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## Addressing Common Mental Health Issues Prevalent Among Honors College Students

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Addressing Common Mental Health Issues Prevalent Among Honors College Students

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from the Lee Honors College

Western Michigan University

### **Abstract**

The prevalence and severity of mental health disorders on college campuses has been increasing nationwide. This review aims to address some of the prevalent mental health issues that continuously plague college students today. Recent trends in college student mental health are analyzed as well as literature regarding common disorders including depression, anxiety, and bipolar disorder. A comparison of honors and non-honors students is provided to contribute to an otherwise lacking area of research surrounding honors student populations. Effective practices and policies for colleges and universities to incorporate into their counseling services are also considered, with viable goals centering on the prevention, early intervention, education, and stigma reduction of those mental health issues. Finally, recommendations and the potential implementation of themes from the literature are provided for the Lee Honors College at Western Michigan University in the hopes that they benefit future honors students as well as setting an example for other universities who are also interested in similar practices.

## **Introduction**

It is abundantly clear that mental health issues continue to present major concerns for college universities and their students. Mental health disorders not only account for half of the disease burden for young adults in the United States, they also represent a greater and widespread public health problem (World Health Organization, 2008). Given that most lifetime mental disorders have first onset by age 24, a young adult's progression through college highlights a crucial period of time that exposes him or her to many risk factors for mental illness (Kessler, Foster, Saunders, & Stang, 1995). If left untreated, mental illness during one's transition through college may hinder academic performance, productivity, social relationships, and future success (Hunt & Eisenberg, 2010). Aware of these issues, most universities are well served to directly address and emphasize mental health problems through counseling and support services.

In addition to those services, some universities also offer honors programs as a part of their curriculum to encourage their academically driven students. Honors students benefit from smaller class sizes and more personalized attention from instructors, but also potentially face a greater workload, more rigorous competition from their peers, and other various stressors that may influence the onset of mental illness (Singell & Tang, 2012). Past research comparisons between honors and non-honors students are scarce and have yielded mixed results, with one study indicating that that honors students generally have higher academic self-concepts as well as grade point averages (Rinn, 2005). However, less is known about the prevalence of mental health issues specifically in honors student populations, compared to their non-honors counterparts. What is certain is that collectively, university students are reporting increasingly higher prevalence rates and symptoms of mental health issues (Hjeltnes, Binder, Moltu, &

Dundas, 2015). More than ever, there is a necessity for easily accessible university interventions and services that can accommodate students' growing psychosocial challenges. This review aims to address the mental health issues that are prevalent among university honors students. Best practices and effective programming from the literature are analyzed to promote four main areas regarding mental illness: prevention, early intervention, education, and reducing stigma. A final section addresses recommendations for improving current practices and policies employed at the Lee Honors College at Western Michigan University. By conducting this review, I ultimately hope to contribute to the limited available research regarding honors students' mental health, while also providing new ideas and opportunities for the improvement of other university honors programs willing to utilize them.

### **Literature Review**

Mental illness comes in a variety of forms and may affect individuals differently based on numerous factors. This literature review begins by giving attention to recent trends in university mental health and common mental health issues among college students. Mental health concerns more specific to honors and high-achieving university students are then addressed. Finally, three common types of mental illness are discussed, as well as a list of other factors that may contribute to the onset of a disorder. It is worth noting that there are other prevalent issues related to the mental health of college students, which include eating disorders, substance abuse, and suicide. Since each of these areas contains a significant amount of literature, they will not be covered in this paper. Rather, more general mood disorders and characteristics such as perfectionism are the primary foci.

***Recent Mental Health Trends on College Campuses***

The clearest trend that has presented itself from the research is the growing prevalence of students seeking out clinical help for severe cases of mental disorders (Eisenberg, Gollust, Golberstein, & Hefner, 2007). Not only are more and more students utilizing services in college, there has been a steady increase in the number of students arriving on campus who are already on psychiatric medication (Gallagher, 2014). A continually expanding body of evidence indicates that student mental health problems are still increasing in higher education, with five broad problem domains being commonly reported by college counseling centers: academic, relationships/adjustment, depression/romantic relationships, sexual, and eating concerns (Gallagher, 2014; Putwain & Symes, 2012).

Alongside the greater occurrence of mental health issues in college students, the severity of these mental disorders has also increased. Counseling centers report that 52% of clients had severe psychological problems in 2014, as opposed to 44% of clients in 2013 (Gallagher, 2014). For some individuals, the impairment became so serious that the student could not remain in school, or required extensive psychiatric help to do so. This rate of severity seems to increase as the student population increases, with over 59% of students suffering from a severe mental disorder in schools with over 15,000 students. Furthermore, anxiety seems to have shown the greatest increase in reporting among mental health disorders, with over 89% of college counseling center directors indicating an increase over the past five years, far exceeding increases in any other disorder (Gallagher, 2014).

***Diversity & Mental Health***

***Race:*** With regards to racial trends, students from diverse cultural backgrounds tend to have less positive attitudes towards help seeking behaviors (Putwain & Symes, 2012). In

studies measuring test anxiety, African American students reported significantly higher anxiety scores than Caucasian students (Embse & Witmer, 2014). In Asian and Pacific Islanders as well as international students, rates for perceived stigma regarding mental illness were higher. Other studies have found that race or ethnicity may even increase the risk for non-detection by professionals in help seeking individuals, based on differences in minority acculturation (Chung & Klein, 2007).

***Gender:*** There are many gender discrepancies between males and females when it comes to mental health issues. The research indicates that females are much more likely than males to screen positive for both major depression and anxiety disorders (Eisenberg et al., 2007). Females also make more suicide attempts than males, especially in the age range prominent in college environments (ages 18-24). Interestingly enough however, males are 6.5 times more likely to complete their suicide attempts due to more lethal means being employed (Chung & Klein, 2007). Finally, the utilization rates of counseling services by females is consistently 2 to 3 times that of the rate employed by males (Gallagher, 2014). This could be partially explained by generally higher levels of perceived stigma regarding mental illness among males (Golberstein, Eisenberg, & Gollust, 2008).

***Socioeconomic Factors:*** It has been generally found that students with lower socioeconomic backgrounds are at higher risk for depressive and anxiety symptoms, as well as having a worse perceived stigma surrounding mental health services; (Golberstein et al., 2008; Hunt & Eisenberg, 2010). Mental health clearly varies across various demographic factors and recognizing these trends allows counseling service providers to understand their clients better and be more prepared in their care that is given

### ***Common Mental Health Disorders among College Students***

***Anxiety Disorders:*** Anxiety disorders are among the most common types of mental disorders experienced on college campuses, having shown the greatest increase in student reporting over the past five years (Gallagher, 2014). This increase in prevalence applies across all demographics, and factors such as financial stress can exacerbate the issues (Sarfati, 2016). Anxiety disorders include panic disorder, generalized anxiety disorder, social anxiety disorder, and specific phobias. It is estimated that about one in six college students reported being treated or diagnosed for an anxiety disorder in 2016 (JED Foundation, 2017). Usually, most people who experience this disorder show symptoms before age 21. Additionally, women are 60% more likely to develop anxiety than men. Anxiety disorders occur when feelings of fear or worry become excessive or lasting, are difficult to control, and potentially interfere with daily life. In the case of college students, many experience test anxiety towards performance-evaluative situations (Putwain & Symes, 2012). In worse cases, patients with chronic anxiety may develop other mood or eating disorders. There is usually not one single cause for anxiety disorders but treatment is still manageable through interventions like cognitive behavioral therapy and medication (JED Foundation, 2017).

### ***Depressive Disorders***

***Unipolar Depression:*** Major Depressive Disorder (MDD) causes a significant change in mood lasting two or more weeks. Symptoms usually involve changes in moods, thoughts, or behaviors but can manifest as physical symptoms as well (JED Foundation, 2017). Those who struggle with depressive disorders are also at an increased risk for suicide. Depressive episodes are associated with significant levels of distress and



impairment in otherwise normal activities. If left untreated, the episodes can persist for years. It is estimated that in 2016, about 14.5% of college students reported being diagnosed with or treated for MDD (JED Foundation, 2017). Women are also 70% more likely to develop depression than men. Persistent depressive disorder is similar to MDD but the severity of symptoms is usually lessened, while the depressed mood lasts for at least 2 years. There is usually no single cause for depression but treatments include psychotherapy, medication, and other forms of intervention (JED Foundation, 2017).

***Seasonal Affective Disorder:*** Seasonal affective disorder (SAD) is a type of depression related to changes in seasons, typically from the end of fall continuing on until winter, especially in northern portions of the U.S. (JED Foundation, 2017). Symptoms include depressive episodes, anxiety, irritability, loss of energy, changes in appetite or sleep, weight gain or loss, feelings of hopelessness, and an inability to concentrate. Possible steps to treat SAD include keeping active, using special lights to reduce gloominess, and partaking in hobbies or other enjoyable activities (JED Foundation, 2017).

***Bipolar Depression:*** Bipolar Disorder is an illness characterized by disruptive mood swings that cycle through episodes of mania and depression. This category of disorders includes Bipolar I disorder, Bipolar II disorder, and Cyclothymic disorder. Bipolar I is defined by manic episodes that last at least seven days alongside depressive episodes lasting at least two weeks (JED Foundation, 2017). Bipolar II is defined by a pattern of depressive and hypomanic episodes, without qualifying as full-blown mania (JED Foundation, 2017). Cyclothymic Disorder is defined by less severe hypomanic symptoms and depressive episodes that last for at least two years, but do meet the full

criteria for a hypomanic or major depressive episode (JED Foundation, 2017). Bipolar disorder affects both men and women equally. It is thought that both environmental and genetic factors can play a role in disease onset. The most effective treatments for bipolar disorders are thought to be a combination of medication and therapy (JED Foundation, 2017).

### ***Honors Students vs. Non-Honors Students***

Unfortunately, the comparison between honors students and their non-honors counterparts is still a largely unexplored area of research that somewhat lacks available literature. It is thought that generally, honors students and non-honors students are similar in their help seeking behaviors. One recent study compared honors and non-honors students seeking mental health services at the campus counseling center at Penn State University on distress levels and occurrence of common mental health issues, and found no significant differences between the two groups (Bieschke & Kirsch, 2017). The two groups were also nearly identical in regards to financial distress, race/ethnicity and sexual orientation. The authors concluded that distress levels for honors students seeking treatment are similar to non-honors students while also noting the unprecedented increasing utilization of college counseling centers.

Despite the general similarities between both populations, there are a few notable differences. One study suggests that honors students are much more likely to be perfectionistic, have higher career aspirations, have higher grade point averages, and are generally more autonomous than non-honors students (Rinn 2005). A perfectionistic tendency plays a large factor in the risk for mental health issues in honors populations. Many honors students have been labeled as high achievers their entire academic career prior to college. In that transition to an honors college environment where they are on par with many of their peers, some of these

students find themselves performing academically in the bottom quartile, leading to feelings of inadequacy and failure (Spyker, 2017). Combined with other factors like poor coping mechanisms and a lack of positive social support, the perfectionistic tendencies of many honors students yield a reluctance to seek out necessary help when they are affected by mental illness.

### ***Other Factors / Characteristics Influencing Mental Health***

***Perfectionism:*** Perfectionism is a problematic characteristic that is reflective of unrealistic self-standards coupled with hypercritical self-evaluation. Perfectionism is comprised of both adaptive and maladaptive aspects (Wimberley & Stasio, 2013).

Perfectionism in its adaptive form has been shown to be associated with high self-esteem and academic performance, while the maladaptive form is associated with depression, anxiety, and other physiological problems (Rice, Lever, Christopher, & Porter, 2006).

Maladaptive perfectionism could be considered a specific risk factor for high achieving honors students. Those involved in situations where performance expectations are high would likely be focused on their adequacy in meeting those expectations. Maladaptive perfectionists also tend to feel less connected to others while encountering increased stress, anxiety, and depressed mood states (Rice et al., 2006). Despite the lack of more research on the topic, it is thought that the perfectionistic tendencies of honors college students, when coupled with other risk factors, might potentially lead to an increased risk for mental disorders (Wimberly & Stasio, 2013)

***Stress:*** Stress is a natural and necessary reaction for college students. Stress is present in educational environments and is frequently associated with homework, tests, a lack of time to complete assignments, and a lack of subject material comprehension (Pozos-Radilloa, Preciado-Serrano, Acosta-Fernandez, Aguilera-Velasco, Delgado-Garcia,

2014). However, experiencing additional factors like academic overload, competitiveness, lack of resources, and procrastination can produce chronic stress in the student. For honors and high achieving students in particular, the end of the semester places a large emphasis on academic performance and grades. Being able to identify the triggering stressors could help an individual understand and reduce the stress he or she experiences. The implementation of educational stress prevention programs may prove beneficial for students to increase the capacity of the stress that they can withstand (Pozos-Radillo et al., 2014).

***Motivation:*** Motivation and engagement are often important driving forces of learning (Hong, Lin & Lawrenz, 2012). Given that both can influence a student's quality of life as well as his or her future, students should be encouraged to develop an internal motivation for their education (Clinciu, 2013). A comparison between low-achieving and high-achieving students indicated that motivation was the most powerful factor separating the two groups. Low achieving students were found to score significantly lower on all relevant motivation scales in the Learning and Study Strategies Inventory when compared with high and average achieving students (Albaili, 1997).

***Well-being:*** Commonly referred to as "happiness," well-being is enhanced when individuals actively study and work to develop their underlying abilities and develop their talents for their own fulfillment. Along with self-efficacy, well-being plays a role in developing personal strengths, having positive responses to difficulties in life, and reinforcing social and emotional foundations for the individual (Boazman, Sayler, Easton-Brooks, 2012). Other factors that help maintain well-being in individuals include physical

fitness and exercising, proper nutrition and diet, obtaining adequate sleep, and engaging in more social interactions (JED Foundation & Education Development Center, 2016).

### **Effective Programming**

With the ever increasing problem of mental health challenges on campus, college counseling centers are faced with a higher demand to provide appropriate treatment. Therefore, university counseling services and other student services units, including honors colleges, must be methodical and targeted in their approach to addressing the issues that plague their students (Joyce, Ross, Vander Wal, & Chammie, 2009). Many different methods have been implemented but some of the most effective strategies for promoting positive mental health seem to focus on prevention, early intervention, education, and reducing stigma.

### ***Prevention***

Although much of the literature on prevention focuses on reducing the risk of suicide in depressed individuals, universities should also consider practices that intervene before a student develops a mental disorder. Disorder prevention strategies are most effective when they address multiple risk factors in students' lives simultaneously. The research suggests that a combination of policies and interventions is more likely to produce beneficial results while also helping to maintain a positive state of mind (JED Foundation & Education Development Center, 2016). One such avenue of prevention entails the promotion of students' social networks. Research has consistently shown that loneliness and isolation are major risk factors for mental health issues in university students (Suicide Prevention Resource Center, 2004). The experience of strong social support combats these risks and provides preventative measures against mental disorders by promoting a sense of belonging and reducing isolation (Hefner & Eisenberg, 2009). Any efforts to facilitate social interaction may also provide the distressed individuals with more frequent

social connections and increased opportunities for the identification of mental health issues (Jed Foundation & Education Development Center, 2016).

Another goal of prevention could be to help distressed students develop critical life skills that they can apply to stressful situations. Examples of these skills include establishing relationships with others, financial and time management, physical fitness and health maintenance, problem solving and decision making, establishing a purpose in life, or even helping them recognize when they need help (JED Foundation & Education Development Center). Other factors that may help to develop personal strengths, enhance growth of positive responses to difficulty, and reinforce social and emotional foundations involve constructs such as well-being, resiliency, gratitude, and general self-efficacy (Boazman et al., 2012). The college experience encompasses more than just academics and is a critical time where students frequently encounter new experiences as well as stressors that might influence their mental health. Accordingly, positively shaping the way that students react to these experiences can be a worthwhile goal for preventive measures. Furthermore, an increased focus on the development of these critical life skills may also serve to reduce the growing burden on college counseling centers (JED Foundation & Education Development Center). Finally, students should be encouraged to access and utilize available campus health resources early on before their problem worsens (Gruttadaro & Crudo, 2012).

### ***Early Intervention***

A more active approach to addressing mental health involves identifying at risk students for untreated mental disorders. School psychologists and counselors are thought to serve as leaders in the assessment and treatment of mental disorders in universities (Embse & Witmer, 2014). Some methods that campuses are utilizing to identify students at risk involve surveys

asking questions about mental health and medical history, general screening for symptoms of mental health issues in students who seek any primary care issue, and participating in screening events such as National Depression Screening Day (Klein & Chung, 2008). However, other research on primary care utilization suggests that the medical setting with a primary care practitioner is where many distressed students ultimately seek help (Chung & Klein, 2007). This is supported by other evidence suggesting that the majority of people who seek out help for a mental disorder usually present themselves to primary care clinics (Young, Klap, Sherbourne, 2001). Some research indicates that the ability of medical practitioners to assess mental health disorders of college aged populations in a clinical setting is becoming increasingly complicated, especially when other factors like race and gender may potentially help influence a non-diagnosis (Chung & Klein, 2007). Such studies further highlight the need for adequate training of medical specialists in mental health as well as systematic methods for improving the detection of depression, especially in university health centers. Lastly, it is important to note that the responsibility for identifying at risk students with untreated mental health issues expands beyond just health professionals, and that anyone in contact with the student can play a role in the early intervention process. In order to effectively identify at risk students, a bigger focus on mental health education should be implemented so that those in contact with at risk students can effectively recognize and help refer untreated mental health issues.

### ***Education***

Clinical settings are where many of these mental disorders get diagnosed, so much responsibility is placed on primary care physicians in assessing risk. In order to increase the effectiveness of clinical/counseling services, mental health clinicians must also be adequately trained to recognize signs of mental health issues. Such training could help ensure that medical

professionals properly diagnose students and provide referrals, notice and manage greater suicide risk, and help provide focused treatments that stay goal oriented and time limited (Jed Foundation & Education Development Center).

Outside of the clinical setting, students are in daily contact with their peers or academic faculty and yet, many of these individuals do not notice the signs of students' underlying problems. These constant interactions provide numerous opportunities for the assessment of risk for a mental disorder, but many of those in contact with distressed individuals are not adequately trained to do so. One of the most widely used methods to address this issue is the implementation of gatekeeper training, which aims to develop knowledge, attitudes, and skills to identify patients at risk, determine the levels of that risk, and to make necessary referrals (Gould, Greenberg, Velting, & Shaffer, 2003). The Campus Connect Program through Syracuse University exemplifies this training well, emphasizing the development of listening and communication skills of gatekeepers while also increasing their ability to compassionately deal with distressed students (Syracuse University Counseling Center, 2017). Beyond that, campus-wide campaigns to educate the student body about the risks and signs of mental illness in their peers may also be an effective avenue of pursuit to increase opportunities for assessing risk as well as reducing stigma (Jed Foundation & Education Development Center). “The Mighty” is another useful educational website ([www.themighty.com](http://www.themighty.com)) for information related to mental health issues for adolescents and young adults and includes articles written by both experts and those who have struggled with and overcome mental health issues.

### ***Reducing Stigma***

The relationship between the stigma surrounding mental illness and help-seeking in college students is quite complex. Despite the fact that many students suffer from mental illness



that requires seeking help, many are reluctant to do so. Much of the research insists that there is a stigma around help seeking that acts as a major barrier to utilizing counseling services, and that this stigma has remained relatively persistent without improvement in recent years (Golberstein, Gollust, & Eisenberg, 2009; Jed Foundation & mtvU, 2006). The stigma can be derived either internally or externally, with pressures coming from society's perceptions of mental illness as well as a student's own reluctance to admit the presence of a problem, despite his or her recognition that it should be addressed (Jed Foundation & mtvU, 2006). Furthermore, stigma may have multiple dimensions, with one of them being perceived public stigma. According to some studies, the fear of embarrassment is the main reason students say that someone might not choose to seek help for their mental illness (Jed Foundation & mtvU, 2006). Other students stated that they simply felt uncomfortable with their friends and peers knowing that they were seeking out help for mental illness.

Interestingly enough, more recent longitudinal studies suggest that simply attempting to reduce stigma may not be effective enough to lead to significant increases in help-seeking behaviors (Golberstein et al., 2009). In a study examining those with probable depressive or anxiety disorders, there was little evidence that perceived stigma was associated with the utilization of a counseling service (Golberstein et al., 2008). Perhaps perceived stigma towards mental health treatment may not be as prominent of barrier to help-seeking as previously thought, but this in no way implies that reducing stigma is unimportant (Golberstein, Gollust, & Eisenberg, 2009). Stigma may still hold other negative consequences like reduced self-esteem or impaired social relationships, and other aspects of stigma such as cultural/socioeconomic/gender differences all potentially influence help-seeking behavior. Regardless of its effects on help-seeking for mental disorders, the stigma surrounding mental illness represents a form of

discrimination that may have significant social, psychological, and clinical consequences for those suffering from mental illness (Corrigan, 2004). If the policy objective of university counseling centers is to promote the use of counseling services, other interventions that seek to remove barriers to help-seeking should be employed in conjunction with efforts to reduce stigma.

### ***Other Effective Practices / Resources***

Some notably effective mental health practices that have been employed at various universities are discussed in this section. A deeper analysis of these practices may serve to help staff on college campuses and college counseling centers make improvements to their own respective mental health programs while providing valuable resources as well as insight into what makes strategies successful.

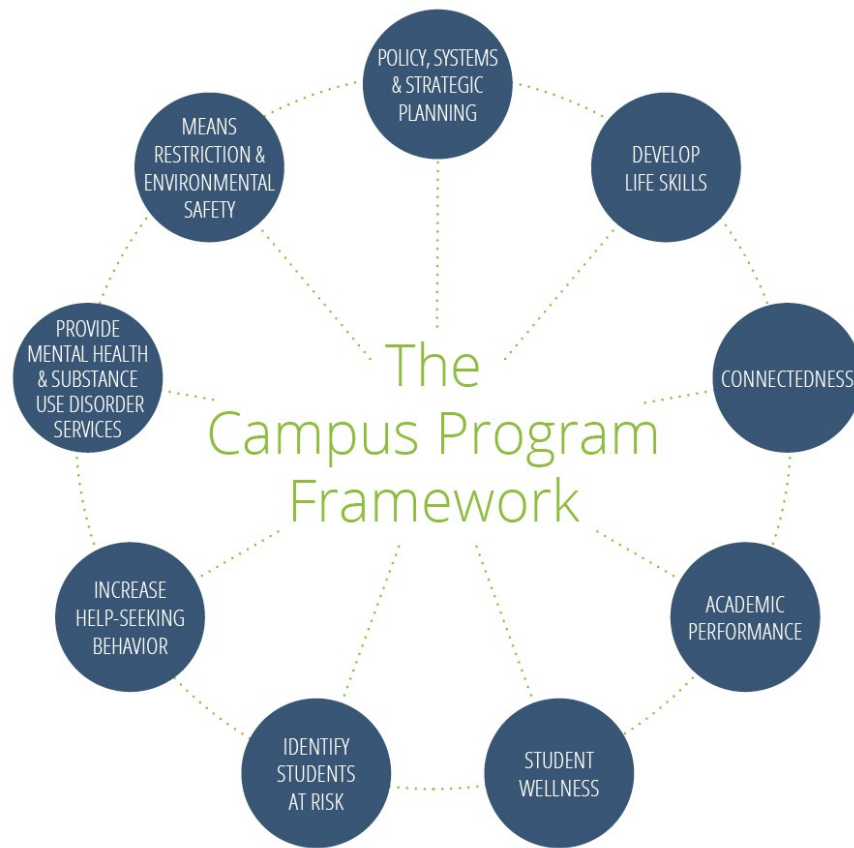
***Mindfulness Programs:*** A study examined the subjective experiences of university students who participated in an 8-week mindfulness-based stress reduction (MSBR) program for anxiety related to academic evaluation (Hjeltne et al., 2015). The program involved systematic training in mindfulness exercises, group activities like yoga, and homework assigned between classes. Upon analysis of the results, it was found that participants' descriptions of their experiences in the MSBR program encompassed five main themes: (1) the program provided them with ways to find a source of inner calm in stressful situations, (2) the group experience helped reduce feelings of shame and increased the understanding of anxiety and a shared human struggle, (3) students were able to apply their training exercises in various learning and performance situations, (4) students were willing to explore new approaches to academic learning with focuses on curiosity and mastery rather than fear of failure, and (5) participants reported a higher sense of self-acceptance in difficult situations (Hjeltne et al., 2015).

***Influence of living communities on experience in an honors program:*** Regarding honors students, the influence of one's living environment on students' experiences have been studied. Besides the academic, cognitive, and other various gains that accommodate the honors program environment, honors students living in living-learning communities (LLCs) in general reported many benefits including higher levels of peer discussions (Inkelas & Weisman, 2003). While they were less likely than other students to study in groups, honors students living in LLCs were more likely to approach and interact with faculty members (Wawrzynski, Madden, & Jensen, 2012). It is suggested that the LLC environment supports the merging of academic and residential environments, leading to increased levels of peer interaction and involvement with faculty (Wawrzynski et al., 2012). For universities that group similar academically performing students together in living environments, it is important to note that placements must be more intentional than simply assigning them to the same residence hall. Living environments should instead find ways to encourage interactions and connecting outside of the classroom. Although it is inclusive whether or not honors students in LLCs developed a stronger sense of belonging amongst their peers, the many benefits of such living environments are still worth noting.

***Gatekeeper Training:*** Currently employed by over 150 campuses, Syracuse University's Campus Connect Program provides a wide variety of campus personnel with the necessary tools for identifying and referring students who are at risk for mental illness (Syracuse University Counseling Center, 2017). Created specifically for college campuses, the program can be used to train resident life staff, academic advisors, and even faculty to look out for signs and symptoms of mental health issues. Other programs like Kognito Interactive's At Risk: Identifying and Referring Students in Mental Distress also serve to

help faculty take action when they are concerned about a student (Jed Foundation & Education Development Center). The At Risk program trains and assesses the knowledge necessary for gatekeepers to recognize students exhibiting symptoms of mental distress by having the users assume the role of a concerned individual who must successfully identify and refer a depressed student (Suicide Prevention Resource Center, 2017). Both of these programs are recognized in the Suicide Prevention Resource Center's (SPRC) Best Practices Registry.

***JED Campus Framework:*** The JED Foundation and Campus Framework attempt to consolidate a variety of factors known to help in promoting mental health. It is heavily based on *The Comprehensive Approach to Mental Health Promotion and Suicide Prevention on College and University Campuses* developed by The Jed Foundation and the Suicide Prevention Resource Center. The JED Campus Framework aims to connect nine areas regarding success in mental health: (1) Policy, systems & strategic planning, (2) Developing life skills, (3) Connectedness, (4) Academic performance, (5) Student wellness, (6) Identifying at risk students, (7) Increasing help-seeking behavior, (8) Providing mental health and substance abuse services, and (9) Restricting means for self-harm while promoting environmental safety (JED Foundation). The framework provides an excellent way for universities to create and implement a plan to combat mental health disorders in students.



(JED Foundation, 2017)

### ***Barriers to Programming***

Even with the implementation of effective programming and accommodating counseling services, there may still be other obstacles that prevent students from seeking out the help they need. Some of these barriers to help-seeking are discussed and must be overcome in order to encourage student utilization of mental health services.

- Student awareness of resources can be one of the primary obstacles to help seeking at universities. Therefore, college counseling centers should not only consider programming to reduce the stigma surrounding mental illness, but also work to implement widespread

campaigns to ensure that students are aware of the numerous resources available to them and that they are encouraged to utilize them. Not only could such actions serve to improve help seeking, they may also help to reduce other barriers surrounding mental health programming. It is unfortunate that even in an environment with readily available access to free short-term psychotherapy and basic health services, most students suffering from apparent mental health disorders still do not utilize treatment or counseling services (Eisenberg et al., 2007).

- Related to the stigma surrounding mental health issues, students' own perceptions of counseling services, or questioning the efficacy of the help they might receive may potentially prevent them from seeking out the necessary help that they need. Many distressed students simply believe that their problems will go away on their own and fail to seek out services before the depression worsens (Jed Foundation & mtvU, 2006). Other factors to consider are that the location of the counseling center may be in a high traffic area that exposes help-seekers to their peers, and that counseling centers may not have adequate resources to meet the demand of students with crises.
- Related to the lack of counseling resources, many students report high wait times for counseling appointments, especially during peak crisis times (Gruttadaro & Crudo, 2012). Furthermore, the ratio of counselors to students is on average, 1 counselor for every 2081 students (Gallagher, 2014). This is disproportionally higher than the suggested minimum staffing ratio of 1 counselor for every 1000-1500 students (International Association of Counseling Services, 2017). Coupled with the constant hiring and leaving of working staff members, counseling services are often at a disadvantage to meet student demand, causing students to dismiss the viability of the services (Gallagher, 2014).

- Even if students do utilize counseling services, many still face short session limits as well as counseling fees. Of all the national college counseling centers, one third of them report that they limit the number of sessions a student may attend (Gallagher, 2014). Many centers also present their services as purely short-term counseling while others end up making external referrals. Service fees average around \$20 and up to 40 percent of counseling centers across universities are supported by such mandatory fees (Gallagher, 2014).

### **Recommendations for the Lee Honors College**

Based on the research provided and my own involvement in the program, suggestions for the implementation of effective programming and themes into the Lee Honors College (LHC) program at Western Michigan University are provided with the goal of promoting mental illness prevention, early intervention, education, and stigma reduction. These suggestions are heavily based on key aspects of the JED Foundation's Framework for Success, in the hopes that they benefit the mental health practices employed for future honors students. Some aspects of the framework have been grouped together to better serve an overarching goal. The Framework's section about reducing the means of self-harm while promoting a safe environment is not touched upon since it is slightly out of the scope of this review, but nonetheless is still a relevant factor for college campuses and counseling centers to consider when addressing mental health issues among students.

### ***Policy, Systems & Strategic Planning***

- ***Assessing the effectiveness of implemented policies:*** As it currently operates, there is not a strong focus on mental health issues in the Lee Honors College's strategic plan for its students, leaving room for an increased focus in this area. The purpose of utilizing mental health policies at the LHC is to improve the overall current state of mental health issues surrounding its honors students. Therefore, it is necessary to continuously evaluate the effectiveness of employed practices and to make adequate changes in non-effective areas. Services and programs could be assessed through the use of student surveys. Surveys could be given to students after they participate in some form of programming, allowing them to rate the quality of the program they experienced. Short term surveys could be given just prior to and right after a presented program, providing information about the effectiveness of that single program. Longer term surveys could be presented at the beginning and end of the semester or school year to provide insight into overall student opinions regarding the honors college over the course of the year. Not only do surveys provide a chance for students to personally disclose any issues that they may face, they also give the LHC an opportunity to obtain demographic information which can then be analyzed for reoccurring trends. An analysis of student provided information would help to further contribute to the lacking area of research surrounding honors students.
- ***Timing of effective practices:*** It was discussed that stress for high-achieving students tends to worsen near the end of the semester due to the corresponding emphasis on academic performance and evaluation. Knowing the peak times for common mental health crises as well as the context in which the stress is presented allows counseling centers and staff to effectively prepare resources to meet the higher demand for services during busy times. Being aware of the timing of the semester allows the LHC to present targeted presentations



on relevant topics (such as stress management) during more academically involved periods, while also increasing the likelihood of student participation and interest.

- ***Becoming a JED Campus member:*** The JED Foundation places an emphasis on promoting mental health among college students and provides a variety of programs that could be utilized to improve or modify current campus mental health practices. JED Campus is a nationwide initiative designed to collaborate with schools through a process of comprehensive systems, program and policy development with customized support that builds upon existing student mental health, and substance abuse and suicide prevention efforts (JED Foundation, 2017). Becoming a member of JED Campus not only demonstrates that a school is committed to the maintenance and support of its students' mental health and well-being, it also provides the university with an opportunity to collaborate with one of the leading resources on mental health among college students.

### ***Developing Life Skills & Student Wellness***

- ***Implementing educational programs focused on mental health:*** The LHC could implement education programs for its students who are further interested in promoting their mental health and general well-being. Because a requirement of the honors program is to regularly attend events sponsored by the LHC, allowing these optional mental health programs to count towards the event requirement would provide students with an incentive to utilize these programs. Another aspect to consider is that there might still be stigma surrounding the attendance of a "mental health program." Instead, the event could be marketed as life skills workshops for students who are interested in reducing stress or want to learn successful strategies for optimal academic performance.

- ***Stress Management:*** The presence of chronic stress has shown to be a major moderator of student wellness, with high levels of stress negatively impacting many aspects of wellbeing (Rose, Godfrey, & Rose, 2015). Therefore, the implementation of training programs to promote healthy stress management techniques would help students cope with their academic stressors, while addressing a factor shown to be related to mental health issues. Examples of such training include meditation and breathing exercises. It is important to note that by providing students with productive coping strategies, stress management training may also serve to improve other areas of the JED Framework, such as Academic Performance.
- ***Addition of Lyceum Lecture Series Regarding Mental Health Matters:*** Lyceum Lectures are a series of weekly seminars presented by the Lee Honors College that detail a variety of relevant and cutting-edge topics. The addition of mental health issues to the range of topics discussed would provide another opportunity to further educate students about mental health while potentially also reducing stigma and increasing awareness about those issues.
- ***Promoting Belongingness:*** Although loneliness and isolation have been regarded as two major contributors to depression and mental health disorders, as well as academic and psychosocial adjustment in college students, another prominent aspect to address is the sense of belongingness in students (Civitci, 2015). Both positive and negative emotions arise from student belongingness - to be accepted among peers leads to positive feelings like happiness and satisfaction while being excluded or ignored might result in anxiety, depression, and loneliness (Baumeister & Leary, 1995). Therefore, it is important for schools to promote a healthy social environment that students can connect to and immerse themselves in, promoting their social connectedness and sense of belonging.

### ***Connectedness***

- ***Provide Formal Processes for Students, Family, Staff, and the Community to fully engage in decisions regarding the school:*** Outside of the university, the surrounding community can help play a larger role in developing higher standards for education and behavior. Engaging students, parents, staff, and other various community members allows them to cooperate with each other while promoting involvement in the improvement of school policies, as well as students' sense of connectedness to the school. This may include the identification of simple changes in school structure or can involve larger policy changes to promote widespread issues like mental health (Centers for Disease Control & Prevention, 2009). Simply getting involved with the processes surrounding the university may help promote social connectedness within the community.
- ***Provide education and opportunities to students' families to be actively involved in their children's academic and school life:*** Because students' social networks extend beyond their peers and faculty in college, it is important not to neglect the fact that during college, many students are separated from their families, who were a major aspect of their social network prior to enrollment at a university (Centers for Disease Control & Prevention, 2009). Therefore, providing opportunities and events for families to come visit their child and get involved in their academic life would help reduce feelings of loneliness as well as further promoting social networks to depend on in times of need.

### ***Academic Performance***

- ***Provide Courses Detailing Successful Study Strategies:*** Along with the other educational programs intended to increase help-seeking and reduce stigma, additional programs or courses could be implemented that teach students beneficial study habits and successful

strategies to utilize in their schoolwork. Such a program would emphasize the importance of going to class as well as other ways to maintain internal motivation and manage stress.

- ***Offering Peer Tutors and Other Resources for Students to Utilize:*** The implementation of peer tutors provides a great opportunity for honors students to work alongside each other while still obtaining the academic help they require. Other helpful resources to students might include the availability of study spaces or classrooms in the Honors College building.

### ***Identifying at Risk Students***

- ***Providing gatekeeping education for faculty and staff:*** As seen in the efficacy of Syracuse University's widely implemented Campus Connect Program, the ability of staff to recognize the signs of underlying mental illness in students sooner is crucial for the early intervention of mental health disorders. Given that the class sizes for honors classes are much smaller and more intimate compared to the non-honors courses offered by the university, honors instructors are in an excellent position to intervene with distressed students. Such training should be offered regularly to staff and faculty in order to maintain the skills needed to identify and refer at risk students. The same training should also be provided to resident life staff, given the close proximity to many students in their living environment.
- ***Targeting academic under-performers:*** One of the manifestations of mental health issues for college students is poor academic performance. Advising staff could identify those with poor mid-term grades and develop an intervention to encourage these students to make an advising appointment. Faculty could be encouraged to identify students who are not

attending class regularly or those who are performing poorly. Information about typical responses to poor grades for high-achieving students could be provided through social media and the weekly newsletter at key points in the semester, such as first graded work, mid-term, and late in the semester.

***Increasing Help-Seeking Behavior / Providing Mental Health and Substance Abuse Services***

- ***Offering mental health education for students in the honors college:*** In addition to potentially reducing the stigma around mental illness, having reoccurring mental health training for all honors students may also serve to increase students' awareness of available services and encourage them to seek out help when they need it. This would also allow students to recognize potential signs of mental health issues in their peers and provide social support that encourages help seeking behaviors. This could be implemented through the use of the online modules that teach critical skills like mindfulness, study strategies, and stress management. The frequency of this training should be often enough to solidify the knowledge in students but not so often that students become averse to the extra assignment.
- ***Having a counselor, Graduate Assistant or Intern specific to the LHC:*** Because the demand for counseling services on campus often outweighs the available resources, the LHC could invest in a resident counselor to provide mental health services solely for its honors students. Having a counselor specific to the honors college provides more accessibility for honors students in their help seeking and gives them an extra option if they feel influenced by the stigma surrounding campus counseling centers. Because the cost and resources to implement such a position may not be practical for the LHC, an alternative approach would be to utilize a graduate student internship to save costs, while providing

him or her with clinical experience or academic credit. One potential problem with utilizing a less qualified graduate student (as opposed to a licensed counselor) is that students may still be hesitant to seek help if they perceive the graduate student as under qualified (Gruttadaro & Crudo, 2012). However, the benefits of increased accessibility for counseling services might help counteract student perceptions and should still be considered.

### **Conclusions & Future Directions**

Many of the prevalent problems regarding mental health among college students were discussed, as well as notable recent trends surrounding these issues. It is well understood that the number of student mental health issues are increasing both in number and severity, with counseling centers spread nationwide finding it harder and harder to meet the needs of their students. However, there are still many possible routes of action for campuses to combat mental illness. Viable goals for effective programming involve steps to increase mental illness prevention, early intervention, education, and stigma reduction. Furthermore, faculty, counseling staff, peers, and even students themselves can all play a role in the intervention process, with much of the focus on being able to recognize when a student needs help or is at risk for mental illness. Other interventions for campuses may look at breaking down barriers to student help seeking and incorporating best practices utilized by various universities across the country. In the future, it is my hope that more research on honors student specific populations will take place in the context of mental health, and that colleges and universities continue to recognize and fight against the persistent problem that is mental illness.

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