Screening for Mental Health Disorders in Undergraduate Students

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Abstract

Mental health disorders among undergraduate students are a growing concern in society. Major depressive disorder and generalized anxiety disorder are two of the most common mental health disorders among this population. Major depressive disorder is a mood disorder characterized by symptoms such as depressed mood, loss of pleasure in activities, and problems sleeping. Generalized anxiety disorder is an anxiety disorder characterized by symptoms such as excessive worry, occurring more days than not. Both of these disorders are correlated with negative outcomes for undergraduate students such as lower grades, higher risk of dropout, lower self-esteem, and increased risk of suicide. Undergraduate students often do not receive treatment for their mental health disorders due to a lack of knowledge of the resources available, financial strain, or the stigma that surrounds mental health. We propose anonymous screening for incoming college freshmen for major depressive disorder and generalized anxiety disorder as a solution for this mental health crisis. Screening students would allow them to become aware of their disorder or their risk for future mental health illnesses. They would then be provided with the appropriate resources to receive intervention such as therapy. Providing free on-campus screening for these disorders, if successful, could allow students to receive treatment as early as possible; this would serve to reduce the severity of symptoms, thereby reducing the impact of the mental illness, improving outcomes in school and their overall well-being throughout their life.

Keywords: MDD, GAD, Screening, Mental health, College students

Screening for Mental Health Disorders in Undergraduate Students

Mental health among college students is an increasing concern in society. Students who attend college are likely to struggle with anxiety and depression. Major depressive disorder (MDD) and generalized anxiety disorder (GAD) are two of the most common disorders among college students (Eisenberg et al., 2007). With the prevalence rates of these disorders being so high, it is critical that colleges take the initiative to address the mental health concerns among this young demographic with one study finding one-third of college freshmen experience at least one mental health disorder (Ebert et al., 2018). Our research aims to find ways to intervene as early as possible, to take preventative measures in decreasing the severity and stigma of mental health issues on college campuses.

Generalized Anxiety Disorder in the General Population

Generalized anxiety disorder is most prevalent in both the young adult and adolescent populations. According to the American Psychiatric Association (2013), GAD is characterized by behaviors such as excessive anxiety or worry, for at least six months, about a variety of experiences in everyday life. Possible symptoms of GAD include feelings of restlessness, fatigue, difficulty with sleep, and difficulty concentrating.

Individuals who struggle with GAD experience significant stress and impairment in important areas of function, such as school or work (APA, 2013). Research has found that being diagnosed with GAD in early to mid-twenties is correlated with having chronic GAD eleven years in the future (Gustavson et al., 2018). GAD also has high comorbidity rates with other disorders, specifically mood disorders, such as MDD (Gustavson et al., 2018).

Major Depressive Disorder in the General Population

Major depressive disorder is another common disorder in society and among young adults. According to APA (2013), MDD is characterized by exhibiting a depressed mood, loss of interest in activities, increased agitation, fatigue, and possible suicidal ideation. To be diagnosed with MDD a person must experience at least five of these symptoms during a two-week period, with one being either a depressed mood or loss of interest/pleasure in activities. MDD can cause individuals to have an impaired ability to think and concentrate, even causing significant distress in social, occupational, or other important areas of life (American Psychiatric Association, 2013).

MDD appears to be relatively consistent over time, after the average onset occurring between 18-29 years of age (American Psychiatric Association, 2013). With a high morbidity rate, left untreated, MDD often burdens individuals for a lifetime (Hardeveld et al., 2009). Given that large numbers of people experience this disorder, it is important to understand which factors may put someone at a higher risk of developing MDD. Individuals exposed to early life stressors such as trauma, violence, abuse during childhood or adolescence were found to be at a higher risk of developing MDD and GAD later in life (LeMoult et al., 2020).

GAD in Undergraduate Students

College is a critical time where students are faced with an overwhelming workload, forming new relationships, and living alone, all of which can lead to anxiety. Students who feel an overwhelming amount of pressure to succeed, experience financial stressors, and/or have low confidence are at higher risk of developing GAD (Farrer et al., 2016). Psychosocial issues that undergraduate students face, such as pressure to succeed, self-confidence, and/or post-graduation plans are top concerns for students that are significantly associated with

extreme levels of stress and anxiety (Farrer et al., 2016). By understanding the factors related to developing GAD, the appropriate tools to identify, prevent, and treat the disorder can be implemented.

Among college students, GAD often goes undiagnosed and untreated (Kanuri et al., 2015). With the age of onset being around 20 years old, colleges are given the opportunity to provide preventative interventions. Others may not receive adequate treatment due to mental health stigma or lack of financial resources. Research has found evidence for introducing self-help or guided self-help interventions for students suffering from generalized anxiety disorder (Kanuri et al., 2015).

MDD in Undergraduate Students

Similar to the above research, Ebert and colleagues (2018) found that early identification of students at-risk for MDD would allow preventative interventions during students' time in school in order to reduce the consequences of future episodes of depression. Because the risk of developing MDD is so prominent in college students, it is imperative for schools to develop the appropriate tools to identify at-risk students.

Having depression is negatively correlated with lower academic performance, risk of dropout, increased anxiety, risk of suicide, and a poorer quality of life (Ebert et al., 2018). These feelings may result in impairment within occupational and school settings (Beiter et al., 2015). Beiter and colleagues' (2015) research noted that students who struggle financially, with body image, and those who have unsatisfactory relationships with friends and family are at a higher risk of developing depression. Ebert and colleagues' (2018) study found that the first year of college is a high-risk period for the onset of MDD. Therefore, this period provides the

opportunity to intervene early in order to receive proper care in preventing worsening episodes of depression.

Current Solutions and Limitations

Possible solutions that provided great insight into identifying MDD and GAD in undergraduate students, however lacking in accessibility and feasibility, were Internet Delivery of CBT (iCBT) and the Stress-Busters' Leadership Group. Research shows students often avoid or delay their access to student counseling and psychological services (Mullin et al., 2015). Students, like the general population, experience barriers to accessing treatment due to stigma, long wait-times, and preference to get help from a peer, family member, or the internet.

University counseling services want to provide cost-effective, evidence-based treatment for students, which brought about interest in iCBT (Mullin et al., 2015). iCBT teaches the same skills as face-to-face intervention, at a fraction of the time of a traditional therapy session. Materials are structured and accessible by computer, and can be clinician-guided, coach-guided, or completely self-guided. Even though iCBT has its strengths, there is limited empirical data for university students. The research did not specifically include students presenting signs of mental health difficulties, and also lacked any follow-up assessments with participants (Mullin et al., 2015).

Another possible solution would be implementing the Stress-Busters' Leadership Groups campus-wide. This group recognized themes, such as academic stress, that could result in moderate to severe levels of anxiety or stress in the adolescent population (Selekman, 2010). These same stressors can be easily applied to undergraduate college students, making this solution-based intervention applicable to any age demographic. It targets individuals who would

be in high-risk, moderate risk, or low risk categories by building on their current strengths and abilities, learning foundational skills for mindfulness, and navigating school stressors in a constructive way (Selekman, 2010).

Future Directions

The current resources available to undergraduate students on college campuses are not well-enough known by the undergraduate population as a whole, including on Presbyterian College's campus (PC). Additionally, the resources that the PC Counseling and Wellness Center provides are not as effective as they could be, and resources utilized by other college campuses have yet to be implemented onto PC's campus.

With the limitations of the current resources available to students on PC's campus, we propose that screening incoming college freshmen would increase early detection, thereby decreasing severity of symptoms. Screening is an effective intervention for students in order to determine who is at-risk by detecting early signs and symptoms of mental health disorders (Maxim et al., 2014). Screening could also inform and educate students about what mental health illnesses are and how the screening process works. With the high comorbidity rates of GAD and MDD and severe symptoms on college campuses, identifying students as early as possible is a necessary first step. There have been several studies that use web-based surveys to successfully screen for anxiety and depression among college students, such as the Generalized Anxiety Disorder Questionnaire (GAD-Q-IV) and Patient Health Questionnaire (PHQ-9) to screen for depression (Williams et al., 2014).

For these screeners to be implemented on PC's campus, the first step would be gaining approval from the Counseling and Wellness Center. Once they approve our proposal, we would

then need approval from the Institutional Review Board (IRB). The IRB would be in charge of approving the screeners we would be administering to students (Musoba et al., 2015). Approval from the IRB is an important step because the information we obtain from the screeners is personal and sensitive. It is critical that the results and answers on these questionnaires are kept confidential, informed consent is received, and students know that it is not mandatory to complete the screeners if for any reason they are not comfortable, or do not want to do so. After receiving approval from the IRB to administer the screener to students, we would need to ask the Administration Specialists on campus for the funds to obtain and deliver these screeners. Once the funds are granted, the screening process can begin. The screeners will be administered via email to incoming freshmen, as part of freshman orientation.

After the results from the screeners are obtained and assessed by PC's counselors, it is important to determine who is at-risk for MDD or GAD, then provide appropriate resources. PC students would be classified in a similar way in which Kanuri and colleagues (2015) approached classifying the students in their study as high, moderate, or low risk. Those identified as low risk received a free online health education program and would be reassessed one year later. Those who screened negative for MDD or GAD, but still displayed symptoms, were categorized as moderate risk. These students received an online self-help program where their program would be monitored. They would be put into a more intensive program if their symptoms did not improve, in hopes of preventing the onset of MDD or GAD. The students who screened positive received the more intensive guided self-help program, which included psychoeducational content and the support of a guide or online coach who could give encouragement, observe progress, and give feedback to the students. Those in the guided self-help program who

experience worsening symptoms would move into in-person therapy at PC, where they would

receive a more individualized treatment plan (Kanuri et al., 2015).

To evaluate the effectiveness of our proposed solution, we would send out an

anonymous, self-report questionnaire via email at the end of each semester. This questionnaire

would ask students whether or not they utilized counseling services during the year and if they

found them to be beneficial. The students' identifying information will not be accessible to the

counseling services until after the questionnaire is submitted to ensure anonymity.

Limitations with Proposed Solution

The screeners that will be distributed to incoming freshmen are a form of self-report,

which creates a concern of accuracy when collecting the data. When using self-report measures,

there are participants that provide meaningful, accurate responses, while others may use

shortcuts to finish the survey as quickly as possible, or provide answers to make themselves

look better or worse than they actually are. Some participants may have poor self-awareness

and not be able to answer questions accurately. Another limitation of our screening process at

PC would be that it, in its early stages, would only apply to incoming freshmen. As the screening

process develops, the screeners would be accessible to upperclassmen and transfer students.

Screening is an effective first step in improving undergraduate students' mental health and

recognizing who is at risk of possibly developing GAD and MDD. However, it is important to note

that screening by itself is not enough. In order to provide the most effective care for students,

screening should be supplemented with other counseling services and organizations that aim to

reduce stigma and educate students about mental health.

Conclusion

Undergraduate students are at the typical age of onset for developing mental health disorders, such as MDD and GAD. Therefore, if students actively engage in seeking treatment after screening positive, this may prevent the need for more intensive treatment services later on. By promoting early intervention for GAD and MDD via screening in undergraduate students, it increases the likelihood of improved academic performance, enhances interactions within students' social lives, and decreases the severity of negative symptoms associated with GAD and MDD, thereby improving the students overall well-being.

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Contributions

Melody H. Moore: topic choice, thesis development (original draft), introduction writing (original draft), background literature research, background literature summary (original draft), future directions ideas, future directions research, future directions critiques, future directions writing (original draft), APA style formatter, time manager/scheduler, project check point #1 writer (original draft), project check point #1 writer (review & editing), project check point #1 video visuals, project check point #2 writer (original draft), project check point #3 writer (review & editing), project check point #3 video visuals, project check point #4 writer (original draft), • project check point #4 video visuals, project check point #5 writer (review & editing), abstract (original draft)

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