



[../index.html](#)

[▲ Home](#)

[../index.html](#) ◀

[Contents](#)

[\(index.html\)](#)

College Quarterly

Winter 2013 - Volume 16 Number 1

A Suffering Generation: Six factors contributing to the mental health crisis in North American higher education

By Alicia Kruisselbrink Flatt

Introduction

The number of students on university and college campuses that are struggling with depression, anxiety, suicidal thoughts, and psychosis across North America is rising (Gallagher, 2008). This intensification of students' psychological needs has become a mental health crisis. The age at which many mental disorders manifest themselves is between 18 and 24, which coincides directly with the average age of student enrolment in higher education (Kessler et al., 2005). Blanco et al (2008) found also that psychological disorders that students are being treated for while studying in higher education are increasing in severity. Adolescent suicide rates have tripled over the past 60 years, making suicide the second leading cause of death for that age group (Vastag, 2001). Studies conducted by the American College Health Association (2005) suggest that 12 to 18 percent of college students are being treated for a mental disorder. Canadian statistics mirror the tragic rate of mental disorders in American university students. Waddel, Offord, & Sheppard (2002) found 13 to 18 percent of Canadian adolescents suffer from a mental disorder, and Canada has the third highest suicide rate among adolescents in the Organization for Economic Cooperation and Development (OECD) countries (Statistics Canada, 1998). Price, McLeod, Gleich, and Hand (2006) conducted a study to determine rates of depression among first-year students at Canadian institutions and found that, similar to the United States, 7 percent of men and 14 percent of women in first-year university met the criteria for a major depressive disorder.

Studies have also shown that there are more students seeking psychological care than in previous decades (Watkins, Hunt, & Eisenberg, 2011). In fact, a survey conducted in the United States of directors of campus psychological counselling centres found that over 95 percent of the directors reported experiencing a rise in the number of cases that exhibited serious psychological problems among students (Gallagher, 2008). Watkins et al. (2011) conducted a survey of ten leaders of counselling services at the college level in the United States. Their study focused on the current changes noted by the administrators of campus counselling, all of whom were registered as Certified Clinical Mental Health Counsellors. The findings of this survey were consistent with previous studies - all of the administrators agreed that there is an increasing demand for mental health assistance on college counselling centres, and that students are now demanding different types of counselling services than were provided in previous decades. In fact, many college counselling programs have had to change their role from personal counselling to crisis management to meet the acute needs of students in higher education (Kadison & DiGeronimo, 2004). Based on

my own experience, it is reasonable to assume that the findings of these studies on college students in the US are reflective of the reality on Canadian college campuses as well.

The mental health crisis faced by North American institutions of higher education is relevant to institutional funding challenges, as the crisis is creating a growing need for financial and human resources to address this serious problem. Gallagher (2008) argues that the influx of students demanding high priority counselling has become a burden on mental health professionals leading to difficulty meeting staffing demands during peak times, staff burnout, decreased attention to students with less serious needs, and the need to end cases prematurely. Counselling centres in post-secondary educational institutions have difficulty meeting the growing needs of students as they are underfunded and understaffed. Resources are required to increase staffing, improve training, and increase physical space on campus for counselling centres (Kadison & DiGeronimo, 2004).

There is evidence to support the reality of the mental health crisis, and the serious challenge it poses for post-secondary educational institutions. But what are the factors behind this crisis? This paper identifies six factors that recent research has implicated as contributing to the mental health crisis: academic pressure, financial burden, increased accessibility of higher education, increased female to male student ratio, increased use of technology, and dramatic change in the lifestyle of university and college students. All of these factors play an important role in the mental health crisis.

Academic Pressure

University students who present signs of depression, anxiety, and suicide ideation often cite academic stress as a leading cause. In a study conducted by Furr et al., (2001) 1,455 American university students were surveyed, and 53 percent reported increasing depressive symptoms since beginning college, and academic problems were most frequently cited as the cause of their depression. In recent years, academic stress has been heightened by high grade expectations, the gap between academic expectations and reality, and the millennial generation's inability to cope with failure.

Students are feeling pressure to achieve high grades in university. To put the degree to which students feel pressure to succeed into perspective, Howe and Strauss (2000) in their book *Millennials Rising: The Next Great Generation*, found that the greatest worry reported by millennial students is college admission and grades, as compared to nuclear war 30 years ago, and the AIDS pandemic and violent crime reported as the greatest worries 20 years ago. There are a number of potential reasons why students are feeling the pressure to succeed. In the survey of campus counsellors conducted by Watkins et al. in 2011, many of the counsellors surveyed agreed that parental pressure for high grades causes student stress, anxiety, and depression. The "hovering, nervous, anxious, far too involved helicopter parents" as one counsellor described them, have elevated expectations for their children (Watkins et al. 2001, p. 322). Some researchers have also argued that smaller family sizes

aggravate this problem, as parents place more attention on individual children (Howe & Strauss, 2000). Richard Weissbourd, faculty member of Harvard's School of Education and a child and family psychologist, believes that "achievement has, in many cases, become the chief goal of child-raising" (2011, p. 23). This parental pressure has elevated the expectations for students to achieve high grades, and students enter postsecondary education carrying the stress of meeting their parent's expectations.

The competitive economic environment is also responsible for the high grade expectation and stress in higher education. Guo, Wang, Johnson, & Diaz (2011) reported that both male and female college students reported feeling academic stress because of the economic downturn, particularly as it relates to employment conditions, economic outlook, and financial burden, with the highest rates of stress being experienced by fourth year students. Because of these external economic factors, students are either preparing themselves to meet the needs of the job market, or are planning to enrol in further education to increase their human capital. This tension has led to an increased level of academic competition, as students feel they must outperform other students to guarantee future career or academic success.

Finally, students expect to receive high grades in higher education based on grade inflation at the high school level. Research has found that between 1966 and 2006 the percentage of American high school students earning an A or A- has increased by 153 percent (Miller & Slocombe, 2012). Despite students earning higher grades than ever before, in 2009 the U.S. Department of Education's Program for International Student Assessment found the average science scores of U.S. students were comparatively lower than the students in 12 other industrial countries. U.S. students were ranked seventh in the world for reading literacy, and scored lower than 17 developed countries in the area of mathematics (Etter, 2010). Some critics of the millennial generation believe that the education system has coddled students, and as a result students entering university lack patience and problem-solving skills that are desperately needed to weather the storms of pressure and stress faced in higher education (Howe & Strauss 2000). In any case, increased high school grades elevate the expectation of high grades in university.

Many students enter university with high grade expectations, but many of these students are not able to achieve the grades they expect. Students entering university from high school are often required to have achieved a grade average of between 70 and 80 percent, or even higher, depending on the prestige of the school or the level of difficulty of the program (Statistics Canada 2008). However, the grade average of first-year students in university is 65 percent, which suggests that over half the student population is achieving lower grades than they did in high school (Wintre & Yaffe, 2011). Students who achieved high grades in high school who enter competitive university programs may feel overwhelmed by the fact that they can no longer rank at the top of their class.

As high expectations are met with a disappointing reality, students are left in a panic, and in some cases, an identity crisis. Students have been pressured to achieve but they have never been taught how to fail, which is an important part of growing up. As the millennial generation enters university, counsellors are faced with the implications of a generous education system and what could be described as an overly encouraging home life (Watkins et al., 2001). The ingrained understanding of the importance of success, the struggle to meet the demands of academic life in university, and the inability to cope with failure are all contributors to the mental health crisis on campus.

Financial Burden

Studies that document the mental health crisis in universities across North America suggest that increased financial burden may also be a cause of depression, anxiety, stress, and psychosis for undergraduate students (e.g., Kadison, 2004, Watkins et al., 2011, Waddel, et al., 2002). In Canada and in the United States tuition fees are increasing, as are student loans and debt after graduation. Schwartz & Finnie (2002) found that Canadian higher education has seen a substantial shift in its funding, as students pay proportionally more and the government pays proportionally less. For example, between 1989 and 2009, government funding of post-secondary institutions fell from 72 percent to 55 percent, as tuition fees rose. As a percentage of the total revenue for universities and colleges, the average tuition rate rose from 10 percent to 21 percent (Luong, 2010). Tuition increases do not show signs of stopping, as full-time Canadian students in undergraduate programs on average paid 5 percent more in tuition fees for the 2012/2013 academic year than last year. The 2011/2012 academic year had already seen a tuition increase of 4.3 percent. Tuition fees are also increasing faster than the rate of inflation, as in the same year that tuition increased by 5 percent, inflation was only 1.3 percent, as measured by the Consumer Price Index (Statistics Canada, 2012). American students are also facing a troubling financial reality. For example, tuition fees for private medical school education in the United States have increased by 165% and public medical schools have increased tuition by 312% (Jolly, 2005).

The number of students who graduate with student loans and the size of those loans is also increasing. A study conducted by Luong (2010) examined the increase in tuition and student debt between 1995 and 2005 in Canada. She found that 57 percent of students in the 2005 graduating year had student loans, compared to 10 years earlier when only 49 percent of graduates had student loans. Moreover, the average student debt rose from \$15 200 to \$18 800. Also, there was a 10 percent (from 17 to 27%) increase in the percentage of students who graduated with a debt that exceeded \$25,000.

There is a growing body of research on the detrimental effects for students who incur large amounts of debt while enrolled in university (Merani, et al 2010). Those who feel the pressure of financial struggles while attending university are found to perform less well than their peers (Ross et al 2006) and may be at a higher risk of mental health problems (Eisenberg et al, 2007). The stark differences of tuition costs at University

of Toronto compared to the University of Montreal has allowed researchers to investigate the ways in which financial burden impacts students studying at the same academic level. Merani et al. (2010) surveyed students enrolled in the first year of the medical program at the University of Toronto, where the tuition increased from \$3,222 in 1994 to \$18,146 in 2007 - an increase of nearly \$15,000 in the span of 13 years. The research team compared the students from the University Toronto to the students enrolled in the first year of the medical program at the University of Montreal, where over the same period their tuition fees increased from \$2,286 to \$3,543, an increase of only \$1,257 comparatively. In total, 7,795 students responded to the survey, and Quebec students were found to be significantly less stressed overall than students from Ontario. Not surprisingly, the study suggests that the amount that students pay in tuition fees is positively correlated with the amount of financial stress they report.

However, further research has concluded that students' *perceptions* of debt actually have a greater influence on academic performance and mental health than the reality of their debt. A study conducted in the United Kingdom surveyed 352 students and found that the amount of debt a student incurred was not directly related to mental health or academic performance. The size of the debt was not what triggered decreased academic success, but rather the amount of stress students reported feeling about the debt. The students who reported stress or worry about debt or finances performed less well academically than their peers and were more likely to be struggling from a mental health disorder (Ross et al., 2006). A similar study conducted at the University of Toronto found that students in the medical program who anticipated high debt levels reported higher levels of stress and performed less well, and the anticipated debt was found to be more stressful for students than the actual current debt (Morra, Regehr, & Ginsburg, 2008).

Financial burden in the form of high tuition costs and large student debt is a cause of financial stress for students in North America. This stress is a possible trigger for mental health problems, and is therefore likely a contributing factor to the number of students requesting academic and mental health assistance across university campuses (Ross et al., 2006).

Accessibility

As North American post-secondary education has shifted from elite to mass education, accessibility has become one of the most important issues in higher education (Kirby, 2007). Student access to tertiary-level education has been steadily increasing for decades. Research conducted by Malatest & Associates (2007) shows that in 2007, 75 percent of Canadian youth were participating in some form of post-secondary education within the first 2 to 4 years of completing high school. Canada has the highest level of higher education enrolment of countries in the Organization for Economic Cooperation and Development (OECD), with 48 percent of the population aged 25-64 having graduated from some form of higher education (OECD, 2009). A result of expanded accessibility is the increased enrollment of disadvantaged minorities who historically

have had less opportunity to participate in higher education. The increase in demand for mental health services on college campuses could also be contributed to by the increase in numbers of students from socio-economically disadvantaged groups who may be at a higher risk for mental health disorders to begin with.

Millennials are the most racially diverse generation in North American history. Twenge, et al (2010) report that research suggests that mental health problems are more prevalent among millennial students belonging to racial minorities, even when other factors including region, defensive responding, and gender composition are taken into account. This increased risk of mental illness is likely related to a myriad of factors, including lack of social support, increased parental pressure, lack of previous mental health care, and a sense of isolation caused by daily racial “microaggressions” from their peers. Microaggressions as described by Blume, et al (2012) are small actions that demonstrate racial prejudice that can be committed without conscious effort. Students of racial minorities report they suffer from the effects of these microaggressions.

Due to the increased accessibility of higher education, campus counsellors report facing new challenges in their work. More research is needed to understand the patterns of mental illness in different cultures, and the help-seeking behaviour of minority students entering higher education.

When surveyed by Watkins et al. (2001, p. 327), one campus counsellor revealed the following perspective while working with minority students:

This campus is minority/majority and low socioeconomic status. We have a lot of first generation (students); we have a lot of immigrant families. Spanish is probably spoken in more homes in the community than English. There are a lot of parents who are not well educated, certainly not about mental health issues or higher education in general...I think some community resources may have dried up. We become the day-treatment program. You've got a family that has a mentally ill child. The family is holding onto hope – higher education is the hope. It's somewhat distorted at times and so they're at their wits end and they have two or three other kids at home and so they drop the kid off at campus.

Furthermore, because of access to counselling support now available to secondary school students who struggle with anxiety, obsessive compulsive disorders, mood disorders, learning disabilities, or depression, students who in the past would not have been able to participate in higher education are now able to do so. However, students who have required mental health services in secondary school are also far more likely to require and seek mental health services while attending university or college. Watkins et al (2001) point out that campus

counsellors are not only feeling burdened by working with a growing number of students, but they are also challenged by the increasing complexity of the issues the students struggle with.

The mental health crisis is further aggravated by counselling centres that are not adequately prepared to meet these specific needs. There is an urgent need for effective mental health support for students on college campuses and that means that increased funding for campus counselling centres is also urgently needed.

Male-to-Female Ratio

The increased demand for on campus counselling may also be intensified by the changing ratio of female to male students in North American higher education. Over the past 35 years Canadian university campuses have seen a major shift in the student population. The 1971 Census recorded that 68 percent of 25 to 29 year-old graduates were male. In 1981, only 54 percent of graduates were male, and ten years later in 1991 men had only a slight majority as 51 percent of graduates were male. By 2001, the Census recorded that the majority of Canadian university graduates were female, as they comprised 58 percent of the graduating students. This trend continued into 2006, as 60 percent of university graduates between the ages of 25 and 29 were female (Statistics Canada, 2007). This change in the student population, both in Canada and the United States is important due to gender differences related to mental health.

As the female population in higher education increases, so do the demands on campus counselling centres. This could be due to the fact that women are more likely than men to exhibit signs of depression by a ratio of 2:1. The reasons for the higher rates of depression and other mental illness in women need to be researched further but Kessler (2003) believes depression stems from both biological and environmental stressors that specifically target women. Also, women are more likely than men to seek help for mental health concerns including depression, anxiety, somatic disorders, personality disorders, obsessive compulsive disorder, and self-injury (Davies, Isacco, & Shen-Miller, 2010). Much of the research investigating the factors which influence gender differentiation in help-seeking behaviour relates to expectations of stereotypical feminine and masculine traits (e.g., Biddle et al, 2004; Kessler, 2003; Davies et al., 2010). Women are less likely to feel weak or embarrassed by seeking help. Social norms seem to suggest that it is okay for women to admit failure, discuss emotions, and ask for help (Davies et al., 2010). Therefore, while women are more likely to suffer depression, they are also more likely to access professional help than depressed men, and are more likely to continue on to graduation. This means that campus counselling centres are experiencing greater demand due to the increase in female clients who generally persevere to graduation while working through mental health issues.

Male students are far less likely to use on-campus counselling, or seek out mental health help, but college and university men still contribute to the mental health crisis in higher education. In fact some researchers believe that many "college men are in the midst of a health crisis" (Davies

et al., 2010, p. 347). Men have higher rates of alcohol and drug use, are more likely to require disciplinary action from the student conduct offices, and most alarmingly are 4 to 7 times more likely to commit suicide than women (Courtenay, 2000). The aversion of men to help-seeking is troubling, as many researchers believe that one of the reasons why men are more likely to commit suicide is directly related to their unwillingness to seek professional help (Biddle, et al., 2004).

Aversion to help-seeking behaviour appears to affect all men, regardless of race. For instance Williams and Justice (2010) surveyed 212 African American men from 4 American colleges, 2 with a majority of white students, and 2 with a majority of African American students, and found that regardless of minority status, African American males reported negative attitudes towards counselling services and common reasons for avoiding the counselling programs included stigma, signs of weakness, and embarrassment.

Technology

Perhaps the most dramatic difference between the millennial generation and any other is the widespread use of technology. One out of every 5 college students began using a computer between the ages of 5 and 7. Jones (2002) found that the internet was commonplace for current first-year students by the time they turned 6 or 8. For many students, the ubiquity of technology is taken for granted and many would argue that the benefits of technology outweigh the disadvantages. However, that does not mean that the disadvantages are not serious, or that they should be dismissed. On-campus counsellors are noting mental health concerns linked with technology in college students. The counsellors surveyed in Watkins et al., study (2001) believed that the dependence on social technology is partly to blame for students' inability to handle social pressures and the increased responsibility that accompanies university life. One counsellor noted that dependence on technology has made it "really hard for them to tolerate typical, normal human effects and experiences" (Watkins, et al., 2001, p. 228). Another counsellor reflected on the disadvantages of instant gratification that technology can provide. He commented:

I think generally students that are arriving on campus are different today than ten years ago. They've grown up with cell phones, instant messenger, internet, the instant gratification and resolving things very quickly has been a growing issue for 20 or 30 years but there is a way in which students are not accustomed to, not everybody, but many students are not accustomed to have to tolerate and work through stress. (Watkins et. al., 2001, p. 228)

The harmful effects of technology overuse include internet addiction or problematic internet use, mobile phone use, and overuse of internet pornography.

Young (1996) was one of the first to suggest that internet compulsion should be categorized as a clinical disorder. In her research Young found an association between problematic internet use and a number of mental

health issues, including depression, anxiety, social isolation, shyness, low self-esteem, and lack of social and emotional skills. Chak and Leung (2004) deemed university and college students to be at risk for internet addiction or problematic internet use due to free and unlimited use of the internet, the need for technology for academic purposes and flexible time schedules. A study conducted by Jenero et al (2007) in Spain surveyed 337 students to determine how many students could be recognized as pathological internet users and what the effects of the overuse were. They found that 6.2 percent of students surveyed matched the diagnosis of pathological internet users, and were more likely to experience psychiatric disorders including insomnia, social dysfunction, depression, and anxiety. It is important to note that these researchers are not stating that internet use directly causes psychological disorders. In many cases, problematic internet use perpetuates a cycle, and could more properly be recognized as maladaptive coping mechanism for those who already exhibit these traits. Unfortunately, for those students trying to find solace from their loneliness, stress, anxiety, or depression, problematic internet use can aggravate or even intensify the symptoms rather than soothe them (Young, 2004; Jenero et al., 2007; Chak & Leung, 2004).

Mobile phone overuse is also causing mental health concerns in university and college campuses. In the same Spanish study, Jenero et al. (2007) found that of the 337 students surveyed, more students reported problematic cell phone use than problematic internet use, with 10.4 percent aligned with the diagnosis for pathological cell phone use. Those who overused cell phones were more likely to experience insomnia, somatic complaints, social dysfunction, anxiety, and depression. Similar studies conducted in Japan found similar results (Kamibeppu & Sugiura, 2005). Mobile phone overuse can also cause sleep-related problems, as found in a study conducted by Thomee, Harenstam, and Hagberg (2011). With a study sample of 4,156 students between the ages of 20-24, Thomee et al., found that both male and female subjects who overused their mobile phone reported stress, depression, and sleep disturbances. The sleep disturbances were caused by feeling the need to check their phone throughout the night. This is troubling, as studies have shown that sleep disturbances and poor sleep patterns compound issues low self-esteem, poor self-image, and sense of loss of control, and have negative implications for academic performance (e.g., Cook, 2007, Vallido et al., 2009).

Finally, online pornography is also linked with mental health problems as its influence and accessibility increased greatly along with internet availability in the 1990s. Cooper (1998) refers to the 'Triple A Engine' as the factors that have caused tremendous growth in the desirability of internet pornography; accessibility, affordability, and anonymity. Students no longer have to go to an adult film store, or purchase pornographic magazines over the counter, but can access explicit images, films, and chat rooms in the privacy of their own home. Some researchers believe that the increase in use of the internet for sexual purposes could foster a new type of sexual compulsive disorder (Perry, Accordino, & Hewes, 2007). Data from a survey of 305 college students at an American university show that over 90 percent of students have looked at pornography, and 43.1 percent do so at least twice a week

(O'Reilly, Knox & Zuzman, 2007). Though the majority of internet users report that looking at pornographic material online was simply recreational or utilitarian, others reported a compulsion to engage in cybersex, and in one study conducted by the Marriage and Sexuality Center, 6.5 percent of the male internet population spent over six hours per week engaging in cybersex (Young, 2004).

Levine, Lillis, and Hayes (2012) saw that viewing pornography over the internet was common in college males, but wanted to ascertain if this was problematic, and if so, how. In a study conducted with a sample of 152 male college students, Levin et al., found that the frequency of viewing pornography significantly related to greater psychosocial problems for the viewer. Depression, anxiety, stress, and social functioning were all related to frequent use of pornography. Pornography acts as a coping mechanism to combat stress, but it can become addictive and cause greater psychological problems for the viewer. More research needs to be done to fully understand the factors that cause pornography addiction, as it is often an understudied aspect of the college experience.

The ubiquity of technology use in university and college life has left campus counsellors concerned for students' mental health. However, the benefits of increased technology use in student's lives ought to be recognized. Some counselling programs have also made use of the resources the internet provides in reaching students who ordinarily would not seek help (Reavley, Cvetkovsky, & Jorm, 2007). When the internet and other technology are used well and in moderation, there may be a whole host of benefits. Students in university and college would benefit from learning more about the possible ill-effects of technology over-use, and should also learn about healthier approaches to working through stress, loneliness, and anxiety. Unlike any previous generation, millennial students have to strive to ensure a healthy balance when using digital media, and researchers have discovered that this is another factor that is influencing the mental health crisis.

Lifestyle

Another important element that shapes the mental health of university and college students is the student lifestyle. For many students, university and college differ dramatically from secondary school or their home environment. This can be an important time to develop independence, explore, and experiment as they live for the first time under their own rules. However, many of the choices made by undergraduate students, including diet, exercise, drinking, and sexual behaviour, can have adverse mental health effects.

Weight gain as a result of a poor diet and lack of healthy activity is common among undergraduate students, and is often compounded by increased stress from the academic workload (Jackson et al, 2009). Though women have better eating habits than men, both exercise less than the recommended amount of time per week (Driskell et al, 2006). Studies have shown that there is an inverse association between physical activity and depression and anxiety. Students who exercise more often are less likely to suffer from depression, anxiety, or panic disorders (Craft & Landers, 1998). Students who are diagnosed with depression, anxiety, or

panic disorders are able to reduce their symptoms by increasing their physical activity each week. Not only will exercise help ease symptoms of depression, it has also been found to outlast the effects of antidepressant medication, while increasing cardiovascular health, and social and cognitive functioning (Babyak et al., 2000). Not only are students putting themselves at risk for mental health problems by not eating well and not exercising, they may also be missing the opportunity to relieve depression and anxiety. Mailey et al., (2010) conducted a pilot study at the University of Illinois to demonstrate how counselling centres can encourage students online to participate in daily exercises that can reduce anxiety and depressive symptoms. Their findings highlight this as an inexpensive form of treatment that has the potential to reach the hurting student community.

Another dangerous lifestyle choice that some students make while engaged in higher education is alcohol over consumption. Many students believe that drinking is an integral part of their university experience. The National Institute on Alcohol Abuse and Alcoholism (2012) reports staggering statistics about the harm caused by alcohol use in American universities. A significant number of students enter university with established drinking habits, and the post-secondary environment aggravates problematic habits. In fact, students in university or college are more likely to abuse alcohol than their peers who did not enter university or college. Eighty percent of university and college students reported they drink and almost half reported binge drinking within the past 2 weeks. Each year the National Institute estimates that 1,825 college students between the ages of 18 and 24 die from alcohol related injuries, including drunk driving. Also, there are an estimated 696,000 students between the ages of 18 and 24 who are assaulted by a student under the influence of alcohol. Sexual abuse is another important hazard of college drinking, as 97,000 students between the age of 18 and 24 are victims of date rape or sexual assault related to alcohol use. Grieving the sudden death of classmates, and reeling from the psychological trauma that accompanies assault and sexual abuse of both victims and perpetrators has direct implications for the needs of mental health resources on university and college campuses. Additionally, students under the influence of alcohol are also more likely to have unprotected sex, and 100,000 students between the ages of 18 and 24 report each year that they were too drunk to remember if they consented to having sex. Over 25 percent of American students report suffering academically due to drinking, and as was discussed earlier, academic failure has adverse effects on mental health and wellbeing (Watkins et al., 2001). Sadly, Watkins et al report that 19 percent of students met the criteria for alcohol abuse and dependence, but only 5 percent a year were treated. Alcohol abuse hurts not only those who participate in heavy drinking, but the entire student community, and negatively effects their mental health.

Often, alcohol overuse and risky sexual behaviours are linked. Risky sexual behaviour and casual sex are also correlated with low self-esteem, guilt, and depression, especially among women (Paul, et al, 2000). Casual sex has increasingly become a relatively common occurrence, with 70-85 percent of adolescents between the age of 12 and 21 reported to have engaged in sexual intercourse outside a romantic relationship in

the previous year (Grello et al, 2003). Feldman, Turner & Araujo, (1999) found that surveys suggest 70 percent of college students reported engaging in sexual intercourse with partners they did not consider romantic partners. Depressive symptoms are strongly linked with both casual sex and risky sexual behaviours. In fact, some researchers have found that these sexual acts create a circular pattern: students cope with stress, depression, and anxiety by engaging in sexual intercourse, which in the end only exacerbates the stress, anxiety, and depression, while potentially placing the student at risk for sexually transmitted infection or disease (Grello, et al., 2003).

There have been a number of initiatives put in place in university and colleges across North America to encourage a healthy lifestyle of students. As students neglect healthy eating and exercise, and increase alcohol use and risky sexual behaviours, they put their mental health at serious risk. More research needs to be done on the effects of drinking-related assault and the psychological impact of the victims, as well as the psychological effects of casual sex for both men and women. Addressing students' lifestyles is one of the main ways that professionals in higher education can encourage students to proactively address their own mental health needs. By doing so, staff and students can work toward a future in which the mental health issues do not impose such a strain on students in higher education.

Conclusion

The mental health crisis is severely impacting students enrolled in higher education across North America. Determining the factors that influence the mental health crisis is complex; however, current research demonstrates that some of the important contributors to the strain on mental health programming include academic pressure, financial burden, increased accessibility, the female to male ratio, advances in technology, and lifestyle choices. It is also important to recognize the current initiatives in higher education designed to improve the mental health of the students, including increased academic assistance, transitional years for students from minority populations, tuition grants, technology seminars, and educational programming designed to encourage healthy living and decreasing the stigma surrounding mental illness. But more can and must be done. Research demonstrates the urgent need for increased funding for mental health programming, including staff, campus space, and educational programming. This funding should enable both proactive and reactive services to be provided for students. The mental health crisis affecting millions of students in North America must be given a priority in higher education funding in order to ensure the safety and wellbeing of those who enroll each year.

References

American College Health Association. (2005). American college health association national college health assessment (ACHA-NCHA) spring 2005 reference group data report (abridged). *Journal of American College Health*, 55(1), 5–16.

Babyak, M., Blumenthal, J.A., Herman, S., Khatri, P., Doraiswamy, M., Moore, K., Krishnan, K.R. (2000). Exercise treatment for major depression: Maintenance of therapeutic benefit at 10 months. *Psychosomatic Medicine*, 62(5), 633–638.

Blanco C, Okuda M, Wright C, et al. (2008) Mental health of college students and their non college-attending peers: Results from the national epidemiologic study on alcohol and related conditions. *Archives of General Psychiatry*, 65(12), 1429–1437.

Blume, A., Lovato L., Tyken, B., Denny, N. (2012). The relationship of microaggressions with alcohol use and anxiety among ethnic minority college students in a historically White institution. *Cultural Diversity and Ethnic Minority Psychology*, 18(1), 45-54.

Biddle, L., Gunnell, D., Sharp, D., & Donovan, J. L. (2004). Factors influencing help seeking in mentally distressed young adults: A cross-sectional survey. *British Journal of General Practice*, 54, 248 –253.

Chak, K, & Leung, L. (2004). Shyness and locus of control as predictors of Internet addiction and Internet use. *CyberPsychology and Behavior*, 7(1), 559–570.

Cheng, A, Iwamoto, D., & Lee, C. (2012). Heavy drinking, poor mental health, and substance abuse among Asian Americans in the NLAAS: A gender-based comparison. *Asian American Journal of Psychology*, 3(3), 160-167.

Cook, L. J. (2007). Striving to help college students with mental health issues. *Journal of Psychosocial Nursing and Mental Health Services*, 45(4), 40–44.

Cooper, A. (1998). Sexuality and the Internet: Surfing into the new millennium. *Cyber Psychology and Behavior*, 1(2), 187–193.

Courtenay, W. H. (2000). Behavioral factors associated with disease, injury, and death among men: Evidence and implications for prevention. *Journal of Men's Studies*, 9, 81–142.

Craft, L., & Landers, D. (1998). The effect of exercise on clinical depression resulting from mental illness. *Journal of Sport and Exercise Psychology*, 20(4): 339-342.

Davies, J. A., Isacco, A., & Shen-Miller, D. S. (2010). The men's center approach to addressing the health crisis of college men. *Professional Psychology: Research and Practice*, 41(4): 347-354.

Driskel, J. Meckna, B., & Scales, N. (2005). Differences exist in the eating habits of university men and women at fast food restaurants. *Nutrition Research*, 26(10), 524-530.

Etter, L. (2010) American teens trail global peers in math scores. *The Wall Street Journal*, 6 retrieved December, 15, 2012 from <http://online.wsj.com/article/SB10000142405273205139503429083.htm>

Feldman, S. S., Turner, R. A., & Araujo, K. (1999). Interpersonal context as an influence on sexual timetables of youths: Gender and ethnic effects. *Journal of Research on Adolescence*, 9, 25-52.

Furr, R. S., Westefeld, S. J., McConnell, N. G., & Jenkins, M. J. (2001). Suicide and depression among college students: A decade later. *Professional Psychology: Research and Practice*, 32, 97-100.

Gallagher R (2008) National Survey of Counseling Center Directors 2008.

Grello, C. M., Welsh, D. P, Harper, M. S., & Dickson, J. W. (2003). Dating and sexual relationship trajectories and adolescent functioning. *Adolescent and Family Health*, 3, 103-11.

Guo, Y., Wang, S., Johnson, V., & Diaz, M. (2011). College student stress under current economic downturn. *College Student Journal*, 45(3), 536-543.

Heiligenstein, E., & Guenther, G. (1996). Depression and academic impairment in college students. *Journal of American College Health*, 45, 1-9.

Howe, N., & Strauss, W. (2000). *Millennials rising: The next great generation*. (pp. 24-28). Toronto, Canada: Random House Inc.

Jackson, R., Berry, T., Kennedy, M. (2009). The relationship between lifestyle and campus eating behaviours in male and female university students. *College Student Journal*, 43(3), 860-871.

Jenero, C., Flores, N., Gomez-Vela, M., Gonzalez-Gil, F., & Cabello, C. (2007). Problematic internet and cell-phone use: Pathological, behavioural, and health correlates. *Addiction Research and Theory*, 15(3), 309-320.

Jolly P. 2005. Medical school tuition and young physicians' indebtedness. *Health Affairs*, 24(2), 527-535.

Jones, S. (2002). The internet goes to college. Washington, D.C.: Pew Internet & American Life Project. Retrieved December 12, 2012. <http://www.pewinternet.org/Report/2002/TheInternet-Goes-to-College.aspx>.

Kadison, R. D., & DeGeronimo, T. F. (2004). *College of the overwhelmed: The campus mental health crisis and what to do about it* (pp. 58-60). San Francisco, CA: Jossey-Bass.

Kamibepu, K, & Sugiura, H. 2005. Impact of the mobile phone on junior high school students' friendships in the Tokyo metropolitan area. *CyberPsychology and Behavior*, 8(2), 121-130.

Kessler, R. A. (2003, March). Epidemiology of women and depression. *Journal of Affective Disorders*, 74(1), 5-13.

Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorder on the national co-morbidity survey replications. *Archives of General Psychiatry*, 62, 593-602.

Kirby, D. (2007). Reviewing Canadian post-secondary education: Post-secondary education policy in post-industrial Canada. *Canadian Journal of Education Administration and Policy*, 65.1-5.

Levine, M. E., Lillis, J., & Steven, H. C. (2012). When is online pornography viewing problematic among college males? Examining the moderating role of experiential avoidance. *Sexual Addiction and Compulsivity. The Journal of Treatment and Prevention*, 19(3), 168-180.

Luong, M. (2010, January). The financial impact of student loans. *Perspectives of Labour and Income*, 11(1): 5-18.

National Center for Education Statistics. (2005). Youth indicators, 2005. Trends in the well-being of America's youth. Washington, DC.

National Institute on Alcohol Abuse and Alcoholism (2012, April) College Drinking. Retrieved December 17, 2012.

Malatest & Associates (2007). The class of 2003: High school follow-up survey. Montreal: Canada Millennium Scholarship Foundation.

Mailey, E., Wojcicki, R., Motl, R., Hu, L., Stauser, D., Collins, K., McAuley, E., (2010). Internet-delivered physical activity intervention for college students with mental health disorders: A randomized pilot trial. *Kinesiology and Community Health*, 2(1), 23-27.

Merani, S., Abdulla S., Kwong, J., Rosella, L., Streiner, D., Johnson, I., & Dhalla, I. (2010, June). Increasing tuition fees in a country with two different models of medical education. *Medical Education*, 44(6), 577-586.

Miller, D. S., & Slocombe, T. E. (2012, March). Preparing students for the new reality. *College Student Journal*, 18(25), 1-46.

Morra, D. J., Regehr, G., & Ginsburg, S. Anticipated debt and financial stress in medical students. *Medical Teacher*, 30, 313-320.

O'Reilly, S., Knox, D., & Zusman, M. E. (2007, June). College student attitudes toward pornography use. *College Student Journal*, 41(1), 206-402.

Organization for Economic Co-operation and Development (2009). Education at a glance. Paris: OECD.

Paul, E. L., McManus, B., & Hayes, A. (2000). "Hookups": Characteristics and correlates of college students' spontaneous and anonymous sexual experiences. *The Journal of Sexual Research*, 37, 76-88.

Perry, M., Accordino, M. P., & Robert, H. L. (2007, October). An investigation of internet use, sexual and nonsexual sensation seeking, and sexual compulsivity among college students. *Sexual Addiction and Compulsivity*, 14(4), 321-335.

Price, E. L., McLeod, P. J., Gleich, S. S., & Hand, D. (2006). One-year prevalence rates of major depressive disorder in first-year university students. *Canadian Journal of Counselling*, 40, 68– 81.

Ross, S., Cleland J., Macleod J., (2006). Stress, debt and undergraduate medical school performance. *Medical Education* 40(6), 584-589.

Reavley, N., Cvetkovski, S., & Jorm, A. (2011, December). Sources for information about mental health and links to help seeking: Findings from 2007 Australian national survey of mental health and wellbeing. *Social Psychiatry & Psychiatric Epidemiology*, 46(12), 1267-1274.

Schwartz, S. and R. Finnie. (2002). Student loans in Canada: An analysis of borrowing and repayment. *Economics of Education Review*. 21, 497-512.

Statistics Canada. Leading causes of death at different ages, Canada, 1998. Ottawa (ON): Minister of Industry, 2001. Catalogue 84 – 208-XPB.

Statistics Canada, Study: The financial impact of student loans, Canada, 2012. Ottawa (ON)

Thomee, S., Harenstam, A., & Hagberg, M. (2011). Mobile phone use and stress, sleep disturbances, and symptoms of depression among young adults - a prospective cohort study. *BMC Public Health*, 11(1), 66-76.

Twenge, J.M., Gentile B, DeWall CN, Ma D, Lacefield K and Schurtz DR. (2010). Birth cohort increases in psychopathology among young Americans, 1938–2007: A cross-temporal meta-analysis of the MMPI. *Clinical Psychology Review* 30(2): 145–154.

Vastag, B. (2001). Suicide prevention plan calls for physicians' help. *Journal of the American Medical Association*, 285(21), 2701–2703.

Vallido, T., Peters, K., O'Brien, L., & Jackson, D. (2009). Sleep in adolescence: A review of issues for nursing practice. *Journal of Clinical Nursing*, 18(13), 1819–1826.

Watkins, D. C., Hunt, J., & Eisenberg, D. (2011). Increased demand for mental health services on college campuses: Perspectives from administrators. *Qualitative Social Work*, 11(3), 319-337.

Waddell C., Offord R., Shepherd A. (2002). Child psychiatric epidemiology and Canadian public policy-making: the state of the science and the art of the possible. *Canadian Psychiatry*, 47(9), 825– 832.

Weissbourd, R. (2011, May). The over-pressured student. *Educational Leadership*, 68(8), 22-27.

Williams, A., & Justice, M. (2010, September). Attitudes of African American males regarding counseling in four Texas universities. *Education*, 131(1), 158-168.

Wintre, M. G., & Yaffe, M. (2000). First-year students' adjustment to university life as a function of relationships with parents. *Journal of Adolescent Research*, 15, 9-37.

Young, K.S. (1996, August). Internet addiction: The emergence of a new clinical disorder. *CyberPsychology & Behaviour*, 1(3), 237-244.

Young KS. 2004. Internet Addiction: A new clinical phenomenon and its consequences. *American Behavioral Scientist* 48(4), 402-415.

Alicia Krusselbrink Flatt is employed at Emmanuel Bible College as the Residence Director and Financial Aid Officer, and is pursuing a Master of Arts in Higher Education at the Ontario Institute for Studies in Education through the University of Toronto. She can be reached at aliciankruiss@gmail.com (<mailto:aliciankruiss@gmail.com?subject=CQ%20Article>)

◀ **Contents** (index.html)

The views expressed by the authors are those of the authors and do not necessarily reflect those of The College Quarterly or of Seneca College.

Copyright © 2013 - The College Quarterly, Seneca College of Applied Arts and Technology