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Examining Contributing Factors to Poor Mental Health Among College Students: A Guide to Student Mental Health Resources

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Across the globe, students enrolled in universities and colleges are facing a decline in their mental health. Rates for symptoms and diagnoses for mental health issues have proven to be a concern across all age groups, and students who are furthering their education may be particularly at risk for developing mental health disorders (Pedrelli et al., 2015). According to Abrams (2022), 60% of college students met the criteria for one or more mental health issues in the 2020-2021 school year, and almost three-quarters of students had moderate to severe psychological stress. Additionally, Campbell et al. (2022) found that 1 in 5 college students were presently diagnosed with a mental illness, and nearly half of them felt that they needed professional help for a psychological issue. As the prevalence of mental health issues continues to worsen, mental health services are facing the challenge of satisfying the rising demand for effective treatment (Abrams, 2022).

Common Mental Illnesses Among College Students

Research shows that by the age of 25, 75% of people with a mental illness experience their first onset, and the shift to college life can trigger this initial onset (Pedrelli et al., 2015). Among mental health issues that impact college students, depression and anxiety are particularly common. For example, evidence shows that 22% of emerging adults meet the diagnostic criteria for an anxiety disorder (Halliburton et al., 2021), which include social phobias, panic disorder, generalized anxiety disorder, post-traumatic stress disorder (PTSD), and obsessive-compulsive disorder (OCD). Depression is another common mental illness that affects 7 to 9% of college students, and 3.2% of students meet the diagnostic requirements for bipolar disorder (Pedrelli et al., 2015). Other mental illnesses affecting students include attention-deficit hyperactivity
disorder (ADHD), autism spectrum disorder (ASD), schizophrenia, substance use disorder, and eating disorders. Eating disorders are particularly common at a rate of 9.5% of students, with peak periods of onset between the ages of 17 and 20 years old. Women are at a greater risk (13.5%) than men (3.6%) (Pedrelli et al., 2015).

With mental health issues being common among college students, the rise in poor mental health prevalence, suicide, and the impact of poor mental health on the life of the student are of concern. Depression rates increased by 10 percent between 2006 and 2016, which likely led to rises in suicide rates (Ponsford et al., 2016). For Americans between the ages of 20-24, suicide is the second leading cause of death, preceded by unintentional injuries (Stibich, 2022). College campuses in the United States have reported at least 1,100 suicides per year. Ponsford et al. (2016) found that 10% of college students have seriously contemplated a suicide attempt, and 1.4% of them have attempted suicide. Despite suicide being a prevalent issue and increasingly talked about, many students do not seek help for suicidal ideation. Of the most common reasons for this are the lack of perception for need of treatment, difficulty understanding mental illness, and the belief that high stress levels are normal during college (Czyz et al., 2013). Other reasons include the desire for self-reliance, confidentiality concerns, stigma, lack of time for treatment, costs, previous negative experiences with treatment, and uncertainty of the efficacy of treatment.

Because poor mental health can cause disruption in a student’s life, students with mental health issues are less likely to graduate. According to Ponsford et al. (2016), 64% of these students prematurely terminate their college education, which represents the leading attrition rate for a disability group. Mental health and stress may also increase the time someone needs to complete their college degree, which can cost more fiscally (White, 2020). Additionally, issues with mental health can cause other consequences for college students in their later adult years.
These consequences can include unemployment, incarceration, lower quality of life, homelessness, and suicide (National Alliance on Mental Illness, 2021). People who have their first onset of mental illness or engage in substance use in early adulthood are at risk for their mental illness to progress with age, especially if they do not seek treatment. Developing other mental health comorbidities is another risk (Pedrelli et al., 2015).

**Contributing Factors**

**Financial Burden and Living Standards**

There are several factors that can influence a change in mental health among college students: stress from increased responsibilities of adulthood, working, finances, significant relationships, and living with new housemates or roommates (Pedrelli et al., 2015). The rising costs of tuition that are not matched with financial assistance also have contributed to the rise in stress among college students. Research shows that at least 70% of college students experience stress from their financial state (White, 2020). Additionally, employment status can significantly predict stress levels. For example, students from higher socioeconomic backgrounds who do not need to work to pay for their education tend to have less financial stress than students who work (White, 2020). The number of students who come from lower socioeconomic backgrounds is increasing as well (Reppond, 2019).

In addition to financial instability, many students experience discomfort in their living standards and suffer socially. According to Reppond (2019), 36% of college students are estimated to be in unstable housing, and another 9% of college students have reported being homeless. When a college student faces poverty and unstable housing, the likelihood for poor test scores increases, and their chance of graduating decreases. Students who must work to afford their education and housing also tend to have less time and funds to participate in social
activities. This is concerning because when students have anxiety about affording activities that their peers can afford, this can lead to social isolation, affecting their mental health (White, 2020).

Food Insecurity

Food insecurity is common among students in American colleges. Reppond (2019) found that one-third of college students are food insecure. In contrast, the prevalence of food insecurity among all U.S. households is lower at 13% (Oh et al., 2022). In a study of 103 universities in the United States, Oh et al. (2022) found that the rates of food insecurity were higher among Black (50.3%) and Latinx/Hispanic (42.6%) than White (25.6%). Those found to be food insecure had significant levels of depression, dealt with anxiety, had feelings of loneliness, and had self-harmed. Additionally, college students who are food insecure have shown suicidal ideation, had a plan for suicide, and had previously attempted suicide (Oh et al., 2022).

To combat the detrimental effects of food insecurity, Oh et al. (2022) suggest that college students receive referrals to food banks and pantries, financial counseling, and more affordable meal plans on college campuses. Some students may also be eligible for the Supplemental Nutrition Assistance Program (SNAP). However, it may be difficult for college students to meet the eligibility requirements. This is because, according to the U.S. Department of Agriculture (USDA; 2021), those who are enrolled more than half time in a higher education institute are usually not eligible for SNAP benefits, unless they meet the requirements for an exemption. Students who attend college at least half time who do not meet 20 hours of paid employment are also unlikely to receive benefits. Some exemptions that qualify students are physical or mental disabilities, caring for a child under six years old, being under the age of 18, and being a single parent who is enrolled full-time who cares for a child under the age of 12 (USDA, 2021). While
these exemptions may help someone qualify for food assistance, they are not representative of many people within the college student population.

**Violence**

**Community Violence.** Witnessing or being a victim of violence can have many consequences for college students. Some of the most common results of violence are mental illnesses such as depression, substance abuse, PTSD, and suicidal ideation (Friborg et al., 2015). According to Kallsen et al. (2020), exposure to violence can negatively impact academic achievement and cause need for psychological support. In particular, a PTSD diagnosis is shown to be associated with higher college drop-out rates. PTSD symptoms such as trouble sleeping and concentrating may be a cause for inhibited academic performance (Kallsen et al., 2020). When one experiences a traumatic event that triggers PTSD, they may suffer nightmares that contribute to a loss of sleep. Kallsen et al. (2020) also found that exposure to violence in communities was associated with lowered sleep quality and symptoms of depression and PTSD.

Research shows that when compared to women, men were exposed more to community violence that could be classified as traumatic, such as being shot at, witnessing a murder, knife attacks to themselves or others, or being seriously injured (Kallsen et al., 2020). However, a Swedish study found that women were twice as likely to experience negative psychological symptoms following a violent experience (Friborg et al., 2015). According to Kallsen et al. (2020), Black students are more vulnerable because, compared to people of other races, they are more likely to experience violence in their communities, and those with a decrease in grade point averages (GPA) report more depressive symptoms. This finding may offer some explanation for the achievement gap between individuals who are Black and those of other races.
**Gun Violence.** Gun violence near or on college campuses can negatively affect mental health. According to Abrams (2022), the fear of mass shootings has created an abundance of stress among Americans, and one third of adults have reported avoiding certain places in fear of being shot. The author further states that survivors and witnesses of mass shootings are at risk for an increase in depression, anxiety, PTSD, and substance use issues. There have been several occurrences of gun violence on college campuses. For example, Virginia Tech, Kent State University, Northern Illinois University, Orangeburg, Oikos University, and Umpqua Community college are all victims of gun violence or mass shootings (Posford et al., 2016). The University of Akron (UA) is not immune to gun violence. In 2021, an 18-year-old UA student named Maya Noelle McFetridge was fatally shot at a party near the edge of campus, and a 25-year-old male who was taking some time off from college perished from the shooting (Koster & Nicks, 2022).

**Sexual Assault.** According to Carey et al. (2018), one in five female college students encounter nonconsensual sexual contact while furthering their education. Women in their first semester are the most likely to be sexually assaulted, and 5% of women experience a completed or initiated rape (Artine & Buchholtz, 2016). Carey et al. (2018) stated that women with a history of rape are at an increased risk of mental illnesses such as PTSD, major depression, and alcohol abuse. The authors also found that female students who were sexually assaulted during their first semester were over two times as likely to experience clinically significant anxiety and nearly 2.5 times as likely to experience depression symptoms than those who were not. Despite the high rates of psychological symptoms caused by sexual assault, only about 8% of college student survivors utilize campus counseling within a year of their assault (Artine & Buchholtz, 2016).
According to Ganson et al. (2022), reports for sexual assault among men can vary significantly due to the assumption that men are rarely sexually assaulted. The authors found that 1 in 5 men (22%) experience some type of sexual assault, and 1 in 71 men (1.4%) experience rape in their lifetime. In addition, sexual assault is more likely to occur for men during their college years at a rate of 6% (Artime & Buchholtz, 2016). According to a study conducted at two universities located in New York, 13% of the male students had been sexually assaulted since beginning college (Ganson et al., 2022). Additionally, the National Crime Victimization Survey (NCVS, as cited in Ganson et al.) found that the rate for sexual assault instances during college was 17% of all occurrences, and college-aged men between 18 and 24 years old reported experiencing sexual assault at a greater rate than non-college men. It was also found that college men who have been sexually assaulted within a 12-month period were more likely to have an eating disorder. The results of this finding can be explained by the emotional regulation model because “the experience of a sexual assault can make adaptive emotion regulation difficult, which may lead an individual to engage in maladaptive emotion regulation techniques, such as eating disorder behaviors” (Ganson et al., 2022, NPO157).

**Intimate Partner Violence.** Among the various forms of violence, intimate partner violence (IPV) can cause individuals to have elevated levels of distress due to being victimized by someone from a close relationship over an extended period (Friborg et al., 2015). When compared to men, women disproportionately experience IPV (Cho et al., 202), and 21-32% of college women experience IPV (Fedina et al., 2023). The consequences of IPV have been well-documented that it can increase risk for mental health issues, substance use, future victimization, and academic difficulties (Voth-Shrag & Edmond, 2018). Victims of IPV are also at risk for unwanted pregnancies, sexually transmitted infections, and other physical illnesses, all of which
have been linked to declining mental health (Fedina et al., 2023). According to Voth-Schrag and Edmond (2018), women who had experienced IPV are three to six times more likely to have an increase in depression, suicidal ideation, PTSD, and substance use when compared to those without such histories. On the other hand, men who experienced IPV most often suffer from disruptive behavior disorder and substance use (Cho et al., 2020).

According to Voth-Schrag and Edmond (2018), women who attend community college are particularly at risk for IPV because they are less likely to be “going away” for college and more likely to be in long-term relationships, have financial dependents, and be single mothers. Using a sample of female students attending midwestern community colleges, it was found that more than 27% of the participants experienced IPV within the last year of the study. Examples of their IPV experiences include sexual assault, being hit, kicked, or having a partner throw or smash something, being pressured into sex, and physical threats or threatening physical or emotional tactics such as shoving, pushing, grabbing, humiliating, degrading, and limiting access to money (Voth-Schrag & Edmond, 2018). Friborg et al. (2015) warn that violent threats may cause more mental harm than physical acts of violence because it can create an unpredictable environment for when and where an act of violence may occur.

**Substance Use**

Many people who are in college are experiencing new freedoms for the first time, such as living independently and without parents. Because this is a critical time for many young adults, adults ages 18-24 are more likely than other adults to have episodes of heavy drinking (Pedrelli et al., 2015), which has the potential to lead to a substance use disorder or other mental health issues (Mason et al., 2014). Evidence shows that nearly 1 in 5 college students could be classified as having a substance use disorder. According to Pedrelli et al. (2015), 44% students
binge drink, and binge drinking is “the number one public health hazard and the primary source of preventable morbidity and mortality for college students in the United States” (p. 3). College students who engage in substance use are also likely to have increased difficulty completing their degrees because they often spend less time studying, have lower GPAs, and miss more class (Welsh et al., 2019). Further implications of substance use during college are unemployment following graduation, and death from comorbid medical or psychiatric issues.

**Alcohol.** According to Mason et al. (2014), 60.8% of full-time college students consider themselves to be current drinkers, 39.1% binge drink, and 13.6% drink heavily. For part-time college students, the respective rates were 52.0%, 35.4%, and 10.5%. The authors found that almost 1 in 5 (18.0%) students enrolled in a college class had met the diagnostic criteria for alcohol abuse or dependency (currently called alcohol use disorder) within the last year.

Ponsford et al. (2016) found that recurrent binge drinking could contribute to major depression and generalized anxiety disorder. Although 67% of the students who binge drank often and had a mental health issue recognized that they needed mental health assistance, only 38% of them had received mental health services within the previous year. In addition, rates for binge drinking are highest among college students who belong to a sorority or fraternity, and members of these organizations tend to experience additional consequences of alcohol use than nonmembers (Welsh et al., 2019). Males who live in fraternity houses are at an increased risk for heavy drinking and developing alcohol use disorder after college. Other implications for both sorority and fraternity members include driving under the influence, physical injury, memory loss, and unsafe sex (Welsh et al., 2019)

**Drug Usage.** Drug use disorders are less common (1 in 20 students) than alcohol disorders among college students (Pedrelli et al., 2015). However, people in the 18-24 age group
have the highest rates of illicit drug use at 21.4%. This number is lower for people ages 26 and over (6.3%), as well as for those aged 12-17 (10.1%) (Mason et al., 2014). College students who belong to fraternities and sororities are particularly at risk for using drugs. When compared to nonmembers, members of fraternities and sororities used Cannabis and nicotine-containing products more frequently (Welsh et al., 2019).

Among all full-time college students, about 23.5% of males and 16.1% of females currently use marijuana (Pedrelli et al., 2015). The high rate of marijuana usage is positively associated with risky social networks and peer influence, and many of these social connections are made during college years (Mason et al., 2014). Other common substances used by college students are cocaine, psychedelics, stimulant medications, opioids, and nicotine (Mosel, 2023). In 2019, 4% of college students had used cocaine and 20% had opportunities to use cocaine. Currently, there is a rise in the use of psychedelics, such as lysergic acid diethylamide (LSD) and methylenedioxymethamphetamine (MDMA, also known as molly and ecstasy), due to the interest in club and rave scenes (Welsh et al., 2019). This may be partly because students are curious about hallucinogens or feel social pressure to take part in using them (Welsh et al., 2019). Among stimulants, college students often use Adderall, which can lead to dependence and addiction (Mosel, 2023). In addition, college students are 6.9% likely to use nicotine-containing vaporization products, and people ages 18-25 are more likely to use opioids than other age groups (Welsh et al., 2019)

**Pandemics and Health Crises**

The Covid-19 pandemic has had a significant impact on people globally, and it did not exclude college students. College-aged students are among those who have been the most mentally harmed because of the pandemic, which caused shifts to online learning, social
distancing, and self-isolation. For example, one Canadian survey reported that for people between the ages of 15 and 24, 64% experienced negative mental health effects after the Covid-19 social distancing regulations began (Campbell et al., 2022). Conversely, slightly over one-third (35%) of people in the 65 and older age category reported a negative impact on their mental health. The National Union of Students in the United Kingdom reported that over half of U.K. students felt a decline in their mental health after the pandemic began. In the Philippines, it was found by Lim et al. (2022) that college students had psychological symptoms linked to the Covid-19 pandemic. Specifically, 1 out of 4 of respondents had moderate-to-severe anxiety and one out of six had moderate-to-severe depression. The authors further reported that the pandemic may have worsened pre-existing mental health issues and increased the risk for suicide among students.

The worldwide spread of Covid-19 created additional stressors and burdens for college students that can be linked to the decline in mental health (Campbell et al., 2022). These factors include increased uncertainty, loneliness, and financial changes. The public health concerns tied to a new strain of the coronavirus created an atmosphere of unpredictability. Many students were suddenly cut-off from in-person social supports due to travel and social distancing restrictions, and they had limited access to services which they relied on, such as counseling, career advising, and financial aid (Campbell et al., 2022). Students missed out on enjoyable college experiences, were laid off from jobs, or had to work increasingly to meet the essential needs of their communities (Halliburton et al., 2021). In addition, the prevalence of food insecurity, which already disproportionately affects college students, increased. Fang et al. (2021) found that food insecurity during the pandemic was nearly three times more likely to predict a negative change in
mental health than losing a job. Students were also quickly uprooted from student housing, which potentially forced them into unhealthy living and learning environments.

Halliburton et al. (2021) surveyed 1,903 college students affected by the pandemic to explore stressors. Results showed that 40% of them reported stress because of a lack of routine, “including issues regarding class restructure in the remote learning environment and disruptions in exercise, eating and sleep habits” (p. 438). Some reported frustrations with the change in routine were the students’ lack of experience learning online, lack of preparation for online learning for professors, and elevated amounts of work to make up from shut-down times. Included in this study were quotes from students stating that it was saddening to miss aspects of their college experience, such as graduation or time with friends. Other stressors included the lack of social contact and financial and work concerns. The authors concluded that during the pandemic, students experienced negative mental health including anxiety, depressive symptoms, and suicidal ideation.

Like the Covid-19 pandemic, prior pandemics have been known to contribute to mental health issues for college students. When any pandemic begins, students are forced to adapt to a health crisis. During the rise of swine flu (H1N1 virus) in 2009, 45% of college students in Guangzhou, China reported feeling worried about themselves or family members contracting the virus, and 10.7% had symptoms of panic, depression, and emotional disturbance because of the crisis (Lim et al., 2022). The world will likely face more pandemics in the future, and students should be prepared for such circumstances.

A Need for Student Resources

While mental health has statistically been a growing issue within college campuses, the growing demand for mental health services and counseling is not always met. According to
Gallagher et al. (as cited in Pedrelli et al., 2015), “88% of counseling center directors reported an increase in severe psychological problems over the previous 5 years including learning disabilities, self-injury incidents, eating disorders, substance use, and sexual assaults” (p. 2). In addition, there has been an increase in demand for support with urgent and severe mental health issues that require immediate crisis intervention (Sapadin & Hollander, 2022). However, national services for mental health in colleges can vary from no services to complete mental health centers. Evidence shows that 73% of community colleges had at least one mental health service, and 22% of the colleges that did not have services on campus outsourced services and made immediate referrals (Voth-Schrag & Edmond, 2018). For universities with more mental health staff, services can be more extensive with online assessments, screening, and crisis counseling (Sapadin & Hollander, 2022).

Mental health resources offered by college campuses have the potential to be effective in treating student mental health issues and improving retention rates. Because mental health can have a significant impact on academic success, many students who utilize counseling services enhance their academic performance. According to Kivlighan et al. (2021), counseling helps college students do better academically and with their retention at their college. The authors also found that attending counseling services was positively associated with a higher GPA. Cognitive and behavioral therapies are common in treating college students, and they have been shown to be effective in treating depression and anxiety (Barnet et al., 2021). These types of therapies are especially successful as treatment sessions increase.

Sapadin and Hollander (2022) suggest that college campuses utilize a public health model that includes intensive outreach efforts. These efforts have resulted in a decrease in stigma surrounding seeking help for mental health, improving awareness among college students of the
availability of services, and increasing the demand for counseling services offered by colleges. For colleges that are unable to expand their services, examining the efficiency of current services may be beneficial (Sapadin & Hollander, 2022). Another option for universities to improve their services could be including more online mental health platforms. According to Moreno et al. (2022), offering virtual care can make mental health services more accessible. After the Covid-19 pandemic, mental health services had to be adapted, which included an increase in telehealth visits. Telehealth visits can allow access to treatment for students within their homes, which may be more convenient for those who work or attend school online. Additionally, career counseling offered by universities could potentially decrease financial stress for college students and help them remain on track for graduation (White, 2020).
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Appendix: A Guide to Current Student Mental Health Resources

National (United States)

Crisis Hotlines

The National Alliance in Mental Illness (NAMI) will help provide mental health support and answer questions.
Call: 800-950-NAMI or text: NAMI to 741741, M-F, 10 am-10 pm

The National Suicide Prevention hotline supports those who are at risk for suicide or for those who know someone at risk for suicide.
Call: 988

The Substance Abuse and Mental Health Services Association (SAMHSA) helps those with mental health or substance abuse issues with free support and referrals.
Call: 800-662-HELP

ULifeline offers confidential support at no cost.
Call: Call 800-273-TALK or Text: START to 741-741

(Nenn, 2022)

State (Ohio)

Ohio Mental Health and Addiction Services (OhioMHS, 2022) assists individuals in finding local providers and offering confidential crisis assistance from behavioral health professionals. Other services include an addiction treatment program, stress first aid, child and adolescent behavioral health, substance use prevention, and more.

24/7 CareLine: 1-800-720-9616

The Mental Health America of Ohio (MHA, 2023) Pro Bono counseling program offers up to 12 counseling sessions from volunteer mental health professional at no cost. The program offers in-person services in Franklin County, as well as online sessions.
Call: 614-242-4357 or Email: connect@mhaohio.org

Local (Akron, OH)

The Summit County Alcohol, Drug Addiction, and Mental Health Services Board (Summit County ADM Board, 2023) connects individuals to local addiction and mental health services. The ADM board funds or supports many agencies in the area.

The University of Akron Counseling and Testing Center offers free individual and group counseling for students currently attending the University of Akron. Services are offered in Simmons Hall on main campus and online.

Call: 330-972-7082.

Located on the University of Akron campus is the Rape Crisis Center (RCC) by the Hope and Healing agency (Hope & Healing, 2019). The center connects victims of sexual assault to resources. Hope & Healing also offers access to the Battered Women’s Shelter (BWS) in Akron.

RCC hotline: 330-434-7273, BWS hotline: 330-374-1111
Appendix References


