Mental Health and College Age Individuals

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Introduction

Our knowledge of mental health has changed dramatically over the last century and it continues to change right in front of our eyes. Individuals from all age groups, socioeconomic classes, genders, races, and every other group in existence are afflicted my mental illness and no one is immune. With mental illness comes negative stigmatization, and with negative stigmatization comes social rejection, fear, and misunderstandings. Eventually, individuals with mental illnesses refuse to seek treatment, lie about their mental health status, and hide their pain. These are the people we work with, go to school with, and even the people we pass on the street. These individuals are hiding in plain sight, and one of the most concerning groups are college age students.

The purpose of this paper is to highlight the need for more awareness regarding mental health and the wrongful stigmatization surrounding it.

Stigmatization

One of the questions to be asked is regarding why people with mental illness so stigmatized and why non-ill people stigmatize others. There is no correct answer, as everyone has their own reasons. Stigmatization persists as long as negative stereotypes exist and are believed. There are many negative stereotypes about mental illness and the individuals who have them. Eliminating stigmatization and stereotypes is impossible, but as long as they both exist they both are a problem.

Evans-Lacko, Brohan, Mojtabi, and Thornicroft (2012) found that one of the larger predictors of lower stigma in a country regarding mental illness was how comfortable its citizens were talking to individuals with mental illness (Evans-Lacko, Brohan, Mojtabai, & Thornicroft,

2012). This being said, higher stigmatization would occur where citizens are more uncomfortable talking to individuals with mental illnesses, and this lack of comfortability can exist for many reasons, but those reasons would most likely be those specific and unique to the individual who is uncomfortable.

Stigmatization can be seen in many ways, but one way it is seen is through the social rejection of individuals with mental illness. There are several reasons for the persistence of social rejection, and these reasons are personal responsibility, dangerousness, and rarity. First, if individuals perceive mentally ill individuals as holding any personal responsibility in having a mental illness (they are fault partially or completely), then there is more rejection of that individual socially. Where there is fault or blame, there is less sympathy, and less sympathy means more rejection. Second, if individuals are perceived as dangerous, they are more socially rejected for fear of imminent harm to the non-ill individual. The more dangerous an individual is perceived to be, the more socially rejected they will become. Third, as rarity of an illness increases, the perceived level of severity increases to non-ill individuals. This increase in the perception of severity is what leads people to increase their behaviors of social rejection towards the mentally ill individuals (Feldman & Crandall, 2007).

Kobau, Diiorio, Chapman, and Delvecchio (2010) found that young adults, ages 18-24 years, were more likely to engage in negative stereotyping and negative perspectives related to recovery and outcomes for mentally ill individuals. This result was surprising because the onset of mental illness is very common for individuals within this age range. These researchers also found that individuals who knew someone who currently had a mental illness, or knew someone who ever had a mental illness, were less likely to engage in negative stereotyping, and were more

positive in their perspectives about recovery and outcomes for mentally ill individuals (Kobau, Diiorio, Chapman, & Delvecchio, 2010).

In an effort to compare personal stigma versus perceived public stigma, Eisenberg, Downs, Golberstein, and Zivin (2009) surveyed university students. One of their findings was that perceived public stigma was higher than personal stigma. Perceived public stigma was measured using phrases starting with, "most people believe…" or "others think…" and personal stigma replaced these statements with "I" statements. Assuming that students answered honestly, then it is more prevalent that people perceived there to be stigmatizations that they personally did not believe. Among those individuals with personal stigmatizations, there was a correlation with lower help-seeking (support, medications, therapy, etc.), meaning those who viewed mental illness negatively were less likely to seek help themselves (Eisenberg, Downs, Golberstein, & Zivin, 2009).

Mental Illness in College Age Students

It is difficult to understand the seriousness of mental health concerns among college campuses without knowing the full extent of the issue that exists. Understanding that college students are the future of the workforce, including future doctors, lawyers, and therapists, they are the future of the country. They will be the ones fighting for change within their professional fields, empowering younger generations, raising a new generation, and running for office. During their college years is when these individuals explore their newfound senses of independence and determine what they want to do in the future. The prevalence of mental illness throughout college age individuals is astounding and shows clearly the need for reformation of efforts made on behalf of this struggling population.

Young adults between the ages of 18 and 25 years showed the highest prevalence of having any mental illness (25.8%) compared to all other age groups (26-49 years and 50+ years) in 2017. Females had the highest prevalence of having any mental illness (22.3%) compared to men (15.1%). The same findings can be seen with severe mental illnesses, with 18-25 year old individuals having a prevalence of 7.5% (5.6% for 26-49 year old individuals, and 2.7% for 50+ year old individuals) and females having a prevalence of 5.7% (men having a prevalence of 3.3%) (National Institute of Mental Health). Mood and anxiety disorders were found to hold the highest rates of diagnosis (61.7%) among students accessing counselling and disability services in a study performed in an Ontario college (Holmes & Silvestri, 2016). Among college students with reported levels of interpersonal stress, there have been associations found with present symptoms of depression and anxiety. Interpersonal stress was related to several areas, but also included typical college student stressors like romantic rejection, peer pressure, and less numbers of friends. Among the students in this sample, use of coping skills and strategies designed to change what was stressful was related to decreased symptoms of depression and anxiety, whereas coping strategies designed to avoid or deny what was stressful were related to higher levels of depression and anxiety (Coiro, Bettis, & Compas, 2017).

Depression. One of the common warning signs of someone struggling with mental illness, more specifically depression, is a loss of interest in doing normal activities. This can be a loss of interest in playing sports, creating art, reading books, cleaning, etc. Das and Mishra (2010) shows us that highly depressed patients spend significantly less time on routine activities and personality development activities than individuals with low depression. Pervasive, negative thoughts, such as thoughts of worthlessness and thoughts related to failures and inabilities (low

self-esteem and low self-confidence), which are symptoms often found with depression, can contribute to the lack of interest in normal activities (Das & Mishra, 2010).

Anxiety. The onset of mental illness or episodes related to anxiety are most often occurring in individuals by the age of 22. One of the most common mental health problems occurring throughout college campuses are anxiety disorders (Anxiety and Depression Association of America). One of the most concerning periods of life in regard to anxiety is when individuals make their first transition to college during the first semester. It is during this semester that rates of depression, anxiety, and stress steadily rise and remains during the second semester. Several factors can contribute to this rise as they pertain to the "college lifestyle," and these factors consist of sleep disruption, loneliness, and academic factors. There have been associations between reduced well-being and increased use of technology (electronics and social media platforms) (LeBlanc & Marques, 2019).

Suicide. The second leading cause of death for individuals between the ages of 10 and 34 years is suicide, and 46% of individuals who completed suicide had a diagnosed mental illness, and 90% of individuals who completed suicide experienced symptoms of a mental illness (but didn't necessarily have a diagnosis). Of those who successfully complete suicide, 75% are males (National Alliance on Mental Illness).

Academic Effects

While mental illness is a concern for people of all ages in all areas of life, one of the biggest concerns about college age students is how mental illness can affect academic performance. People with mental illness can suffer greatly in multiple areas of their lives but struggling academically during college years can be especially impactful and can "add fuel to the

fire." At this point in the individual's life, they are trying to determine their future, balance academics, socializing, and work, as well as pay large sums of money of the course of at least four years. All of this is stressful enough, but mental illness can affect all of these responsibilities and ultimately impact their entire future. The pressure to be successful is stressful enough without having to fight a mental condition the entire time.

Among students receiving counselling and disability services, Holmes and Silvestri (2016) found that those with a diagnosed mental illness face more struggles academically than students without a diagnosed mental illness. Struggles were in relation to memory or other executive functions, attention or alertness, and factors related to peer relationships (Holmes & Silvestri, 2016). According to the ADAA, 30% of college students reported poorer academic performance as a consequence of their stress (Anxiety and Depression Association of America).

Recommendations

When writing legislation and enforcing new public policies, it is crucial to remember that there is no one solution to absolving the negative stigmatization surrounding mental illness. There are, however, methods that agencies can use to lessen the negativity and improve relations and social dynamics within and surrounding the entire mental health field and the population it serves.

Social Inclusion. Based on the results from Evans-Lacko, Brohan, Mojtabai, and Thornicroft (2012) it is recommended that campaigns target more social-inclusion strategies to make non-ill individuals more comfortable talking to mentally ill individuals (Evans-Lacko, Brohan, Mojtabai, & Thornicroft, 2012). This type of campaign is also consistent with the findings of Kobau, Diiorio, Chapman, and Delvecchio (2010) who said that individuals who

knew someone with mental illness or who had a mental illness were less likely to engage in negative stereotyping and be more optimistic about recovery and outcomes for these individuals. Campaigns or public policies oriented around social inclusion and personal connections would allow for decreased stereotyping and increased optimism (Kobau, Diiorio, Chapman, & Delvecchio, 2010).

Personal vs. Public Stigmatizations. Since findings have shown that individuals perceive more public stigmatization than they hold personal stigmatizations, an increase in public awareness regarding stigmatization can be beneficial (Eisenberg, Downs, Golberstein, & Zivin, 2009). Increasing education regarding personal perceptions, public perceptions, and actual statistics could lessen the belief that there even is an actual public stigmatization surrounding mental illness. If the myths surrounding mental illness and illness stigmatization can be proven false, then stigmatization and negative stereotyping may decrease among college age individuals and improve mental health and perceptions of mental health throughout college campuses.

Coping Strategies. The college environment is filled with a variety of behaviors both positive and negative. Many college students behave in ways to avoid or distract themselves from their problems and stressors of school. When mental illness and symptoms are in the mix, however, these "coping strategies" are harmful and potentially very dangerous (Coiro, Bettis, & Compas, 2017). College students need to be educated about and given access to positive resources and coping strategies. Without quick and obvious access to positive coping strategies and mental health resources, college students will turn to stereotypical methods to avoid and forget their problems, such as drinking, drug use, and other dangerous or impulsive behaviors.

Conclusion

As you can see, there is a growing need for increased mental health advocacy and education among individuals between the ages of 18 and 25. More importantly, there needs to be more education and public policies for individuals younger than the typical college age student. Instead of waiting to help until students are displaying or reporting symptoms of mental illness, there needs to be early education and intervention in order to prevent the onset of mental illness.

The future rests in the hands of the younger generations, and the next generation to invoke change is the generation leaving high school and entering the work force and swarming college campuses. It is within everyone's best interest to work towards removing the negative stereotyping and stigmatization of mental illness and finding solutions and positive results for these afflicted individuals. Individuals with mental illness did not make the choice to become afflicted and burdened with all that comes with poor mental health. While they cannot choose whether or not to develop a mental illness, we can choose to educate, intervene, and help suffering individuals. We can choose to help invoke change in how we think and how we act. We can choose to fight the stigma head on, raise awareness, and be advocates for this mistreated and misunderstood population.

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