
Peer-Reviewed Article

Evaluating mental illness among college students: Implications for online students

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Abstract: This article emphasizes the need to address mental health disorders among online learners. Online professors are noting an increase in self-reported issues with mental disorders among distance learners. The authors' observations combined with research conducted in the past decade would indicate that the problem is pervasive and persistent. The autonomous nature of online learning may contribute to an increased reporting of mental health disorders. Students are impacted by both declined decision-making skills and cognition. There is a need for greater resources to assist students with mental disorders, as there is motivation towards self-improvement. Online educators can assist by teaching self-determination. Increased self-confidence will lead to improved retention.

Keywords: mental illness, online students, mental health services, online education



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Introduction

Has the number of students with mental disorders increased in the past decade? Two of the three authors of this article have been teaching online courses for close to a decade and we have found an apparent increase of mental illnesses among students. The online student may be less visible to the public in general, yet they are still subject to the same ideology as on-ground students. The reasons for this appear to be varied and complex. One study showed that cognitive exercises produced online created greater cognitive function, even among treatment resistant depressive disorders (Bowie et al., 2013).

A survey conducted by the World Health Organization revealed that the majority of college students with mental disorders were affected prior to college entry, with the exception of panic disorder and alcohol abuse-dependence (Auerbach et al., 2016). Within our own observations, as well as findings in other research, it is apparent that these levels of self-reporting of low mental well-being is an ongoing, and growing concern (Aceijas et al., 2017). Two of us (Fierro and K. Detweiler) teach psychology-based courses, giving students an opportunity to share their mental illnesses (such as anxiety, depression, or more specific diagnoses classified by the American Psychiatric Association) in online discussion. These discussion forums can also provide some sense of anonymity, allowing for a safer (either perceived or real) arena to share mental health concerns without the stigma that can come with them (Theurer et al., 2015). Though it is unclear how many students had been diagnosed by a medical professional and how many were self-diagnosed, we likely see more disclosures of mental illnesses by students in these classes than would occur in other subjects (i.e. economics, management, statistics, etc.).

One study found that around 58% of individuals in their sample (all of whom had severe and persistent mental illnesses) shared a “personal desire” to either return to or start college (Stein, 2005, p. 457). This shows a positive mindset towards self-improvement, education, and success. Stein (2005) also found that the participants in her study expressed optimism that their instructors and peers would be accepting and supportive of them. In another study, some retired military students reported that, despite dealing with mental health issues, school helped them find some stability and meaning to their lives outside of the structure of the military (Kato et al., 2016). A mental illness diagnosis can create a sense of loss of “normalcy” for an individual. However, a diagnosis can also bring the relief of finally understanding what is “wrong,” why it is happening, and how to successfully move forward. The level of personal loss that an individual

feels can be a determining factor in how they view their plans for college (Stein, 2005). However, only a small percentage receive even minimal treatment for mental illness and other health damaging behaviors (e.g., smoking, poor nutrition, insufficient physical activity, etc.) (Aceijas et al., 2017). This lack of treatment can be an aggravating factor that heightens the attrition rate for college students with mental illness.

Stigma of Mental Illness

Although the stigma attached to mental health has decreased, it continues to be a concern within society. This perception of mental illness is divided into two different categories: social (or perceived) stigma and personal stigma. In the past, social prejudice was a main concern present among students. More recently, however, “students reported significantly higher levels of personal stigma than perceived stigma” (Carmack et al., 2018, p. 75). Due to the pressures associated with higher education, including testing and assignments, students report high levels of anxiety and depression. Although these two conditions are considered to be separate, we’ve found that anxiety often is a cover for depression. Discussing academic anxiety with peers is common among college students, but depression is almost never mentioned. This may be created by the greater invasiveness of the diagnosis and the stigma surrounding depression. Many students suffering with depression are not formally diagnosed and receiving intervention. Most of these affected students are unaware of how to communicate their feelings to appropriate support services. This is why “encouraging students to seek assistance may help to activate their help-seeking attitudes” (Carmack et al., 2018, p. 76). Note that this fear of judgement also applies to other disorders, such as post-traumatic stress disorder (PTSD) and addiction.

One Istanbul university study examined the impact of educating medical students on mental disorders and how this could destigmatize the diagnoses (Ay et al., 2006). While there were some changes in attitude, the prevalence of opinions and judgments did not abate. It is believed that the autonomy of online learning tends to increase the self-reporting of mental disorders, whether clinically diagnosed or self-assessed, as stigma is diminished. There is a trend towards attributing mental disorders to genetic abnormalities, bringing better acceptance by association with a factor common to many “blameless” physical disorders (Keller, 2008). Online students are often highly connected to social media and online media outlets, and therefore are likely repeatedly exposed to inaccurate information in the media regarding mental health which can contribute to the negative stigma surrounding mental illness (Theurer et al., 2015).

Impact of Mental Illnesses on Online Students

Research has shown that anxiety is at a record high among this generation of college students, including those in online education. Beginning in early education, students are taught that excellent grades leads to success and that low grades are simply a reflection of failure. This causes many students to have testing anxiety, along with other forms of anxiety. In addition to just stressing about a test, testing anxiety can hinder a student's ability to concentrate and remember answers to a test, especially if there is a time limit to the testing (Woldeab & Brothen, 2019). In order to help with testing anxiety, online testing has grown and offered new opportunities to students. However, surveys show that while some students benefit from online testing opportunities, other students who are wary of technology and the proctoring involved continue to show increased levels of anxiety (Woldeab & Brothen, 2019).

Alongside testing anxiety, students can have anxiety about upcoming assignments and projects with the intimidating due date that comes along with them. Online resources, such as modules and writing guides, can reduce the stress of students and give them the flexibility to plan their assignments to their own schedules within reason (Hewitt & Stubbs, 2017). The anxiety that some students deal with is frequently not related to school itself. Often, issues such as family instability and financial difficulty can spill over into academics, thus hindering the student's ability to properly focus on their studies. Furthermore, students in online education are not privileged with the same mental health resources that most on-campus students have. For instance, the majority of on-ground college campuses have psychological or mental health centers for students to go to in order to get counseling or other mental help. However, online students often do not have this direct resource and instead have to search for this help in other sources. As a way to reduce anxiety in online students, online education can work to avoid producing courses that are overly anxiety-prone in order to provide the best education possibilities for their students (Thompson et al., 2019).

Depression is an ongoing—and rapidly growing—concern among college students. In one particular study, they found that nearly one-third of college/university students are affected by some form of depression or depressive symptoms (Haddock et al., 2017). According to Haddock et al. (2017), women within their lifetimes are much more likely (70%) than men to experience some form of depression. Our personal experiences support the notion that the majority of the self-reporting of depression coming from female students. At first, we were

suspicious of the possibility that women were more comfortable than men in disclosing their depression, but the research appears to support that women are, indeed, more likely to suffer from depression. In fact, women are more likely to experience any mental illness (AMI) than men (National Institute of Mental Health, 2019).

Students with depression can experience feeling overwhelmed by their coursework, feelings of loneliness, and an inability to function. These feelings, along with a general state of malaise, can affect their ability to complete their coursework (Brandy et al., 2015). These students who are struggling with depression are often undiagnosed, and do not feel that there is a need to seek out help (Moreno et al., 2012). It was found that the majority of women of faith (including Christian, Muslim, Hindu, and Jewish) believe that prayer is an “effective treatment for depression” (Theurer et al., 2015, p. 52). One study notes that “for college women, effective alternatives are sorely needed as this period of life is marked by instability, change, and transition” (Haddock et al., 2017, p. 140). Because students, male or female, can experience morbidity, an impaired functioning (Moreno et al., 2012), and even possible thoughts of suicide (Kato et al., 2016), professional help in some form needs to be sought out. This is especially important for the online student, as the reduced social interaction of the online platform, may exacerbate depression or depressive symptoms (Rohrer et al., 2012).

Dependence on alcohol is associated with depressive symptoms pre-matriculation and with persistent alcohol dependence in adulthood (Kenney et al., 2015). Alcoholism and other addictions can greatly affect a student’s ability to successfully function in college. When attending school online, there is little to no physical interaction, so faculty and staff may not be aware of the addiction if the student does not disclose his or her situation. The lack of healthy coping mechanisms is a contributing factor to addiction that can be exacerbated in online environments. For example, students with a nicotine addiction may be more likely to choose to attend college in an online environment because they are able to smoke, vape, or use other nicotine products at home, where they would be prevented from doing so if they were attending an on-ground campus (Rohrer et al., 2012). The encouragement of social engagement online can be mitigating, but with high levels of stress and depression comes a higher risk of disengagement (Sun et al., 2011). Students who are struggling with addiction (or are recovering addicts) may also be less likely to self-report their lower mental wellbeing with their instructors or advisors (Aceijas et al., 2017).

While, in our experience, not as many students are disclosing diagnoses of post-traumatic stress disorder (PTSD), or post-traumatic stress injury (PTSI), it is worth exploring since more and more returning and retired veterans are using the GI Bill to return to higher education than ever before (Kato et al., 2016). While our focus within PTSD primarily focuses on military veterans, PTSD from any trauma could very well have the same concerns in an education setting. Military veteran students have confirmed cognitive symptoms that often include short term memory problems, concentration and focus difficulties, and comprehension difficulties (Kato et al., 2016). One significant concern that has been found in regards to the source of cognitive symptoms, is that many veterans are self-reporting cognitive dysfunction as a result of traumatic brain injury (TBI), rather than mental health concerns, when the latter is the actual correct cause (Seal et al., 2016). The result of the misdiagnosis has the potential of delaying proper analysis, diagnosis, and treatment. Anxiety and depression are both common in students who have been diagnosed with PTSD. Research has found that the additional stressors of academic work can exacerbate mental health concerns in this particular population. Re-establishing a sense of meaning is important for military veteran students who may be having difficulty returning to non-military life and attending college has been found to successful in doing this for many (Kato et al., 2016).

Impact of Online Educational Institutions on Mental Health

As the number of students who self-report experiencing one or more mental health concerns increases, the need for mental health services also increases. This also creates a need for faculty members to increase their understanding of not only mental health diagnoses, but the stigma surrounding mental health conditions as well. The inherent problem stemming from mental disorders among distance learners is the impaired decision-making skills and the loss of cognitive control (Goschke, 2013). While recognizing these impairments may aid the educator in providing resources for treatment, it is not the role of the educator to diagnose or recommend clinical intervention. However, research does suggest that there is a direct and immediate need for faculty to have some education and support resources on mental illness (Becker et al., 2002). Some support may come from identifying aberrant cognition, allowing the student to recognize their flawed thought patterns (and the resulting actions) and work to change them. Faculty who received mental health first aid training reported that they felt more confident in their ability to recognize ways to assist students who have mental health concerns. Not only did confidence in

working with students appropriately increase, but so did knowledge of various mental illness diagnoses, sensitivity (Massey et al., 2014), and faith in making appropriate referrals (Becker et al., 2002). Being able to better recognize, respond, and support students with mental illness concerns will affect a faculty member's ability to increase students' engagement in the class and, as a result, their overall success—rather than showing no support and simply waiting for the students to fail (Haemmelmann & McClain, 2013).

Because of the autonomous structure of online education, students need to be able to be self-directed and self-motivated. With positive motivation from faculty members and peers, students have been found to be able to reduce their stress, thereby expanding their ability to increase their readiness for self-directed learning (Heo & Han, 2018). But must all positive support come from only the online classroom? One study found that students found religion to be a source of both social and personal empowerment (Cokley et al., 2012). It has been our experience, when teaching in online classes, that this is accurate, as students often bring religion into discussions, primarily in a positive, supportive manner. Frequent participation in faith-based communities can provide students with the social support that can be psychologically restorative (Cokley et al., 2012). This shows that there are resources outside of the academic arena that can be important, positive conductors to a successful online educational experience.

One study notes that “only a small minority of college students receive even minimally adequate treatment for their mental disorders” (Auerbach et al., 2016, p. 2962). An increase in treatment would be assumed to ameliorate the prevalence of common mental disorders, but there is no evidence to support that assumption. A study of four industrialized countries from 1990 to 2015 showed that there was no reduction in disorders despite greater access to treatment (Jorm et al., 2017). It is not clear, however, if this means there was an increase in disorders or a decrease in stigma resulting in a greater number of self-reports.

Rather than seeking solutions, educators online would better serve students with mental disorders by learning, and then teaching, self-determination (Brockelman, 2009). Exposure to tools for increasing self-esteem and self-confidence also serve to redirect adult students from focus on disorder symptomology to focus on goal-oriented thought and action. Clear, specific goals and objectives from faculty members at the onset of each online class can also create positive motivation for students by lessening their academic stress (Heo & Han, 2018). When students are able to lessen their depressive symptoms that they may relate to negative outcomes,

through increased personal tools and social interactions, as well as positive support from faculty members and peers, they are prone to improve their academic outcomes (Arigo & Cavanaugh, 2016).

Conclusion

While online professors cannot assume a dual role of counselor and teacher, there is a need for both interventions from within the classroom. This can be accomplished through faculty facilitating self-determination in the classroom and the school providing access to counseling services. According to a survey at the New York Institute of Technology, “students wished to have many of the additional services (e.g., book clubs, a student newspaper, academic clubs, online tutoring, seminars on parenting and time management, and access to an online psychologist) similar to those offered at other schools” (LaPadula, 2010). There is a prevalence of mental disorders among students choosing the online format. In order to increase retention through improved student mental health, institutes of higher education will need to implement effective programs to serve the population through multiple mandates. Further studies are needed to determine the programs best suited for these learners, focusing on implementation and monitoring of progress.

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