

Managing Mental Illness on Campus: The Student Experience Transitioning to College

A mental health crisis is taking place on college campuses around the country.¹ There is growing concern about the serious mental health issues of college students and the mounting need for professional resources to mitigate and treat them.² Moreover, tragic events, such as the series of suicides at New York University and the deadly shootings at Virginia Tech and Northern Illinois University, have heightened national awareness about the challenges and policy concerns regarding college student mental health and campus safety.

The college transition from late adolescence to emerging adulthood can be especially challenging for young people managing mental illness while transitioning to a peer-based college environment and juggling campus life. According to the American College Health Association annual self-report survey of college students, 30.6% of college students said they felt so depressed at some point in the academic year that it was difficult to function, 6.4% seriously considered suicide in the last 12 months and 1% had attempted suicide.³ Some have estimated that 25-50% of U.S. college students seen in student health and counseling centers are taking anti-depressants.⁴ Late adolescence is a common time for the first onset of psychiatric disorders, including depression, eating disorders, major psychoses and ADHD, all of which can be exacerbated by the increased demands of college.⁵

Many students are arriving on campus having already been diagnosed with a psychiatric disorder. Colleges have seen an increase in the severity and quantity of students who come to student health centers with preexisting diagnoses and prescriptions.⁶ Many arrive without a mental health supervision

plan. At the same time, misuse of pharmaceuticals, such as experimenting with stopping without supervision or using alcohol or other drugs while on medications is becoming a major concern.⁷ Access is another issue for many students, with those unable to get their medications risking academic failure.⁸ Some research indicates that access to sufficient medication and counseling increases retention rates by 10-12%, far outweighing the cost to colleges for services.⁹

The increase in psychotropic medication use in adolescence has likely allowed a number of students with mental illness to attend college who would have been unable to succeed previously. However, some college students and their parents have been found to approach medications as a quick fix for a variety of mental health concerns without concomitant supervision or supplementary services.¹⁰ Very little is known about how college students actually use their medication once away from the supervision of parents. Similarly, little is known about how they perceive their medications and mental health service options and make treatment decisions. Also, patient attitude can play a major role in treatment efficacy.¹¹ This has some researchers calling for a fuller understanding of patient attitudes in order to improve on their treatment.¹² While some studies have looked at non-age-specific experiences with psychiatric medication, a more targeted approach is needed to better capture the college student experience.¹³ A deeper understanding of student mental health experiences has the potential to lead to improved treatment protocols, health outcomes, and academic success for the treated students, as well as a healthier and safer campus environment.

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TRANSITIONS IN MEDICATION EXPERIENCE (TIME): COLLEGE STUDENT EXPERIENCE OF MENTAL HEALTH SERVICE USE AND PSYCHIATRIC MEDICATION¹⁴

The goal of this study is to better understand college student experiences with managing their own psychiatric medications and mental health services in the transitions to and through college. This two year pilot addresses the existing gap in knowledge about the practices and experiences of late adolescents taking psychiatric medications in college contexts. Funded by a Presidential Research Initiative and building on prior NIMH work by Dr. Jerry Floersch on adolescent perceptions of taking psychiatric medication, this study looks at college student experiences with illnesses and medication management on three college campuses in two countries. This study is also laying the groundwork for a larger international project looking at the social and cultural differences associated with taking psychiatric medication among college students around the world.¹⁵

STUDY DETAILS

This study initially entailed a survey of 120 undergraduates taking at least one psychiatric medication who self-selected into the study after all undergraduates were contacted by e-mail. Slightly more than half the participants were female, and about three-quarters were white. The majority of participants had comorbid diagnoses. This first phase was followed by a subset of intensive longitudinal qualitative interviews about student experiences with their illnesses and medication management behaviors. Students could opt in to be screened for the qualitative part of the study at the end of the survey. Seventeen students met enrollment criteria. These students were enrolled in all grade levels and have participated in in-depth interviews once per semester for the last two years. A previously validated semi-structured questionnaire was adapted for the college context for the initial 90-minute interview. Open-ended interviews were con-

ducted for the next three semesters, following up on students' individual stories and salient experiences with medications, mental health services, campus experience, coursework, transitions between home and campus, and peer, faculty, provider, and family relationships. The study also investigated attitudes and experiences of campus faculty, staff, administrators and clinicians to provide supplementary ethnographic data about student medication use on campus. Qualitative participant interviews have been coded for thematic data about experiences with educational policies or mental health services, transitions in medication usage, stigma, and self-concept in relation to medication usage. In addition, 221 students have completed the aforementioned survey as well as a dozen supplementary qualitative open-ended questions based on the semi-structured qualitative surveys at two other college campuses.

INITIAL QUALITATIVE FINDINGS

A wide range of experiences and transitions have been reported by the participants in this study thus far. Medication procurement is one example, with some students receiving pre-packaged pill packs from their parents and others who frequently forget to refill their prescriptions on campus. Medication management and service use are important developmentally for college students, especially in relation to their autonomy and identify moving from the parent-managed high school experience to the peer-centered college environment. In addition to information about the general environment, a number of major themes seem to be emerging from the initial data: how access is affected by convenience and options in services and insurance; student perception of overwhelmed mental health services; student decision-making around medication changes without consultation with health care providers; and the impact of stigma in addressing mental health needs. Some of these themes are discussed more fully below.

Mental Health Services Stretched to Meet Needs

Participants reported mixed experiences with mental health service options. Some felt that the mental health services were unable to fully grasp the complexity of their needs and thus were unable to effectively respond to them. Frustration with long wait times and the inability to speak live with a provider during business hours were also reported. Another issue identified was the time-limited nature of campus counseling services and their inability to meet long-term mental health care needs. Several participants however, reported they were very pleased with the care they received and found the practitioners to be both professional and accommodating.

Role of Convenience & Service Options in Access to Care

Participants reported struggling to manage services and prescriptions between home and school. Students who had difficulty filling prescriptions were more likely to let

those prescriptions lapse. Lastly, the mere presence of multiple pathways and options for managing mental illness on campus, such as disability services, does not necessarily mean that students know they exist or how to effectively access them.

Impact of Stigma

A significant emerging theme from the data is how stigma can dominate students' help-seeking behaviors on campus. Participants reported being fearful of being seen in or around counseling services by classmates and other peers, preferring to miss appointments if there was a risk of being observed. Some students also reported feeling judged by health care practitioners for taking too many medications. Fear of speaking with professors about mental illness and of exposure in the residential living situation were other common concerns. The first year participants particularly appreciated the introduction of the counseling center and resources by professors and coaches as well as through

education programs aimed at the general residential population that helped them feel less isolated. Importantly with regard to stigma management, participants reported feeling better about their academic future after sharing their concerns with faculty and/or staff, and having their needs taken seriously. Interestingly, Derrick Kranke, Ph.D. has found that these college students' overall levels of stigma are lower than a comparative sample of younger adolescents.¹⁶

Lastly, Dr. Anderson-Fye and her colleagues' work questions the cultural ideal of "normal" with regard to mental health. In a recent presentation, Anderson-Fye has called for the deconstruction of the unattainable perfectly-modulated emotional ideal reported by U.S. college students. As work continues on this project, this critical examination of "normal" mental health and behavior promises to prove essential in understanding college student experiences with psychiatric medication and services.

¹ Kadison, R. (2004). "Mental health crisis: What colleges must do." *Chronicle of Higher Education*. 51(16): B20.

² Ibid.

³ American College Health Association. (2009). "National College Health Assessment: Reference Group Executive Summary." Retrieved 2/24/10 from: http://www.acha.org/docs/ACHA-NCHA_Reference_Group_ExecutiveSummary_Fall2008.pdf

⁴ Kadison, R. (2005). "Getting an edge—Use of stimulants and antidepressants in college." *New England Journal of Medicine*. 11(353): 1089-1091.

⁵ Ibid.

⁶ Kadison, R. (2006). "College Psychiatry 2006: Challenges and Opportunities." *Journal of American College Health*. 54(6): 338-340.

⁷ Carter, G.C. & Winseman, J.S. (2003). "Increasing numbers of students arrive on college campuses on psychiatric medications: Are they mentally ill?" *Journal of College Student Psychotherapy*. 18(1): 3-10.

⁸ Kadison, R. (2006). "College Psychiatry 2006: Challenges and Opportunities." *Journal of American College Health*. 54(6): 338-340.

⁹ Ibid.

¹⁰ Whitaker, L.C. & Cooper, S.E. (2007). "The big picture and what can be done to improve it." *Journal of College Student Psychotherapy*. 21(3/4): 243-257.

¹¹ De las Cuevas, C. & Sanz, E.J. (2007). "Attitudes toward psychiatric drug treatment: The experience of being treated." *European Journal of Clinical Pharmacology*. 63: 1063-1067.

¹² Ibid.

¹³ Pestello, F.G. & Davis-Berman, J. (2008). "Taking anti-depressant medication: A qualitative examination of internet postings." *Journal of Mental Health*. 17(4): 349-360; Carter, G.C. & Winseman, J.S. (2003). "Increasing numbers of students arrive on college campuses on psychiatric medications: Are they mentally ill?" *Journal of College Student Psychotherapy*. 18(1): 3-10.

¹⁴ Information about the study for this brief came primarily from the following two sources unless otherwise noted: Dr. Anderson-Fye's Presentation at the December 2009 American Anthropological Association Conference and Dr. Anderson-Fye's paper for the journal *Ethos* currently in press. Dr. Jerry Floersch is a co-author on both the presentation and the paper.

¹⁵ Griffith, S. (2008). "Case Western Reserve University study examines the transition from home to college." Case Western Reserve University News Center. Retrieved 12/23/09 from http://blog.case.edu/case-news/2008/08/04/case_western_reserve_university_study_examines_the_transition_from_home_to_college

¹⁶ Kranke, D. (2009) Comparison of stigma experience among younger and older adolescents prescribed psychiatric medication. Oral presentation at Council of Social Work Education, San Antonio, TX.

TIME RESEARCH INFORMING EFFECTIVE CAMPUS MENTAL HEALTH PRACTICE AND POLICY

Recent national public policy efforts are striving to address the growing mental health challenges on college campuses. For instance, SAMHSA (Substance Abuse and Mental Health Services Agency) recently awarded \$6.3 million in grants to help colleges prevent suicide.¹⁷ The bipartisan “Mental Health on Campus Improvement Act” introduced in March 2009 would help to ensure colleges and universities have resources to increase direct mental health services and outreach for students, as well as funds for awareness-raising to reduce the stigma often associated with mental illness.¹⁸

The TIME research by Professor Anderson-Fye and colleagues can help to inform these policy efforts and guide resources toward effective treatment and outreach practices, such as: strengthening student-led stigma reduction strategies; building community collaborations to help improve access and quality of care; leveraging an overall wellness approach; and, convening key stakeholders to develop clear and shared treatment, referral and education policies.

Student-Led Outreach and Stigma Reduction Strategies

Given the important role client attitude plays in their treatment students themselves can play a vital role in raising awareness and reducing stigma. Active Minds is an example of a stu-

dent-driven national advocacy organization that uses social networking tools and student-run campus chapters “to destigmatize mental health disorders” and the student voice to promote open, enlightened discussion of mental health.¹⁹ There are 245 Active Minds campus chapters nationwide, including eight in Ohio, and opportunities to grow abound.

Partnerships for Improved Treatment Access and Quality

Reaching students in distress quickly is critical and delays in getting an appointment drastically reduce the likelihood that students will get care.²⁰ At the same time, demand for ongoing campus mental health services, and specifically psychiatric care, has outpaced capacity.²¹ Ensuring timely access to care requires financial resources to support the coordination of services with hospitals and community mental health providers. Partnerships with community providers to supplement campus-based services where gaps may exist merits exploration.

Expanded Focus on Wellness and Healthy Living

Integrating mental health services with student wellness promotes a more comprehensive health and well-being message to a wider range of students, which may also lessen stigma. Counseling centers can partner with health and fitness staff to enhance

prevention efforts through wellness and stress-management programs and by identifying the warning signs of potential mental issues. These programs have the side benefit of introducing health-center staff members to the campus, thus making the referral process less threatening.²² Educational programming should also present accurate information about medications and associated risks, especially those due to interaction effects with alcohol and other drugs and the “sharing” of medications with other students and the dangers of rapid withdrawal.²³

Convening Key Stakeholders to Create Shared Campus Policies & Practices

Balancing the competing interests of student autonomy with parents’ expectations of being informed about their children’s well-being and the colleges’ responsibility to supervise student conduct and be attentive to their safety and well-being is an ongoing challenge. Clinicians may be confronted with increased information-sharing expectations.²⁴ These conflicting interests call for appropriate strategic planning by key stakeholders—campus mental health services, administrative officials, community providers, and students and families—to discuss issues and develop clear guidelines and policies regarding outreach and education, referrals, treatment care coordination, communication and confidentiality.

¹⁷ “SAMHSA Awards \$6.3 Million to Help Colleges and Universities Prevent Suicide” (September 24, 2009) Retrieved 2/18/10 from <http://www.samhsa.gov/newsroom/advisories/090924college5532.aspx>

¹⁸ “Schakowsky, Durbin, Collins Introduce Bill to Improve Mental Health Services on College Campuses.” (March 24, 2009). Retrieved 2/24/10 from http://schakowsky.house.gov/index.php?option=com_content&view=article&id=1253&catid=2:press-releases&Itemid=16; Mental Health on Campus Improvement Act of 2009, HR 1704, S. 682, 111th Cong. (2009).

¹⁹ “Active Minds Vision” Retrieved 2/22/10 from http://www.activeminds.org/index.php?option=com_content&task=view&id=13&Itemid=42

²⁰ Kadison, R. (2004). “Mental health crisis: What colleges must do.” *Chronicle of Higher Education*. 51(16): B20.

²¹ Schwartz, V. and Kay, J., (2009). “The Crisis in College and University Mental Health.” *Psychiatric Times*. 26(10): 32-34.

²² Kadison, R. (2004). “Mental health crisis: What colleges must do.” *Chronicle of Higher Education*. 51(16): B20.

²³ *Ibid.* p.252

²⁴ Schwartz, V. and Kay, J., (2009). “The Crisis in College and University Mental Health.” *Psychiatric Times*. 26(10): 32-34.



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