

## TRENDS AND ISSUES FOR MENTAL HEALTH IN ONLINE EDUCATIONAL ENVIRONMENTS

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*In direct response to the ever-expanding epidemic of mental health challenges during the college years, faculty members are often in a position to recognize these alterations in a student's behavior and thought. Students who are identified as at risk for not succeeding in school may need assistance and/or intervention, and those students attending college online require equitable access to services and resources that are available for face-to-face students. Nuances specific to the online classroom make it even more challenging for faculty to identify declining mental health among their students. Consequently, we advocate that it is imperative for faculty to add to their armamentarium of knowledge the necessary skills and abilities for the identification of these potential online classroom issues and trends, while also providing appropriate resources that students may easily and effectively use.*

**E**xperts such as Holterman (2016) indicate that stress, expectations, and social media are putting more pressure on today's college students. Data from one survey conducted by the American College Health Association (2014) indicated that 33% of students reported having felt so depressed within the previous 12 months that it was difficult to function. Almost 55% of the survey's respondents also reported having felt incapacitating anxiety and 87% reported

having felt overwhelmed by their responsibilities. Almost 9% of the respondents reportedly had seriously considered suicide during the previous year. Without assessment and intervention, such mental health issues can become paralyzing and, ultimately, life-threatening in some cases. Mental illness is increasingly more common among contemporary college students. Scholars at the National Alliance on Mental Illness (2017) indicate that one in four students have a diagnosable mental illness, 40% do not seek help for their mental illness, 50% become so anxious that they struggle in school, and 80% feel overwhelmed by their educational, employment, and family responsibilities.

Promoting and maintaining adaptive mental health, particularly during the stress of university level education, is clearly of utmost importance. In that light, a parallel issue relates to the exponential increase in students

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who pursue degrees online which has created a new challenge for institutions and faculty alike. Clearly, both residential and remote students require mental health services. Yet, while awareness around these issues and efforts to address them have drastically increased for residential students, there is an evolutionary questioning of “How is the equivalency of mental health services for online students addressed?” The purpose of the present article is to provide information regarding the prevalence and significance of this issue in the U.S. higher education population and to introduce tools that may help in order to begin addressing the particular need in the underserved online student population. An additional goal of the present article is to suggest underpinnings for possible administrative policies and programs which can help prepare faculty in order to address these issues in the online higher education student population.

### **Background and Significance**

Allen, Seaman, Poulin, and Trout (2016) report results from Babson Survey Group’s 13<sup>th</sup> Higher Education Annual Survey, identifying decreasing face-to-face college enrollments while simultaneously noting soaring online college enrollments. Today, there are 5.8 million online students, a steady rise in enrollments since the survey began 13 years ago, despite decreasing college enrollments overall. Furthermore, 70.8% of chief academic officers identify online learning as being crucial to their institutions’ growth strategy; this too is a steadily increasing percentage. The survey also indicates that 28% of higher education students are currently taking at least one online course, subsequently identifying online courses as mainstream education. In terms of academic rigor, 74.1% of academics believe online learning outcomes are the same as, or superior to, face-to-face learning outcomes, again a percentage that has steadily increased from about 50% in 2003 (Seaman, et al., 2016).

Demographically, the majority of online college students are adults in their late 20s and early to mid-30s, many of whom not only work full-time but are also raising families. Given its convenience and flexibility, online learning can also be an attractive option for students in general. For example, individuals with persistent anxiety may find it easier to study at home than in a large, face-to-face classroom setting.

However, the additional stress that comes with balancing the demands of school with the responsibilities of work and family can trigger or exacerbate other and sometimes more serious mental health issues. Moreover, because online instructors do not, for the most part, see their students, instructors cannot observe the overt physical signs that often indicate a shift in mental status (e.g., obvious changes in hygiene, increasing sadness, or inappropriate emotional affect). Consequently, online higher education presents an altogether new challenge with respect to furnishing online students the mental health services they may need in order to remain academically successful.

In the contemporary era of higher education, there is a push for addressing mental health issues across the nation’s universities and colleges. This movement has placed a significant responsibility on administrations, student affairs offices, and campus counseling centers, causing many institutions to prioritize mental health as a top concern. The overwhelming need for mental health services has drastically intensified for a variety of reasons. For example, the Center for Collegiate Mental Health (2017) reveals that, among students seeking counseling, mental health as a reason for seeking help has steadily climbed beginning in 2010 through 2016. The rates of prescribed medication, increased use of psychiatric advanced directives (Mental Health American, 2017), mental health crisis hospitalizations, and suicide attempts have risen. The American College Health Association’s (ACHA) annual survey (2016) reports a steady increase in undergraduate students reporting anxiety (17%) and depression (14%) since 2012. These two conditions are also the two most frequently reported conditions affecting academic attrition (ACHA, 2016). With online dropout rates reportedly 40-80% (Bawa, 2016; Smith, 2010), this trend is a concern in online higher education. According to data published in USA Today College (2017), the top five mental health issues for 18-24-year-old individuals are as follows in this order: anxiety, depression, stress, family, and school. Two of these five issues can worsen to a DSM-5 disorder state, requiring not only identification but also treatment. Eagen et al., (2017) testified that nearly 12% of all freshmen report they are “frequently” depressed. One of

the most dangerous aspects of depression and mental health concerns, in general, is suicide. Henriques (2014) noted that, according to data from the American College Health Association (ACHA), suicide had become the second most common cause of death among college students at that time. That study also found that 9.4% of students reported having seriously considered suicide at least once in a 12-month period, which is a marked increase from several decades ago. Mental health is a continuum, similar to the physical health continuum ranging from extremely healthy to death. Suicide would certainly be on the extreme pole and the worst possible outcome on this continuum of mental health for college students. With timely treatment, most conditions are dynamic and can be changed. Early identification and referral to treatment can be the key to a student's success in school and, ultimately, in life.

### Potential Reasons Online Students Do Not Seek Mental Health Services

It would intuitively seem that, when students find themselves concerned for their own mental health, they would seek resources and professional assistance. However, Simon (2017) reported that, while more and more students need mental health services, colleges struggle in providing them. Simon further determined the significant point that many students do not

know about university counseling centers and those students who do know often feel uncomfortable navigating treatment for mental health-related issues since these problems remain pervasively stigmatizing. Additionally, since the counseling centers may require payment for appointments, a growing number of students, especially undergraduates, feel the need to involve their parents but do not feel comfortable doing so.

### Promoting Mental Health for Online Students

Toward mental health promotion, Patterson-Lorenzetti (2015), stated:

Providing online student services is an important component of these distance programs and is often required by accrediting bodies. Health and wellness services for online students are... essential, as college students are accessing mental health services at increasing rates on college campuses. (Patterson-Lorenzetti, 2015, para 2)

Barr (2014) further indicated that faculty members are the front line in identifying possible mental health issues and helping students connect with needed services and resources. Faculty members "generally believe it is their role to intervene when students display problems that interfere with academic performance such as

Table 1

*Signs to Help Identify Potential Mental Health Related Educational Disruptions*

Feeling very sad or withdrawn, noticeable for at least two weeks, noticeable in a significant change in online participation and submission of on-time assignments

Self-disclosure of intent for self-danger or self-harm

Sudden overwhelming fear for no reason, expressed as onset of panic related to online class activities and success

Lack of appropriate discourse during classroom discussions and repeated violation of Netiquette standards.  
Severe out-of-control commentary that is clearly intended to harm others within the discussion

Extreme difficulty in concentrating that results in problems in the online classroom

Evident use of drugs or alcohol, as indicated by observed impairment during synchronous online classroom activities

Drastic changes in the student's behavior or personality across the academic semester

When queried, student acknowledges difficulties and requests help

Table 2  
*Resources for Students and Faculty*

Resources	Contact Information	Service
ULifeline	<a href="http://www.ulifeline.org/">http://www.ulifeline.org/</a> .	Resources for college wellness, and mental illnesses. Resources include mental health self-assessment tool. Emergency mental health services via telephone and text.
Center for Online Education	<a href="http://www.onlinecolleges.net/for-students/mental-health-resources/">http://www.onlinecolleges.net/for-students/mental-health-resources/</a> .	This resource is meant to provide college students and young people with quality information regarding the maintenance of good mental health and identification of mental health issues. Mental Health Self-Assessment tool is available.
US Department of Health and Human Services	<a href="http://mentalhealth.gov">http://mentalhealth.gov</a> .	Specifically for educators, this site provides an overview of warning signs as well as recommendations for referral and emergency situations.
<a href="http://www.learnpsychology.org/mental-health/">http://www.learnpsychology.org/mental-health/</a>	<a href="http://www.learnpsychology.org/mental-health/">http://www.learnpsychology.org/mental-health/</a> .	Inclusive guide to help college students identify common mental health disorders, their warning signs, how to manage them, and when to seek treatment.

poor attendance, falling asleep in class, failing to complete assigned work and/or being disruptive to the class" (para. 7). On the other hand, as Barr notes: "[F]aculty... are not confident in their ability to identify difficulties or to know when problems warrant a counseling center referral" (para. 7).

Educators are often the first to notice mental health decline. Table 1 provides specific signs educators can use in order to enhance their ability to identify potential mental health related disruptions in the online classroom. The identification of these early warning signs engenders the prompt referral from the classroom toward clinical mental health treatment. Faculty identification of the need for referral as early as possible is the primary goal; this identification results in the immediate next step of referral as a path toward mental health treatment. Table 1 identifies early signs and symptoms that may be indicative of the needed referral for mental health assessment and possible treatment.

Additionally, Sharkin (2006) suggested using identified patterns of repeated student

behaviors which signaled warning signs of a decline in mental health. He identified these patterns as a pattern of atypical behavior for that student, a pattern of poor academic performance for that student, and a pattern of unusual behavior for that student; all three components identify a decline in that student's behaviors. In this context, faculty members would then identify that decline and offer resources to the student for improvement in those behaviors and, in this case, referral for clinical mental health treatment. While hygiene, dress, and physical characteristics are not observable online, the atypical (sudden deterioration), unusual (manipulative postings), and academic performance problems (not taking advantage of second opportunities to revise work) are. Sharkin advises that when these signs of distress or perhaps mental illness are identified by faculty in the online classroom, the need is not to diagnose, counsel, or solve the student's problem but rather to speak to the student privately about the faculty's concern. It is then that the student is asked directly if there is a difficulty or

Table 3  
*Institutional Mental Health Policy Development for all Students*

Component	Resource
Create culture/climate conducive to seeking mental help	Jed Foundation. (2006). <i>Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student</i> . New York, NY: The Jed Foundation. Available from: <a href="http://www.jedfoundation.org/professionals/programs-and-research/framework">http://www.jedfoundation.org/professionals/programs-and-research/framework</a> .
Address disruptive student behavior including steps for identification and treatment of emotional problems	Shea, P., & Armitage, S. (2000). Guidelines for creating student services online: Lessons learned. Available from: <a href="http://wcet.wiche.edu/wcet/docs/beyond/lessons.pdf">http://wcet.wiche.edu/wcet/docs/beyond/lessons.pdf</a> .
Check consistency among departmental, college, and institutional policies for addressing student behavior and distress	Jed Foundation (2011). <i>A Guide to Campus Mental Health Action Planning</i> . New York, NY: The Jed Foundation. Available from: <a href="http://www.jedfoundation.org/professionals/programs-and-research/campusmhap">http://www.jedfoundation.org/professionals/programs-and-research/campusmhap</a> .
Create institutional policies for crises/disasters including post event counseling	Jed Foundation (2011). <i>A Guide to Campus Mental Health Action Planning</i> . New York, NY: The Jed Foundation. Available from: <a href="http://www.jedfoundation.org/professionals/programs-and-research/campusmhap">http://www.jedfoundation.org/professionals/programs-and-research/campusmhap</a> .
Ongoing faculty and staff training pertaining to suicidality and distress including the resources available to address such issues	Shea, P., & Armitage, S. (2000). Guidelines for creating student services online: Lessons learned. Available from: <a href="http://wcet.wiche.edu/wcet/docs/beyond/lessons.pdf">http://wcet.wiche.edu/wcet/docs/beyond/lessons.pdf</a> .

if help is wanted. This results, if desired, in a referral outside the online classroom using the institution's policies, resources, and programs for assistance.

### What Online Educators Should Know

When considering a counseling center referral, professors with or without clinical background need to be clear that their role is as a *professor*, not a *clinician*. It is wise to identify students at risk and provide them with referrals to appropriate student services such as a counseling center. Colleges and universities should, and now more often do, provide mental health services that can be or are "highly visible, have active links...[and] be focused on student needs, and always provide contact information for reaching a live person for assistance and referral" (Barr, 2014, para 14). Campus mental health servicing centers can determine acuity, necessity for treatment, information to be

provided to the student, and any necessary follow-up. Clearly, within the current era of technology, a variety of methods for contact and access of information should be considered (e.g., texting, telephonic, online, syllabi, website, video conferencing appointments, and information regarding services via university sponsored social media). Online students needing student services may not be aware of the campus resources. The development and implementation of institutional policies can provide protection for the institution, faculty, student, and staff, thus guiding with the provision of actionable next steps (particularly for the online student and faculty). Table 2 provides several examples of resources that can be readily utilized by both online students and educators.

### Educational Call for Action

Students who are identified as being at risk for not succeeding in school may need assistance



and/or intervention, and those students attending college online require equitable access to the services and resources that are made available for face-to-face students. Nuances specific to the online classroom make it even more challenging for faculty to identify mental health issues among their students. Moreover, as in the face-to-face classroom, many faculty members experience discomfort when confronted with student behaviors and perceptions that stem from mental health unwellness. Yet, in direct response to this ever-expanding epidemic of mental health challenges during the college years, faculty are often in a position to be the first person that recognizes these alterations in a student's behavior and thought. Table 3 provides additional policy resources that might provide thought-provoking discussion regarding current policy needs. It is imperative for faculty to add to their armamentarium of knowledge the necessary skills and abilities for identifying these potential online classroom issues while also providing appropriate resources that students may easily and effectively use.

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