

Significant increase in mental health conditions among US students

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University students in the US are showing increasingly higher rates of diagnosis for a range of mental health conditions, potentially putting their academic success at risk, suggests new research published in the *Journal of American College Health*.

Using a national American College Health Association dataset consisting of over 450,000 undergraduate students, researchers investigated whether mental [health](#) diagnoses and treatment among [university students](#) changed between the years 2009 and 2015.

The researchers found a significant increase in the diagnosis and treatment for eight of the 12 [mental health conditions](#) examined, with the biggest increases in anxiety, depression, and panic attacks.

Treatment and diagnoses of anxiety increased by 5.6% over the study period, closely followed by depression (3.2%) and panic attacks (2.8%). Anxiety is now the most common mental health concern among university students in the US, affecting almost 15% of students nationally.

Speculating on the reasons behind this upsurge in [mental health treatment](#) and service usage, the study's authors suggest a combination of deteriorating mental health and increased willingness to seek help, driven by reduced stigma surrounding mental health and greater awareness of college services among students.

As lead author Dr. Sara Oswalt, from the University of Texas at San Antonio, explained: "We don't know that the college environment is causing or even contributing to the increase in these conditions, but campuses are going to have to address it. Higher education institutions want students to be successful in college, but if [mental health issues](#) aren't adequately addressed, it will make [student](#) success more difficult to achieve."

As the study also revealed, students are becoming more willing to use university-based mental health services. By 2015, almost one-fifth of survey respondents reported using their university's [mental health services](#), an increase of more than 4% over the seven-year study period.

And almost three-quarters of students would consider using these services in the future, an increase of over 6.5%.

Dr. Oswalt warned that, while there is more that universities can do to safeguard the wellbeing of students, they must do so in a way that is manageable, using alternative resources if they cannot cope with demand themselves.

"Universities should first examine the overall culture surrounding mental health on their campus. If the overall culture is not one that promotes health, that will need to be considered before step two, which is providing support for prevention in a variety of areas. This may include sleep instruction, stress reduction, and exercise. Step three needs to be adequately staffing counselling and health centers so those in need of services can be seen. If institutions don't have counselling services, then partnering or identifying community resources is critical to supporting their students.

"Each institution will need to develop strategies that work for their culture and location, and solution-focussed conversations need to happen with the highest levels of administration to adequately implement and support these strategies."

With 75% of all serious adult psychiatric illnesses starting by the age of 25, universities have a key role to play in addressing mental health concerns at an early stage. It is hoped that this research will encourage universities to ensure they are doing enough to address their students' wellbeing.

As the universities included in the study were self-selected, and participants self-reported their mental health diagnosis and treatment, the authors urged caution with interpreting their findings. Further research should consider whether students' [mental health](#) is actually

deteriorating, or whether increased service usage is the result of improved health-seeking behavior and reduced stigma.

More information: *Journal of American College Health* (2018). [DOI: 10.1080/07448481.2018.1515748](https://doi.org/10.1080/07448481.2018.1515748)

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