner, & Roehlke, 1998; O'Malley, Wheeler, Murphey, & O'Connell, 1990; Robbins, May, & Corazzini, 1985; Stone & Archer, 1990). A recent analysis of initial intake data gathered from students who sought counseling services at a large university found that "the level of severity of these concerns is much greater than the traditional presenting problems of adjustment and individuation that were seen for college students in counseling center research from the 1950s and 1960s through the early 1980s" (Pledge et al., 1998, p. 387). Counseling center clients in the study consistently presented with severe concerns including "suicidality, substance abuse, history of psychiatric treatment or hospitalization, depression and anxiety" (Pledge et al., 1998, p. 387).

According to the National Survey of Counseling Center Directors at 274 institutions (Gallagher, Sysko, & Zhang, 2001), 85% of center

directors reported an increase in "severe" psychological problems over the last 5 years, including learning disabilities (71%), self-injury incidents (51%), eating disorders (38%), alcohol problems (45%), other illicit drug use (49%), sexual assault concerns on campus (33%), and problems related to earlier sexual abuse 34%. They estimated that approximately 16% of counseling center clients had severe psychological problems (Gallagher, Gill, & Sysko, 2000). Furthermore, 84% of counseling centers indicated that the number of students with severe psychological problems was a concern (Gallagher, Sysko, & Zhang, 2001). Ninety-four percent of directors also noted an increase in the number of students coming for counseling who were already taking psychiatric medication. They estimated that 17% of counseling center clients take psychiatric medication, in contrast to 9% in 1994 (Gallagher, Gill, & Sysko, 2000). Eighty-nine percent of centers had to hospitalize a student for psychological reasons and 10% reported a student suicide. Twenty-four percent of centers also gave a Tarasoff warning to a third party regarding a potentially dangerous client. Sixty percent of centers reported obsessive pursuit (stalking) cases (Gallagher, Sysko, & Zhang, 2001).

Other data also confirm the high incidence and serious nature of mental health problems among college students. Student affairs administrators reported that they were spending more time dealing with troubled students and had seen marked increases in the following serious mental health problems on campus: Eating Disorders (+58%), Drug Abuse (+42%), Alcohol Abuse (+35%), Classroom Disruption (+44%), Gambling (25%), and Suicide Attempts (+23%) (Levine & Cureton, 1998b, p. 96).

In general, students are coming to college "overwhelmed and more damaged than those of previous years" (Levine & Cureton, 1998b, p. 95). Twenty-eight percent of freshman polled in a national survey reported feeling frequently overwhelmed, and 8% reported feeling depressed (HERI, UCLA, 2000; This Year's Freshmen, 2001). A longitudinal study of psychological distress in college found that although distress levels peaked during the freshman year and then declined for most students, a "subset" of students manifested severe, chronic levels of distress that did not decrease over time (Sher, Wood, & Gotham, 1996).

In spite of the preponderance of data that support the trend towards more severe psychopathology in the college student population, Sharkin (1997) has cautioned that the trend may be based more on perception and clinical impressions than on direct evidence. He recommended the use of standardized instruments to assess the incidence of psychopathology and changes in symptomatology over time and to determine which disorders are most likely to be seen at college counseling centers.

Increase in Demand for Counseling Services

In addition to the rise in serious mental health problems, college and university counseling centers have also been experiencing a sharp increase in the demand for counseling services. Sixty percent of senior student affairs officers surveyed reported that a record number of students are using campus counseling services for longer periods of time than ever before (Levine & Cureton, 1998b). For example, Columbia University reported a 40% increase in the use of counseling services since 1995; MIT experienced a 50% increase in the use of counseling services between 1995–2000; the State University of New York, Purchase reported a 48% increase over the last 3 years; and the University of Cincinnati reported a 55% increase in the number of students seeking counseling over the last 6 years (Berger, 2002; Goetz, 2002). The demand for crisis counseling services also surged following the terrorist attacks of September 11, 2001, particularly at schools in close proximity to New York (Berger, 2002). However, although the events of September 11 added to the demand for counseling, the upsurge in demand was firmly established prior to that date. The increased demand for services without a corresponding increase in resources is a major challenge and concern for 63% of campus counseling centers surveyed (Gallagher, Gill, & Sysko, 2000). Only 21% of centers reported an increase in professional staff during the previous year (Gallagher, Gill, & Sysko, 2000).

Reasons for Increases in Psychopathology and Demand

Why has the demand for counseling along with the severity of the mental health problems increased so much? A variety of social and

cultural factors such as divorce, family dysfunction, instability, poor parenting skills, poor frustration tolerance, violence, early experimentation with drugs, alcohol and sex, and poor interpersonal attachments may account for some of the increase (Gallagher, Gill, & Sysko, 2000). In addition, many psychological disorders such as Depression, Bipolar Disorder, and Schizophrenia first manifest themselves in late adolescence or early adulthood (Chisolm, 1998). The effectiveness of newer medications has also made it possible for many students with serious psychological disabilities to attend college who would not have been able to do so in the past (Gallagher, Gill, & Sysko, 2000). The increased demand for counseling on college campuses also reflects the pressures and problems that are present in contemporary American culture as a whole (Berger, 2002; Goetz, 2002) as well as the changing demographics of the college student population. Finally, the fact that more students are seeking counseling may also reflect a positive shift in attitudes about mental health treatment and indicate a greater acceptance of treatment for mental health problems by the current generation (Berger, 2002; O'Connor, 2001).

Implications: The Impact of Mental Health Problems on Campus

Mental health problems can have a profound impact on all aspects of campus life: at the individual level, the interpersonal level and even the institutional level. At the individual level, mental health problems can affect all aspects of the student's physical, emotional, cognitive, and interpersonal functioning. Common symptoms of depression may include disturbed mood, fatigue and low energy, sleep and eating problems, impaired concentration, memory, decision-making, motivation and self-esteem, loss of interest in normal activities, isolation and social withdrawal, and in some cases suicidal or homicidal thoughts (APA, 1994, p. 327).

Mental health problems may also have a negative impact on academic performance, retention, and graduation rates. Brackney and Karabenick (1995) found that high levels of psychological distress among college students were significantly related to academic performance. Students with higher levels of psychological distress were characterized by higher test anxiety, lower academic self-efficacy, and

less effective time management and use of study resources. They were also less likely to persist when faced with distraction or difficulty and less likely to use effective learning strategies such as seeking academic assistance. Randall and Dobson (1993) determined that individuals with high levels of psychopathology have impaired information-processing skills, which are a critical component of academic performance and success.

According to Kessler, Foster, Saunders, and Stang (1995), 5% of college students prematurely end their education due to psychiatric disorders. They estimated that an additional 4.29 million people in the United States would have graduated from college if they had not been experiencing psychiatric disorders. Four types of disorders—Anxiety, Mood Disorders, Substance Abuse, and Conduct Disorder—were all "significant predictors of failure" (Kessler et al., 1995, p. 1,029). Svanum and Zody (2001) also found that substance abuse disorders were most strongly associated with lower academic performance GPA. Although retention theory has traditionally emphasized the importance of academic and social adjustment as key factors in persistence, personal adjustment and mental health factors should not be overlooked. A 6-year longitudinal study of college students found that personal and emotional adjustment was an important factor in retention and predicted attrition as well as or better than academic adjustment (Gerdes & Mallinckrodt, 1994). Students who had left the university in poor academic standing reported difficulties with anxiety and sleep (a symptom often associated with depression and other mental health problems). Transition and adjustment difficulties, isolation, loneliness, and self-doubt—issues that can be addressed in a counseling setting— have also been identified as negative influences on retention (Anderson, 1985; Tinto, 1985).

However, when students receive help for their psychological problems, counseling can have a positive impact on personal well-being, academic success, and retention. A survey conducted by the University of Idaho Student Counseling Center (2000) found that 77% of students who responded reported that they were more likely to stay in school because of counseling and that their school performance would have declined without counseling. Ninety percent of the respondents reported that counseling helped them meet their goals at the university and helped reduce stress that was interfering with their

schoolwork. Wilson, Mason, and Ewing (1997) found a positive relationship between the number of counseling sessions attended and retention rate. The retention rate for students who received counseling was 14% higher than for students who did not receive counseling. Several other studies have also found that counseling has a positive impact on retention rates (Bishop & Brenneman, 1986).

Students with emotional and behavioral problems have the potential to affect many other people on campus, including roommates, classmates, faculty, and staff, in terms of disruptive, disturbing, or even dangerous behavior. At the more extreme end of the continuum, there is the potential that impaired students may physically harm themselves or someone else. At the very least, the needs of troubled students can be demanding and require extra attention and time from administrators, faculty, and staff.

The increased demand and the severity of student mental health problems may have the most impact on student affairs and counseling center staff, who are on the front lines of dealing with student behavioral problems. Counseling center staff cope with more serious cases and heavier workloads and are spread too thinly, thus raising the potential for higher levels of stress and burnout (Rodolfa & Park, 1993; Stone & Archer, 1990). Counseling center directors and student affairs administrators should actively safeguard the well-being of counseling center staff and prevent undue stress and burnout by encouraging them to set reasonable limits and priorities and to realize that they cannot be "all things to all people" (Stone & Archer, 1990, p.580). Many counseling centers have also been forced to make a philosophical shift from a developmental, holistic, and preventive model of counseling towards a more clinical and crisis-oriented model in order to meet the needs of students with serious psychological problems.

Student mental health problems have also impacted institutions in terms of legal challenges related to risk management issues and mental health services provided by the institution. Several institutions, including Brown, Harvard, and MIT, have been the target of lawsuits alleging inadequate or negligent treatment of mental health problems. One widely publicized case (Thernstrom, 1998) involves the family of Trang Ho. Ho was a Harvard University student who was murdered by her mentally ill roommate Sinedu Tadesse, who subsequently com-

mitted suicide. Ho's family filed suit against Harvard alleging negligence by failing to adequately monitor the troubled student, failing to warn and protect her roommate from harm, and failing to maintain a "reasonably safe and secure environment" (Mandel, 1998).

In another tragic case that has received extensive media coverage, the family of Elisabeth Shin, an MIT student who committed suicide in 2000, filed a $27 million dollar lawsuit alleging negligence and failure to provide adequate care for their daughter. The Shin lawsuit further argues that university personnel should have told them that their daughter was suicidal, whereas MIT officials have argued that they were following ethical guidelines that do not allow them to break patient confidentiality (Healy, 2002a; Sontag, 2002). These cases have raised a number of complex issues regarding the role and responsibility of higher educational institutions when dealing with troubled students. Professional ethical guidelines prohibit the release of confidential information to others, including parents, unless students are in imminent danger of harming themselves or another person (APA, 1992). However, these lawsuits appear to be challenging current standards of confidentiality and advocating that universities resume their former role of acting *in loco parentis.*

An article that appeared in the *Chronicle of Higher Education* alleged that campus counseling centers are staffed by inadequately trained personnel who often do an inadequate job of structured interviewing, diagnosis, treatment planning, long-term therapy, and follow-up (Chisolm, 1998). However, a national survey of counseling center directors that was conducted in response to Chisholm's criticisms found that her assertions were not validated (Stone, Vespia, & Kanz, 2000). Rather, the survey found that 94% of counseling center staff have a doctorate in counseling or clinical psychology and are "well-educated, licensed and trained" (Stone, Vespia, & Kanz, 2000, p. 509). However, they did find that 41% did not have formal follow-up procedures in place. The authors recommended that counseling centers could benefit from reviewing their current practices and that they institute formal policies and standardized formats and outcome measures for assessment and treatment (Stone, Vespia, & Kanz, 2000). In order to provide high-quality mental health services, it is critical that counseling centers have the necessary resources to carry out their mission in an effective and ethical manner. It is both "ethically unwise and

legally risky, to attempt to carry out a treatment mission with inadequate resources. . ." (Gilbert, 1992, p. 698).

Recommendations

What can universities and colleges do to respond effectively to the challenges posed by the increased demand for counseling services and the increase in serious psychological problems among the college student population? At the institutional level, the active support of top-level administrators who are willing to consider mental health needs a priority and provide adequate funding is critical. Philosophically, institutions need to adopt the attitude that student mental health is an important and legitimate concern and responsibility of everyone involved in higher education (including administrators, faculty, and staff), rather than being the sole responsibility of the counseling center. Although student mental health is of particular concern to student affairs and counseling center staff who work closely with students to facilitate their growth and development and address problems, the entire institution has a "role in prevention, providing support, and in offering a range of opportunities to enable students to participate in higher education" (Stanley & Manthorpe, 2002, p. 30).

Counseling center directors and other student affairs officers can play an important role in educating administrators about the "importance and value" (Stone & Archer, 1990, p. 600) of counseling services and their role in serving the mission of the university to retain students and help them meet their academic and personal goals (Wilson, Mason, & Ewing, 1997). Good mental health services help institutions retain students and tuition dollars and may also help prevent tragedies like those at Harvard and MIT. In the wake of those tragedies both institutions have since made changes to improve campus mental health services. Both Harvard University and MIT formed committees to review and make recommendations about how to improve mental health services on campus. The committees recommended a series of changes that resulted in budget increases ($838,000.00 at MIT) to hire more staff, conduct screening and outreach campaigns to encourage troubled students to seek counseling, and provide more timely and accessible services (Healy, 2002b; Kelly, 2001). In addition to institutional budget support, 13% of counseling centers generate income by

charging a fee for personal counseling, and 39% charge a fee for other testing and assessment services (Gallagher, Sysko, & Zhang, 2001).

Counseling centers can also implement a variety of innovative strategies to meet the mental health needs of students and the demand for services. In terms of direct clinical services, these strategies may include offering more immediate and accessible appointments, especially for students in crisis, by providing phone consultations and evening and drop-in appointments. Peer counselors and graduate interns can also be an important resource that allows counseling centers to serve more students. Group therapy and self-help programs (e.g., books, pamphlets, videos, Internet resources about mental health issues) are alternatives to individual counseling that can be effective for many students.

Counseling center directors reported using the following strategies to set limits and manage caseloads more effectively:

- 73% use a brief therapy model that has been demonstrated to be an "effective and often viable option for many counseling center clients" (Stone & Archer, 1990, p. 600).

- 44% limit the number of individual counseling sessions per student.

- 16% assign students to group counseling directly after an intake session.

- 68% see students less than once a week for counseling.

- 9% shorten the length of counseling sessions.

- 41% refer to off-campus resources.

Ninety percent of centers also reserve the right to deny services to students whose mental health needs exceed the center's treatment resources (Gallagher, Sysko, & Zhang, 2001).

As the demand for clinical services mounts, counseling centers may be tempted to put all their resources into meeting that need. However, they should not abandon other important "traditional and preventive and developmental activities" (Stone & Archer, 1990, p. 547) such as outreach, consultation, career counseling, and personal growth issues.

The need for outreach and consultation is greater than ever. In general, many individuals hold negative perceptions about mental health problems and counseling and need accurate information about mental health issues and treatment. Counseling centers need to conduct an active outreach campaign to educate administrators, faculty, and staff (including academic advisers, graduate teaching assistants, and residence life assistants) about mental health problems in the college population and provide them with information about how to recognize and refer troubled students who need help. Information can be shared through educational workshops, written materials, and Web sites. Ideally it is helpful to develop both a brochure and online information for faculty and staff. A special effort should be made to contact new faculty and staff by presenting information at new employee orientations and providing written materials to be included in new employee packets. Some counseling centers also offer faculty the opportunity to schedule a guest lecture on mental health issues and services on a day when the professor would otherwise cancel class due to illness or other commitments.

Students themselves often are not aware of the available mental health resources on campus or may be reluctant to use them, so it is important to conduct an ongoing education, outreach, and advertising campaign to inform them about mental health issues and encourage them to use the services available to them. Residence halls, Greek houses, new student orientations, and Freshmen 101 seminars are excellent places to conduct outreach presentations and make contact with a large number of students. In addition to written information (e.g., brochures), it is useful to have free items like bookmarks, pencils, or student planners that feature a phone number or Web site for the counseling center to distribute to students. In order to ensure that the needs of students from diverse backgrounds are met, counseling centers should make a special effort to conduct outreach programs with diverse groups, to hire counseling center staff from diverse backgrounds, and to provide training in multicultural counseling (Stone & Archer, 1989).

Another useful strategy is the establishment of a strong consultation and communication network among campus units who work most closely with student issues and problems (e.g., dean of students, counseling center, student health and residence life). Regular meetings with

representatives from each of these units to discuss problems, especially serious mental health concerns, ensure that all parties are aware of emergent situations and can participate in decision-making and formulate appropriate treatment and action plans. Furthermore, this model reinforces the philosophy that student mental health issues should be a shared concern and responsibility within the institution.

Conclusion

Universities and colleges are dealing with substantial challenges posed by the changing mental health needs of today's college students. It is important for administrators, faculty, and staff to understand the profound impact that mental health problems can have on all aspects of campus life, and to treat mental health issues as an institutional responsibility and priority. Counseling centers can respond effectively to the current challenges if they have the support and commitment of the administration; and if they take steps to balance the demand for services with existing resources by reviewing priorities, establishing appropriate limits, employing innovative strategies, and practicing good self-care to minimize stress and burnout. The need for counseling centers has never been greater. They will continue to play an important role in supporting the mission of higher education institutions by providing counseling for students who are experiencing problems and assisting them in achieving their educational and personal goals.

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