

# Mental Health among Undergraduate University Students: A Background Paper for Administrators, Educators and Healthcare Providers

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**Abstract** University students worldwide are at risk for mental health disorders because of the range of stressors they experience. The aim of this background paper is to convey salient evidence about this issue to university administrators, educators, and healthcare providers, and to offer a few illustrative examples of interventions they might consider to address it. It is hoped this paper will evoke outcomes such as increased awareness of this issue and creation of a supportive academic environment on the part of the three groups mentioned above. Content in this background paper includes some facts about prevalence, risk factors, and consequences of mental health issues among university students, as well as the reasons expressed by these students for not seeking help. It is expected that these data will provide insights for administrators, educators, and healthcare providers in academic institutions for both preventing mental illness and promoting mental health among their students by developing collaborative, multidimensional, and culturally sensitive preventive mental health programs, which in turn will facilitate the development of a more supportive academic context, and enhanced psychosocial well-being and productivity among the university student population.

**Keywords** Mental Health Promotion, University Students, Implications for Educators, Administrators, and Healthcare Providers

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## 1. Introduction

Mental health disorders form up to 15% of all recognized diseases worldwide [1]. According to the World Health Organization [WHO] [2], over 450 million people live with a mental disorder. The WHO indicates that poor mental health is associated with certain determinants such as: “rapid social change, stressful work conditions, gender discrimination,

social exclusion, unhealthy lifestyle, risks of violence and physical ill-health, and human rights violations” [2, para. 5]. Because the transition from being a high school student to being a university student is a stressful or very challenging; university students worldwide are at risk for mental health disorders [3]. MacKean [4] and Gallagher [5] showed that compared to the general population, university students on average have increased mental health problems such as: depression, anxiety, suicidal thoughts, psychosis, addictions, risk for suicide, use of psychiatric medications, and other chronic psychiatric disorders. Studies have indicated that the prevalence is particularly high among female students in the first year of their program compared to their male counterparts [6, 7].

According to Storrie, Ahern, and Tuckett [8], “given the global prevalence and burden of mental illness, it is likely there would be a significant number of students with emotional problems enrolled in university both with a formal diagnosis and also with no formal diagnosis but with disabling symptoms” (p. 2). The aim of this background paper is to convey a concise yet precise clear message to university administrators, educators, and healthcare providers about issues related to mental health disorders among university students. It is hoped this paper will evoke outcomes such as increased awareness of this issue and creation of a supportive academic environment on the part of the three groups mentioned above. Because this is a background paper, the provision of evidence based protocols or models to manage mental health issues among university students is beyond the scope of this paper.

The following sections will afford insights for the previously mentioned stakeholders most involved with university students about topics pertaining to: (1) the influence of the transition experience to university student status; (2) the most prevalent mental disorder among university students; (3) factors leading to mental health disorders among university students; and (4) the role of academic institutions in preventing and treating mental

health disorders among university students, and (5) conclusion.

### **(1) The Influence of the Transition Experience to University Student Status**

Although university students share similarities with individuals in the general population, MacKean [4] found them to be more at risk for negative mental health outcomes because they are exposed to two sources of *transitional stressors*: stress related to the transition from high school to university student status, and stress related to the transition from adolescence to adulthood. Support for that assumption has been expressed by Kessler et al. [9], who maintain that it is during this developmental phase that university students are most at risk for the development of mental illness. Moreover, there is evidence that there are factors present within academic institutions that are negatively influencing the mental wellbeing of university students. For example, an increase in stressful events such as not passing an exam, or financial worries related to student loans, or finding a part-time job to help cover the costs of books or other course materials, and for first year students, moving into unknown environments may result in the development of psychiatric symptoms [3,10,11,12]. Verger et al. [13] found that the first-year students are more vulnerable to increased levels of stress because they often have ineffective coping abilities and lack of autonomy when compared to students in subsequent years of study. The stress and anxiety experienced by first-year students also appears to be influenced by the isolative nature of the university environment now that students have moved away from family and friends, and thus now have to self-sufficient and function independently [13]. In other words, they may demonstrate an inability to adapt appropriately to the stress and anxieties related to school demands and expectations, and eventually develop mental health problems [14].

Many university students who are experiencing stress use ineffective coping mechanisms to deal with their stressors. According to Burris et al. [15], a considerable number of university students use addictive behaviors to cope with stressors related to the academic environment. Support for this assumption has been provided by Hughes [16] who found alcohol consumption was the highest during the initial part of the first semesters, and late into the second semesters. In addition, tobacco use has been identified as another way that students cope with salient stressors within their social and academic environment [17,18]. Hamdan-Mansour and Marmash [19] found that tobacco use among university students was related to boredom, little interest in life, and an inability to develop positive behaviors. Outcomes of this substance use were an increased number of suicidal thoughts and behaviors among university students, culminating in an increase in depressive symptoms and increased feelings of anger and fatigue [11, 20].

The time span allotted for sleeping is often very limited

among first year university students, which in turn can negatively influence their mental health status and psychological well-being. Lund, Reider, Whiting, and Prichard [11] showed that the increasing levels of stress can lead to changes in sleep patterns among this population. In contrast to students enrolled in second, third and fourth year of the program, the authors found that the first year students were losing over two hours of sleep a night during weekends. Lund et al. [6] concluded that this lack of sleep led to increasing amounts of alcohol consumption within the student population. Furthermore, these students often used alcohol, along with stimulants and other non-prescription drugs to help improve fractured sleep patterns and fight feelings of fatigue in order to perform academically. Chronic poor quality and quantity of sleep led to the development of mental health issues problems, including increased agitation, depressive symptoms, feelings of fatigue, as well as negatively affecting their ability to function academically and socially [11]. According to Field et al. [6], their limited time spent sleeping was listed as the single “most significant predictor” (p. 199) for depression among university students.

### **(2) The most Prevalent Mental Disorders among University Students: Depression, Anxiety, and Stress**

#### ***Depression***

Depression is the most commonly diagnosed mental illness among university students within several countries, including Spain, England, Australia and the United States [6]. The prevalence of depression among first year female students in Canada and United States was double that of their male counterparts: 14% and 7% respectively [6,7].

However, Vaez and Laflamme [21] found that female university students accessed health services in higher proportions when compared to male students. The authors concluded: “of those who had sought care, the proportion of females was significantly higher than that of males (64.8% compared with 35.2%)” (p. 74). The authors also found that male students often denied, or failed to verbalize whether they had accessed mental health services during their university program. Their results were supported by a study conducted by Burris et al. [15] who found that female students had perceived poorer mental health status compared to male students, and were at a greater risk for depression during university.

In their literature review, Miller and Chung [22] found that 43.2% of university students had such severe depressive symptoms that functioning within the academic setting was a challenge. They put it this way: ...”more than 3,200 university students reported being diagnosed as having depression, with 39.2% of those students diagnosed in the past 12 months, 24.2% currently in therapy for depression, and 35.8% taking antidepressant medication” (p. 1257).

According to Field et al. [6], as many as 86% of universities surveyed within the United States identified

increasing rates of depression within academic institutions. They found that depressive symptoms led to poorer academic performances among affected students and increased their vulnerability for experiencing additional mental health problems, including “anxiety, intrusive thoughts, controlling intrusive thoughts and sleep disturbances” (p. 194).

### **Anxiety**

According to the *Anxiety and Depression Association of America* [23], anxiety disorder is widely prevalent and one of the most common types of mental health problems among college students. They indicated that 75% of 40 million Americans diagnosed with anxiety reported they experience their first episode of anxiety at age 22. The prevalence of depression and anxiety was 15.6% among undergraduates and 13% among graduate students [24]. The authors found that panic disorder and generalized anxiety disorder were less prevalent among undergraduates and graduate students: 4.2% and 3.8% respectively. The rate of Anxiety disorders among females was double that of male students.

Ibrahim, Al-Kharboush, El-Khatib, Al-Habib, and Asali [25] conducted a study to determine the prevalence and predictors of anxiety and depression among female medical students in King Abdulaziz University, Jeddah, Saudi Arabia. Their findings indicated that the prevalence of anxiety was 34.9%. The major causes of the anxiety were found to be associated with the condensed academic courses, academic failures and emotional factors during the 6 months preceding the study. The major conclusion of these studies was that anxiety can lead to suicidal ideation, substance abuse, physical illness, risky sexual behavior, and it has a negative impact on the cognitive and learning abilities among university students [23, 25].

### **Stress**

Although stress is not classified or identified as a mental disease, it is considered one of the most risk factors that leads or associate with mental illness [26]. Stress occurs “when an individual perceives that environmental demands tax or exceed his or her adaptive capacity” [27, p. 1685]. Stress is considered as one of the most prevalent risk factor for mental illness among university students because they have to deal with a vast range of different academic, social, and personal challenges [28-30]. According to the American College Health Association [31], although 36% of national American university students are overwhelmed, 36% of all students are mentally exhausted. A Saudi study conducted by Sani et al. [32] to investigate the prevalence of stress among medical students in Jizan University in Saudi Arabia revealed the “prevalence of stress among medical students was 71.9%, with females being more stressed (77%) than the males (64%). The major factors associated with perceived stress among students were “long hours of study, examinations and very tight time schedules, psychological and family issues, lack of entertainment in the campus; and the education system itself” (p. 19). In conclusion, continuing stressors

have negative influence on both physical and mental health, which exhausts individuals’ energy and may lead to less functional productivity [29]. According to Waghachavare et al. [30], integrating stress management skills into university curricula will be helpful in reducing the prevalence of this problem and other mental health disorders related to stress.

### **(3) Factors Leading to Mental Health Disorders among University Students**

Flatt [33] has provided an in-depth discussion of six factors identified in the literature that allegedly lead to mental health disorders among university students. *Academic pressure* was the first factor, which elevates the stress level and leads to mental health problems (e.g., stress, anxiety and depression) because students fail to cope effectively with academic mis-achievement at university, and because of the difficulty to achieve the high grades they desire. *Financial burden* was the second factor which Flatt identified as leading to depression, anxiety, stress, and psychosis, as well as to academic failure among university students. This factor was the result of increased tuition fees, decreased governmental financial support, increased students loans with high interest rates and related causes.

Two additional factors were found to trigger mental health issues. The third factor was *limited accessibility to higher education for many minority group students from different cultural, social, and economic backgrounds*. As previously mentioned female students have a higher risk for mental health disorders than male students. Because the ratio of female students is higher than that of male students, this *imbalance between the two genders* constitutes the fourth factor.

Technology (e.g., internet and cellphone) is a double edged weapon. *The negative or harmful effect of the overuse of technology* is the fifth factor that has been found to create mental health issues among university students. According to Flatt [33], “the harmful effects of technology overuse include internet addiction or problematic internet use, mobile phone use, and overuse of internet pornography [lead to] depression, anxiety, social isolation, shyness, low self-esteem, and lack of social and emotional skills” (para. 28-29).

The final factor was *the change in life style of students*, which leads to mental health problems such as depression, anxiety, and panic disorders, as well as, physical health problems such as gaining body weight. Life style change includes eating unhealthy or poor diet, decreasing physical exercises, and neglecting managing stress and depression using effective coping mechanisms. Because this factor is a very significant one, a detailed discussion about it has been afforded at the beginning of this paper.

In summary, the above mentioned six factors shed the light on most risk factors that make university students vulnerable to mental health disorders where administrators, educators, and healthcare providers at universities have to take these factors in consideration to prevent and treat mental health problems among students. Most of previous studied

recommended different strategies to enhancing mental health services on campuses to help students manage their mental health disorders. Therefore, the next section will discuss the role of academic institutions including administrators, educators, and healthcare providers in preventing and treating mental health disorders among university students.

## 2. The Role of Academic Institutions in Preventing and Treating Mental Health Disorders among University Students

It is evident that universities must support students in obtaining available resources to transition into university life. Universities must also provide needed help and tools to assist students in coping with stressors that are contributing to ongoing mental health problems within the academic environment. Hartley [34] outlines specific interventions that can help to decrease student dropout rates relating to ineffective coping mechanisms or poor mental health, and ways for universities to promote mental wellbeing. These include counseling supports, academic supports, and academic accommodations [34].

Academic supports for students living with mental illness are shown to improve resilience for students, develop academic skills, and improve socialization capacities [34]. Accommodations for students with mental health concerns, helps to ensure supports are in place to develop better academic outcomes [34]. Salzer [35] proposes that universities move towards identifying student strengths and ensuring students are better able to capitalize on individual capabilities. The author discusses the importance of psychiatric rehabilitation to help identify both strengths and potential barriers for students, as well as ways to maximize functioning for students within academic institutions [35]. Educational programs designed to support students living with mental illness can help to identify concerns in the early stages of illness and assist students with potentially harmful behaviors, including suicide [35, 30].

Yorgason, Linville, and Zitzman [36] found 36% of students were not utilizing counseling services by health care providers because “they did not believe that services could help” (p. 179). Counseling has been found to improve resilience for students and provide emotional and psychological supports during times of mental distress [34]. Hartley mentioned that students able to utilize university counseling services remained in university at higher rates in comparison to students who were unable to utilize services [34, p. 305].

Appropriate mental health training of staff counselors must be made a priority by administrators within universities; research demonstrates that counselors often struggle with the ability to deal effectively when students presenting with mental health concerns [37]. According to Watkins et al. [37], “staff felt overwhelmed and ill prepared to handle the

complex mental health concerns of their students and the related demand of their services” (p. 332). Properly trained counselors in mental health have the capacity to empathize with students living with mental illnesses and are better able to ensure students have the necessary tools to help with stress and improve academic performance [34].

Although mental illness is a serious health disorder similar to other acute and chronic physical health disorders, many of people with mental health problems reluctant to seek the appropriate help because of stigma. Academic institutions have to take stigma in consideration as one of the most barriers that hinders students from seeking help related to their mental health problems. Studies have shown that there are stigma and discrimination related to mental illness and for people who seek treatment for a mental disorder [1]. Stigma is “the situation of the individual who is disqualified from full social acceptance” (Goffman, 1963, p. 9 as cited in [38], p.18 ). To avoid the public stigma, people with mental illness try to not be discriminated or treated based on stereotypes of mental health; therefore, they avoid negative label “label avoidance” related to mental health problems by choosing not seek help for their mental health illnesses and keep their illness as confidential to keep their identity contact in the eye of society [38]. Self-stigma also is a significant barrier to not seeking treatment to mental health disorders. Self-stigma can be occurred when the individual with mental illness perceive him/herself as socially unacceptable person [39]. This negative perception/self-label leads to lower self-concept; self-esteem; and self-efficacy; therefore, those individuals do not seek help to protect their internal self-esteem [39]. Storrie et al. [8] recommend universities and colleges ensure counseling programs for students are free from stigmatizing-type behaviors. Students at risk for being stigmatized require supports that develop interventions to promote diversity and integrate cultural needs into the university environment [40, 30]. Administrators must work alongside students and faculty members to address how to decrease stigma and gauge a better understanding of what is leading to the mistreatment and discrimination of students. However, raising awareness regarding mental illness to eradicate stigmatization has to begin at a very early age, because stigmatization also begins at a very early age, primarily through what young children see on television related to mental illness [1]. By educating adolescents and children at schools and homes about mental illness and disorders, the general population can gain a more positive attitude and de-stigmatize mental illness [1].

## 3. Conclusions

This paper afforded background and some facts about prevalence, risk factors, and consequences of mental health among university students, as well as barriers to seek mental health help. These facts that have several implications can be taken in consideration by administrators,

educators, and healthcare providers in academic institutions to prevent mental illness or promote mental health among their students. There is no doubt that mental illness among university student ends with negative consequences on individual, family, and community. For example, undiagnosed or untreated mentally ill students are at high risk to harming themselves or others, dropping their educational programs, raising unemployment rate, leading to extra burden on the families and society, and to creating endless of psychosocial problems related to the nature of their mental illness. Thus, administrators, educators, and healthcare providers can play a significant role in developing collaborative, multidimensional, and culturally sensitive preventive mental health programs to create a supportive academic context that promotes students' psychosocial wellbeing, improves their productivity, enhances their success, saves their souls and money, and protects families and communities.

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