



Mental Health and Advising on the College Campus

Krista L. Nelson

Department of Psychology, Southern Arkansas University, MSC 9293, Building/Office: Peace (PCE), Slot Number: #51, Magnolia, USA

Article Details

Article Type: Review Article

Received date: 15th February, 2019

Accepted date: 03rd April, 2019

Published date: 08th April, 2019

***Corresponding Author:** Krista L. Nelson, Department of Psychology, Southern Arkansas University, MSC 9293, Building/Office: Peace (PCE), Slot Number: #51, Magnolia, USA. E-mail: KristaNelson@saumag.edu

Citation: Nelson, K. L. (2019). Mental Health and Advising on the College Campus. *J Ment Health Soc Behav* 1(1): 101. <https://doi.org/10.33790/jmhsb1100101>

Copyright: ©2019, This is an open-access article distributed under the terms of the [Creative Commons Attribution License 4.0](https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

Students having mental health concerns are a significant reality for the university campus. Advisers are likely to see a growing trend of increasingly severe mental health problems while advising students. Warning signs of abnormal behaviors are usually evident. The mental health disorders of depression and anxiety are highly recognized as occurring on college campuses, but advisers see many other disorders regularly in our student advisees. Learning what constitutes abnormal behavior will assist student advisees. This article is a means to educate advisers about the identification of abnormal behaviors and assist in their planning for advising students with mental health problems.

Let me begin by stating that I am currently a faculty adviser at a small university in the south. However, my professional education is in Counseling Psychology and mental health. My training and experience in counseling psychology have provided me with the ability to recognize mental health illnesses and abnormality of behaviors.

This article will provide some basic signs to watch for and identify as symptomology of potential mental health problems. These may be evident as overt behavioral displays or reports from your advisees. As an adviser, you will have student advisees who are experiencing or displaying mental health issues. There are oftentimes situations in which an advisee will describe symptoms that they are experiencing which sound unusual, detrimental, atypical, or even frightening. Symptomology can range from relatively mild feelings of stress, exhaustion, or fatigue all the way to severe and extreme indications of suicidality or psychoticism.

A student advisee may arrive in your office for advising confused and unsure of how to gain assistance for their mental health concerns. Your role as an adviser for students is not only to help the advisee with choosing a major to study or selecting a class section. Instead, your role as an adviser may also include aiding student advisees who are in need of support, and that assistance may sometimes include mental health concerns.

Mental Health of College Students

Mental health problems are prevalent in college students. A common definition of a psychological disorder is as “a pattern of behavioral, cognitive, emotional or physical symptoms shown by

an individual” [1]. Mental health illness is actually a broad term for any disorder that affects an individual’s mood, thinking, or behavior [2]. Due to a significant number of heartbreaking events at colleges in the United States, including campus shootings and murders, there has been an increasing emphasis on identifying and recognizing the mental health needs of our university students [3].

Rates of mental health issues among college students have steadily increased in the past 10 to 15 years [4,5]. Studies in epidemiology have identified that between 12-50 percent of all college students display symptoms that meet criteria for having at least one diagnosable mental health disorder [4,6,7]. This corresponds to other research that has stated that approximately 25 percent of all university students have a diagnosable mental illness [8]. Mental illness has been identified as responsible for college dropout [6] with research identifying that mental health issues occurring prior to pre-college enrollment are impactful on academic performance [9,10]. The National Alliance on Mental Illness (2012) reports that 30 percent of all university students report having significant struggle with schoolwork because of their mental disorder. Unfortunately, about 40 percent do not seek treatment for their mental health concerns [11,12]. This results in college students who have mental health issues are twice as likely to leave college without completing a degree [13]. Specifically, evidence has been identified that depression and suicidal ideation correlate significantly with having a lower grade point average [14,15].

Two of the most common mental health disorders experienced in this age group are depression and anxiety [16]. One research study employed use of an online survey to query nearly 3,000 undergraduates found that 16 percent met the clinical criteria for major depression or anxiety disorders with 2.5 percent admitting to suicidal ideation in the past four weeks [17]. Depression, often considered the common cold of mental health, affects about 36.4 percent of college students every year [18]. A recent meta-analysis of depression prevalence found that 30.6 percent of college students reported depression criteria [19].

Anxiety disorders were identified as the most prevalent class of disorders in a large sample of undergraduate college students [16]. Anxiety disorders distress more than 40 million American adults over the age of 18 years old each year [20]. In college students, anxiety is the most significant concern (41.6 percent) for college students [18].

Statistics indicate that about one-third of those having diagnosable anxiety will seek and obtain treatment services. Nearly 75 percent of those affected by anxiety will have experienced their initial episode before the age of 22 years old [20]. Unfortunately, many students do not seek treatment for their mental health concerns [11,21]. Directors at university counseling centers report 21 percent of students present for therapy with severe mental health issues; whereas, 40 percent of students display mild mental health concerns [18]. Further, Blanco et al. [22] reports that it is a minority of college students who seek out help for their mental health problems.

Continuing Stigma of Mental Health

The first step to remember as advisers is to consider when meeting our advisees is to remember that this individual may be a first-generation college student. Further, these students may not understand the difference between regular and normal behaviors versus what the majority of culture identifies as abnormality [1,23]. Our student advisees may come from familial backgrounds where abnormality, including substance abuse or parental incarceration [24], poverty or low socioeconomic status [25], and so on, are the norm for their family environment. Because of this familial norm of abnormality, these students may have no recognition of symptomology that translates to abnormal behaviors, thoughts, or feelings. This further translates to difficulty adjusting to the college environment and possibly into the development of mental health disorders [24].

Another potential situation that may occur is the student advisee may recognize that they display atypical behaviors. Some of our advisees may arrive at college already diagnosed with a mental health disorder [26]. Unfortunately, there is a great probability that some student advisees may be fearful of disclosing their mental health problems to someone connected to the university, even though they may be in dire need of support to gain emotional and behavioral stability [27,28]. Being labelled with a mental health disorder can be damaging due to continuing social negative stereotypes; students often want to avoid potential stereotypic labels [27,29]. Regrettably, there continues to be stigmas related to the diagnosis of mental health disorders, which makes some advisees reticent about disclosing any disturbing feelings, behaviors, or thoughts to someone that they perceive to be an authority figure [30].

Role of the Adviser

A primary responsibility for advisers is to provide a safe environment in which your student advisee feels comfortable disclosing their aspirations, goals, and concern or fears [31]. Mental health concerns fall into this category of disclosure. One goal of the adviser/advisee relationship is to establish trust with our students [32]. Building rapport with our student advisees is a necessity for the development of that trust to develop into a working and constructive relationship [31,32].

Another main duty for you, as an adviser, is to provide information to the student advisee [33,34]. Now, this is not a situation where you play counselor to the advisee [34]. If an adviser does not have proper training in counseling techniques and theory, the individual could realistically create more problems than were initially displayed by the student advisee [35]. Instead, the adviser should be able to provide information about available campus and community resources for student advisees [34]. Specifically, referral questions should be identified [34,36] including, is there a counseling center available on campus? Does the campus have any support groups on campus for issues such as suicidal ideation or grief or depression? Is there a community mental health center in the town where the college or university is located? The adviser who is seeking to aid their student advisees who have mental health issues can provide phone numbers to the campus counseling clinic, community mental health center, or even to the suicide hotline [34,37,38].

Advisers should remember another important facet; it is perfectly

acceptable to admit that a mental health problem may be out of your professional depth [34]. Admitting that you require assistance with a student is much preferable to providing inappropriate, incorrect, or unsuitable advice. Instead, if you have concerns about a student displaying or reporting abnormality of behaviors, refer the advisee elsewhere [37]. Help them to get assistance for their mental health issues. Because a good adviser has resources available [36] for students in need, you, as the adviser, might have to help by making a phone call to for a counseling or psychological assessment. In certain situations, if the adviser feels there is immediate threat or danger to an advisee, the adviser may have to possibly escort a student across campus to the college counseling clinic due to concerns regarding the advisee's personal safety [34]. This is entirely understandable and proactive if you have fear that your advisee may be contemplating self-harm or harm to another individual.

What constitutes abnormal behavior?

Behavior can be identified as abnormal when it is personally distressful, unusual, or maladjustive for a long time [29]. Abnormality of behavior is defined as "the scientific study of abnormal behavior undertaken to describe, predict, explain, and change abnormal patterns of functioning" [23]. While many behaviors that we see in our society may seem unusual, those behaviors may not be detrimental to the individual in a clinical sense. Cultural standards regularly dictate or influence by most behaviors. Conduct, which is abnormal to us, could be perfectly acceptable in other cultures. Deviant behaviors are those that are typically outside the norm of the dominant society or culture. For a diagnosis of abnormality in psychological functioning, recognized deviance from standard societal norms must be identified [23]. Abnormal behaviors, or those actions which are out of the ordinary, do not conform to conventional social ideals [29].

One key to defining abnormality, particularly when we are beginning to identify a mental health diagnosis, is dysfunctionality [23]. Mental health disorders diagnosis occurs when there is dysfunction that creates problems or issues for the student advisee, or for those individuals close to the advisee. Abnormal behaviors will typically cause hindrance in daily functionality; thus, dysfunction can be upsetting, distracting, or confusing to the student or their loved ones [23,1]. For example, suppose an advisee comes into your office obviously unkempt, unclean, and having body odor. This can be indicative of a mental health issue, including depression or schizophrenia [39]. While these cleanliness concerns may not be a problem for the advisee, these could pose a significant problem for their significant other, dorm or apartment roommate, family members, fellow classmates, and possibly even their class professors.

When considering whether the advisee is displaying abnormal behavior, one significant component to contemplate is distress. Most psychological theories emphasize that there must be distress prior to diagnosis [23,1]. Specifically, the identification of distress is a necessity before making a diagnosis of abnormality regarding thoughts, feelings, or behavior. Unless there is distress to the student, or those close to them, caused by the unusual behaviors, diagnosis is not initiated. Simply because a behavior is unusual, it should not immediately be identified as pathological [23].

The most significant consideration for determination of abnormality is danger [23]. If an advisee expresses suicidal or homicidal ideation or intent, this is abnormal functioning. Intervention is key. An advisee may arrive in your office and express feelings of sadness, stress, difficulties with eating or sleeping with no need for overt alarm; however, if the advisee discloses feelings of self-harm or suicidal thought, there is need for immediate intermediation. Further, if an advisee makes threatening statements to others, this is also abnormal psychological functioning, and intervention is necessary to prevent harm to others. Immediate involvement to prevent harm or detriment is required when behaviors are threatening, either to the advisee or to others [23].

Warning Signs to Identify

As an adviser, there are warning signs to recognize. According to Allen et al. [40], there likely will be signs identifying a student is having difficulties. The first notable sign may be a discernible problem with grades or academics. The student advisee may demonstrate failing grades or a decline in their regular performance. However, despite falling grades and lack of motivation, the advisee may continue to have unrealistic career goals. Class attendance may become sporadic and unpredictable. The advisee may begin to request to drop classes or demonstrate procrastination towards educational goals. Evidence of inadequate study skills or lack of preparation may be notable. Intense reactions may occur when receiving a poor grade on an assignment or exam. The adviser may identify that high academic standards have declined. The advisee may begin to display indecision regarding career goals and disclose having fear of public speaking, class participation, or debilitating test anxiety. Overall, the advisee may begin to vocalize self-doubt about their ability to be successful in college [40].

There may be evidence of unusual behaviors by the advisee as well. For instance, the adviser may note that there appears to be loss of interest in social engagements or activities. The advisee may reference seclusion from peers and may display a loss of communication. Conversely, the advisee may demonstrate increased activities, including problems relaxing, rapid and constant speech, and being restless. A display of dependent behavior may occur as well. Dependence is a sign of self-doubt; the advisee is seeking support. There may be displays of bizarre behaviors, including incoherence in speech, anger outbursts, irritability, lability in mood, aggression, or anxiety. Signs of unusual behaviors include rapid and constant speech, the inability to relax and unusual restlessness, and an increase in impulsivity. The advisee may show suspicion or report feeling persecuted. There may be evidence of decline in personal hygiene, grooming or standard of dress behaviors. As an adviser, you may note signs of disordered eating, including significant weight loss, bingeing and purging behaviors, or hidden eating. Self-destructive activity, including self-injurious behaviors, alcohol or drug abuse may be noticeable. The advisee could also demonstrate significant change in their regular and normative behaviors to displaying socially inappropriate activities, including lying, stealing, or aggression [40].

Depressive signs may become apparent to you in an advisee. In 2012, research by the National Alliance of Mental Health (NAMI) identified that 27 percent of all college students report living with depressive symptomology. Symptoms of depression can include chronic fatigue, lack of energy, sleeping difficulties, including excessive sleepiness or insomnia. The advisee may report an inability to concentrate, feeling helpless, indecision, or problems with memory. Appetite disturbances are also a sign of depression. The disturbances range from overeating to not eating at all. There may be reports of dissatisfaction with life and anhedonia, which is a lack of pleasure in activities that have previously been fulfilling. The advisee may disclose feelings of guilt or self-blame for their current situation or past events; the feeling of hopelessness is another possibility. Individuals having depressive feelings display tearfulness and disclose loss of closeness to loved ones. Many individuals report a significant loss of self-esteem. Finally, the adviser may note that the advisee has become neglectful of their personal appearance and their personal responsibilities [40].

In the event of a life-altering situation, the adviser should be proactive in establishing contact and communication with the advisee. For example, if an advisee experiences a death or serious illness of a loved one, there can be serious mental health disturbance resulting from grief. Diagnosis of a severe illness can trigger depressive symptoms. The loss of a dating relationship or marriage can induce mental health symptoms. The advisee could report having overwhelming financial difficulties that are creating stress and anxiety.

Personal characteristics, including being extremely shy, displaying few social skills, and having difficulty in making or keeping friendships can be emotionally detrimental. Finally, missing family by being homesick or having fear of the unknown regarding impending graduation may be red-flag events that signal mental health deterioration [40].

Suicide has tripled in the age category of 15-24 year olds [39]. One in four college students report having suicidal thoughts [12]. As an adviser, there may be instances where an advisee alludes to or references suicide [40]. If an advisee refers to suicide, regardless if it is a direct statement or simply an allusion to self-harm, the threat is very serious. References to suicide can include statements disclosing feelings of self-harm, plans for suicide, or preoccupation with death. Often, someone who is contemplating suicide will give away valued possessions. These individuals may disclose feelings of worthlessness, helpless, or having no hope for their future. As an adviser, if you suspect any suicidal ideation or plan, contact a licensed mental health professional immediately. There is considerable risk for safety if an advisee discloses that they have created a plan for suicide or have had previous suicidal attempts [40].

Conclusion and Suggestions

The adviser may be the first person to identify that an advisee is struggling. Showing concern, empathy, and compassion can greatly contribute to the well-being of a student in distress [31,32]. While not a mental health expert, an adviser can be aware of warning signs that signal a student is in danger [34].

In your role as adviser, I encourage you to be cognizant of potential changes in your advisee's moods, behaviors, and appearance. Subtle changes in punctuality, levels of irritability, dress and hygiene, and work effort may be signs of a greater problem [34]. Referral to a licensed counselor or psychotherapist shows wisdom by the adviser, particularly when a student advisee is displaying signs of severe mental health issues.

One other available resource that may be incorporated on a college campus is the integration of other licensed mental health professionals as referral sources for mental health services. Sometimes, college counseling centers are swamped with referrals and there is a waiting period for the student to be seen when referred by the adviser to the campus counseling center. Often, the college may have other departments and faculty members who are trained mental health professionals. These faculty members may have licensure that allows them to provide mental health counseling. These professionals may be willing to provide emergency mental health services to your advisee, particularly if the counseling clinic is unavailable for some reason. An effective adviser will reach out to campus departments, including social work, counseling, and psychology, to learn if there are faculty available to utilize as emergency resources regarding mental health for their student advisees. The university where I am employed has successfully implemented this referral to use faculty who have licensure in mental health, allowing students to be seen more quickly when our campus counseling center is unavailable.

Areas for future research should delve further into addressing concerns by advisers regarding when they should refer an advisee to a licensed mental health professional. Another important topic to further investigate is the creation of a training intervention to assist advisers in recognizing mental health illness in their student advisees. This training intervention could be used across various types of college settings and allow for more confidence in mental health issue identification by the adviser. Lastly, remember, as an adviser, you could be the proverbial lifeline to a student drowning in stress, fatigue, or debilitating mental health issues. Therefore, your role as an adviser to students is to be supportive, informative, and encouraging, while assisting the student advisee to grow and achieve their educational potential.

Conflict of Interest: The author has no conflict of interest.

References

- Mash, EJ, Wolfe DA (2013) *Abnormal child psychology*, 5th ed. (pp. 11-12). Belmont, CA; Cengage Publishing.
- Mayo Clinic (2018) Mental illness overview.
- Prince JP (2015) University student counseling and mental health in the United States: Trends and challenges. *Mental health & Prevention* 3: 5-10.
- Hunt J, Eisenberg D (2010) Mental health problems and help-seeking behavior among college students. *J Adolescent Health* 46: 3-10.
- American College Health Association (2013) *American College Health Association-National College Health Assessment II: Reference Group Executive Summary* Spring. Hanover, MD: American College Health Association.
- Bruffaerts R, Mortier P, Kiekens G, Auerbach RP, Cuijpers P et al. (2018). Mental health problems in college freshman: Prevalence and academic functioning. *J Affective Disorders* 225: 97-103.
- Verger P, Guagliardo V, Gilbert F, Rouillon F, Kovess-Masfety V (2010) Psychiatric disorders in students in six French universities: 12-month prevalence, comorbidity, impairment and help seeking. *Soc Psychiatr Psychiat Epidemiol* 45: 189-199.
- Best Colleges (2018) College guide for students with psychiatric disabilities.
- Kosidou K, Dalman C, Fredlund P, Lee BK, Galanti R et al. (2014) School performance and the risk of suicide attempts in young adults: A longitudinal population-based study. *Psychological Medicine* 44: 1235-1243.
- Eisenberg D, Golberstein E, Hunt J (2009) Mental health and academic success in college. *BE J Econ Anal Policy* 9-40.
- Yorgason JB, Linville D, Zitzman B (2008) Mental health among college students: Do those who need services know about and use them? *J Am College Health* 57: 173-182.
- National Alliance on Mental Illness (2012). College students speak.
- Hartley MT (2010) Increasing resilience: Strategies for reducing dropout rates for college students with psychiatric disabilities. *Am J Psychol Rehabilitation* 13: 295-315.
- De Luca SM, Franklin C, Yueqi Y, Johnson S, Brownson C et al. (2016) The relationship between suicide ideation, behavioral health, and college academic performance. *Community Mental Health Journal* 52: 534-540.
- Mortier P, Demyttenaere K, Auerbach RP, Green JG, Kessler RC et al. (2015) The impact of life time suicidality on academic performance in college freshmen. *J Affective Disorders* 186: 254-260.
- Auerbach RP, Alonso J, Axinn WG, Cuijpers P, Ebert DD et al. (2016) Mental disorders among college students in the WHO World Mental Health surveys. *Psychol Med* 46: 2955-2970.
- Eisenberg D, Gollust SE, Golberstein E, Hefner JL (2007) Prevalence and correlates of depression, anxiety, and suicidality among university students. *Am J Orthopsychiat* 77: 534-542.
- American Psychological Association (2013) College students' mental health is a growing concern, survey finds. *Monitor on Psychology* 44: 13.
- Ibrahim AK, Kelly SJ, Adams CE, Glazebrook C (2013). A systematic review of studies of depression prevalence in university students. *J Psychiatr Res* 47: 391-400.
- Anxiety and Depression Association of America (2018) Facts and statistics.
- Garlow SJ, Rosenberg J, Moore JD, Haas AP, Koestner B et al. (2008) Depression, desperation, and suicidal ideation in college students: Results from the American Foundation for Suicide Prevention College Screening Project at Emory University. *Depression Anxiety* 25: 482-488.
- Blanco C, Okuda M, Wright C, Hasin DS, Grant BF 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 Gene Psychiat* 65: 1429-1437.
- Comer RJ, Comer JS (2018) *Abnormal psychology*, 10th ed. (pp. 2 -4). New York, NY: Worth Publishers.
- King N (2004) Advising underprepared students. Paper presented at the NACADA Summer Institute on Advising.
- Lareau A (2011) *Unequal childhood: Class, race, and family life*, 2nd ed. Berkeley, CA: University of California Press.
- McGregor KK, Langenfeld N, Horne SV, Oleson J, Anson M (2016) The university experiences of students with learning disabilities. *Learning Disabilities Res Pract* 31: 90-102.
- Lyman M, Beecher ME, Griner D, Brooks M, Call J et al. (2016) What keeps students with disabilities from using accommodations in postsecondary education? A qualitative review. *J Postsecondary Edu Disabil* 29: 131-140.
- Murphy E (2017) Responding to the needs of students with mental health difficulties in higher education: An Irish perspective. *Eur J Special Needs Edu* 32: 110 124.
- King LA (2017) *The science of psychology*. 4th ed. (pp. 498-499). New York, NY: McGraw Hill Education.
- Eisenberg D, Downs MF, Golberstein E, Zivin K (2009) Stigma and help seeking for mental health among college students. *Medical Care Res Rev* 66: 522-541.
- Fleming WJB, Howard K, Perkins E, Pesta M (2005) The college environment: Factors influencing student transition and their impact on academic advising.
- Jordan P (2000) Advising college students in the 21st century. *NACADA J* 20: 21-30.
- Kuhn T, Padak G (2008) From the coeditors: Is academic advising a discipline? *NACADA J* 28: 2-4.
- Kuhn T, Gordon VN, Webber J (2006) The advising and counseling continuum: Triggers for referral. *NACADA J* 26: 24-31.
- Butler ER (1995) Counseling and advising: A continuum of services. In RE Glennen, FN Vowell (Eds.), *Academic advising as a comprehensive campus process* (Monograph No. 2, pp. 107-14). Manhattan, KS: National Academic Advising Association.
- Robbins R (2012) Everything you have always wanted to know about academic advising (Well, almost). *J College Student Psychotherapy* 26: 216-226.
- Wilcox D (2011) Recognizing and working with distressed or distressing students. In J. Joslin & N. Markee (Eds.), *Academic advising administration: Essential knowledge and skills for the 21st century*. NACADA Monograph Series Number 22 (Chapter 18). Manhattan, KS: NACADA.
- Wilcox D, Harper R, Herman J (2007) College student mental health: Information and suggestions for academic advising. *NACADA Webinar REC018CD*.
- American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders* (5ed.) American Psychiatric Publishing: Washington, D.C.
- Allen DR, Trimble RW (1993) Identifying and referring troubled students: A primer for academic advisors. *NACADA J* 13: 34-41.