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A Mental Health Epidemic: The Case For Mental Health Programs on College Campuses and How To Increase Awareness

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A MENTAL HEALTH EPIDEMIC: THE CASE FOR MENTAL HEALTH PROGRAMS ON
COLLEGE CAMPUSES AND HOW TO INCREASE AWARENESS

By

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Thesis Summary

This senior thesis project focused on the problem of mental health on college campuses. Specific interest was placed on students at the University of South Carolina. In the end, the goal was to create a product that could be used by the Counseling and Human Development Center to help increase the use of student mental health services and reduce levels of stigma surrounding mental health problems. In talking with staff members of the Counseling and Human Development Center, staff members shared a desire for a video that would advertise the services of the Counseling Center. Thus, the true purpose of the project came to be. I hoped to write, record, edit, and produce a video that would fulfill a long-existing desire of the Counseling Center.

Before pursuing this project, it was necessary to understand the true breadth of the problem. In performing research about the mental health status of America's college students, one could truly understand why the goal of this project was worthwhile. A great deal of time was spent understanding what psychopathology looked like on college campuses. At the same time, I hoped to determine whether this issue is something new or something that has existed on college campuses throughout time. Specific focus was placed upon the three highest forms of psychopathology on university campuses: depression, anxiety, and suicidal ideation. Research provided substantial support for the idea that levels of psychopathology on college campuses have increased significantly in the past few decades. Thus, the driving force behind the project was confirmed.

In an attempt to further understand this increase in instances of depression, anxiety, and suicidal ideation, I researched hypotheses for what has caused such a drastic shift towards mental illness. While it is impossible to attribute the trend to one single

cause, social science researchers have gained valuable insight into possible causes of the increase. Today's students are more committed, more worked, and more stressed than students at any point in history (Sharkin, 2006). When combining this with the fact that student loans are at an all-time high and job prospects at a relative low, one can easily understand the mental toll placed upon America's college students (Sharkin, 2006; "Digest of Education Statistics", 2012).

Finally, I sought to design an effective, informative health communication campaign that achieved the mutual goals of the project and the Counseling Center. In doing so, I found guidance in the work of the National Cancer Institute's *Making Health Communication Campaigns Work* (1989). This brochure is considered a standard in health communications today and was invaluable in helping focus this project. The brochure describes, in detail, the five necessary steps for designing, executing, and evaluating an effective health communication campaign. I ensured that that my project matched all of these steps fully. As a result, I was able to develop a video that, hopefully, will be well utilized by the Counseling Center and will achieve the goals of increasing the utilization of student mental health services and curbing the stigma on the University's campus.

Introduction

Films, television shows, and various other forms of media have created a stereotyped expectation of the American college experience as one full of freedom, excitement, happiness, and new outlets for personal expression. The idea of a typical college student's time at a university suggests four years of impulsive, hedonistic experiences with new friends, only interrupted by the occasional quiz or examination. Even the U.S. News & World Report, an organization that provides relatively well-respected collegiate rankings to prospective students, provides statistics informing high school students of student organizations, sports outlooks, and Greek affiliation and experience on America's college campuses ("First-Year Experiences", 2013). In most cases, adolescents depart for college giving little thought to the vastly new experience on which they are preparing to embark. As a result, there is little consideration given to adequately preparing students for the physical, social, mental, and psychological rigors of this entirely new and foreign environment. While any undergraduate admissions office would be happy to boast of the game day experience at their campus' football stadium, few would be as forthcoming with information on the programs available on campus for students who may have difficulty transitioning into such a new and unfamiliar environment.

Unfortunately, this oversight highlights an extraordinarily real issue on America's college campuses: depression, anxiety, suicide, and various other forms of psychopathology. Despite the cheery, jovial picture painted by admissions offices across the nation, statistics suggest that the college experience is taking a serious toll on the mental health of America's best and brightest. The American College Health Association

found that 30% of college students at two and four-year universities in America reported feeling depressed to the point that they found it difficult to function during some point in the previous twelve months (“Depression and college”, 2012). Similarly, suicide continues to be the third leading cause of death among 18-to-24 year old individuals in the United States (“Promoting Mental Health”, 2004). When looking specifically at individuals enrolled in a college campus, the most recent statistics place suicide as the second leading cause of death for students enrolled in an institution for higher education (Taub & Robertson, 2013). As the data suggests, mental health issues have become a nation-wide epidemic among American college students requiring significant attention and action from collegiate administrators across the country.

While learning about the shocking statistics surrounding college mental health issues, it became immediately clear that the students of the University of South Carolina were not immune to the dangers of psychopathology and suicide facing college students nation-wide. As a large public university with an enrollment of 31,288, one would be foolish to assume that these often-hidden afflictions do not deeply affect the Gamecock community (“South Carolina at a Glance”, 2013). Thus, the direction of this senior thesis project was established. Ultimately, I desired to create a product that would positively impact the mental health status of students at the University as a whole. In meeting with advisors and staff members in the University’s Counseling and Human Development Center, it became obvious that a mutual interest existed in developing a multimedia product that would inform students of the mental health services available to them while also working to reduce the stigma surrounding depression, anxiety, suicide, and various other student mental health concerns. It was clear that there was vast potential for a

multimedia project that could be presented to students at various orientations, during the University's esteemed University 101 courses, and in general classes at professors' discretion.

The project was designed with three goals in mind: 1) inform students of the vast array of mental health resources available to them on campus; 2) promote the use of these resources through reducing stigma surrounding mental health; and 3) encourage conversations about mental health across campus. Careful consideration was given to respect the gravity of the topic while, at the same time, developing a message that would help students understand the dangers of ignoring warning signs and the benefits and normalcy of seeking help. The following paper will submit a justification for completing this project first by investigating the statistics about psychopathology on college campuses and exploring possible hypotheses for its occurrence. In exploring these hypotheses, care will be taken to also understand stigma and its effect upon the mental health status of college students. Secondly, it will detail the current programs available to students at the University of South Carolina and the research supporting their efficacy. Finally, research will be presented as justification for the ultimate design and message of the multimedia project. It is the overarching goal of the project that this product be used to impact the student body of the University; therefore, it is appropriate to justify the content of the product with research supporting the efficacy of its design. While the ultimate responsibility for seeking and receiving treatment for mental health issues falls upon the shoulders of the individual student, it is the hope of this project that that process be elucidated and normalized.

The College Mental Health Epidemic

Statistics detailing the very real mental health problem on college campuses are numerous and shocking. The American College Health Association's National College Health Assessment (ACHA-NCHA) is a national survey that has been completed by 1,086,853 students at 624 unique college campuses in the country since the Spring 2000 semester ("Participation History", 2013). This survey provides universities with information regarding students' mental and physical health, as well as behaviors involving drug and alcohol use, perceptions of safety, and students' perceptions of their university's general level of concern ("About ACHA", 2013). The ACHA-NCHA survey data from the Spring 2013 semester provides perhaps the most up-to-date information regarding the status of college student mental health on America's campuses. This survey garnered information from 123,078 students at 153 institutions ("Spring 2013", 2013). In its report, the ACHA-NCHA survey reports that 83.8% of students surveyed indicated they had felt overwhelmed by all they had to do at some point during the previous twelve months, with 46.4% of respondents reporting having felt overwhelmed during the previous two weeks ("Spring 2013", 2013). Similarly, 79.1% of students indicated they had felt exhausted for a reason other than physical activity during the previous twelve months ("Spring 2013", 2013). Of the responses, only 10.9% and 14.1% of students, respectively, reported never having felt overwhelmed or exhausted at any point.

Further results of the ACHA-NCHA survey indicate possible trends regarding college students and specific, diagnosable mental health disorders. While feelings of being overwhelmed and exhausted are certainly cause for concern, data about anxiety and

depression levels helps support the idea of a mental health crisis on college campuses. The results of the survey indicated that 59.6% of students reported feeling “very sad” at some point during the previous twelve months; similarly, 31.4% of students in the Spring 2013 ACHA-NCHA survey reported feeling depressed to the point that it was difficult to function at some point during the previous twelve months (2013). When looking specifically at anxiety, 51% of students indicated having felt overwhelming anxiety during the previous twelve months (“Spring 2013”, 2013). Along with the reports of anxiety and depression, 6% of students admitted to intentionally hurting themselves via cutting, bruising, burning, or some other form of injury during the twelve months before the survey (“Spring 2013”, 2013). Finally, 8.8% of survey takers responded that they had either seriously contemplated or attempted suicide during the year before taking the survey (“Spring 2013”. 2013). Some other surveys have reported the levels of suicidal ideation to be as high as 16.1% (“Association for University and College Counseling Centers Directors Annual Survey”, 2012). When looking at the results of the ACHA-NCHA and other surveys, it is obvious that mental health is a serious concern on college campuses.

While survey data indicates that an obvious need for mental health interventions and services exists on college campuses, it is necessary to investigate whether these statistics are in any way a deviation from previous college cohorts. As with any question about disease prevalence, it is likely unrealistic to believe that mental health incidence levels on college campuses could ever be nonexistent; therefore, it is important to recognize whether today’s data differs significantly from previous years and cohorts. Any significant increase in incidence of depression, anxiety, and/or suicidal ideation

would certainly be cause for alarm. A survey completed by The Association for University and College Counseling Centers Directors (AUCCCD) questioned directors at 400 university mental health and counseling centers regarding broad statistics and trends at their respective institutions. Of the 400 surveyed, 57.7% indicated that they perceived an increase in the number of students with severe psychological issues on their campus during the previous year (“AUCCCD Annual Survey”, 2012). Even more alarmingly, 95.6% of directors reported that the number of students with significant psychological problems was a growing concern on their campuses (“AUCCCD Annual Survey”, 2012). This response is an increase of almost 40% since 1988 (Young, 2003). As was indicated in earlier survey results, the directors surveyed in the AUCCCD reported that anxiety and depression were the top two presenting concerns among college students, comprising 41.6% and 36.4% of cases, respectively (“AUCCCD Annual Survey”, 2012).

While data regarding counseling center directors’ perceptions of increases in college mental health problems is certainly telling, it is important to determine if diagnostic data supports directors’ perceptions. Fortunately, some such research has been performed. In a study by researchers at Kansas State University, researchers found that the number of students who sought counseling because of depression had significantly increased from 1988 to 2001 (Sharkin, 2006). Similarly, Twenge (2000) found that levels of anxiety among American youth and adolescents had significantly increased over time. In a meta-analysis of data from 1952-1993, he found that anxiety levels that would be considered “severe” in 1952 were considered “average” in the 1990s (Twenge, 2000). By this logic, it would appear as though adolescents who report high levels of anxiety today experience the problem at a much more severe level than ever before. Following

this path of thought, one can easily see the implications of this data: not only are a significant number of today's college students experiencing anxiety, but also this anxiety is more severe and, therefore, potentially more damaging than ever before.

Further supporting the case of an increase in severe mental health problems in college students is data showing a significant increase in the number of collegiate students on psychotropic medications. College mental health professionals are reporting large increases in students seeking treatment who are already prescribed psychotropic medication ("Spring 2013", 2013). In a study by Zito (2003), the use of psychotropic medications for those under 20 was found to have increased from 18.6 people out of every 1,000 in 1987 to 59.1 out of every 1,000 in 1996. Similar studies have found proportions of college students taking psychotropic medications increasing from 10% to 25% from 1989 to 2001 (Young, 2003). In 2002, over half of the 2,000 students seeking counseling at Harvard University received a prescription for an antidepressant medication (Young, 2003). This rise in psychotropic drug use was also found to coincide with a doubling in levels of depression and a tripling in levels of suicidal ideation (Young, 2003). Along with empirical increases in psychotropic medication use, some reports suggest that use of such medication has gained a greater social popularity on campus. One article cites a quote from a student that states, "it's just weird, the way this once-stigmatized condition is becoming sort of a trend, like slap bracelets or Capri pants" (Young, 2003, p. A38). This increase in psychotropic drug use and decrease in social stigmatization even further proves the marked increase in the prevalence and severity of college mental health issues.

What is to Blame for the Increase?

In reviewing statistics indicating the pervasive mental health epidemic for the nation's college students, an immediate question is posed: To what can we attribute this increase? In identifying a cause, one could logically assume that a solution could be developed. However, this action is much easier proposed than accomplished. Just as the diagnostic criteria for psychopathology is complex and multi-faceted, the causes of psychopathology vary greatly from person to person. Factors like socioeconomic status, intelligence, previous life experience, and culture all must be taken into account when attempting to attribute a cause to the increase in depression, anxiety, and suicidal ideation in college students. However, researchers have proposed numerous hypotheses that hope to explain, in part, this growing national problem.

One of the most probable causes for the increase in mental health issues comes via increased societal levels of competitiveness that has become accepted and expected in today's youth (Sharkin, 2006). Reports indicate that parents are increasingly involving their children in multiple extracurricular activities. One such study found that 79% of high school students indicate participating in some sort of extracurricular activity throughout the week with 57% reporting that they participate in an extracurricular activity every day (Duffett, A. & Johnson, J., 2004). The same study reported that 22% of students said their schedule was "too hectic" possibly grooming anxiety from an early age. Sharkin (2006) hypothesizes that this increased parental demand trains children to become experts in a "culture of overachieving, in which self-worth and identity are derived from how much they can accomplish" (p. 9). As most college students will report, maintaining such a level of achievement, or overachievement, once entering

college is often difficult, if not impossible. Many students are faced with the incredibly blunt reality that the worth once derived from levels of achievement in extra-curricular activities has disappeared among the numerous and superior achievements of their peers. As a result, these students may experience devastation as a result of their perceived ineffectiveness. Sharkin (2006) reports having counseled many students facing depression as a result of a loss of self-esteem and identity after discovering they lacked the ability to maintain the levels of achievement to which they were previously accustomed. Others support this explanation, stating that today's adolescents are developing their self-esteem via excellence in certain activities that is unsustainable once introduced to the new collegiate environment (Marano, 2002). Competition on college campuses is widespread and intense. From attaining scholarships and research grants to gaining acceptance in a chosen sorority or fraternity, college is full of selective experiences for which large numbers of students compete. For students who have grown up in a whirlwind of high achievement and success, it is easy to see how the nature of a college system can be potentially catastrophic.

Statistics exist to support the previously discussed theories of unsustainable achievement levels (Bartlett, 2002). Researchers and college administrators alike would report that the freshman year experience is often make-or-break for a student's academic and personal success (Bartlett, 2002). As a result, college admissions offices and recruitment centers often stress the quality of their respective institution's freshman experience. At the University of South Carolina specifically, the transition process from high school to college is made smoother through programs like Freshman Welcome Week, Associated Living and Learning Communities, the Student Success Center, and

various other academic and extracurricular programs that focus on facilitating student success. However, research indicates that, despite most universities' push towards positive freshman transitions, the freshman year experience is still treacherous to a student's mental and physical health (Bartlett, 2002). One study by the Higher Education Research Institute at the University of California Los Angeles surveyed college freshman at the beginning and end of the school year and found that students reported a 12.7% increase in feelings of being overwhelmed, from 31.6% to 44.3% (as cited in Bartlett, 2002). The same study found a 7.5% decrease in students' propensity to rate their mental health as "above average" from the beginning to the ending of the school year (as cited in Bartlett, 2002). This data supports the theories developed by Sharkin and others.

While the Higher Education Research Institute (as cited in Bartlett, 2002) did not provide freshmen's explanations for the disparities between the beginning and end of the year, their mere existence would seem to indicate that some aspect or aspects of the college experience result in decreased mental health. When positioned with the data about youth extracurricular levels and their subsequent expectations of achievement, a clearer picture begins to develop. The attack on college students' mental fortitude begins during the college application process when, due to selective criteria, a student is forced to become less a human being and more an accumulation of impressive test scores, grade point averages, and achievement awards. For many, college declination letters are the first semblances of failure ever faced in their career of high achievement. Michael Doyle, Ph.D., head of student psychological services at Loyola Marymount University, states the following about students not accepted into their top-choice colleges: "They really suffer a crisis in confidence about their future. They feel like they lost out already. So, many feel

pressure to succeed” (Marano, 2002, p.1). As a consequence of the fact that the college application process puts so much weight upon high levels of numerical performance, a rejection can be perceived as an attack upon an applicant’s worth as a person. With the initial cracks in the mental health of college students developed as a result of the application process, one finds it easy to understand how the subsequent stressors of the collegiate career can place students in a precarious position in regards to their mental health.

Other theories focus on factors not directly linked to the aforementioned high levels of achievement required of students for success in collegiate careers. Some researchers have proposed a link between increasing levels of financial obligation associated with the college experience and increased levels of mental health issues in college students. It is no secret that the cost of higher education has increased dramatically across the board in the past decades (“Digest of Education Statistics”, 2012). According to a study by the National Center for Education Statistics (2012), the average cost of a year’s education at a institution of higher education in 1980 was \$3,101, adjusted for inflation. The same study reported that the average cost of a year’s education for the 2010-11 school year was \$18,497, an increase of nearly \$15,000 (“Digest of Education Statistics”, 2012). Even in the previous decade, the cost has increased by nearly forty percent (“Digest of Education Statistics”, 2012). While simply paying for college tends to place students in precarious positions with debt and financial security, studies show that today’s college students find themselves more prone to financial distress as the result of credit card debt accumulated while in school (Sharkin, 2006). Numerous studies have been completed to find information regarding credit card

debt, college students, and subsequent distress. In one such study, Norvilitis, Szablicki, & Wilson (2003) found that 77% of participants in the study reported having at least one credit card with an average credit card debt of \$1,518. Other studies have found percentages of students with credit cards as high as 98% with debts averaging \$2,226 (as cited in Norvilitis, Szablicki, & Wilson, 2003). While debt is certainly not a new concept in American culture, such studies and statistics indicate that today's college students are finding themselves further in debt than in any previous generation.

Research also supports the idea that the levels of debt found on college campuses may contribute to the mental health crisis facing the campuses' students. In the Norvilitis, Szablicki, and Wilson (2003) study, researchers found that students expressed a high level of distress about their looming credit card debts. Supporting this claim, Smith (2011) found that possessing credit card debt in college increases distress, which consequently results in decreased grade point averages. Smith (2011) also found that students view spending money, regardless of debt status, as necessary to maintain positive social connections and prospects. One female junior student in the study stated, "I feel like you only have so many times to keep telling people you can't go, before they stop asking you to come out. Telling people you can't go repeatedly even if money is the reason... means eventually they will quit inviting you" (Smith, 2011, p.54). While none of the previous research specifically investigates the link between credit card debt, distress, and social forces on college mental health, previous work in psychology can help in developing probable hypotheses. It is reasonable to believe that a link may exist between some distressing circumstance and a person's level of anxiety or depression. Given that the previously cited studies have clearly indicated that today's students are

experiencing distress over their credit card and student loan debt, one can posit that this distress may be, in part, contributing to declining levels of mental health on campuses. Students' belief that debt is worth avoiding social stigmatization further indicates the grasp debt has over college students. One could even view this situation as a "catch-22" in which not going into debt increases potential for social problems which could similarly affect mental health statuses.

In looking at the financial distress created by pursuing a college education, economic and occupational trends have shown an increasingly hostile job environment for recent college graduates. Research indicates that, despite incurring significant levels of debt to attain a college degree, many graduates are finding themselves unemployed or employed in careers where a college degree is unnecessary. While the number of college graduates has increased by 20 million in the past two decades, individuals employed in positions requiring a skill set less than that of a college education has increased by 12 million (Vedder, Denhart, Denhart, Matgouranis, & Robe, 2010). This indicates that nearly 60% of college graduates have found themselves "underemployed" or filling positions requiring less than their given level of education. With this trend, many college students find themselves incurring high college debt to earnings ratios indicating that the cost to attain a degree has increased more than the potential earnings associated with the degree (Vedder et al., 2010). Similarly, unemployment levels among individuals aged 20-24 continues to be pessimistic. Information from the Bureau of Labor and Statistics (2013) shows unemployment levels for this age group fluctuating between 11.9%-13.1% from February 2013 to February 2014. Sharkin (2006) proposes that limited employment options will continue to create stress on college students. As a result, it is probable that

pressure to succeed before, during, and after college is higher than it has ever been for previous college cohorts. In looking at all the available data, one could comfortably extrapolate that college students' increasing pessimism towards employment prospects has resulted in greater overall levels of stress while in college. For students unable to see a "light at the end of the tunnel", per se, this pessimism, coupled with other comorbid factors, could create a perfect storm for depression, anxiety, and suicidal ideation.

One final theory proposed to explain the growing trend of serious psychological problems on college campuses posits that increased access to college for those with mental illnesses has, expectedly, resulted in a rise in prevalence of mental disorders on college campuses. Sharkin (2006) posits that the passage of the Americans with Disability Act (ADA) has allowed college attendance to more individuals than previously afforded. The ADA of 1990 defines disabilities in both a physical and mental context, and provides clauses that allow those suffering from mental illnesses to potentially qualify for additional assistance and accommodations (ADA, 1990; Sharkin, 2006). Sharkin's theory would explain the rising incidence of psychological problems on college campuses through an increase in students with such problems enrolling. Thus, the theory would view this increase as expected. Were this theory the only logical explanation, one could assume that little could or should be done to solve the issue, as the problem is understood through a simple cause-and-effect explanatory model.

Why is Mental Health a Concern?

High levels of psychopathology have implications upon the overall health of a college campus. Firstly, any sort of psychological illness, by definition, is detrimental to a person's daily functioning (American Psychiatric Association, 2013). As a result, it should be a goal of university administrators to help curb the increase in mental health problems on their campuses. Similarly, it is easy to see why mental health issues are of concern when presented with statistics regarding suicide. As was discussed earlier, suicide continues to be one of the leading causes of death among college-aged students. The personal, familial, and social effects of a suicide attempt or completion simply cannot be overstated. Given that statistics show that 90% of suicides have some sort of diagnosable mental illness, one can easily make the case that mental illness is a serious concern for all involved (Duckworth & Freedman, 2013).

While the immediate effects of mental illness in college students is easy to understand, studies have shown that depression and anxiety can lead to other negative outcomes for students. Most relevant to the collegiate experience, academic performance has been shown to be negatively affected by the most common forms of collegiate psychopathology (Jones, 2008). In a study of metadata, Jones (2008) found significant evidence that grades and GPAs are negatively affected by depression in high school students. While his study looked primarily at self-reports of depressed feelings as opposed to clinical diagnoses, his findings suggest that a link between depression and negative academic performance exists. Other research has shown the most significant links between poor academic performance and Major Depressive Disorder (Haines, Norris, & Kashy, 1996). When taken into context with the American Psychiatric

Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) diagnostic criteria for depression, this link would make sense. Given that the criteria for Major Depressive Disorder, as well as all other forms of psychopathology, include a clause that the illness must cause significant impairment to a person's ability to function, it would seem logical that academic performance be reduced in a person suffering from depression (DSM-5, 2013). Mental illness further affects students' academic performance when it results in students failing to complete their college education. Kessler's research resulted in statistics estimating that five percent of college students failed to complete a college education because of a mental illness (as cited in Sharkin, 2006). Thus, the influence of mental illness can be seen both in academic performance and overall collegiate completion.

Academic performance and its relationship with psychopathology is certainly of concern to all who work with college students; however, psychological illness can also have a dramatic effect on students' social relationships, a similarly vital piece of the collegiate puzzle. Students feel significant pressure to maintain meaningful social relationships, which can be dangerously impaired by psychopathology (Sharkin, 2006). Sharkin (2006) tells the story of a female college student with severe social anxiety that made forming and maintaining relationships exceptionally difficult. When those relationships were not immediately available to her, her psychopathology resulted in the onset of serious emotional crises that resulted in her seeking significant counseling (Sharkin, 2006). As was evidenced in this simple example, psychopathology can have a serious impact upon a student's social functioning, the results of which often seriously impact that student, the student's relationships, and the campus community as a whole.

How Has the University of South Carolina Responded?

In completing my senior thesis project, I sought to take the statistics and hypotheses discussed above and create a product that would positively impact the mental health status of the entire campus community. Through much research and numerous meetings with various representatives of the campus community, it became abundantly clear to me that the mental well-being of the students was a top priority of all at the University of South Carolina. With knowledge of a student population of approximately 32,000 on the Columbia campus, the previously discussed statistics about psychopathology in college students can be quantified and made relevant to our campus (“South Carolina at a Glance”, 2013). Operating under the assumption that University of South Carolina statistics would mirror those of the nation’s college students collectively, one could find that approximately 10,500 students on the Columbia campus felt depressed to the point that it was difficult to function at some point during the previous year. Similarly, approximately 16,300 of the University’s students could be expected to feel significant levels of anxiety at some point during the previous year. As a result, it is encouraging to see the University’s dedication to the mental health of its students. In the following section, I will briefly describe some of the University’s efforts and programs designed to help students with mental health problems. These programs are the basis of the video produced as a result of the project and, as a result, are important to discuss.

The University of South Carolina’s (USC) most prominent tool in place to help combat psychological problems among its students is the Counseling and Human Development Center (CHDC). Operating under the umbrella of the University’s Student

Health Services division, the CHDC is USC's main effort in the battle against mental health problems in students. As is stated on the CHDC's main webpage,

The Counseling and Human Development Center provides USC students a safe place to speak privately with a trained counselor about a variety of concerns.

These may include stress, anxiety, loneliness, depression, relationship difficulties, questions about identity, eating concerns, substance abuse concerns, sexuality concerns, managing an existing mental health condition, or any other issue.

("Counseling and Human Development Center")

The CHDC offers a myriad of psychological and counseling services for students, as well as a variety of outreach programs to help encourage mental wellness on the USC campus.

The CHDC is accredited by both the Accreditation Association for Ambulatory Health Care and the American Psychological Association for its doctoral internship program.

The staff of the CHDC includes eight licensed psychologists, three licensed professional counselors, two licensed social workers, and multiple psychologist and counseling interns, masters, and doctoral candidates ("CHDC Staff").

At a base level, the Counseling Center is available during normal business hours for both scheduled and walk-in appointments with a mental health professional. As of the Spring 2014 semester, all students at the University who are enrolled and have paid the student health fee are eligible for most of the Counseling Center's services at no extra charge. Students are also afforded up to twelve individual visits per academic year before being charged. Besides offering traditional individual counseling services to students, the Counseling Center offers a variety of specialized counseling and outreach programs all aimed at increasing the mental well-being of University of South Carolina

students. Students can participate in couples counseling as well as group counseling (“Group Counseling”). Group counseling provides students with a peer-based outlet in which they can share concerns and problems with others in a similar situation (“Group Therapy”). Groups are centered around a common theme, including “Understand Self & Others”, “Stuck on Repeat”, “Not the Perfect Family”, “Stronger Together” for female victims of sexual abuse, “GLBT Support Group”, “EMPOWER”, “Anxiety 101”, “Cognitive-Behavioral Therapy Group”, and “Mood & Food” (“Spring 2014 Groups”). In reading the Counseling Center website and speaking with its staff, it is clear that the center believes group counseling is one of the most productive and potentially impactful ways of providing therapy.

Outside of traditional counseling services, the Counseling and Human Development Center offers a variety of specialized and group outreach programs. Of those services, one of the most impactful is the CHDC’s Suicide Prevention program. As was discussed earlier in this thesis, suicide is an incredibly real threat to the well-being of students nationwide; therefore, it is important for universities to put real effort into suicide prevention programs and outreach in an effort to curb this trend on their respective campuses. The suicide prevention program through the CHDC is carefully designed to provide students, faculty, and staff with valuable advice and pertinent information for handling students who may be suicidal. The Counseling Center’s website offers an abundance of information on how to handle suicidal individuals. Advice is given for students who are concerned about peers, faculty and staff members concerned about students, and parents concerned about their children. The information provided includes what signs to look for, how to appropriately approach or confront a student, possible

outcomes, and resources that can be provided to students. The CHDC also offers multiple “Suicide Prevention Gatekeeper Trainings, during which students, faculty, and staff can learn the warning signs of a suicidal person, gain confidence in how to respond, and learn of the resources available at the University for suicidal persons” (“Suicide Prevention Trainings”). Gatekeeper trainings are offered multiple times a semester and are two and one-half hours in length.

Finally, the CHDC provides individual and group counseling services in specific groups and times of need. Support meetings are offered following the death of a community members as an opportunity for those affected to come together and discuss the tragedy of the event and work together towards coping (“Community Support Meetings”). Similarly, crisis intervention services are provided. These services are offered on a walk-in basis from 2pm to 4pm every day for students who are experiencing a crisis but are not in immediate danger of harming themselves or others (“Crisis Services”). If there is a safety concern present, walk-in appointments are available anytime (“Crisis Services”). The Counseling Center also provides an online confidential mental health screening. After taking a brief survey, students’ results are anonymously sent to a staff member of the counseling center to be reviewed. That staff member will then personally respond to the student with advice for further treatment, be it a personal meeting in the counseling center or continued anonymous discussion via a secure online messaging center.

While this is only a brief overview of counseling services offered by the Counseling and Human Development Center, it is encouraging to see that the University of South Carolina has chosen to make the mental health of its students a priority through

the myriad of services offered. While the CHDC is working towards attaining its goal of meeting students with mental health issues, as with any campus organization, it continues to seek new ways to bring students in and reach those who need assistance. In discussions with Jennifer Myers, the Center's Coordinator of Suicide Prevention Services, it became clear that a desire existed to create a video that would showcase the variety of services available for students. This video, which could be shown in freshman orientations and seminar classes, has the potential to inform an even greater number of students of the services available to them through the Counseling and Human Development Center.

Designing an Effective Outreach Product

In designing any sort of outreach program or service regarding mental health, care must be taken to ensure that every element of the program is well thought out in the context of the sensitive subject with which one is dealing. An extensive body of research exists with the goal of helping mental health organizations design effective outreach programs. In developing the video for this thesis, I took care to consult two such resources: *Making Health Communication Programs Work* by the U.S. Department of Health & Human Service's National Cancer Institute, and the JED Foundation, an organization founded with the goal of promoting emotional health and preventing suicide on America's college campuses ("About Us: Mission"). The following section details the information presented in the video, as well as some of the influential pieces of information from each resource used to develop an effective multimedia product that accomplished the shared goals of both me and the Counseling and Human Development Center.

After being informed of the CHDC's desire for a media product to share with campus partners, it became a prime goal of mine to determine exactly what the video should contain. Meetings with Jennifer Myers help elucidate this initially blurry picture. It was decided that the ultimate goal of the video should be to provide a brief overview of Counseling Center services while also providing underlying messages normalizing the struggle with mental health, reducing stigma, and removing commonly assumed barriers of mental health treatment. In emphasizing the Counseling Center's commitment to confidentiality and the relatively low cost of the Center's services, I hoped to accomplish these goals. Myers was able to direct my attention towards the services that may benefit

most from inclusion in the project. These services included individual therapy, group therapy, biofeedback, the online mental health screening, community consultation intervention, and suicide prevention trainings. Group therapy is one such service that could benefit most from the video as the Counseling Center is attempting to increase awareness of its productivity to students. Myers cited research from Wright State University that shows that group therapy may be particularly effective in treating certain types of mental health issues faced on college campuses. Myers cited research from Wright State University that indicates that group therapy may be particularly effective in treating certain types of mental health issues faced on college campuses. Similarly, Myers made known the Counseling Center's desire to increase awareness of community consultation intervention (CCI), whereby students, faculty, staff, and family members can refer students for mental health services. According to her, only 6% of these reports comprise students referring other students, a statistic she hopes to improve by promoting a "let us let you help them" attitude among students. Finally, Myers expressed the CHDC's desire to emphasize *utilizing* services in the project. Counseling Center statistics cited by Myers indicate that 2,871, or just under one in every ten, students utilized Counseling Center services during the 2013 calendar year. Of these students, 87% used twelve or fewer sessions, with 51% of students using four or fewer of their allotted twelve per year.

With the direction of the Counseling Center in mind, I began researching effective ways to provide outreach while respecting the gravity of the topic at hand. Both the JED Foundation and the guide by the National Cancer Institute proved invaluable in this pursuit. The JED Foundation provides a free, online information guide referred to as the

Campus Mental Health Action Plan, or Campus MHAP. This guide, while describing instituting a campus mental health program from the ground up, provides valuable advice for the direction of the product of this project. Firstly, the Campus MHAP guide recommends that any program designed to increase mental health and decrease suicide risk include ways to increase student help-seeking (“Campus MHAP”, 2011). The guide indicates that a major way to increase student help-seeking is by reducing the stigma surrounding mental health issues. It cites a study by the JED Foundation and mtvU that showed that over half of college students are likely to recommend mental health services to a friend, while less than one fourth of students are likely to actually utilize the services themselves (“Campus MHAP”, 2011). Clearly, stigma continues to be a serious hindrance to college students seeking mental health care; therefore, it is important that any outreach or advertisement of counseling services aim at reducing stigma. Most relevant to this project in the JED Foundation’s recommendation to take campus-specific data into consideration when designing any sort of communication campaign (“Campus MHAP”, 2011). The guide suggests that using relevant campus data allows communication and outreach programs to identify specific target audiences, therefore tailoring the outreach to the campus as a whole.

The JED Foundation cited the booklet Making Health Communication Programs Work as an invaluable document in creating any sort of communication campaign related to health services (“Campus MHAP” 2011). After reading through the booklet, one can easily understand why this document has been considered such a staple for health communication programs nationwide. Perhaps most helpful from this booklet was its clear definition of what communication can and cannot do. As with any program, one

must keep realistic expectations and have a full understand of the limitations of the communication. The booklet includes the following as what communication can and cannot do (“Making Health Communication”, 1989):

- Can increase knowledge of a problem, issue, and/or solution
- Can influence perceptions and attitudes that may change societal norms
- Can prompt action
- Can reinforce knowledge or behavior
- Can increase demand or support for health services
- Can refute myths, stereotypes, or generalizations
- Cannot produce sustained change in complex health systems without a larger program for change
- Cannot be equally effective in promoting all issues or relaying all messages

With a realistic understanding of the capabilities of communication, one is able to design an effective tool through which to communicate the message of the Counseling and Human Development Center.

After understanding what a communication campaign can and cannot do in regards to a health issue, the guide suggests a series of steps to develop the most effective health communication campaign. These steps, in order, are: 1) define the communication campaign goal effectively, 2) define the intended audience effectively, 3) create messages effectively, 4) pretest and revise messages and material effectively, and 5) implement the campaign effectively (“Making Health Communication”, 1989). Specifically addressing these steps in relation to the goal of this project, thus, became an important and relevant step.

In defining the communication campaign goal effectively, the National Cancer Institute recommends first defining the larger goal and then analyzing how a communication campaign could work to achieve this goal (“Making Health Communication”, 1989). As discussed earlier in the paper, the ultimate goal of any

college mental health program is to completely treat and prevent cases of mental illness on their respective campuses. In taking this slightly utopian goal into consideration, it then becomes necessary to develop a slightly more realistic and feasible goal. The ultimate goal of this entire thesis project is to increase mental health service knowledge and usage on the University of South Carolina's campus while at the same time attempting to normalize and de-stigmatize depression and anxiety. The communication campaign created by this project would do an excellent job of completing all of these goals. By exposing the University's students to a video that highlighted some of the Counseling Center's most useful outreach programs and services, one could understandably assume that an increase in use of the services would occur. While the Counseling Center already does a great job of advertising its services to students, this video would be another tool in the pocket of the University working towards the overall goal.

Using the National Cancer Institute's model for a health communication campaign, the second step in regards to this project is appropriately defining the target audience. The brochure recommends identifying the larger group with whom you want to communicate as well as specific subgroups that could be targeted in special ways ("Making Health Communication", 1989). Ultimately, this communication campaign would be targeted at the entire student population of the University of South Carolina. All 22,500 undergraduates and 10,000 graduate students are eligible for the Counseling Center's services; therefore, the target audience would justifiably be all those eligible for services. However, more potential lies in targeting specific subgroups of the population, as the National Cancer Institute suggests. Thus, the strongest focus of the

communication campaign would be on incoming freshmen as their knowledge of student health services is limited and access to them is plentiful. Because of programs like orientation, First Week Carolina, and University 101 courses, the Counseling Center would have a great deal of opportunity to share the products of the campaign. Similarly, as freshmen have yet to become fully ingrained in the culture of campus, changing their opinion on mental health care may be easier than with an established student body. Therefore, in developing the video, it would be in the campaign's best interest to attempt to create a message that would be most appealing to freshmen and incoming students. With this as the targeted audience, one could make the argument that within four years, mental health care would have a markedly different appearance on the University's campus, consequently achieving one of the campaign's ultimate goals.

In the Institute's third and fourth steps, they encourage creating messages that effectively represent the goals of the campaign, then testing and revising the messages if necessary. This step, while difficult to detail in relation to this project, is undoubtedly important for any health communication campaign. When writing the script for this video, care was taken to always ensure that the messages presented supported the ultimate theme of the campaign. While this purpose of the campaign had numerous goals and facets, ultimately, it was ensured that every piece of the video promoted utilization of Counseling Center services and worked to reduce stigma on the University's campus. At times, this meant removing pieces of footage that, while creatively significant, were ultimately irrelevant to the message of the campaign.

The final step of the Cancer Institute's recommendation for a health communication campaign is to implement the campaign effectively. This includes

executing the campaign in the manner defined at the beginning of the process and keeping lines of communication with campus partners open and effective (“Making Health Communication”, 1989). Most importantly, effectively implementing a health campaign includes developing and utilizing accurate evaluative criteria to assess the effectiveness of the process (“Making Health Communication”, 1989). It would behoove the Counseling Center to develop evaluative criteria in order to assess the video’s effectiveness as accomplishing its goals. From a base level, any significant increase in the utilization of Counseling Center services after deployment of the video could be considered indications of success; however, one would have to complete further investigation to tease apart whether the increase in usage was a result of the communication campaign or whether it was a result of some other factor. Possible suggestions for evaluative criteria could include pre- and post-video surveys in classes and areas where the video was shown. This could help determine whether the video was effective in informing students of the mental health services at their disposal while also determining whether there was any normalization or de-stigmatization. While one would not expect an immediate growth in the number of visitors to the Counseling Center, trends over time would hopefully shed light on the success or failure of the campaign in reaching its goals.

Conclusion

In simple terms, the goal of this thesis and project is to help make a positive impact, however minute, in the growing mental health problem on the University of South Carolina's campus. Nationwide statistics indicate that the cohorts of students entering college are more depressed, anxious, and potentially suicidal than at any point in history. One would be foolish to ignore this trend in context of the University of South Carolina's campus community; as a result, one must take the problem in to account holistically and develop strategies for combating it on all levels. The first step to achieving this goal is by recognizing the unfortunate truth that psychopathology is becoming a greater and greater concern on college campuses. As the data reported in this thesis indicate, the number of students reporting feelings of anxiety, depression, and suicidal ideation continue to increase, demanding a response from the nation's colleges.

Secondly, one must hypothesize and identify the root causes of the issue in order to adequately prepare to combat it. Academic culture has gotten to a level of competitiveness that erroneously suggests only students performing at the highest levels will achieve success (Sharkin, 2006). Similarly, students are overworked, overcommitted, and overachieving from early ages, instilling a feeling of failure when these levels are altered upon entering college (Sharki, 2006). As a result, the nation's college students find themselves in downward spirals that often result in further failure, both academically, personally, and psychologically (Sharkin, 2006). Only after looking at statistics surrounding mental health issues on campus and determining their root causes can anyone attempt to create a plan that addresses this often taboo and stigmatized subject.

The final goal of this project is to develop a health communications campaign tool that highlighted the vast array of mental health resources at the University of South Carolina while also removing stigma and normalizing the issue. As was discussed in detail throughout, the University of South Carolina has already made its dedication to student mental health and wellness through the variety of useful resources available, often at no extra charge, to students. Therefore, it is not necessary to reinvent the wheel already in place. Instead, the goal was to compliment the structures already in place and foster a further proliferation of knowledge across campus. By creating a video specifically targeted at incoming freshmen, one can hope to achieve the goals of the campaign.

While it would be foolish to think that a simple video or thesis would fully rid the community of stigma and psychopathology, it is certainly a step towards a positive direction. Mental health concerns on college campuses are very real and deserve the community's fullest attention. While individuals tend not to be ashamed of physical illnesses, it tends to be the trend that mental health is swept under the rug and minimized in an effort to paint an untrue Utopian picture of the well being of the campus' students. This is certainly not malicious in nature, but instead is a reflection of the nation's opinions of mental health and wellness as a whole. Change is necessary and will only occur with further commitments like to one displayed at the University of South Carolina. While change will definitely not be immediate, it is realistic. Just as previous diseases have been ridded of the shackles of stigma, so too will psychopathology and mental health treatment be accepted and embraced at all levels of society.

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