

# Mental Health Concerns for College Students

## Self-Harm, Suicidal Ideation, and Substance Use Disorders



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### KEYWORDS

• College • Self-harm • Suicidal ideation • Substance use disorder

### KEY POINTS

- Prevalence of mental health disorders in college students continues to increase due to the unfamiliar social situations that these individuals are facing for the first time.
- Substance use disorders make up a large amount of these disorders with alcohol use disorder being the most prevalent.
- Suicidal ideations are far more prevalent in college students when compared with same age nonstudents and are even more increased in both racial and sexual minority student groups.
- Socioeconomic, racial, and sexual identity variables also lead to an alteration in the prevalence, severity, and ability to seek mental health assistance in the college student.
- Most college students with mental health disorders do not seek out assistance due to many factors, so identification and treatment of these disorders requires help from the faculty, family, and student body for these individuals.

### INTRODUCTION

An increase in the prevalence of all mental illness within college student populations has been demonstrated in a number of different studies. According to the World Health Organization study on the prevalence of mental health issues among college students, 35% of all full-time students studied screened positive for at least one common lifetime mental health disorder and 31% screened positive for at least one of those disorders within the last 12 months before survey completion.<sup>1</sup> These disorders included major depressive disorder, mania/hypomania, generalized anxiety disorder, panic disorder, alcohol use disorder, and drug use disorder with each having a varying degree of correlation to several demographic factors.<sup>1</sup> There are many plausible explanations as to why this increase in mental health disorders among this age group

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exists, with most agreeing that the major life transition into college with its associated issues of having an unstable life structure leading to feelings of uncertainty and need to explore options while focusing on one's self combine to cause a significant amount of distress in the student's life, all of which increases the likelihood of developing a mental health disorder.<sup>1</sup> In addition to these issues, college students are confronted with adult responsibilities that they most likely have not had before, including financial stability and the development and maintenance of significant relationships.<sup>2</sup> All of these conditions may lead individuals within the college community to place themselves in unfamiliar situations to gain social recognition or to become more insular and avoid fellow students. This leads to more questioning of what the individual is from a metaphysical point of view.

Sociodemographics that correlate the highest with developing both lifetime and 12 months prevalence were female gender, nonheterosexual identification and older age, aged 19 to 20 years or older when beginning college studies.<sup>1</sup> Other demographics that showed some positive correlation were students of unmarried parents, students with at least one deceased parent, those with lower high school rankings (lower 70% of class), extrinsically motivated students and those identifying as having no religious affiliation, although not to the level of previously mentioned demographics.<sup>1</sup> There were no studies that demonstrated having more than one of these correlates actually infers an additive risk to the development of mental health problems in this age group. These mental disorders could also create life-long implications due to the double risk of college discontinuation without receiving a degree, which is consistent with approximately 20% of students with mental disorders identifying its negative impact on their academic performance and demonstrated by an average decrease of 0.2 to 0.3 grade point average (GPA) on diagnosis of a mental health disorder.<sup>3</sup> These life-long implications could be furthered observed by an "increase in physical and emotional problems in the mid to long term, labor market marginalization, worse quality of sleep, and dysfunctional relationships" with those with mental health diagnosis at the college age.<sup>4</sup> These issues could then create the unstable mentality for the students allowing them to be prone to increasing stressors that lead to more mental disorders and a cycle of worsening mental stability.

### ***Substance Use Disorders***

Substance use disorders are a large part of mental disorders within the college student population with alcohol use disorder being the most prevalent of the group. According to Wagstaff and Welfare, approximately 65% of college students have ingested alcohol within any given month and 44% of the college population meet criteria for binge drinking, which was even more prevalent during the first semester of college, with 50% of men and 33% of women ingesting at levels 2 to 3 times the binge drinking rate during this time period.<sup>5</sup> Being enrolled in college also affects alcohol consumption, where college students not only consume a greater quantity but also suffer from more alcohol-related consequences when compared with their same age noncollege peers.<sup>6</sup> Hazardous drinking has been documented in various prevalence rates (33% to 57%) in American college students and is defined as "a large intake of alcohol that increases one's risk of alcohol-related problems/consequences."<sup>6</sup> In the study by Paulus and Zvolensky, it was identified that more than three-quarters of the students who were studied demonstrated at least moderate drinking and that same study group showed nearly 60% of these individuals had elevated anxiety sensitivity scores, defined as a fear of anxiety-related bodily sensations.<sup>6</sup> When these numbers are examined closer, it demonstrates that those identified as hazardous drinkers showed a 77.5% elevated anxiety sensitivity demonstrating an association with hazardous

drinking and anxiety sensitivity.<sup>6</sup> This also demonstrates that there is a possible correlation between hazardous drinking and other mental health diagnosis.

Alcohol use disorders can also co-occur with gambling disorders because they are both manifestations of risk-taking behavior.<sup>7</sup> College students are susceptible to these due to their elevated rate of impulsivity and the earlier onset of these disorders the greater the risk of increasing impulsivity to continue long term.<sup>7</sup> So if developed during the freshman years, which was previously identified as a high alcohol ingestion period, the likelihood of having lifetime impulsivity-related problems greatly increases. Individuals with these co-occurring disease states have demonstrated poorer health outcome behaviors, including tobacco use, and partaking in health risk behaviors, including decreased seatbelt use and increased driving under the influence.<sup>7</sup> Because heavy alcohol use may exacerbate negative thoughts and depressive symptoms and the association with suicidal thoughts and ideations, alcohol use disorder has an association with suicidal ideation and behavior among university students.<sup>8</sup>

Motivational interviewing and feedback given on a personal level has been demonstrated to be the most effective interventions for college students with alcohol use disorders.<sup>9</sup> The need for improved coping skills due to the effect of negative effect on amount of alcohol consumption allows for sustainability of the intervention on reduced alcohol consumption in the future.<sup>9</sup> This could be accomplished by using mindfulness to help individuals become more aware of the affective states and reduce impulsivity without increasing the need for those same individuals to engage in substance misuse.<sup>9</sup> Instructing students on being more open and mindful of themselves and their current state has a more profound effect on long-term success of treatment and decreasing the prevalence of alcohol use disorder both in this population and those post college age.

Nonmedical prescription opioid (NMPO) use has a suggested prevalence of approximately 10% in the college student community, although studies have demonstrated varying rates from 7.5% to 32% across separate samples.<sup>10</sup> There are several factors that increase the likelihood of NMPO use but those that have been demonstrated to have the highest correlation are “physical pain, anxiety, depression, executive functioning deficits, and other comorbid substance misuse” with suicidal and depressive feelings being the primary motivated independent of physical pain presence.<sup>10</sup> This can be demonstrated by 56% of those college students using NMPO recreationally also meeting the criteria for major depressive disorder.<sup>10</sup> A usual pathway to NMPO use is by the need to decrease the subjective pain that they experience and believing that these medication cure all types of pain, regardless of whether they are physical, emotional, or spiritual manifestations of the pain.

### ***Suicidal Ideations: Prevalence, Risks, and Screening***

There is a drastic difference in the prevalence of suicidal ideation, 24% vs 9%, and attempts, 9% vs 2.7%, in the college students when compared with the adult population as a whole.<sup>11</sup> There are several factors that predispose students to suicidal ideations and attempts that include “depression, impulsivity, poverty, poor neighborhood, lack of parental warmth, and/or abuse and family conflict” along with anxiety, poor self-esteem, and substance use.<sup>12</sup> Another important contributing factor is those that identify as a sexual minority, that is, lesbian, gay, or bisexual, even though these groups tend to use offered mental health at a greater rate than those that identify as heterosexual.<sup>11</sup> These patients, who often inhabit marginalized identities, demonstrated a double or triple increase in the rates of suicidal ideations, with those identifying as bisexual having the highest increases, likely due to the difficulty navigating 2 different social circles, the heterosexual and homosexual groups, while not fully having

a sense of belonging.<sup>11</sup> Understanding the predeposition to suicidal ideations in these vulnerable patients may help identify disorders earlier and prevent some suicidal attempts.

Under-represented students have a similar path, including a significantly lower utilization of offered mental health services, which may in turn lead to underdiagnosis of mental health disease states in these also vulnerable populations.<sup>11</sup> Although under-represented patients, identified as Hispanics, Blacks, and Asians, showed significantly decreased rates of diagnosis of anxiety, depression, combined anxiety and depression, or other diagnosis, the rate of suicidality or self-injurious behavior were not as pronounced.<sup>11</sup> Some of the decreased utilization may be correlated with cultural factors that include the stigma of mental health disease in certain ethnic populations or the inability to recognize mental health problems within the individual due to this same stigma.<sup>11</sup> Studies have demonstrated that the Black community finds mental illness as a weakness and because of such, standardized instruments for detecting mental illness may not be as sensitive in these populations.<sup>11</sup>

Emotional dysregulation and partaking in self-damaging behaviors have demonstrated an increase in suicide risk among college students where emotional dysregulation is defined as encompassing “non-acceptance of emotional responses, difficulties engaging in goal-directed behavior, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies and lack of emotional clarity” both as individual components and to a higher extent when in combination.<sup>12</sup> The view of oneself being burdensome to others along with the lack of perceived meaningful relationships is an important concept within emotional dysregulation and leads to continued painful or dangerous experience engagement and eventually the ability of the student to commit suicide.<sup>12</sup> Self-damaging behaviors include several concepts including those with potential to cause physical harm to self, nonsuicidal self-injury, and substance use disorders.<sup>12</sup> Self-damaging behaviors in the college student generally manifest as substance misuse, physical altercations with others, and lack of common safety concerns and precautions.<sup>12</sup> Although these self-damaging behaviors may lead to increased suicide risk, the main purpose of these events to the student is to assist in relieving or reducing their negative emotions.<sup>12</sup>

Attention deficit hyperactivity disorder (ADHD) is a commonly occurring mental health condition in the college student that also often creates a decreased ability to adjust to college life resulting in decreased academic achievement, reduction in relationships that are meaningful, and an overall lower quality of life.<sup>13</sup> Due to these social issues, first-year college students have a significantly elevated prevalence, up to 4 times as high, of suicidal ideations and attempts when compared with those students not diagnosed with ADHD.<sup>13</sup> Depression co-occurs in ADHD students at an approximate rate of 32.3%, which also furthers the risk of suicidality in this patient population.

Suicidality in the college student is a growing concern and many studies have demonstrated that before a student's death by suicide about 50% visited a primary care provider within the month preceding and 25% had been under the care of a mental health professional the month preceding the event.<sup>14</sup> The need to develop a better tool to screen for suicide risk in the college student in order to decrease the loss of life is paramount. According to Frick, Butler and deBoer, there was a slightly higher prevalence of suicidality during the sophomore year when compared with all other years, which were equivalent ([Table 1](#)).<sup>14</sup> That same study identified that increased awareness and universal screening of college students demonstrated a significant increase in referrals to the mental health provider along with more than doubling the number of individuals that scheduled appointments with these providers.<sup>14</sup>

**Table 1**  
**Suicide risk during academic year**

College Year	Positively Screened for Suicide (%)
Freshman	11.58
Sophomore	17.68
Junior	11.88
Senior	10.87

Early life suicidal thoughts and behaviors is a common occurrence before entering college, with approximately one-third of college students having these thoughts or behaviors before enrollment, which can lead to poorer academic performance, increased college dropout rate, and persistent mental and physical problems.<sup>15</sup> Several adverse childhood events could increase the risk of suicidality in college students but none seems to be higher than those that experience childhood abuse, with about a 2.5 times higher prevalence, and even a higher risk for those who experienced sexual abuse and complex abuse.<sup>15</sup> Recent studies also demonstrate that there seems to be a ceiling effect to the “impact of childhood adversities and related toxic stress” on the risk of future suicidal thoughts and behaviors.<sup>15</sup>

### ***Special Populations***

There are many demographical variables that influence the mental health of a college student, which include gender, sexual identity, ethnicity, place of origin, and involvement in collegiate athletics. Each of these demographics changes the perceived need for counseling services and mental health diagnosis in these groups, whereas being female or sexual minorities increased the perceived need of services and being male, from lower socioeconomic backgrounds, or an international student decreased the perceived need for mental health services.<sup>16</sup>

When compared with heterosexual peers, individuals that identify as lesbian, gay, bisexual, queer, or trans (LGBTQ +) demonstrate higher prevalence of anxiety and depression symptoms, including hopelessness and feeling overwhelmed.<sup>17</sup> A review of college mental health services found that only about 30% of campuses mention individual services for these individuals and only 5% of those same campuses have support groups for the LGBTQ + community.<sup>17</sup> With the perceived need for increased mental health services in this group, LGBTQ + individuals were 105% more likely to receive treatment of anxiety, 206% more likely to receive treatment of depression, 194% more likely to see a mental health therapist, and 93% more likely to seek out mental health care from the college’s offered services.<sup>17</sup>

Research has demonstrated that college students identifying as Black have a greater perceived social stigma with mental health and negative opinions toward seeking assistance with mental health issues when identified leading to the usage of about half of the mental health services that their white peers use.<sup>18</sup> The history of struggle is a culturally accepted normality that leads to the need for increased endurance when compared with other social groups, which may explain the decreased pursuing of services for treatment and diagnosis.<sup>18</sup> This lack of drive to seek mental health assistance also leads to an increased risk of suicidality where 17% of black college students screen positive for suicide risk and only one-third of those individuals seek any mental health services.<sup>18</sup> Lifetime rates of discrimination (Table 2) differ by ethnic groups but its elevated rates lead to perceived discrimination

Table 2 Racial discrimination risk for self-identified racial groups	
Ethnic Group	Lifetime Risk of Racial Discrimination in the United States (%)
Black	75
Pacific Islander	71
Asian	60
American Indian	55
Hispanic	50

creating many mental health problems and outcomes and are influenced mostly by who the offender was.<sup>19</sup>

Social stigma toward mental health is also a strong part of the culture of college athletes leading to an underutilization of services and decrease in seeking a mental health diagnosis.<sup>20</sup> When comparing male and female athletes to each other, there was no difference in mental health outcomes, energy levels, sexual regret, or alcohol consumption but there was an increase in drug usage and aggressive behavior in male athletes.<sup>20</sup> An increase in alcohol consumption was correlated with improved psychological outcomes in the female athletes only, which was presumed to be a cause of improved social connectedness.<sup>20</sup> Mental health was most likely underdiagnosed but what was observed is that male athletes tended to fit hypermasculine roles of aggression and female athletes turned to social drinking as a way to correct their psychological stressors.

International students have an increased risk of developing mental health problems due to the additional risk factors that they face, including language barriers, culture shock, and changes to normal learning and living environments.<sup>21</sup> Due to similar culture views on mental health as the black college community, these individuals are also less likely to seek care from mental health providers, which may lead to a false reduction in the prevalence of mental health disease in these individuals.<sup>21</sup> International students were found to have equivocal rates of depression and decreased rates of anxiety and suicidal ideation when compared with domestic students but had a significantly increased rate of suicidal attempts.<sup>21</sup>

Type of college, community versus 4-year University, also have a significant effect on mental health. The student population of community colleges differs by having a higher proportion of nonwhite students, those that come from lower socioeconomic backgrounds, and students who are employed full-time during their schooling the cohort also tends to be older as well.<sup>22</sup> When indicating the most likely stressor leading to the development of mental health disorders, financial stress and stability was indicated as the cause with 70.4% of students enrolled in community college indicating that their financial situation was always stressful.<sup>22</sup> This financial stressor also led to decreased academic performance and increased dropout rates without earning a degree.<sup>22</sup>

**Treatment and next Steps**

The students that seek mental health services through their college campuses showed a mixed amount of disease states, with 51% diagnosed with anxiety 41% diagnosed with depression and 34% dealing with relationship issues and 24.5% being prescribed psychotropic medications.<sup>23</sup> The difficult nature with college campus mental health assistance is that most of the individuals that receive care in these clinics are self-referred and not screened for mental health by any official means. The feeling of

belonging and a good foundation of social support has been demonstrated to reduce the sense of burden to others and decrease the likelihood of engaging in suicidal behaviors due to the increased sense of connectedness to others.<sup>24</sup>

Due to college students initially reaching out through personal relationships, friends and family, first before seeking other avenues for mental health care, the need for mental health first aid may improve outcomes if adapted more widely.<sup>25</sup> “Mental health first aid, which was initially developed and implemented in Australia, is a standardized program that trains people how to support others and provide initial help during mental health crisis situations.”<sup>25</sup> This program, which entails formal training of length that can vary from 8 to 13 hours, has been found to improve students’ knowledge about mental health and increase the effectiveness of the treatment, if sought, while improving the confidence in students to offer aid during mental health crisis and direct fellow students to available resources.<sup>25</sup>

Online therapy has been an increasingly used option during COVID-19 pandemic and has varying benefits in the development of therapeutic relationship. Studies have shown that online therapy does assist in some of the initial difficulties with direct interpersonal contact, as these events can be intimidating because the patient feels like they are being judged and analyzed by an individual they have not previously met leading to difficulty with clear and appropriate communication.<sup>26</sup> Once the initial therapeutic relationship is developed, online therapy begins to lose its effectiveness because questions about security and confidentiality of the information come into effect.<sup>26</sup>

When developing an effective student mental health service line on campus there are several factors that will improve the success of the offered services: involving students and peers, matching capacity with clinic services demands, the use of informational technology, being as visible as possible, modeling vulnerability and self-care by the treatment teams, adaptability of offered services and building a team that promotes collegiality.<sup>27</sup> Using peers and students that have dealt with mental health issues and asking these individuals to promote and discuss these issues among the campus community can provide a significant benefit to the overall mental health of the community.<sup>27</sup> The use of information technology will vary by student but having a multitude of different options for communication allows more individuals to seek and obtain the care that they may need.<sup>27</sup> Many campus mental health clinics have a wait list, approximately 44%, which would indicate to make sure that more services than what can be provided are not offered to the community.<sup>27</sup> Not all students need a required timetable for services but rather would require the ability to adjust the need based on social events, academic requirements, and interpersonal relationships.<sup>27</sup> Mental health care does increase the risk of burnout among those providers and does require a collegial environment to seek help among each other to ensure that the care provided to the students is still of the highest quality.<sup>27</sup>

## CLINICS CARE POINTS

- College students undergo great social transformation that makes them more susceptible to mental health disease.
- College students have increased impulsivity that increased their risk of substance abuse disorders and may manifest as increased risky health behaviors such as decreased seat belt wearing or increased tobacco use.
- Racial minorities seek out mental health services at a significantly decreased rate and should be screened often for mental health illness alone because they are unlikely to share with family present.



- Gear mental health services for LGBTQ + individuals toward those that are more familiar with best-practices for the treatment of patients who inhabit those identities because they often do not have the same stressors as their heterosexual counterparts.
- Consider the use of mental health first aid and the factors that make up an effective student mental health program when developing screening and treatment protocols for this group.

## DISCLOSURE

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