**Mental illness rises on campus: studies**

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*Most college students who obtained counselling in the study had been diagnosed with mood and anxiety disorders.* *(iStock)*

Severe mental illness is becoming more common on college and university campuses, research suggests.

The percentage of students with moderate to severe depression who sought counselling at U.S. campuses increased seven per cent from 1998 to 2009, John Guthman, director of student counselling services at Hofstra University in Hempstead, N.Y., said Thursday.

"University and college counselling services around the country are reporting that the needs of students seeking services are escalating toward more severe psychological problems," said Guthman at the American Psychological Association's annual meeting in San Diego.

"While the condition of students seeking counselling doesn't necessarily reflect the experience of the average college student, our findings may suggest that students with severe emotional stress are getting better education, outreach and support during childhood that makes them more likely to attend college than in the past."

For the study, Guthman and his co-authors looked at the records of 3,256 college students who accessed college counselling support between September 1997 and August 2009 at the mid-sized private university.

Students were screened for mental disorders, suicidal thoughts and self-injurious behaviour used clinical evaluations, interviews and two widely used tests of mood.

Most students had been diagnosed with mood and anxiety disorders.

According to a 2009 study by the American College Health Association that included six universities in Ontario:

* 51 to 60 per cent of campus respondents in the province reported feeling hopeless.
* 33 to 43 per cent reported feeling so depressed they were unable to function.
* six to nine per cent considered suicide in the 12 months before the survey.

Those seeking help are often socially isolated, depressed and on medication, the researchers said.

Overall, the team found the level of depression and anxiety stayed relatively mild over the decade.

But in 1998, 11 per cent of participants reported using psychiatric medications, mostly for depression, anxiety and ADHD. In 2009, 24 per cent of those in counselling said they took such drugs.

The number of students who acknowledged that they had thought about suicide within two weeks of counselling intake declined from 26 per cent in 1998 to 11 per cent in 2009.

The decrease may reflect improvements in suicide prevention education, outreach and better awareness that help is available, Guthman said.

**Canadian campus trend**

Counsellors at some Canadian universities have noticed a similar trend.

Psychology professor Sharon Cairns of the University of Calgary just completed a five-year study of counselling services at that campus. Not only are more students getting help, but the problems they have are more serious, Cairns said.

"The number of students presenting with severe mental illness — so, that would be the psychotic disorders, schizophrenia, bipolar disorder — has tripled."

At times, the university's counselling services can't handle the demand.

To keep up with demand, Calgary's Ambrose University doubled the number of counsellors on staff in the last year, said Wally Rude, a registered psychologist who runs the service.

Marc Lamoureux, a third-year engineering student, said he became depressed during the dark winter months and reached out to counsellors at the University of Calgary.

"The motivation to get me in there to talk to someone is that my grades were starting to drop, and my ability to deal with stress was diminishing," Lamoureux recalled.

The Mental Health Commission of Canada said university counselling services are seriously under-resourced across the country. Part of the problem is most mental illnesses begin during the late teens, just as students are entering college, experts say.

[**Big brains, big danger**](http://oncampus.macleans.ca/education/2011/11/03/big-brains-big-danger/)

By [Macleans.ca](http://oncampus.macleans.ca/education/author/macleansca/) | November 3rd, 2011 | 2:53 pm

**Universities are "perfect incubators" for mental illness**

Photo by Randy Faris/Corbis

*From the 21st Maclean’s University Rankings—on newsstands now. Story by Shanda Deziel.*

Jonathan P. describes his second year at the University of British Columbia as “very, very rough.” He had five intensive reading and writing courses in international relations, plus volunteering commitments. But as an overachiever, he felt “on top of his game.” When he fell behind at week five, the Quebec City native decided he needed to work harder. “The obvious solution, to me,” says Jonathan, 21 at the time, “was to spend less time with friends, less time doing fun stuff, and study, study, study.” By week 10, as assignments piled up, he was sleeping three hours a night. “I woke up one morning,” he says, “and I just didn’t have any taste for my studies and every day looked like it would pretty much never end.” He would call home crying. When he told his stepmom he wasn’t eating, she urged him to go to a doctor, who prescribed sleeping pills that got him through the semester. “When I was home for Christmas,” he says, “just the thought of going back to UBC, I was like, ‘Hell, no. This is not happening.’ ”

Jonathan, who does not want to use his last name, now blogs about mental health and awareness on a university website called Healthy Minds (blogs.ubc.ca/healthyminds), which was set up to reduce the stigma of mental illness, help students succeed in their studies, and signal “a culture shift at UBC that favours personal wellness.”

Mental health professionals on campuses agree anxiety, depression and other mental illnesses are on the rise. A 2010 survey of 30,000 students in the U.S. and Canada showed 84 per cent of respondents from universities and colleges (including UBC and Simon Fraser) felt “overwhelmed,” six per cent had considered suicide and one per cent had made an attempt. Robert Francks, clinical director of McGill Mental Health Services, says universities are “perfect incubators” for mental illness “as students are away from families, and may face financial worries, drug abuse and relationship problems.” Then there is the “enormous expectations about grades.” These are triggers for depression, bipolar disease, eating disorders, schizophrenia and other mental illnesses, all of which normally surface between the ages of 15 to 24.

For Jack Windeler, an 18-year-old first-year Queen’s University student from Toronto, the difficult transition to university ended in suicide in 2010, one of three confirmed suicides at the school in the last two school years.

Jack’s studies began slipping in October 2009. “He told us he was a little bit behind but was catching up,” says his father, Eric Windeler. “We were having very healthy, normal conversations about how it was going and we were getting standard answers back.”

There were signs, but the cues were missed. When he stopped handing in assignments, the teaching assistant thought he was dropping the class. Now residence dons and other Queen’s staff take mental health first aid, which involves two days of training.

Windeler started the Jack Project at Kids Help Phone, which runs a website that helps teenagers recognize mental health problems and encourages them to intervene.

Jonathan stayed home after Christmas, went into therapy, and developed what he calls a “radical self-care plan.” When he returned to UBC the next September, he followed these rules: “I would not do work past 10 p.m.,” says the student, now in fourth year. “I would go to yoga four times a week. I’d play ultimate Frisbee with my friends. And I’d take one day a week off school work entirely.” He assumed his grades would drop, but was surprised to discover that wasn’t true. “I don’t mean to brag,” he says, “but my average went up a full 10 per cent.”

**SIGNS OF CONCERN**

One in four people between the ages of 15 and 24 will suffer a mental health problem. Here are some signs, according to the Jack Project video (thejackproject.org):

Feelings of hopelessness, worthlessness, depressed mood, poor self-esteem or guilt

Withdrawal from friends, family and activities that used to be fun

Changes in eating or sleeping patterns, feeling tired or exhausted all the time

Trouble concentrating, struggling in school, rapid grade drop

Restless, irritable, agitated or anxious movements or behaviour

Heightened emotions or regular crying

Neglect of personal care

Reckless or impulsive behaviour

Persistent physical symptoms—chronic headaches or other chronic pain

Thoughts or talking about death or suicide