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A systematic review: Students with mental health problems—A growing problem

Kim Storrie RN BA Grad Dip (FE&T) MEd
PhD Student, School of Nursing and Midwifery, The University of Queensland, Ipswich, Queensland, Australia

Kathy Ahern BA Grad Dip Ed RN MAppSc Grad Dip (Mental Health) PhD
Senior Lecturer, School of Nursing and Midwifery, The University of Queensland, Ipswich, Queensland, Australia

Anthony Tuckett BN MA PhD
Senior Lecturer, School of Nursing and Midwifery, The University of Queensland, Ipswich, Queensland, Australia

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A systematic review: Students with mental health problems—A growing problem

The number of university students with a serious mental illness has risen significantly over the past few years. A systematic review was conducted that addressed emotional and or mental health problems of university students worldwide. In total, 572 articles were identified, of which 11 met inclusion criteria. Issues identified included types of problems experienced by students, how staff dealt with these students, barriers to seeking help, tools that facilitated help-seeking and epidemiological trends in the university student population. Recommendations include (i) providing better links between the university and external mental health providers, and (ii) increasing students' awareness of existing support services within and external to the university. As it is unrealistic to expect all academic staff to have the expertise required to deal with students with emotional problems, it is also recommended that (iii) policies and personnel with expertise in mental health are available to provide guidance for staff.

Key words: emotional disturbances, mental health, student health services, students.

INTRODUCTION

Recent evidence from the World Health Organization[1] indicates that mental illness affects nearly half the population worldwide. This prevalence of mental illness is associated with considerable disablement,[2] with the combination of affective and anxiety disorders being the most predictive of disability and service utilization.[3]

A major burden for the sufferer is stigma, which, according to the World Health Organization,[4] is a major cause of discrimination and exclusion. Symptoms of mental illness and the concomitant stigma negatively affect people's self-esteem, disrupt relationships and limit the ability to obtain housing, jobs and an education. University students describe a sense of social isolation associated with the stigma of mental illness[5] and are often unwilling to seek help because of the perceived stigma.[6]

In keeping with the general population, the number of university students with a serious mental illness has risen significantly. Several US studies of campus counselling service centres reveal an increase in the number and

Correspondence: Kim Storrie, School of Nursing and Midwifery, University of Queensland, Brisbane, Ipswich 4305, Queensland, Australia. Email: kim.storrie@uqconnect.edu.au

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severity of students with mental health problems.[7,8] In one such study, the number of students seen with depression over a 13-year time period doubled whereas the number of suicidal students tripled.[7]

Given the global prevalence and burden of mental illness, it is likely there would be a significant number of students with emotional problems enrolled in university both with a formal diagnosis and also with no formal diagnosis but with disabling symptoms. In this systematic review we have critically appraised the currently available peer-reviewed literature that addresses emotional/mental health problems of university students.

METHODS

Data sources and searches

A search was conducted in the Medline, ERIC, Psychinfo and PubMed databases to access research papers for the period 2000–2009 with the following keywords:

- student*, social problems, emotional problems, psychiatric problems, mental problems
- medical, health
- university, college, tertiary, university teacher, lecturer

The three groups were combined using 'AND'. Within each group the keywords were combined using 'OR'. Limits imposed on the search options included, 'English language', 'peer reviewed' and 'scholarly journal articles'. Reference lists of each article were searched by hand to identify articles that might have been missed in the original search and which might have been relevant to the topic of interest.

In total, 572 articles were identified. Of these, 18 were considered eligible after reading the abstract. Five other articles were included after perusing each article's reference list. These 23 articles were reviewed in detail. Two reviewers (K.S and K.A.) assessed the methodological quality of the included studies using the Joanna Briggs Institute data extraction tools (see Appendix S1).

Twelve articles were subsequently excluded because they were not primary research. This left 11 papers for detailed review, which included research designs based on survey, interviews or review of records. Table 1 provides detail of these papers.

DISCUSSION

The systematic review of studies revealed homogeneity in study designs, predominately questionnaires, for studying emotional/mental health needs of university students. These studies indicated a number of issues: (i) the emotional/mental health problems experienced by university students and their effects; (b) how university staff members dealt with students suffering emotional/mental health problems; (c) the barriers and strategies of seeking help; and (d) epidemiological trends occurring in the university student population.

Students' issues

Of the students suffering mental illness, 51% reported the onset of mental illness before they attended college, with the rest having the illness start during college.[5] Common problems included depression, eating disorders, self-harm and obsessive compulsive disorder.[9] In one study, almost half (47%) of students reported at least one mental health concern.[10] The major problems experienced by university students include anxiety, depression and psychotic disorders.[5,11] The level of distress is very high with 83% of students being moderately or severely distressed.[12]

The effect of emotional distress includes poor grades (19%), academic probation leading to depression (9%), decreased emotional and behavioural skills (53%), social isolation (31%), conflict and inadequate finances.[5] Other common issues were problems with accommodation, coping with academic load and attending classes.[11] Emotional health had a significant effect on grade point average and on intent to drop out.[13] Almost two-thirds of Megivern *et al.*'s participants (63%) dropped out and returned to college at least three times and 90% had *not* sought campus-based support services.[14] Megivern *et al.*[14] also reported that 38% of students said they had cut down on the amount of time spent on studies because of emotional problems. A conclusion drawn from this is the ability to deal successfully with emotional stresses in college life is an important factor for students remaining in university.[13]

How university staff members deal with affected students

Research indicates a tendency by academics to label emotional difficulties as 'behaviour problems', such as being withdrawn and not engaging with academic studies.[9] Problems are often compounded because the academic staff member lacks specific skills in dealing with emotional problems.[15] For example, in Collins and Mowbray's study,[11] the most common question from academic staff was 'How do I work with this student?' Staff also wanted to know how to handle classroom behaviour, attendance and the students' ability to handle the course load[11] in an

Table 1 Summary of papers included in the review

Sample and setting	Design of study	Summary of observations and findings
Australian undergraduate students (n = 300)	Questionnaire/ survey	Students high in managing emotions are more willing to seek help and are more willing to seek help from professionals for suicidal ideation but not for emotional problems. Students who had previous experience with professionals were more likely to seek help from a professional.
US medical students (n = 1027)	Questionnaire/ survey	26% of students reported stress, 19% reported anxiety and 18% reported depression. Students were more concerned about being graded harshly by their tutor because of eating disorders and anxiety. Women, ethnic minority and clinical students especially perceived their professional lives to be in jeopardy if it was learned that they have mental or emotional health problems.
UK students (n = 1208)	Questionnaire/ survey	38% said they had cut down on the amount of time spent on studies because of emotional problems.
UK key informants survey (n = 56)	Questionnaire/ survey and interviews	Participants felt that emotional problems might not be always understood because of stigma and a tendency to label difficulties as 'behaviour problems' such as being withdrawn and not engaging with academic studies.
US undergrads (n = 1773)	Questionnaire/ survey	90% of students never used counselling for emotional problems. More than three-quarters of students with significant distress did not receive counselling.
US states: tertiary education institutions (n = 275)	Questionnaire/ survey	The most common psychiatric disorders were anxiety (34%), affective disorders (25%) and psychotic disorders (15%). Most common issues were accommodation support, coping with school and attending classes. Barriers to seeking disability services included fear of disclosure (24%), lack of knowledge about the services available (19%), fear of stigma (19%) and appropriate resources not being available (16%).
US students (n = 218)	Questionnaire/ survey	Emotional health had a significant effect on grade point average and on intent to drop out. Students with high stress levels were more likely to drop out.
UK academic staff (n = 429)	Questionnaire/ survey and focus groups	The most frequent difficulty is students' unwillingness to receive help (27%) related to stigma. Tutors lacked a clear definition of their role and lacked expertise to take on the role of support for emotional problems.
UK Medical students (n = 22)	Interviews	Help-seeking is avoided because mental health problems indicate weakness and have implications for successful career progression.
US students with psychiatric disabilities (n = 35)	Interviews	90% had NOT sought campus based counselling. Major problems included symptoms, poor grades (19%), social isolation (31%), conflict and inadequate finances. 63% returned to college three or more times.
Client case descriptors (n = 13 257)	Client records	Prevalence of most problems increased over the 13-year period. People with depression doubled and suicidal students tripled. Frequency of severe substance abuse, eating disorders, legal problems and chronic mental illness did not change over 13-year study period.

effort to achieve a balance between meaningful access for the student and the academic integrity of the academic programme.

Further compounding the problem, academics often have unrealistic expectations of the work of community mental health services and the type of support they can provide,[15] although Megivern *et al.* observed that on the whole, community mental health workers were not supportive of students' educational goals.[5] Thus, the lack of mutual understanding about the roles of health and education providers limits the extent to which they can work together to support the student in his or her academic goals. A further limitation is both providers' obligation to maintain the students' rights to confidentiality, which can

act as a barrier to good communication between services.[15] For example, Stanley and Manthorpe reported that general practitioners were not very good at liaising with the universities, which can lead to a fragmented approach in supporting the student with emotional problems.[15]

Barriers to university students seeking help

Most students do not disclose and do not get the help they need.[11] Research indicated that 90% of students with emotional problems never used counselling during the previous 6 months.[12] More than three-quarters of students with significant distress—that is, requiring mental health services, did not receive counselling.[12] Two major factors appear to contribute to inadequate help-seeking: the stigma of having a mental illness and individual characteristics of the student.

Stigma

Help-seeking is avoided because students perceive that mental health problems indicate weakness, which would have implications for successful career progression.[16] Medical students, especially ethnic minority and clinical students, perceive their professional lives to be in jeopardy where psychiatric or emotional health problems emerged and were revealed.[10] In addition, female medical students expressed more concern regarding experiencing illness-related academic jeopardy than men, particularly with regards to eating disorders[10] A common theme throughout this body of literature is that students are unwilling to seek or receive help from university services because they are concerned that their emotional problems might not be understood and they will be stigmatized by being in emotional distress.[5,9,15]

Individual characteristics

People high in emotion management skills have had better experiences in the past with help-seeking and therefore have more positive outcome expectations for the future and are more willing to seek help.[17] Individuals low in emotion management competence are less willing to seek help from family, friends and health professionals, so that the people who need help the most are the least likely to get it.[17] Furthermore, individuals with high levels of psychological distress might not recognize that their psychological state is unusual. They might not understand that there are effective ways of coping with the distress or know how to obtain help.[12]

Barriers to seeking disability services included lack of knowledge about the services available and appropriate resources being unavailable.[11] Women high in managing self-relevant emotions and low in hopelessness are most willing to seek help.[17] In addition, feelings of hopelessness also prevent help-seeking. Students high in managing emotions (involving both self and other) are more willing to seek help from a variety of sources, most notably for suicidal ideation.[17]

People who had previous experience with professional counselling were more likely to seek help from a professional.[17] Megivern *et al.* revealed that 68% of participants received mental health services during their first enrolment and with each successive college enrolment, used progressively more of these services, up to 88.9%. Once students engage with mental health service providers, they report continuing this relationship.[5]

Trends in the university student population

Emotional problems among students are increasing

The prevalence of most emotional problems has increased over the past decade. Before 1994, relationship problems were the most frequently reported problems at university counselling centres, but after 1994 stress/anxiety problems were the most common.[7] People with depression doubled and suicidal students tripled over the same period.[7] By contrast, the frequency of severe substance abuse, eating disorders, legal problems and chronic mental illness did not change over the 13-year study period, although students now presenting at counselling services have more complex problems that include anxiety, sexual assault and personality disorders.[7]

Compared with the general population, overall student health is poor and their emotional health a greater problem than their physical health.[10,14] As a stand-out discipline, medicine was associated with high levels of student stress.[16] Roberts and colleagues reported that among medical students, 26% of students reported stress, 19% reported anxiety, 18% reported depression and 5% reported eating disorders.[10]

Available help is decreasing

There are two main avenues of support at the campus level for students with mental health problems. These are the university counselling service and the university disabilities service. However, as with community service providers, there tends to be a communication gap between the

university counselling and disability services and the academic staff. Collins and Mowbray[11] report that barriers to seeking disability services also include appropriate resources not being available and staff in disability services (which looks after the welfare of all disabled students including those with physical and learning disabilities) not having sufficient knowledge about the requirements of students with psychiatric disabilities. On the other hand, when trying to deal with students with disabling emotional problems, academic staff were most likely to refer students to the university counselling service.[15]

The problem is that even if coordinated help was available on the college campus, many students are not accepting it. Roberts reported that 42% of medical students preferred care outside their training institution, where it was felt confidentiality was assured.[10] However, this is not necessarily in the students' overall best interests because the lack of communication between the health service and university can hamper effective interventions.

Another barrier is one of funding university support services. Benton and colleagues reveal that changes to funding models meant that student diagnoses were altered to be more amendable to 'brief therapy' (e.g. post-traumatic stress being diagnosed and treated as 'situational anxiety') and that crisis work is prioritized over long-term coping strategies, which might ameliorate chronic, disabling symptoms.[7]

Concerns differ according to the ethos of the institution

Patterns of concern differ between institutions.[10] For example, Warwick and colleagues examined exemplar universities and found that those that provide the best support for students with emotional problems had leadership from senior managers as an essential driver for the provision of mental health support for students and staff. The executive group set the culture of being inclusive[9] with middle managers acting as coordinators working in partnership with external service providers. Finally, personal tutor systems and learning support programmes were also central features of exemplar colleges.[9]

Recommendations

Based on the review of literature the following key recommendations emerged:

1. Institutional governance (the authority vested in universities to make decisions affecting students and academics).

- Build an inclusive and supportive university-wide ethos.[9]
- Mental health services should be funded through the universities' core budgets.[9]
- A mental health coordinator role be developed to facilitate communication between university and community mental health staff.[15]
- Communication between campus service providers and community mental health providers needs to improve.[5]
- Universities have to be proactive about establishing links with external agencies.[9]
- Medical training in particular needs to be reshaped to allow students to feel that they can be more open about their emotional distress. In fact, Roberts *et al*.[10] suggest that student with mental health problems are individuals whose fundamental humanity and strength will enable them to be empathic physicians.

2. Support and services (the various bodies within the tertiary system which should be available to offer support, counselling and advice).

- Offering students a tutor outside the immediate working groups whose role is to offer support as a mentor rather than an assessor.[16]
- Increasing students' awareness of existing services by emailing, posters in common rooms and on toilet doors; and advertising websites that offer advice on avoiding stress and enhancing coping strategies.[16]
- Recognizing that it is important to provide complementary and non-stigmatizing support for students because mental health can affect learning and vice versa[9]
- College counselling centres should provide referrals to specialist providers in the community for students with serious, long-term psychiatric disorders.[11]
- Providing individualized advising process by a competent professional who understands the problems and needs associated with the psychiatric disability and strengths and is able to design an academic programme that matches these circumstances yet maintains academic expectations.[11]
- Coordinating educational/mental health services (for example, provide a case manager to support students and the academic staff who teach them).[5]

3. Education and information sharing (the facilities and programmes offered to train and support academics dealing with students suffering mental health problems).

- Higher education institutions need to develop clearer guidelines for staff concerning definitions and expectation of the role and duties of the academic staff.[15]

- Staff development needs to be tailored to the interests and expertise of staff. For example, staff with mental health skills and interest could provide one-to-one support to students,[9] rather than leaving academic staff with little interest or expertise to cope on their own with students' behavioural manifestations of emotional distress.

CONCLUSION

It is evident that overcoming barriers for students with mental health problems includes educational efforts to decrease stigmatizing barriers and increase awareness regarding available services.[11] Accommodations for students with psychiatric disabilities are actually low cost and straightforward, and could include flexibility in course load and timing, alternative ways to meet degree requirements or additional time to complete assignments.[11] Collaboration between academics and mental heath providers is also extremely important.[11]

No single set of factors predict success in supporting university students with emotional problems. However, if universities embrace a governance philosophy where inclusion and support is paramount, instigate a raft of support services available to students and provide education and training to academics to better support students, there is a high likelihood that emotionally vulnerable students will be able to achieve their academic goals.

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SUPPORTING INFORMATION

Additional Supporting Information may be found in the online version of this article:

Appendix S1. JBI-QARI critical appraisal form; JBI-QARI data extraction form; and Qualitative data extraction tool.

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