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MIND

Anxious Students Strain College Mental Health Centers

By Jan Hoffman

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ORLANDO, Fla. — One morning recently, a dozen college students stepped out of the bright sunshine into a dimly lit room at the counseling center here at the University of Central Florida. They appeared to have little in common: undergraduates in flip-flops and nose rings, graduate students in interview-ready attire.

But all were drawn to this drop-in workshop: “Anxiety 101.”

As they sat in a circle, a therapist, Nicole Archer, asked: “When you’re anxious, how does it feel?”

“I have a faster heart rate,” whispered one young woman. “I feel panicky,” said another. Sweating. Ragged breathing. Insomnia.

Causes? Schoolwork, they all replied. Money. Relationships. The more they thought about what they had to do, the students said, the more paralyzed they became.

Anxiety has now surpassed depression as the most common mental health diagnosis among college students, though depression, too, is on the rise. More than half of students visiting campus clinics cite anxiety as a health concern, according to a recent study of more than 100,000 students nationwide by the Center for Collegiate Mental Health at Penn State.

Nearly one in six college students has been diagnosed with or treated for anxiety

within the last 12 months, according to the annual national survey by the American College Health Association.

The causes range widely, experts say, from mounting academic pressure at earlier ages to overprotective parents to compulsive engagement with social media. Anxiety has always played a role in the developmental drama of a student's life, but now more students experience anxiety so intense and overwhelming that they are seeking professional counseling.

As students finish a college year during which these cases continued to spike, the consensus among therapists is that treating anxiety has become an enormous challenge for campus mental health centers.

Like many college clinics, the Center for Counseling and Psychological Services at the University of Central Florida — one of the country's largest and fastest-growing universities, with roughly 60,000 students — has seen sharp increases in the number of clients: 15.2 percent over last year alone. The center has grown so rapidly that some supply closets have been converted to therapists' offices.

More students are seeking help partly because the stigma around mental health issues is lessening, noted Stephanie Preston, a counselor at U.C.F.

Ms. Preston has seen the uptick in anxiety among her student clients. One gets panic attacks merely at the thought of being called upon in class. And anxiety was among a constellation of diagnoses that became life-threatening for another client, Nicholas Graves.

Two years ago, Mr. Graves, a stocky cinema studies major in jeans, a T-shirt and Converse sneakers, could scarcely get to class. That involved walking past groups of people and riding a bus — and Mr. Graves felt that everyone was staring at him.

He started cutting himself. He was hospitalized twice for psychiatric observation.

After some sessions with Ms. Preston, group therapy and medication, Mr. Graves, 21, who sat in an office at the center recently describing his harrowing journey, said he has made great progress.

“I’m more focused in school, and I’ve made more friends in my film courses — I found my tribe,” he said, smiling. “I’ve been open about my anxiety and depression. I’m not ashamed anymore.”

Anxiety has become emblematic of the current generation of college students, said Dan Jones, the director of counseling and psychological services at Appalachian State University in Boone, N.C.

Because of escalating pressures during high school, he and other experts say, students arrive at college preloaded with stress. Accustomed to extreme parental oversight, many seem unable to steer themselves. And with parents so accessible, students have had less incentive to develop life skills.

“A lot are coming to school who don’t have the resilience of previous generations,” Dr. Jones said. “They can’t tolerate discomfort or having to struggle. A primary symptom is worrying, and they don’t have the ability to soothe themselves.”

Social media is a gnawing, roiling constant. As students see posts about everyone else’s fabulous experiences, the inevitable comparisons erode their self-esteem. The popular term is “FOMO” — fear of missing out.

And so personal setbacks that might once have become “teachable moments” turn into triggers for a mental health diagnosis.

“Students are seeking treatment, saying, ‘I just got the first C in my life, my whole life just got shattered, I wanted to go to medical school and I can’t cope,’” said Micky M. Sharma, president of the Association for University and College Counseling Center Directors and head of Ohio State University’s counseling center.

Anxiety is an umbrella term for several disorders, including social anxiety disorder and agoraphobia. It can accompany many other diagnoses, such as depression, and it can be persistent and incapacitating.

Students who suffer from this acute manifestation can feel their very real struggles are shrugged off, because anxiety has become so ubiquitous, almost a cliché, on campus.

Alexa, 18, has been treated for an anxiety disorder since middle school, when she was still feeling terrorized by monsters under the bed. She has just finished her freshman year at Queens College in New York.

If she had a severe episode during a test, afterward she would try to explain to her professors what had happened but they would dismiss her. “They’d say, ‘Your mind isn’t focused,’ or ‘That’s just an excuse,’ ” said Alexa, who wrote her college application essay about grappling with the disorder. She asked not to be fully identified for privacy reasons.

More often, anxiety is mild, intermittent or temporary, the manifestation of a student in the grip of a normal developmental issue — learning time management, for example, or how to handle rejection from a sorority.

Mild anxiety is often treatable with early, modest interventions. But to care for rising numbers of severely troubled students, many counseling centers have moved to triage protocols. That means that students with less urgent needs may wait several weeks for first appointments.

“A month into the semester, a student is having panic attacks about coming to class, but the wait list at the counseling center is two to five weeks out. So something the student could recover from quickly might only get worse,” said Ben Locke, associate director of clinical services at Penn State University and the lead author of the Penn State report.

By necessity, most centers can only offer individual therapy on a short-term basis. Ms. Preston estimates that about 80 percent of clients at U.C.F. need only limited therapy.

“Students are busting their butts academically, they’re financially strapped, working three jobs,” she said. “There’s nothing diagnosable, but sometimes they just need a place to express their distress.”

Even with 30 therapists, the center at U.C.F. must find other ways to reach more students — especially the ones who suffer, smoldering, but don’t seek help.

Like many college counseling centers, U.C.F. has designed a variety of daily

workshops and therapy groups that implicitly and explicitly address anxiety, depression and their triggers. Next fall the center will test a new app for treating anxiety with a seven-module cognitive behavioral program, accessible through a student's phone and augmented with brief videoconferences with a therapist.

It also offers semester-long, 90-minute weekly therapy groups, such as "Keeping Calm and in Control," "Mindfulness for Depression" and "Building Social Confidence" — for students struggling with social anxiety.

The therapists have to be prepared to manage students who present a wide array of challenges. "You never know who is going to walk in," said Karen Hofmann, the center's director. "Someone going through a divorce. Mourning the death of a parent. Managing a bipolar disorder. Or they're transgender and need a letter for hormone therapy."

Indeed, Dr. Locke and his colleagues at Penn State, who have tracked campus counseling centers nationwide for six years, have documented a trend that other studies have noted: Students are arriving with ever more severe mental-health issues.

Half of clients at mental health centers in their most recent report had already had some form of counseling before college. One-third have taken psychiatric medication. One quarter have self-injured.

The fundamental goal of campus counseling centers is to help students complete their education. According to federal statistics, just 59 percent of students who matriculated at four year colleges in 2006 graduated within six years.

Studies have repeatedly emphasized the nexus between mental health and academic success. In a survey this year at Ohio State's center, just over half of the student clients said that counseling was instrumental in helping them remain in school.

Anxiety-ridden students list schoolwork as their chief stressor. U.C.F.'s center and after-hours hotline are busiest when midterm and final exams loom. That's when the center runs what has become its most popular event: "Paws-a-tively Stress

Free.”

The other afternoon, just before finals week, students, tired and apprehensive, trickled into the center. The majority were not clients.

At a tent outside, their greeter was the center’s mascot and irresistible magnet: a 14-pound Havanese, a certified therapy dog whom many clients ask to hold during individual sessions, stroking his silky white coat to alleviate anxiety.

“Bodhi!” they called, as he trotted over, welcoming them to his turf with a friendly sniff.

For the next two hours, some 75 students visited the center, sitting on floors for a heavy petting session with therapy dogs.

They laughed at the dogs’ antics and rubbed their bellies. They remarked on how nice it was to get a study break.

On the way out, the students were handed a smoothie and a “stress kit,” which included a mandala, crayons, markers, stress balls and “Smarties” candy.

Also tucked into the kit was a card with information about how to contact the center, should they ever need something more.

Related: Times Insider: “Anxiety on Campus: Reporter’s Notebook.”

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