

# College Students' Understanding and Discussion of Mental Health Issues: An Analysis of Rhetoric and Context

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COLLEGE STUDENTS'  
UNDERSTANDING AND DISCUSSION  
OF MENTAL HEALTH ISSUES:  
AN ANALYSIS OF RHETORIC AND  
CONTEXT

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A thesis

submitted to the Faculty of

the department of Sociology

in partial fulfillment

of the requirements for the degree of

Master of Arts

Boston College  
Morrissey College of Arts and Sciences  
Graduate School

August 2017

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# **COLLEGE STUDENTS' UNDERSTANDING AND DISCUSSION OF MENTAL HEALTH ISSUES: AN ANALYSIS OF RHETORIC AND CONTEXT**

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With the decline in college students' overall mental health over the past several decades, social scientists and policymakers have sought to understand what has led to this increase in mental illness and what resources are most beneficial for students' coping. This paper uses content analysis of student-run newspapers to investigate how students understand mental health and the resources available to them. By using a sample of four universities in Massachusetts with distinct characteristics, I examine how the rhetoric and content of articles related to mental health changed over time and varied across place. The most prominent changes common among universities over time appear to be a stronger and more apparent focus on mental health on campuses, an increased awareness of resources by students as well as a more diverse set of health resources available to them, and a more opinionated stance and call to administrators to facilitate change. Differences of understanding and context were apparent between universities as well and are linked to specific events and tragedies, campus culture, and prevalent organizations and groups. The topics most discussed at each university suggests the differences in how students should be treated and what resources will be most effective at combating different types of mental illness. The findings from this study suggest that universities are still struggling to keep up with the heightened demands of student mental health issues and that each campus' unique characteristics must be taken into account when reforming health policy.

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## INTRODUCTION

With the consistent decline in mental health among college-aged students persisting over the last decade, an increase of research has been conducted on causes of mental illness and stressors, effectiveness and prevalence of treatment, discrepancy between reported illness and treatment seeking, stigma related to mental illness, suicide rates, and much more (Soet & Sevig, 2006). Overall, it seems that rates of mental illness and suicidal thoughts among college students are rising and a corresponding higher rate of those students are seeking help (Watkins, Hunt, & Eisenberg, 2011; Novotney, 2014). However, utilization of campus resources are still relatively low and students rarely continue treatment or counseling until their symptoms have subsided (Hunt & Eisenberg, 2010). Research has shown that students who pursue mental health treatment and counseling are more likely to have their symptoms reduced than those who do not. One issue that present research has encountered is that most studies rely on self-reporting (ex: ACHA's National College Health Assessment, Fall 2015) to determine mental illness rates among university students and there continues to be a huge discrepancy between self-reported mental distress and help-seeking, which many sociologists link to the stigma of being diagnosed and labeled with a mental illness (Gove, 2004). This means that most students who would benefit from counseling or treatment services are not utilizing them (Eisenberg et. al., 2011).

Although educational institutions have come a long way at reducing the stigma around mental illness, the question persists if universities can do more to encourage those

experiencing emotional and mental distress to seek help and if the responsibility lies with the universities to do so. One problem is that students, particularly males, younger students, and those living off-campus, are unaware of the programs and resources available to them on campus (Yorganson, Linville, & Zitzman, 2010). Unsurprisingly, mental illness stigma and lack of information on these resources are highly correlated. With many students expressing that campus resources and facilities helped to reduce their mental distress, research suggests that the first step to reducing mental health issues on campus is combatting negative perceptions in addition to advertising and educating students on campus services (Eisenberg et. al., 2009). If universities can have a larger percentage of students discussing the importance of mental health and seeking treatment for illnesses, then perhaps counselors and psychologists can better understand the causes behind high rates of depression, anxiety, suicide, etc., among college students and thereby be proactive in treating the root causes before symptoms develop. In order to effectively reach students, it is important to understand their perceptions and beliefs about mental illness and the resources available on campuses.

In my research, I conducted a content analysis of universities' student-run newspapers. By looking at the language and context written by students, I hoped to gain a better understanding of what form of rhetoric, university and student programming, and types of mental illnesses are most prevalently addressed within university newspapers. I examined the changes across these articles since 2000 and how resources have developed in the recent past as well as how students from different universities interpret mental health. Through this analysis, my objective was to answer the following questions: How

has the concept of mental health, as portrayed by university students, shifted since 2000? What words, phrases, ideas, themes, and sentiments are most commonly associated with mental health and its treatment? How do students portray mental illness overall and are there discrepancies with the type of mental illness (ex: severe mental health vs. circumstantial events)? How is mental health portrayed differently between universities? What resources are available to students and what resources are students aware of and discussing or utilizing most? What programs, initiatives, and treatment options are promoted and what are students' opinions of these? Who is the target of the information presented in student-written newspapers and what is the objective of the articles (i.e., news article, opinions piece, etc.)? How many of the resources provided on campus are students aware of? By conducting this research, I hope to give a background for future mental health researchers and professionals about the trends in student perceptions.

My thesis first outlines the most relevant literature on mental illness and treatment among college students. This section includes a brief history of findings over the past several decades about students' mental health status and development, a discussion of recent events which have caused universities to reexamine their policies, and my rationale for how this research will fit into the current literature and benefit those who are addressing mental health policy. I also briefly address the power shifts in medicine and higher education over recent decades and speculate how this may affect mental health treatment. The next section examines the methods and methodology I followed throughout my research process. As I conducted a content analysis, it was difficult to formulate causal relations between events or trends and policy shift. However, research

on college students' mental health perceptions is crucial to understanding how universities' mental health status have developed in recent years. This can contribute much to the existing literature and greater understanding of mental health among college-aged youth by giving another perspective on not only what is being done to ensure a healthy and stable learning environment at universities, but how these resources are understood by the students they aim to help.

### **BACKGROUND & LITERATURE REVIEW**

Mental illness among college students appears to be on the rise, with regards to both prevalence and severity (Hunt & Eisenberg, 2009; Eisenberg, Golberstein, & Gollust, 2007; Levine & Cureton, 1998). Although this rise in mental illness has been positively correlated with a rise in students seeking on-campus counseling, unfortunately, many universities are unable to keep up with the demands of students (Novotney, 2014). Universities do not have the funding, resources, or staff to properly aid students who are seeking their support and treatment, and if the object of student health centers is to administer aid to all students who are in need of treatment or counseling, then even more resources will be required if students who need assistance begin to utilize the resources available to them (Watkins et. al., 2011; Benton et. al., 2003). To begin, I will briefly outline the literature on the trends of college student mental health, the utilization of mental health centers by college students, and the calls for policy change to university regulations.

The information outlined in this section serves as a basis of understanding developments within the field of mental health pertaining to college students. I review the

crucial findings of the last several decades and evaluate some of the changes which have been examined by other studies as crucial to the development of mental health facilities and programs on college campuses. It is important to understand the background of mental illness research in order to clearly analyze what has changed over time and the context of today's mental health climate. My research into students' understandings of mental health fits within the broader literature by adding another dimension: how students' are perceiving mental illness and the resources provided on their campuses.

Numerous studies on mental health within universities have been conducted in recent years with consistent results among the majority of them (Downs et. al., 2016; Eisenberg, Golberstein, & Gollust, 2007; Hunt & Eisenberg, 2010; Stone, 2008). Research has found an increase in severe mental health problems in recent years as opposed to less-urgent problems (such as developmental and relationship issues) which were more prevalent prior to the 1990s. One study of a large midwestern university found that, of the nineteen problem areas surveyed, fourteen had increased in prevalence over the past thirteen years (Benton et al., 2003). Most notably, stress/anxiety became the most frequently reported issue whereas it was previously relationship problems. Students with depression doubled over this time period; suicide attempts tripled; and students seen after sexual assault quadrupled (Benton et al., 2003). Suicide has emerged as the second leading cause of death for youths ages 15 to 24 years only after accidental death (Centers for Disease Control and Prevention, 2013).

Even with a major increase in treatment between 1990 and 2003, it is noted that, on average, there is an eleven year delay between development of a mental illness and

receiving treatment (Eisenberg, Golberstein, & Gollust, 2007; Wang et al., 2004). Since most mental disorders that have a lifetime persistency first onset between ages 18 to 24 years, it's especially vital to receive treatment during college years (Kessler et al., 2005). On university campuses, 37-84 percent of students who suffer from a mental illness are not receiving treatment, depending on the disorder (Eisenberg, Golberstein, & Gollust, 2007). Another study found that of the 32 percent of students who had known mental health problems, only 36 percent received treatment in the prior year (Eisenberg et al., 2011). The major reasons cited for not accessing treatment for students with anxiety disorders and depression include lack of perceived need of treatment, lack of awareness of services offered, lack of knowledge of insurance, and skepticism of effectiveness of counseling/medication. Overall, we see a lack of knowledge about mental health and mental health treatment and resources on campus. A significant number of students also noted that, since they were covered by their parents' insurance plan, they were worried about their parents finding out about their mental illness, suggesting a stigma and fear of judgement is still persistent today (Mowbray et al., 2006). This sentiment was presented more often by black and Asian students which is believed to be due to cultural and economic disparities. A Harvard University committee researching student mental health found that availability of care was a specific concern of students (Mowbray et al., 2006). These studies suggest that by educating students, as well as administrators, professors, and staff, on the available mental health resources, universities can have more students engaging with counseling centers and other programs.

When health and counseling centers were first introduced on campuses, their primary aim was to help students with developmental and transitional issues and

therefore focused on preventative counseling (Kitzrow, 2003). Now that students are reporting more severe issues, many of which appear to have developed before entering university, counseling resources and methods are lagging behind students' needs. Although some are skeptical that students are actually facing more severe mental health issues today and believe more students may be comfortable seeking treatment or that university reporting methods have changed, many counselors and administrators have acknowledged an influx of students reaching out for assessment and help (Pledge et al., 1998). Research based on counseling centers' staff perceptions indicate that in the 1950s and 1960s the most prevalent problems included life adjustment and individuation, but centers today are less focused on educational and informational needs and are more targeted towards emotional and behavioral struggles (Heppner & Neal, 1983; Robbins, May, Corazzini, 1985). The most prevalent issues today include suicide, substance abuse, history of psychiatric treatment, depression, and anxiety. Research suggests there needs to be a shift in policy from preventative measures to a treatment-based focus since students are coming into college "overwhelmed and more damaged than those of previous years" (Levine & Cureton, 1998). Factors such as divorce, instability in family life, violence, experimentation with drugs, alcohol, sex, and poor social bonds may be strong contributing factors to the rise in mental illness. Also, with the rise in effectiveness in medication, students who were unable to attend college before are now able to and need to access resources on their campus to maintain treatment while at school (Gallagher, Gill, & Sysko, 2000).

With an increase in students seeking mental health attention, staff members have cited an increased pressure to perform (Robins, May, & Corazzini, 1985). Other researchers studying counseling centers found that staff experienced high demands on their time and struggled to balance limited resources (Pledge et al., 1998). Many counselors reported managing students with higher levels of need beyond vocational and counseling services without an increase in training or resources. Several more recent studies of counseling professionals highlighted the same concern for the need to increase resources and training. One study indicated that the ability for more intensive treatment, increased group therapy sessions, and staff training were the issues that needed to be addressed in order to more effectively treat more serious mental illnesses (Fruchter, 2017). Popular and academic articles report that counseling centers are falling behind students' needs as those requesting appointments for mental health issues often have to wait weeks to be seen (Thielking, 2017).

Due to this rise in mental health issues and recent press coverage of tragic events on campuses related to mental illness, the public as well as mental health researchers are calling for policy reform. Over the past 30 years, heightened attention has been given to suicide prevention and awareness, but the majority of counseling centers at universities have noted an increase in demand for services without a change in their resources (Drum et al., 2009). Some administrators reported requiring more training for staff members since the influx of students also brings in more complex cases than in previous years (Watkins, Hunt, & Eisenberg, 2011). However, without additional employees and space, many health providers are feeling overwhelmed with the workload. Many universities

continue to use an individual-focused paradigm, which relies on the ability to assess which students are at risk to commit suicide and refer them to professionals. This can only be helpful to a certain extent, and policymakers call for more wide-spread awareness and prevention programs (Joiner et al., 2005). While some universities have a higher rate of students seeking professional help by two to three times, this seems to be correlated with smaller and private institutions. This could be due to closer social ties and more resources per student, or could have to do with initial enrollment statistics where students choose a particular university based on mental health policies (Eisenberg, Golberstein, & Gollust, 2007). Social support is an aspect that is highly associated with mental health, with higher perceived quality of social support strongly correlated with a lower chances of anxiety, depression, suicide attempts, and eating disorders. However, minority students, international students, and those from low socioeconomic backgrounds are at a greater risk for social isolation and unwillingness to seek help (Hefner & Eisenberg, 2009). Those with low perceived social support were six times more likely to experience depression than those with high perceived social support. Men are more likely to have weaker social support systems, and subsequently are at a higher risk of suicide than female students (Hunt & Eisenberg, 2010).

Recent literature has called universities to change policy in order to make services more accessible and to ensure that students are aware of what treatments and resources are available to them. As mentioned previously, there is some resistance to the idea that there is a rise in mental illness among college students. However, data from self-reporting students, administrative viewpoints, and counselor assessments indicate that the type of

mental illness students' experience, along with the need for more resources within student services, is consistent and undeniable. With the application of the Americans with Disabilities Act to psychiatric disabilities, students can now claim negligence if not receiving the proper treatment. This has caused some universities to institute policies that can mandate students with mental illness to take time off of school (Mowbray et al., 2006). Depending on the circumstance, forcing students to leave college does not always help to treat mental illness, but can perpetuate the stigmatization of mentally ill people. However, more cross-national information is needed to assess what the best policy for students who have the potential to self-harm or harm others. To begin, policymakers suggest outreach in residence halls, in Greek houses, at new student orientations, and during freshman seminars (Kitzrow, 2003; Stone, 2008).

Much resistance to outreach programs and increased resources comes from those who believe that the university's sole purpose is education and that it is not the university's responsibility to treat mental illness (Stone, 2008). However, the recent marketization of higher education and rise of student 'consumers' has led others to place students' wellbeing interests first. As obtaining a college degree has been increasingly thought of in terms of the 'free market,' the student has been thought of as having the freedom of choice as the consumer (Nordensvard, 2011). This means that students, more than ever, have an impact "on schools and curricula and that 'economic considerations in particular are taking the lead, both in policy objective (such as expenditure cuts and efficiency) and in the concepts adopted (such as management, productivity, etc.)'" (Nordensvard, 2011). It is possible that students have more influence over

university mental health policy and resources than in previous decades, and it's possible this is reflected within student-written newspaper articles.

Along with the marketization of higher education, sociologists have noted a change in the structure of medical care from a paternalistic model to a partnership model (Coulter, 1999). Under the paternalistic model, it is assumed that the “doctor (or nurse) knows best, making decisions on behalf of patients without involving them and feeling threatened when patients have access to alternative sources of medical information” (Coulter, 1999). The partnership model asserts that a successful doctor-patient relationship recognizes that patients are experts as well. The doctor may be “well informed about diagnostic techniques, the causes of disease, prognosis, treatment options, and preventative strategies, but only the patient knows about his or her experience of illness, social circumstances, habits and behaviour, attitudes to risk, values, and preferences” (BMJ, 1999). In addition to their expertise, patients now live in the ‘information age,’ where they are able to access information on disease and treatment through other avenues than a medical professional (Eysenbach, 2000). These two widely accepted shifts in power dynamics of medical and educational institutions may play a role in how university students assess and interpret their mental health resources on college campuses.

Partially due to the increase of student options when choosing a college and the medical resources it advertises, universities have become increasingly worried about marketing their school as safe, desirable academically and socially, and worth the investment. One recent issue includes university liability with regards to mental illness,

especially in the wake of high profile cases such as Nott v. George Washington University, Shin v. Massachusetts Institute of Technology, and Edwards v. Harvard University. All three of these cases claim the university is at fault for mishandling situations of depression and suicide after warning signs and help-seeking behavior, although rulings for the cases vary.

Jordan Nott of GWU sought emergency psychological help for depression at a hospital and the university charged him with breaching the student code of conduct. The university issued him a letter stating that he needed clearance by the university counseling center before he would be able to return to the dorms and that he was facing expulsion (Bazelon Center, 2015). In 2000, Elizabeth Shin was a MIT student who had a history of depression and suicidal tendencies. Despite numerous warning signs, including emailing professors that she was considering suicide and seeking psychological attention from university services, she was dismissed by campus faculty. On April 10, Shin was found engulfed in flames in her dorm room. She died of third degree burns four days later and her parents sued the university for negligence (The Tech, 2002; Rivorie, 2005). In November 2007, John B. Edwards III committed suicide at Harvard. He had visited the campus counseling center and was prescribed Adderall, Prozac, and Wellbutrin. The combination of these medications with his previous prescription of Accutane severely increased his risk of depression. He was prescribed these medications despite the fact that his initial visit to the center had been for treatment of depression and lack of focus. His father sued the university for wrongful death (Kolin, 2009). With two of these cases taking place in Massachusetts, I believe they may have a strong link to students'

perceptions of peer mental health issues. Additionally, in light of these lawsuits and others of similar natures, universities have been revisiting their mental health treatment policy.

With the rising rates of mental illness reporting among college students, it seems imperative to inform students of counseling and treatment services and to provide adequate resources. In 2015, approximately 21 million students attended college in the United States and 26 percent of students at counseling centers stated they were taking psychiatric medications. This is a huge increase from 9 percent in 1994 and 20 percent in 2003 (Downs et al., 2016). There is continual change in policy and reallocation of university funds which seeks to ensure students a productive and safe learning environment. In the next section, I address how my research method examined student newspapers in order to understand how students are reacting towards heightened mental illness and the resources their universities provide. This research is intended to aid in the analysis of what programs and university services are best able to help students facing mental illnesses and other stressors by showing what is currently being discussed by students and how students interpret what resources will best aid their educational endeavors.

## **RESEARCH DESIGN & METHODS**

In order to examine students' perceptions of mental illness across place and time, I employ content analysis of student-written and contributing articles in university newspapers. This method allows me to examine how students understand and construct mental illness, how students perceive the resources they have on campus, how these

discussions and perceptions have changed over time, and how students' depict mental illness similarly or differently across university settings. Content analysis is useful when it is necessary to systematically survey and analyze how often and in what context ideas occur within a text (Luker, 2008). While content analysis rarely shows causation, it can be extremely useful in cases where written documentation is the sample. By analyzing newspaper articles, it is possible to draw correlations between and within the ideas expressed by universities and its students and the perceptions of mental health. Social scientists have used content analysis to trace the formation of ideas over time and can analyze how the perceptions of people change about certain ideas through scrutinization of the use of language (Luker, 2008). As previously stated, the public's concept of mental illness has changed in recent years, and this may be evident within the articles in university newspapers. Content analysis will allow me to address the questions I have posed above by giving concrete evidence to how students discuss and address mental health and its treatment over time. Although it may be difficult to formulate causal relations between events or trends through content analysis unless explicitly stated in the text, research on articles written by students on mental health related topics is imperative to understanding how views on mental health have developed in recent years. Overall, there is a lack in current qualitative research of university mental health from students' perspectives. Research mainly focuses on individual-level analysis through surveys and interviews of mental health professionals and those afflicted with mental health issues or the macro-level as researchers collect aggregate data on what percentage of student suffer from mental illness. This research can contribute to the existing literature and greater

understanding of mental health among college-aged youth by giving another perspective on what is currently being perceived by college students as the most prevalent mental health issues on campuses, including what is being done to ensure a healthy and stable learning environment at universities.

As I seek to understand how students' understanding of mental illness changes across time and varies across place, I chose to analyze four universities in Massachusetts with unique social and academic cultures. Research by Eisenberg, Golberstein, & Gollust (2007) shows that the type of university a student attends may factor into their understanding of mental illness and rate of help-seeking behavior. As mentioned previously, preliminary findings by the authors show that some universities have a much higher rate of students seeking professional help by two to three times which seems to be correlated with smaller and private institutions. This could be due to closer social ties, socioeconomic class, more resources per student, or with initial enrollment statistics where students choose a particular university based off of specific health policies (Eisenberg, Golberstein, & Gollust, 2007). Students who choose to attend a university with specific resources could be seen as adhering to the marketization of higher education, where students are consumers who choose an institution based on resources which will best benefit them (Molesworth, Scullion, & Nixon, 2011).

To incorporate a span of college types in my research, I examined the student newspapers of the University of Massachusetts at Amherst (UMass), Boston College, Amherst College, and the Massachusetts Institute of Technology (MIT). UMass is a large, public university with no affiliation located in Amherst; Boston College is a mid-sized,

private university with a Jesuit affiliation located in Chestnut Hill; Amherst College is a small, private liberal arts college with no affiliation located in Amherst; and MIT is a mid-sized, private university with no affiliation located in Cambridge. All of these colleges have an independent student newspaper which publishes at least once a week and has addressed aspects of mental health. The articles utilized in this study are archived online. The table below shows other classifications and statistics which are relevant to student culture on campus and may factor into students' attitudes on mental illness.

	<b>Newspaper Name</b>	<b>Newspaper Affiliation</b>	<b>Total Articles</b>
<b>Boston College</b>	<i>The Heights</i>	Independent	628
<b>MIT</b>	<i>The Tech</i>	Independent	431
<b>UMass Amherst</b>	<i>The Massachusetts Daily Collegian</i>	Independent	466
<b>Amherst College</b>	<i>The Amherst Student</i>	Independent	214

<b>Enrollment 2000</b>	<b>Enrollment 2016</b>	<b>Greek Life</b>	<b>ROTC</b>	<b>% Students in University Housing</b>	<b>% Female</b>	<b>% Caucasian</b>
14,419	14,250	No	At BU and Northeastern	84%	54%	70%
10,090	11,376	Yes	Yes, on campus	94%	46%	66%
21,844	21,734	Yes	Yes, on campus	58%	50%	65%
1,705*	1,849	No	At UMass Amherst	98%	50%	43%

<b>Public/Private</b>	<b>Affiliation</b>	<b>Acceptance Rate</b>	<b>Location</b>	<b>Student : Faculty Ratio</b>	<b>Athletic Division</b>
Private	Roman Catholic (Jesuit)	29%	Chestnut Hill	12:1	DI
Private	None	8%	Cambridge	3:1	DIII
Public	None	60%	Amherst	17:1	DI
Private	None	14%	Amherst	8:1	DIII

Table 1: Institutional Demographics<sup>1</sup>

By utilizing a case study method of four distinct universities, I believe this research can give insight into 1) how college students understand mental health overall and which aspects are most important to them, 2) how students' ideas about mental health

<sup>1</sup> Value with \* could only reflect information from 2006.

have changed in recent years, and 3) how students in different college environments discuss and describe mental health. Specifically, my analysis examines articles from the year 2000 to the present. Articles for analysis were collected from online newspaper archives during the summer of 2017 from *The Massachusetts Daily Collegian* (UMass), *The Heights* (Boston College), *The Amherst Student* (Amherst College), and *The Tech* (MIT). In order to narrow my search, I used five key terms when searching for articles. “Stigma”, “mental health”, “mental illness”, “anxiety”, and “depression” were each searched on the newspapers’ official websites and relevant articles were saved. “Mental health” and “mental illness” were chosen to encompass a broader range of afflictions and concerns towards health on campus; “anxiety” and “depression” were chosen as these are the two mental illnesses which are most prevalent among college students; and “sigma” was chosen as the initial aim of this study was to determine how stigma has changed among college students, but by working inductively I found that, while stigma is a concept interwoven throughout many other conceptions college students’ have of mental health, it is not clearly identifiable through reading articles.

If newspapers had separate official websites and archive sites, both were examined to ensure articles from 2000 to 2017 were collected. I selected articles with brief or extensive mentions of mental health at universities or the surrounding area, but that gave a sense of student perceptions of mental health. For example, many articles had brief mentions of mental health in movie, literature, or music reviews, were newspaper corrections of small factors unrelated to the overall purpose of the original article, or made a one sentence reference on who to contact at the mental health office (which is

standard at the end of an article about a tragic event). As I believe these types of article did not contribute to perceptions and had little relevance to mental health understanding among college students, they were not included in analysis.

As I collected articles for analysis, I began the process of utilizing grounded theory. Grounded theory method is a systematic approach to analyzing qualitative data (LaRossa, 2005). This methodology involves reviewing the data and documents collected and looking for repeated ideas and concepts that emerge from readings, re-readings, and analysis. Throughout this process, data is continually reevaluated. When initially collecting articles, I noted topics, ideas, and concepts which I found in multiple newspapers or time points, and I noticed which topics were distinct to one newspaper, or that I believed would be useful in later analysis. This method best served the data sample as I hypothesized that students' conceptions of mental health and responses to campus resources would vary over time and place, but did not have any specific theory to test. Instead, I sought to understand what trends have occurred around mental illness, stigma, resources, utilization, and beliefs on campuses over the recent years.

These general topics and key words gave me a starting point of units of analysis to examine throughout my samples. After I compiled a list of tentative topics and conducted a cursory reading of all the articles, I chose a sample of articles from each school to read closely and examine for context, tone, and rhetoric. As my total sample was comprised of hundreds of articles from each university, it was only feasible to read a subset of articles. I chose a random sample of 40 articles from each college. My initial instinct was to select the articles which had a mention of one of the five key terms in the

headline. However, in practice there were numerous issues that arose. Firstly, the sample for Amherst College only comprised eight articles out of a sample of more than 250. I did not believe this was substantial enough to make any claims on how Amherst College students address mental health on their campus. Secondly, when reading these articles, I found that the topics covered were not as expansive as I noticed in my preliminary readings during data collection. Articles which included one of these five words in the headline typically tended to discuss mental health in broad terms and did not give a robust picture of how students approach the plethora of health concerns that are apparent on their campuses. These articles most broadly focus on mental health at the university level, but through selecting a sample of all articles collected, more specific concerns addressed by student writers are accurately represented and addressed in my analysis.

Although this study analyzes colleges with distinct characteristics, I realize that examining only four student newspapers limits the generalizability of this research. However, the small sample size allowed for a more in-depth analysis of each university's students' depiction of and rhetoric around mental health. Although I acknowledge these limitations, I hope this study may serve as a template for future research about the shifts of mental illness and that others in the sociology, education, and health fields delve deeper into mental health understanding and experiences which are reproduced by students at other universities.

## **DATA ANALYSIS & RESULTS**

As my data includes four distinct universities' newspaper articles over a span of 17 years, I believe it is important to evaluate the changes between the institutions as well

as the changes which occur across time. Although there are a variety of variables which affect the topics addressed by student writers, I believe these results give a good indication of what mental health issues may be most prevalent at specific types of colleges as well as how the focus on mental health has changed over time.

### *Changes Over Time*

As it is apparent that universities across the country are facing increased rates of mental illness, I begin my analysis with commonalities across my four selected colleges which depict how student rhetoric, understanding, and opinion has changed around this topic since 2000. A few of the most prominent changes appear to be a stronger and more apparent focus on mental health on campuses, an increased awareness of resources by students as well as a more diverse set of health resources available to them, and a more opinionated stance and call to administrators to facilitate change. These shifts were apparent across the sample of articles from all four universities. In agreement with contemporary research, students appear to be suffering from mental distress at higher rates, but are also seeking to do more to subside these symptoms.

### *Stronger Mental Health Focus on Campus*

Overall, more attention is being given to the issue of student mental and physical wellbeing as portrayed by an increase in student-published articles. Not only is there a greater volume of articles on mental health, but students are writing more in-depth analyses on these issues as well. Of my randomly-selected sample, 30 articles covered an aspect of mental health between 2000-2005, 42 articles did between 2006-2011, and 87 articles did between 2012-2017. This indicates a nearly 300% increase in attention given

to mental health topics by student writers from the 2000-2005 period to the 2012-2017 period. The table below reflects the breakdown of the number of articles in the sample by year and institution they represented.

	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17
<b>BC</b>	0	1	2	1	2	0	0	2	1	2	3	5	5	2	4	2	4	3
<b>Amherst</b>	0	1	3	3	2	2	0	1	1	2	1	0	1	4	6	6	6	1
<b>UMass</b>	0	0	1	1	2	4	2	2	2	1	1	1	5	2	3	7	4	2
<b>MIT</b>	1	1	1	0	1	1	2	3	4	0	5	1	5	3	1	4	5	2
<b>Total</b>	1	3	7	5	7	7	4	8	8	5	10	7	16	11	14	19	19	8
				30						42						87		

Table 2: Articles by Year

Although this is a relatively small sample compared to the total amount of articles collected, it is likely that this is an accurate representation of the frequency of mental health-related articles written over the course of time since a random sample was obtained from each university. These results corroborate other findings in the field which suggest there has been heightened attention given to mental health-related issues on college campuses in the past decade (Thielking, 2017). It seems apparent that not only faculty and administrators are noticing a rise in mental illness, but students are aware of these changes and seek to speak more about them as well. The heightened attention to mental illness may also imply a decreased stigma surrounding previously taboo topics among students, although further research is required to form a clear relationship between the two.

In addition to an increased volume of articles pertaining to mental health, students seem to be tackling issues which have a more direct and substantial impact on campus life. Articles from the first several years examined mainly focus on issues which are tangentially related to mental health and do not always have a direct connection with the

college's own campus, while articles post-2010 have a heightened focus on mental health resources at their own university and on combatting negative misconceptions of mental illness.

From 2000-2005, articles from all colleges, with the exception of MIT, discuss mainly broader topics related to mental health issues. The most common topics included school shootings, terrorism, faculty and alumni research, and state legislation. Many of these articles were not about topics which directly impacted the university. For example, Amherst College's article titled "Fein fights to stop school shootings" and Boston College's article titled "Reasons Behind School Shootings Run Deep" both address issues of protecting university students on their campuses and mention the need for better mental health evaluation, but neither Amherst College or Boston College had an experience of a shooter on their own campus. These are mainly a reaction to the rise of shootings in schools over the previous decade. Students and faculty address the importance of safety on campus and the need to heighten mental health resources in an attempt to lessen the chances of an active shooter on campus.

Several articles in this time frame also focus on research being conducted at the university and by their graduates. Articles including Amherst College's "Kauffman makes waves in drug industry" and "Daily Jolt founder Winer '01 aims at national reform" and UMass' "Faculty members' study looks at aging" highlight how mental health issues are important parts of educational values and ventures as well as social experiences. The article on Dr. Michael Kauffman, a 1985 Amherst graduate and CEO and President of Predix Pharmaceuticals, is mainly a profile of a notable alumnus. It addresses that the

most prevalent mental illnesses in the United States are generalized anxiety disorder and depression, and that “approximately \$3 billion a year are spent on drug therapy worldwide for the treatment of anxiety disorders. Pharmaceutical research is both a humanitarian enterprise and a lucrative one.” Kaufmann notes that he enjoys working in pharmaceuticals “to improve the human condition.” The article on Noah T. Winer, a 2001 Amherst graduate, is also a profile on a successful alumnus who had previously worked with low-income people with mental illnesses who were deemed criminals. The UMass article mentioned discusses four faculty members’ research which mainly pertain to sustaining memory and lessening the chances of mental illness as people age. While these studies address the importance of mental health, they are not targeted at studying or aiding students on their own campuses and it seems that students address mental health on their own campus more directly in subsequent years. While there are a few articles which address mental health on campus in the 2000-2005 timeframe including Amherst College’s “Using the Writing Center to help ease your writing burdens”, Boston College’s “Program addresses mid-college crisis”, and UMass’ “Weather affecting mood?”, overall, articles mainly focus on tangentially related topics in the earlier 2000 with an increase into more direct and reform-seeking articles in later years. Boston College’s program addresses “the problem that has no name” which may relate to anxiety, self-doubt, an unhealthy need for success, or depression and seeks to help students with transitional adjustments such as making “decisions about their major, whether or not they will study abroad and where, and career preparation.” All the mental health issues addressed in

articles from 2000-2005 are also addressed in subsequent years with the addition of new concerns, resources, and conceptions.

The tangential and brief mentions of student mental health in articles during the early 2000s holds true for all the colleges analyzed except for MIT. Although the differences in each college's focus and approach is addressed in a later section, it is worth mentioning that of the five articles sampled from 2000-2005, all of them directly related to mental health on MIT's campus. Three articles addressed specific policies and services on campus, one article is an advice columnist addressing depression, and the last article is a timeline of the lawsuit *Shin vs. Massachusetts Institute of Technology*. Two major factors are cited in these five articles as having an immense impact on media coverage. These factors include the Shin trial and a series of articles printed in the *Boston Globe*. The majority of articles sampled from MIT have a much stronger tie to university tragedies and affiliated court cases. Of MIT's 40 articles sampled, 14 are focused on or specifically address a suicide of an MIT student.

With the exception of MIT, the number of articles describing mental health issues and campus resources increased as years progressed, and several crucial topics emerged that transcended campus boundaries and are clearly issues affecting many colleges. The most prevalent topics included sexual assault and its mental health repercussions, the importance of work-life balance when managing stress and anxiety from academics, and depression and what resources are available for those who suffer from depressive symptoms.

In recent years, a movement to bring to light the prevalence of sexual assault on college campuses has emerged and the emergence of students speaking up for their peers is apparent in student-run newspapers. Each university ran several articles in recent years which discussed sexual assault and rape on and off campus. A few of these articles include Amherst College's "College Accused of Mishandling Sexual Assault" (2013), "Oversight Committee Releases Report on Sexual Misconduct" (2013), and "Sexual Violence and the Porn Industry" (2016); Boston College's "The myths of abuse reporting" (2009) and "WRC forms new survivor support group" (2011); UMass' "Rape crime statistics continue to grow"; and MIT's "A fundamental right for women: The US government has an obligation to protect reproductive freedoms" (2010), "Letter to the Editor: Abortions and mental health" (2012), and "Letters to the Editor: Standing for life and women's rights" (2012). Many of these articles discuss the prevalence of sexual assault on campuses and address the misconception that rape occurs by primarily strangers, but in reality it is most common to be assaulted by an acquaintance. In "WRC forms new survivor support group," Elizabeth Rhodes, a staff member at the Women's Resource Center, states that survivors had been coming in to the Center asking for a group, indicating that there is a desire by women to discuss their experiences and find support. Rhodes is quoted saying "It's really important that people know that rape happens at BC. It happens on all college campuses. What happens here isn't any different than anywhere else" and that "Sexual assault is one of the traumas that is more effectively healed by contact with people who have been through the same thing." Rights and resources for survivors of sexual assault are addressed with similar seriousness in

“Oversight Committee Releases Report on Sexual Misconduct.” The article outlines the circumstances around a report released at Amherst College titled “Towards a Culture of Respect.” The report addressed how “although the College did not appear to be ‘sweeping cases under the rug,’ it had failed on a systemic level to provide adequate resources and due process for victims.” This investigation occurred after students, faculty, staff, and alumni called for investigation and reform on “the campus environment, resources for student affairs, sexual education, recent history and College policy throughout the school, including policies related to Title IX.” These articles indicate that students may be more aware of their rights and resources regarding sexual health and safety on campuses and are more willing to speak about abuse than in previous years.

Another prevalent topic which emerged throughout my research was the struggle students have in maintaining a balance between socializing and academics in college. Many articles indicated that students felt as though the pressures of maintaining their academic standing was incredibly time consuming and led to issues of stress and anxiety about the workload, but that they still felt pressure to socialize with friends in an environment where they are entirely surrounded by peers. Often times, students believed this led to alienation from their classmates as students were reluctant to discuss their personal struggles for fear that their peers would not relate. This sentiment is expressed in articles including Amherst College’s “Making Time For Friends” (2015) and “Keeping Secrets, Walking Home” (2016); Boston College’s “BC students need more sleep” (2012) and “Embracing Our Insecurities” (2014); UMass’ “How to deal with stress during finals” (2012) and “Put yourself first and school second” (2015); and MIT’s “Surviving

the Institute: Reflections from a former MedLink” (2012), “How do MIT student-athletes deal with stress?: Athletes agree that playing sports helps them budget time and put things in perspective (2012), and “Drunk off the firehose, A review of MIT: Although it’s successful, MIT could improve education & culture” (2013). In a 2016 Amherst College article titled “Learning the Lingo: Amherst in Translation,” the writer addressed the concept of ‘Floating Duck Syndrome’, in which she states that students are like ducks, “they may seem perfect and happy on the outside, but under the surface they are suffering from stress, anxiety, low self-esteem and the exhaustion of keeping up a seamless facade. If this rings a bell, know that there are many, many students at this college and colleges all across the country who feel the same way. And that talking about it is nowhere near shameful or embarrassing. In fact, you would be spreading bravery as well as helping cultivate a culture of openness and sharing.” Although this term was not commonly used outside of Amherst College, the concept held true among all universities. MIT students use the phrase “firehose” to describe the continual workload and stressors being pushed upon them. In the article “Drunk off the firehose,” the writer states that the “Institute is a cruel and jealous master, demanding nothing less than complete devotion. It consumes you, and you become consumed by it.” All universities in this study mentioned that students lack an adequate amount of sleep in order to keep up with the demands of education.

With anxiety and depression as the leading forms of mental illness among college students, it is unsurprising that depression is a topic most commonly talked about within student newspapers. Many of the articles used a tone which sought to educate their peers

of the commonness of depression among students and to inform them how to seek help. This rhetoric can be seen in Amherst College's "Student Activism Focuses On Mental Health" (2013), "A Better Amherst" (2014), and "Mental Illness (Mostly About Depression)" (2014); Boston College's "Issues of mental health more serious and common than most know" (2011), "Students fight mental health stigma; BU Stride-a-thon event fosters suicide awareness" (2012) and "Caucus take a close look at mental health" (2013); UMass' "A product of circumstance" (2015); and MIT's "Asking for help is not a sign of weakness" (2013) and "Portraits of Resilience: Anita Horn" (2016). At many points, students address the stigma around mental illness and suggest that the reduction of stigma may lead to a more productive campus climate when reducing mental illness rates. In "Issues of mental health more serious and common than most know," the author acknowledges that "it is easier to talk about your favorite fitness class at the Plex or most recent attempt to lose a few pounds than it is to admit that you are struggling to cope with anxiety, depression, or some other form of emotional distress." She seeks to show readers that mental illness is prevalent among students by utilizing statistics such as "84 percent of students were overwhelmed by all they had to do, 46 percent experienced extreme anxiety, 45 percent felt things were hopeless, 30 percent were so depressed they had trouble functioning, [and] six percent seriously considered suicide." These articles indicate that at least a segment of the student population understands mental illness as an affliction which is out of the control of the individual, but is often treatable and not to be ashamed of. These sentiments can be seen through the elevated discussion of mental health issues within student newspapers over the years.

### *More Resources with Stronger Awareness and Use*

In addition to the increased attention given to mental health issues, students also seem to be more aware of the resources on campus available to help alleviate symptoms of mental illness. Most universities have a variety of resources available for student use including group and individual therapy, medical professionals, help hotlines, student support groups, online resource websites, and health centers. Although faculty and programs vary by university, one commonality found in mental health research is that students are unaware of all the resources available to them regarding a range of mental illness (Mowbray et al., 2006). By analyzing these articles, I found that over time, students have become more aware of what resources are available on their own campuses. Along with heightened awareness, more programs, staff members, and initiatives are being implemented to ensure a broader range of resources for students.

Students' discussions of their counseling centers and affiliated resources in these articles make it apparent that they are more aware of what is available to aid their mental health while enrolled as a student. One representative example of student awareness is Amherst College's struggle with loneliness. A 2013 article titled "Student Activism Focuses On Mental Health" writes on the collaboration between student-run group To Write Love On Her Arms, a national non-profit organization which seeks to bring awareness and hope to those struggling with depression and self-harm, and the Counseling Center in putting on an event for National Depression Screening Day. The event was sparked in part by the National Institute of Health's 2013 study which reported that 30 percent of college students feel depressed at some point. The founder of Amherst

College's TWLOHA chapter Darrian Kelly stated that "National health assessments have shown our peers struggle with being overwhelmed, lonely or anxious at rates that are well above the national average. While there is a Mental Health and Wellness Committee on campus that has been working on some great changes to student life, it is also important to have an outlet like TWLOHA for students themselves to get involved around the issues." Another article run in *The Amherst Student* reported that on November 3, 2015, Amherst College released a survey on loneliness to its students after the 2014 National College Health Assessment survey revealed that 76 percent of Amherst College respondents reported feeling "very lonely."

Articles from other universities also highlight student involvement and activism regarding mental health on campuses in later years. At Boston College, a 2013 article titled "Caucus takes a close look at mental health" reports on Silver Week, a four-part event which was dedicated to summarizing concerns, broadening perspectives, and educating students on the issues surrounding mental health. While the event was put on by the Asian Caucus, other culture club representatives addressed concerns as well. The organizer of the event, Matt Alonsozana, was quoted saying "I hope this encourages and gives a template for action to other organizations involved. If there's going to be a change in regard to how we perceive mental health, and to how we help our friends avail [University] resources when they need them - that type of catalyst can only be help in a student community." Other student-run events highlighted the resources available including the Women's Resource Center, To Write Love On Her Arms, and GLBTQ.

In addition to the heightened awareness of resources, more counseling centers at colleges are beginning to facilitate changes (Pledge et al., 1998). These articles show the most common changes include hiring more faculty, lengthening service hours or implementing hotlines to call during nights and weekends, and increasing peer resources. None of the articles in the sample had a mention of decreased services at campus counseling centers and student organization centered around mental health and related issues only seemed to gain prominence on campuses.

One piece ran in *The Tech* just listed the resources available to students struggling with a mental illness. The writer highlighted Student Support Services, a resource for students having personal and medical issues affect their academic performance; MedLinks, peers who are trained in health advocacy; Nightline, students are available between 7 p.m. and 7 a.m. every night to listen to their peers' concerns in person or on the phone; the Center for Health Promotion and Wellness, the office which supports students in staying healthy; Go Ask Alice!, an Internet service through Columbia University to anonymously ask questions on mental and physical health; MIT-EMS, MIT's volunteer ambulance service; and MIT's Tips for Common Symptoms, an online guide for when to seek a clinician's help. Many of these resources were implemented post-2000 due to student demand. MIT also ran a special issue in 2008 which specifically focused on health at the university. Some of the issues addressed included a report from an anonymous student who used Mental Health Services and described asking for help, a report from two health educators giving advice on wellness, reports on the new alcohol

training program and MIT ambulance service, an examination of how MIT suicide rate is below national average in one study but twice as high in another, and more.

All universities discussed the increased services offered on campus in their articles. Some examples include: Amherst College instituted a 24-hour hotline at their counseling center in 2014; Boston College began the Sweet Dreamzzz initiative in 2012 through the Office for Health Promotion when it was assessed that students are getting too little sleep and it is negatively impacting their academic lives; Boston College instituted a 24/7 support line on Alcohol Screening and Prevention to educate students on alcohol policy in 2016; and UMass held a walk for suicide prevention named “Out of Darkness” to spread awareness and raise money on campus in 2015. These are only a few examples of recent resources implemented on these campuses.

#### *Student Opinion and Calling Administrators to Facilitate Change*

Another trend which transcends university type is the change in tone and rhetoric used by student writers. In the early 2000s, articles mainly had a focus on reporting news without inserting writer point of view while articles in later years were more likely to express an opinion or voice a stance on a particular issue. These articles mainly addressed personal narratives on struggles with mental health, calls to action of administrators and staff to increase resources available to students, and opinions on a variety of mental health issues on and off campus. After reading each article, I established if it was a “news” article or a “viewpoint” article which included when an author’s personal opinion or experience was expressed. Viewpoint articles included opinions pieces, transcribed interviews, letters to the editor, personal narratives, and other types of articles which

sought to make an argument or portray a clear stance rather than purely report on an event or issue. The table below reflects the changing tone of articles across universities.

	<b>News</b>	<b>News %</b>	<b>Viewpoint</b>	<b>Viewpoint %</b>
<b>2000-2005</b>	24	77%	7	22%
<b>2006-2011</b>	21	50%	21	50%
<b>2012-2017</b>	29	33%	58	66%
<b>Total</b>	74	46%	86	54%

Table 3: News and Viewpoint Articles by Year

This data shows that only 22 % of articles published from 2000-2005 reflected a writer’s opinion, with a steady increase to 50% between 2006-2011, and 66% between 2012-2017. The stances, opinions, and narratives in these articles almost entirely reflected a positive stance on treating mental illness, but largely also called for administrators to increase resources, publicity of counseling centers, or reform to mental health programs. Articles were able to express these opinions through a variety of means, including staffers writing opinions pieces, other university students writing letters to the editor, publishing statements from faculty, alumni, or administrators, and running personal narratives of students who suffer from mental illness.

Most students who wrote about their personal experiences with mental illness and campus resources mainly sought to reduce the stigma around suffering from a mental disorder and asking for help while also raising awareness for the prevalence of mental illness on college campuses. One anonymous Amherst College student who was not a part of *The Amherst Students* staff wrote an article titled “Mental Illness (Mostly About Depression)” which was published in 2014 and discussed her personal struggles with depression and suicidal ideation as a college student. She seeks to educate her peers about depression through discussing her own misconceptions before being diagnosed. She

writes “A common misconception is that mental illness is something you can snap out of it you are mentally strong enough. That is not true. [...] Saying that you can snap out of it is the equivalent of telling someone with the flu, ‘If you have strong enough control over your immune system, you can stop having the flu whenever you want.’” She goes on to detail her own symptoms, which include feelings of loneliness, need for constant reassurance, suicidal thoughts, self-chastization for eating, moments of being stuck in place, feelings of being dragged down, unsatisfiable need for sleep, being agitated easier, the inability to handle stress, and anxiety. She notes that those who suffer from depression experience different symptoms and it can also come in episodes. She also mentions statistics from the National Institute of Mental Health about the prevalence of mental disorders and depression and gives advice on how to help a friend who may be struggling.

Similar articles can be found in other university newspapers as well. In 2015, UMass published an article titled “The stigma of mental illness in schools” in which a writer stated “Since the age of six I have been aware that I have an anxiety disorder, which is a relatively common age to display symptoms. It was nothing new. As I grew older, however, I felt my stress increase while I felt there were fewer ways to cope with it.” She discusses how therapy and medication are not an automatic fix, but are helpful in reducing symptoms. Her main point, however, is that even if these symptoms can be reduced, people who have mental illnesses suffer from stereotypes and prejudices as well. She utilizes similar rhetoric as the Amherst College writer when comparing mental illness to physical illness, stating that “Anxiety is not viewed in the same way as a cold or the

flu. For these temporary illnesses, acquiring a doctor's note and documentation is not difficult, and people are excused because of the illness. People with anxiety, however, may inadvertently be forced into shame." One of her biggest challenges came from shame associated with her illness later in life, specifically stating that at UMass the stigmatization isn't as blatant as it was at her high school but she does not feel that her anxiety is a valid excuse to miss class. She calls for mental health education to become a statewide or national priority in public schools in order to change perceptions about it. Other personal narratives follow similar structures and are present at all universities including a 2017 article in *The Tech* titled "MIT, a personal Pandora's box: Overcoming grad school depression" and a 2014 article in *The Heights* titled "On Eating Disorders and Being Enough."

Articles targeted at informing administration of mental health struggles on campus and calling for a development in resources were common among articles written as personal narratives as well as standard news articles. In 2015, one University of Massachusetts student wrote an article titled "UMass needs to improve CCPH." She stated that while students are lucky to have the Center for Counseling and Psychological Health (CCPH), "the real issue is that UMass doesn't appear to support the CCPH the way it should. The department is a lot smaller than it could be and doesn't seem to receive the resources it needs to support this large community of students. In fact, the CCPH's website specifically states that it 'does not have the capacity to manage chronic conditions requiring intensive or frequent contacts.'" She writes about the pitfalls in CCPH's system for assessment and treatment including that before making an

appointment, students must attend a 10-15 minutes screening. After that, students are only allowed up to four visits before being referred to care external to the university. She also argues that students also must confer with their parents about treatment if they are a dependent for insurance, and this can be an uncomfortable conversation to have.

Although she concludes that her article is a criticism of the University rather than the CCPH, she calls for more resources in order to expand and improve services.

Similar rhetoric in an article in the Boston College newspaper states how they appreciate the university attempting new methods at mental health assessment and treatment but recommend continued advances and changes. In the 2017 article titled “WellTrack Must Revise presentation of Survey Results,” the writer addresses how the newly implemented self-help mobile app and website through the University Counseling Center is problematic. While this program gives students another platform to address mental illness, and one which they may be more comfortable with as it is more private, the writer states “while UCS has good intentions in implementing the app and introducing additional resources to assess mental health, the wording within the app seems too much like a medical diagnosis.” He believes the definitive wording within the app can escalate alarm regarding mental health. As the diagnosis is presented after a 21 question quiz, it is not meant as a definitive diagnosis and the writer calls UCS staffers to reconsider how survey results are presented. Students can also partake in a five to six week course through the app to deal with anxiety and stress, depression, or phobias. This BC writer, like the UMass writer previously mentioned, appreciates that the administration is seeking to help students suffering from mental illness but believes there

are significant flaws in the system, stating that “It is commendable that UCS is attempting to improve and provide a variety of resources available to students struggling with mental health issues. UCS has seen a sharp increase in the number of student visits made over the last few years, and many students feel that the University should do more to accommodate the mental health needs of students on campus.” Another example of student activism on mental health includes a 2016 UMass’ piece titled “UMass protest president-elect and pushes for sanctuary campus” citing the mental distress and anxiety felt by immigrants at the uncertainty of their status on campus.

In addition to students utilizing news media to call attention to administrators, they have also recently begun to be more vocal on their opinions on a variety of matters related to mental health. As mentioned previously, references to mental illness in the early 2000s mainly revolved around news reporting, while later articles tend to take a stance on mental health. This sometimes occurs when students critique the facts or beliefs of other community members. In 2013, *The Tech* ran an article titled “Asking for help is not a sign of weakness” where the writer criticizes Florence Gallez, a former MIT student, who stated that those suffering from a mental illness should “tough it out, build up resilience, and get better on their own.” The writer employs the comparison of mental and physical health utilized by other student-writers when stating that telling the mentally ill to tough it out “is akin to asking victims with cancer to just try really had to overcome it by themselves without seeking medical attention.” He continues to state that “Science tells us that mental disorders are, in fact, physical, just like other maladies. The only different is that mental disorders affect the brain. Depression, for example, can be caused

by a simple chemical imbalance” and tells those suffering from mental stressors to seek help and provides information on MIT’s resources to help with mental illness. Like other writers, he also addresses the issue of stigma on campus. His opinion is that, although stigma is much less present than it used to be, it is still apparent on campuses and needs to be dispelled.

Students writing newspaper articles to combat false or misleading information related to mental health is apparent across universities. A 2015 UMass article addressing the continual stress of academics discusses the importance of work-life balance. In “Put yourself first and school second,” the author writes that all freshman come into the university setting with anxiety and stress, and even though it is easy to be overwhelmed by pressure, it is necessary to take a break for one’s mental health. She cites statistics on the high rates of suicide ideation among college students and states that “It is our responsibility to eradicate the stigma that led some of these students to perceive suicide as a better alternative to taking a semester off.” Other issues students take a stance on include sexual violence in pornography, addressed in a 2016 Amherst College article titled “Sexual Violence and the Porn Industry” and racism and masculinity, addressed in a 2016 UMass article titled “Panel held Monday night discusses ways racism and expectations regarding masculinity affect men of color.” The majority of articles which express an opinion regarding mental health reform and seek to abolish stigma occur within the last several years. This may suggest that students are becoming more comfortable with discussing mental illnesses and realize that it is a prevalent problem, especially at universities. More research directly related the stigma, student-administrator

relationships, and mental health understanding across time should be conducted to thoroughly understand these trends.

### *Variations Between Universities*

Although many student newspapers had shifts since 2000 which were prominent across universities, individual colleges also face mental health issues which are particular to their school. It is possible that these changes are related to a variety of factors, which was the rationale behind utilizing universities with distinct campus cultures, academic specialities, and affiliations. In this next section, I will analyze the most prominent topics and address the rhetoric and tone used in each of the four newspapers and suggest what factors may cause these particular issues on mental illness to be most prevalent.

#### *Amherst College*

Amherst College is a private liberal arts college in Amherst, Massachusetts, with less than 2,000 enrolled students. It is an institution exclusively teaching undergraduates obtaining four-year degrees and offers 38 majors and typically has an acceptance rate below 15 percent. On the Amherst College Counseling Center's website, it states that "On this site you will find resources for students, parents and others, including information on how to make an appointment and how to get help in an emergency" ("Counseling Center"). Along with location, hours of operation, and contact information, the website provides a number for a 24-hour line for counseling services and lists other services the center provides. This list includes the 24/7 emergency service, urgent care, individual counseling, group counseling, psychiatric medication management, consultation, and presentations and workshops. In addition to these

services, the site also has four attachments: FAQs regarding the Counseling Center Student Advisory Board, Coping With Race Related Stress, Grief & Loss, and Stress Management. The main page also indicates how to make an appointment and the university's policy on confidentiality.

Within student-written articles, many of the mental health issues addressed on the Counseling Center's website were apparent, along with other major topics which seem important to student mental wellbeing. Compared with other universities in this study, Amherst College articles reflected a more apparent focus on writing and affiliated academic centers which partnered with mental health resources for students, an active stance on preventing sexual assault, and a heightened discussion on loneliness and social isolation.

As Amherst College is a liberal arts college, the majority of the majors offered are heavily focused on reading, writing, and analysis compared to hard science disciplines which typically involve more quantitative and computational work. This distinction is apparent in the resources offered and student reporting. Several articles mention the Writing Center as a source for writing assistance as well as emotional support. In a 2004 article titled "Using the Writing Center to help ease your writing burdens," the author publishes a list of advice from the Writing Center. Many of these tips include helpful studying practices, including scheduling a break from writing and reading work aloud, while other tips include stronger emotional sentiments. One tip is "Don't suffer in silence," where the Writing Center employee states "there's a difference between the real signals of grief and depression and the mere noise of whining. If you are having a hard

time, please seek out a counselor, a dean, a professor or a friend. The College abounds in helpful professionals who can at least push you towards the answers, even if they can't solve your problems for you." Another tip advises seeking help from the Writing Center or a Writing Counselor. An article from 2009 titled "Writing Center Expands Offered Services to Meet Students' Needs" details some of the Center's services which go beyond 'Writing Mentoring.' These include ESL Instruction becoming integrated into the Center when it was previously external to it, instruction in creative writing, and Writing Counseling. Writing Counseling is "aimed at assisting students who are prone to procrastination and anxiety." The Center notes that the resources are not only for those who have problems with writing, but are for all students, even if they just need a reader. Forty-seven percent of students at Amherst College utilized the Writing Center's services in Fall 2008, indicating that the Center is an important resource for students.

The integration of mental health and academic support suggests that writing is a source of stress for many students. Academics as a major stressor for students is prominent in other articles, including 2001 article "Forty percent received A- average at Amherst" which addresses the issue of grade inflation, but notes that while students may not be more prepared for college than they were in previous years, "there is certainly more anxiety around needing to go on to graduate school, and more and more students hold themselves to a higher standard." Amherst College's website states that 80 percent of alumni continue on to graduate school. The resources offered and student concern expressed in articles indicate that students are not only worried about passing courses, but also about having competitive and comprehensive qualifications to apply for further

education. A 2007 editorial addresses the lack of options and availability for philosophy majors when registering for class. The writer states that only six courses were being offered that term, which creates anxiety for students when filling their schedules with courses that pique their interest. He notes that “above all the administration must pay more attention to supporting a range of course offerings capable of sustaining the intellectualism of Amherst’s students.” As a small school, Amherst College may face this particular issue more than other universities. While it is common for students at all universities to face anxiety related to academics, Amherst College students express stressors unique to their college’s situation as a small, liberal arts college that were not apparent in other university newspapers. It is possible that as a highly competitive school with a low acceptance rate, students are more inclined to hold themselves to a high standard and seek to perform at a high level with detriment to their personal health.

Sexual assault on college campuses is another issue which is prevalent across universities, but Amherst College in particular seemed to address the on-campus issue at a higher rate than other institutions in this study. In 2003, an article titled “Chief of Police Carter elected president of campus law enforcement association” noted that the new president, John Carter, selected his main goals to further programs related to the sex offender registry and to institute a 17-week state-training course for campus officers to help them deal with issues including mental wellness. Amherst students continued to write about sexual assault in later years, including a 2013 article titled “College Accused of Mishandling Sexual Assault.” This piece details two students’ complaints against Amherst College as violating Title IX and the Clergy Act when handling their sexual

assault reports. The writer stated that Angie Epifano, one of the complainants, “commented that other schools she visited seemed to have more active groups devoted to helping victims of discrimination and often had an abundance of signs posted around campus that provided a list of resources for survivors of sexual assault. She said that during her visit she did not perceive the same amount of support for survivors at Amherst.” Epifano published an account of her sexual assault in *The Amherst Student* and was one of many to accuse Amherst College of “creating a culture of sexual disrespect.” Epifano’s co-complaint stated that she visited the College’s counseling center two days before Epifano’s article was published and believed that “she was mistreated by the counseling center, culminating in her being sent to a psychiatric ward after she answered a counselor’s question about how she would kill herself ‘if her depression grew worse.’” University President Bidy Martin referred to a website including 31 actions Amherst College had taken within the previous two years to address sexual misconduct, including hiring new personnel, training students in bystander intervention, and creating a Sexual Respect Task Force. The website also mentions the Special Oversight Committee on Sexual Misconduct’s report titled “Toward a Culture of Respect: The Problem of Sexual Misconduct at Amherst College” which makes recommendations for changes to policy.

Another article in *The Amherst Student* from the same year titled “Oversight Committee Releases Report on Sexual Misconduct” addresses the report. The report states that “Though a support structure of caring individuals has long been in place for responding to cases of sexual assault it does not always seem to have worked especially well. The sequencing process for complaints was often unclear, emergency services ill-

coordinated, mental health and other support services were unreliable, some personnel were poorly trained in how to deal with this problem, and the composition of the Hearing Board may have deterred victims of assault from bringing cases forward” and further provides a list of over 60 recommendations to improve the prevention of sexual assault on campus. One issue addressed was “the separation between the Health and Counseling Centers, both in purview and physical distance [which] created obstacles to providing victims of assault with adequate support.” The report states that the physical distance between health and counseling centers led students to believe that mental health is separate from their physical health, which is particularly problematic for sexual assault, as support for survivors is not as apparent. The suggestion following this statement recommends a more holistic approach to health on campus, including an “integrated Wellness Center.” These articles on the prevalence of sexual assault and its ties to mental health indicate that Amherst College students are particularly affected by these issues. Their students’ opinionated stances called administrators to seek reform on an issue which was impeding their campus life.

Another notable issue which hindered students’ health was loneliness and social isolation. In 2015, *The Amherst Student* ran an article titled “Mental Health and Wellness Committee Releases Focus Group Results” which examined the results from mental health focus groups held during the fall of 2014. The study’s main objective was to identify concerns students’ have regarding mental health. The results indicated that students’ main issues were loneliness, belonging, and social connections. These outcomes were similar to the results from the National College Health Assessment of March 2014,

which stated that three out of four Amherst students expressed feeling lonely in the past year, 20 percent higher than the national average. The article states that “according to the focus group’s report, ‘students felt the social options were limited, and there weren’t many opportunities to meet people and socialize outside of parties.’ Many students also pointed to the lack of physical spaces on campus conducive to social mingling.” This report also noted that Amherst College students believe that success and vulnerability are not traits that complement each other, and that “many students described Amherst ‘as a culture that expects smartness, achievement, success and invulnerability from its students’ as a result, ‘students reported feeling that they couldn’t share vulnerability with others, and therefore dealt with problems alone.’” After examining what factors help students to feel connected on campus, including Pindar Field dinners, AC After Dark, CEOT trips, and orientation, the Mental Health and Wellness Committee proposed more follow-up programs to these events and an increase in mentoring programs.

Another factor leading to the focus groups, a 2015 article, “Students Organize New Survey on Loneliness” writes that after the low response rate to the National College Health Assessment survey, the Office of Institutional Research wanted to organize a more accurate one. It utilized the UCLA Loneliness Scale and prompted the Office to consult with the mental health and wellness committee. Other student-written articles addressed a more personal aspect of social isolation on campus. A 2016 article, “Keeping Secrets, Walking Home” was written by a student as a reflection on her sophomore year. She writes on the value of sharing secrets with friends in order to reduce stress and anxiety about life events and states that “Keeping a secret - especially a secret

that scares you - engenders a sort of mental paralysis that permeates into daily life.”

Other students, including Tomi Williams, former president of the Association of Amherst Students, reminded students in his welcome letter to be mindful of others. In the article “Going Beyond ‘How Are You?’” (2015), he states that “We at Amherst are incredibly fortunate to belong to a community that has the resources to help those who feel lost or out of place during their time in college.” Williams also addresses the “Floating Duck Syndrome” where students appear to be managing their time commitments with ease but are silently struggling below the surface and he reminds students that over 50 percent of the campus population utilizes the Counseling Center at some point. He calls for students to be more open to each other and states that “Even the newest students are familiar with the resources we have available to deal with everything from a stress of an essay to the serious shadow of mental illness on campus. Everyone has read about the destigmatization of the Counseling Center, the need to reach out to friends, family and professionals when things are tough. But we also need to have each other, the entire community, as support. Amherst can be a stressful place. Anyone can feel it, even in these first few weeks of school.” Many articles written in *The Amherst Student* make it apparent that students are aware of the mental health issues on campus, but many are not aware of their prevalence or feel comfortable seeking assistance. Later articles work more to dispel the stigma around asking for help and highlight actions taken by the administration in order to increase resources which will be beneficial to students. Factors including type of institution and academic expectations, student culture and peer

perceptions, and administration bureaucracy may be factors hindering mental health of Amherst College students and need further investigation to come to a conclusion.

### *Boston College*

Boston College is a private, Jesuit Catholic, research university in Chestnut Hill, Massachusetts, with approximately 14,500 students. This includes over 9,000 undergraduate and 4,500 graduate students. The university offers bachelor's, master's, and doctoral degrees from nine schools and colleges. Boston College is an R1 institution and is typically ranked in *Forbes* "America's Top Colleges." Boston College's University Counseling Services website indicates the office's location, hours, and a phone number. The site states that "University Counseling Services (UCS) is a department within the Division of Student Affairs. Our mission is to address the mental health needs of the Boston College community" and includes a link to a message from the Director of Counseling Services ("University Counseling Services"). There is also information regarding how to make an appointment and links titled Services for Students, Information for Parents, and Information for Faculty. Links on the side of the main page include: About Us, Our Staff, Meet Our Staff, Feel Better Now Resources, Worried about a Student, Services, Group Information, Appointments, Psychological Emergencies, Committees, Forms, Related BC Sites, Post-Doctoral Fellowship Training, WellTrack, Self Assessment Tools, and Division of Student Affairs.

Even with the amount of resource links on the front page of the UCS website, the site fails to recognize some of the topics most discussed by students in the campus newspaper. The most prominent topics addressed by students in *The Heights* were

struggles with body image and eating disorders, alcohol abuse and lack of social and institutional support, and the need for increased resources for women, particularly related to sexual assault.

Eating disorders, self-image, and body consciousness resulting in mental distress were the most prevalent issues represent in articles throughout all years studied. A 2002 article titled “Eating awareness, the first step” states that “Even the most casual observer of the Boston College community would find it hard to miss what may be the most disconcerting aspect of the University’s culture - a struggle with eating issues that is as serious and prevalent as one could find on any college campus. It’s no secret: in recent years, The Heights has published dozens of articles about lectures, panels and other programs related to eating disorders, each of which approaches the issue from a different perspective.” The same article notes the importance of bringing awareness of this issue to campus consciousness, citing that 11 percent of incoming freshman were diagnosed with an eating disorder compared to 3 percent in the American population. The Eating Awareness Team focuses on drawing members from UCS, Dining Services, administration, the faculty, and the student body to create a dialogue on what can be done to alleviate the issue. UCS also offers online information and regular eating issues programming.

Some of the programming noted is addressed from positive and negative perspectives in other articles. One includes “Events address self-image; Week promotes body image and awareness” (2009) which reports on Love Your Body Week, “a week that features an array of events advocating healthy body image and body awareness.” These

events are sponsored by the Women's Resource Center (WRC) and discuss "theoretical feminist-based lecture, a workshop about healthy eating, and lectures based on the objectification of AHANA women, the comparison of global body image perceptions, spirituality, sexuality, and the hook-up culture." Staff and administration seem aware of the issues of body image at Boston College. Jackie Draper, a WRC staff member, states that in "the BC culture, women and men are obsessed with body image almost to the point that they feel as though they are competing against their peers." Love Your Body Week is held each year at the university. In a 2012 article, "Love Your Body Week promotes healthy living, self-confidence", the events addressed include lectures on body image, weight loss, and healthy eating, dance workshops, and theatrical performances. The WRC partnered with several other organizations, including Boston College Recreation, UGBC, and UCS to put on thought-provoking events. Some specific issues discussed included Boston College's "exercising culture," "the pressure to embody the often stereotyped cookie-cutter image," "socioeconomic pressures to dress with particular brands," and "nightlife and the insecurities and dangers of binge drinking and overeating on the weekends." In addition to Love Your Body Week, speakers often present on campus on health-related topics. One alumna and speaker for The Council for Women of Boston College, Terri Trespicio, stated that "healthiness connotes happiness, energy, optimism, and focus, a much grander set of adjectives than what one may assume health to mean in this image-obsessed society - skinniness." In the article "BC alumna Trespicio encourages a more realistic approach to health" (2012), she discusses a holistic approach to health, how health is subjective to each person, and how physical health has a strong

impact on mental state. Other articles, such as “WRC events address body image issues” (2013) and “Embracing Our Insecurities” (2013) discuss the persistent and prevalent issue of body image on campus.

Along with news articles, some students took a personal approach when writing about eating disorders. One student wrote “On Eating Disorders and Being Enough” (2014) about her personal struggle with self-image. She wrote that “Each construct of my eating disorder had been carefully placed to protect me from the reality of our society, which contains pressures that consistently made me feel inadequate. Limiting my focus to the realm of my food and body provided me with an escape from the more complex fear and question of my purpose.” When beginning at Boston College, she immediately noticed an obvious stress among the students with regards to eating. She writes “The mere fact that the cafeteria labels the bakery goods as ‘Temptations’ - sending the message that certain foods are wrongly desired - makes me cringe, and every time I see groups of girls decked out in Lululemon running to the Plex, I wonder if they’re doing that for themselves or for who they believe they should be. Even overt pressures from staff members included encouragement in my first floor meeting, I was told my floormates and I should encourage each other to do quite the opposite, with words that went something like, ‘If you’re going down to Mac and you want to eat ‘healthy,’ you should encourage one another to eat salads together, rather than going for the pizza.’ These constant messages make their way into our subconscious and go unchallenged, which determine how we divide ourselves into ‘good’ and ‘bad’ identities, with ‘magis’ supporting all of them.” While this student notes the damaging impact that

institutional messages can have, these articles make it apparent that Boston College is continually addressing the issues around body image on campus. Most recently, Boston College has instituted reforms targeted at its students stressors and health tendencies. In a 2017 article titled “BC Dining Welcomes New Nutritionist, Introduces Pitaya Bowls,” the author writes on the new position of nutritionist introduced through the Office of Health Promotion who is available for counseling. The nutritionist, Kathryn Sweeney, “helps run the Health Coach Institute, educating students about sleep, alcohol, stress, and nutrition and how they all play into the health of a college student” and specializes in eating disorders, sports nutrition, and wellness. She is also working with Dining Services to introduce healthy options. Pressures to stay thin and have an attractive appearance may be related to campus culture and peer pressures, which can be linked to socioeconomic status and class, but causal research rather than anecdotal information is needed to fully understand the distinct student environment at Boston College and other similar universities.

Another prevalent issue which some students at Boston College tied to body image in their articles is binge drinking and a lack of awareness of resources. A 2016 article titled “Support Line Educates Students on Alcohol Safety, BC Policy” reported on a 2015 focus group which showed that students didn’t know about the alcohol policy at Boston College. Many stated that they would not ask resident assistants or administrators for help out of fear of getting in trouble. The Alcohol Screening and Prevention program (ASAP) had previously instituted a support line for students to call to learn about university, state, and federal policies, as well as being able to ask about health concerns

for themselves or a friend. In response to students stating they felt most comfortable asking other students for help during the focus groups, ASAP recruited six graduate students in counseling-related fields run the line, which is open 24-hours a day. Another article about the support line titled “ASAP Support Line is a Good Way to Reach Students” (2016) stated that the “line also serves as a way to remove the stigma surrounding alcohol policies and seeking help after an incident.” The administration seemed aware that one major issue on campus is students’ unawareness of resources available for their mental health, and sought to publicize the line in order to boost the program’s success. The writer of the article states that “ASAP should continue to search for the best way to reach students and build on the progress brought by this support line” and suggests an FAQ webpage for students to access.

Despite new resources being implemented by administration, the student-written articles suggest that drinking culture is prevalent at the university and can lead to stress. A 2011 article titled “Searching for the silver bullet” addresses how harsh punishments and the heightened focus to reduce drinking on campus causes anxiety among students which may cause more harm than providing a safe environment. Another article titled “BC’s hook-up culture: leaving no stone unturned in relationships” (2011) acknowledges that the high numbers of attractive students and the heavy drinking culture makes Boston College “a hook-up school.” The author believes that “dating tends to be a rarity” at the university, and that “halfway relationships” and girls feeling the need to continually be at the gym is common. She states that alcohol tends to be a factor in the ability to grow a relationship and that “Most people would probably say that when they drink, a hook-up is

more likely to occur, since alcohol lowers inhibitions and induces riskier behavior.” One explanation that the author poses as to why Boston College students tend to heavily drink on the weekends is that they are constantly busy with academics during the week and use alcohol as stress relief. Binge drinking is an issue addressed by both students and administration at the College, and research investigating perceptions from both parties may be imperative to understanding the links between alcohol abuse, hook-up culture, eating disorders and body image.

Another notable issue which had ties into articles on all of these issues was the resources available to women on campus, particularly related to sexual assault. A 2009 article, “The myths of abuse reporting,” addressed how twelve cases of sexual assault were reported to the Boston College police in the previous year, which is double the rate from 22 years prior. A lecture hosted by the UHC and the WRC addressed the myths which often hinder survivors from reporting their assaults. The “Debunking Reporting” lecture was sponsored by Concerned About Rape Education (CARE). Some of the myths addressed included that men as well as women are victims, going to the hospital does not require alerting the police and evidence will be held for up to six months if the individual does wish to file a police report at a later time, that the University does not work under the presumption of innocence but requires “sufficient proof” to punish an offender, and that those who are assaulted while under the influence of alcohol will not be held responsible for the assault and will not be written up for alcohol consumption. Another article which addressed the importance of resources for sexual assault survivors was a 2011 piece titled “WRC forms new survivor support group.” The article focuses on a new

group called HEAL, which stands for Help, Empowerment, Acceptance, and Listening. The group was created because “Survivors were coming into the Women’s Resource Center (WRC) and asking if a group existed, and although a survivor circle had existed previously, no one had taken initiative with it, and it did not last,” according to a WRC staff member. Another support group, Sexual Assault Network (SANet), was already in place at the center but its main focus was on initial help, while HEAL is meant to help survivors through the healing process. The article mentions resources available at UCS as well. Elizabeth Rhodes notes that “It’s really important that people know that rape happens at BC. It happens on all college campuses. What happens here isn’t any different than anywhere else” and that ““Sexual assault is one of the traumas that is more effectively healed by contact with people who have been through the same thing.” The program allows students to set the boundaries themselves and seeks to empower them and reduce stress levels.

Many of the issues most commonly written about at Boston College seemed to have common ties to campus culture. In order to alleviate these stressors, it may be important for students and faculty to reduce stigma surrounding certain physical and mental illnesses, and to empower women students on campus. It seems apparent through the overlap in discussion by student-writers that many of the main issues identified at Boston College are tied together. Factors including social and economic statuses, campus housing, and campus structure may influence and perpetuate these problems. Boston College ranks second among Massachusetts universities for median parent income at \$194,100 (“Economic Diversity and Student Outcomes at Boston College”). Amherst

College ranks fifth at \$158,200; MIT ranks 13th at \$137,400; and UMass ranks 36th at \$102,900. Research into causations through student interviews and surveys may help to pinpoint whether or not socioeconomic status is a factor in what type of mental illness manifests in Boston College students and to identify other root causes of mental illness development on campus.

*University of Massachusetts at Amherst*

The University of Massachusetts campus at Amherst, Massachusetts, is the flagship campus of the UMass system and a public, research, and land-grant university. The campus has over 29,000 students, including nearly 23,000 undergraduate and 6,500 graduate students. The school is the largest public university in New England and offers bachelor's, master's, and doctoral degrees throughout nine schools and colleges and holds R1 status. UMass' Center for Counseling and Psychological Health's main page states that the "Center for Counseling and Psychological Health (CCPH) is an interdisciplinary counseling service, staffed by licensed mental health providers, including social workers, psychologists, psychiatrists and clinical nurse specialists. We provide short term individual, couple's and group psychotherapy; psychiatric medication consultation and treatment; psychological assessment (testing); behavioral medicine; and crisis intervention services. We are open from 8:30 a.m. to 5 p.m. Monday through Friday and are also available 24 hours a day to provide crisis intervention services and assessment" ("Center for Counseling and Psychological Health"). The site also includes links to pages titled About Us, Getting Started, Services, Training Opportunities, Resources, and Contact, as well as lists the location, hours, and after-hours services.

Other news briefs on the main page include “Hills North Office Moving to Bartlett in July,” “Support for International Students,” “Let’s Talk,” and “UMass Amherst Committed to Supporting Transgender Students.” Other links include: Emergencies, Concerned Faculty/Staff, Parent FAQs, KORU mindfulness, Transgender Student Resources, Find us on Facebook, National Lifeline: Suicide Prevention, the Rape Crisis Services program at the Center for Women and Community, Groups and Workshops, Change in CCPH Services, and CCPH Offers Graduate Training Opportunities.

Compared with other universities in this study, UMass’ student-writers took a broader approach to addressing mental health by examining campus and national concerns. The most discussed topics included veterans’ accommodations and mental health issues, the importance of a holistic approach to physical and mental health, and the need to dispel stigma around mental illness.

UMass is notable for having strong ties to the United States Military, including a large ROTC program and a high rate of veterans enrolled in courses. The UMass website for Veteran Services lists numerous campus resources which provide mental and emotional support, including the Center for Counseling and Psychological Health, Disability Services, the Center for Women and Community, the Psychological Services Center, and University Health Services, along with a number of academic and transitional resources. Both Boston College and Amherst College do not have ROTC programs located on their campuses, but students are able to participate through the UMass system. The importance of veterans, their children, and the unique mental health needs for families are apparent in writings by students in *The Massachusetts Daily Collegian*. In a

2007 article titled “UM to help Army families,” the writer reports that free support groups through the Psychological Service Center (PSC) began in November of that year for families with members serving in the military. There were two groups introduced: one for parents and partners, and one for children with parents serving. One quote from the director of PSC Christopher Overtree stated that “The content of the children’s group depends somewhat on the age range of the children that end up attending the group. But the focus of this group will be dealing with the stress and anxiety about having a parent in a war zone.” The overall objective is helping students to handle the stress of separation and learning how to maintain healthy relationships while coping with fear for family members. Another article highlighting veterans resources on campus is a 2011 piece titled “UMass student veterans find comfort in Veteran Services.” The article highlights a Veterans Services’ Drop-In Center and states that “according to Judy Gagnon, coordinator of Veteran Services, UMass is one of the best campuses for veterans, nationally recognized by GI Jobs magazine as one of the most ‘military-friendly’ campuses in the country two years in a row.” The center is meant to help with the adjustment to college and collaborates with Disability Services and Mental Health Services to help facilitate the transition from the military to a college setting. It is clear that UMass administration saw a need for veteran services, as it serves not only their own campus but other smaller universities that are unable to fund or facilitate their own services.

In addition to ensuring veterans a stable mental and physical environment on campus, many of the articles addressing mental health concerns for all students also took on a more holistic and realistic approach to health. While many of articles emphasized the

stress of body image during college, these articles generally took on a more positive perspective on how to address mental and physical health. Articles including “Speaker Laura Fraser on America’s Thin-Obsessed Society” (2002), “College life and the threat of eating disorders” (2009), and “Recovering from anorexia on a health-obsessed campus” (2014) all address the concerns regarding the unhealthy connection between dieting, body image, and mental wellbeing. But all also noted the importance of education and learning to find a balance with regards to eating. In the 2009 article, the author writes that “College campuses contain all the right triggers for eating disorders: stress, social pressure and, most of all, freedom. [...] It’s the first time in your life when your diet is completely under your control. ” Laura Fraser spoke to the UMass community on the misconception that one cannot be both overweight and healthy, how exercise is necessary to being healthy, and that moderation is the most important quality if you are trying to lose weight. One article addressing eating habits in a positive light is “Healthy eating is more important than exercise” (2014). It notes the physical health benefits but also mentions that healthy eating aids mental health and boosts energy. The author concludes saying “Exercise coupled with healthy eating habits is a winning combination for a powerful body and a happy mind.”

Other articles discuss the importance of balancing diet and exercise and its effects on students’ mental states. In “Getting to the Gym” (2013), the writer acknowledges that exercise is beneficial for physical and mental health, but that it can often be difficult to motivate yourself. She write about the variety of programs offered at the gym if working out causes anxiety. She notes that after beginning classes for a couple weeks, that “I

already feel a change in my overall feeling throughout the day. I'm happier, more relaxed and more energized." Another article on physical health connects America's "thin-obsessed society" to working out and the stressors it can cause. In "Too lazy or too crowded?" (2013), the author writes that "Do we have a problem with people being overweight, or do we have a problem with them doing something about it at our inconvenience? Have you ever looked at someone who was overweight and said, 'How could they let themselves get like that' or, 'That will never be me.' We all need to take a step back and admit that we're not sure how exactly we feel about obesity. [...] Next time you see a fellow peer taking up that treadmill you wanted or you are waiting for an occupied machine, think to yourself how far that person may have come to get there." Another article, "Free exercise resources to avoid the crazy Rec Center crowds" (2016), includes suggestions on how to exercise at home. The themes of healthy eating and exercise are also found in students' discussion of stress management. In "How to deal with stress during finals" (2012), the author lists seven ways to take a productive study break. One tip is to exercise. She encourages students to "Hit the gym or go for a run. Getting in a short workout will not only give you endorphins to make you feel happy and less stressed, but will give you the energy boost to finish that 10 page paper." Another tip is to "Eat a real meal" instead of eating unhealthy snack food while working. As a large, state university, it is possible that the UMass campus is more diverse than others examined in this study. This may account for the more holistic approach to health compared with other schools, as the newspaper staff contains a broader range of

viewpoints and is addressing a student body with a larger variety of backgrounds, majors, and opinions.

Although many articles in *The Massachusetts Daily Collegian* directly addressed issues about mental illness, many articles called for the need to further reduce stigma around issues in order to have the best student health-seeking behaviors. In 2008, an article titled “21st century mental health” addressed the rise in high school and college shootings, citing the poor access to mental health services as a fundamental cause of this rise. In calling for an increase of mental health services, the author states that mental health should not have the stigma it does, but should be understood in the same way physical ailments are. Stigma is often noted as a reason for not seeking treatment. In “College life and the threat of eating disorders” (2009), the author notes that “NEDA estimates that only 30 percent of people with anorexia nervosa and six percent of people with bulimia nervosa receive mental health care” and that while some are in denial of their condition, others are afraid to seek treatment due to the stigma associated with eating disorders. Students expressed stigma as a deterrent in many factors of their life, including a student who wrote on her romanticized expectations of college during her senior year of high school, only to be met with anxiety and homesickness her freshman year in “Put yourself first and school second” (2015). She writes that the pressure of academics while trying to find an identity living away from home can often cause depression and suicide, but that “It is our responsibility to eradicate the stigma that led some of these students to perceive suicide as a better alternative to taking a semester off.” Other students also took an active role in addressing stigma around suicide. In the article

“Take pride in the success of UMass walk for suicide prevention” (2015), the author reports on the success of the “Out of Darkness” campus walk sponsored by the American Foundation for Suicide Prevention. The author believes that “The amount of money and awareness raised exceeded my expectations. [...] The campus community should take pride in the open show of support and awareness from suicide prevention. It’s another important step to reduce the stigma of mental illness.”

Apart from articles on students personal experiences and campus events related to reducing mental illness stigma, other articles focused on the need for the University to address stigma more directly. In 2015, an article titled “UMass needs to improve CCPH” draws attention to the small size of the Center for Counseling and Psychological Health (CCPH) and lack of resources which cannot support the large UMass community. One issue highlighted by the author is how only short-term treatment options are available on campus. The CCPH website states that it “does not have the capacity to manage chronic conditions requiring intensive or frequent contacts.” Students are only allotted four complementary visits, and due to many students being on their parents insurance, they would have to confide in them their mental distress. The author writes that “As much as the stigma surrounding mental illness has been reduced substantially, it still exists. Some individuals may not be ready to share the truth about themselves with their parents, and this is a necessity if you are still on your parents’ insurance plan.” He believes that many students do not require long-term counseling, but just need someone to listen and give advice and in turn suggests drop-in times that do not require appointments and an overall expansion and improvement of mental health services. In another article, “The stigma of

mental illness in schools” (2015), the writer addresses how the mentally ill struggle with symptoms of their diseases as well as stereotypes and prejudices from society. As a sufferer of anxiety, she notes that “Anxiety is not viewed in the same way as a cold or the flu. For these temporary illnesses, acquiring a doctor’s note and documentation is not difficult, and people are excused because of the illness. People with anxiety, however, may inadvertently be forced into shame.” She notes that while the stigma at UMass is marginally less than at her high school, she does not see it as a valid excuse to miss class and this causes further mental stress for her. Like other student-writers, she calls for increased education on mental health in schools in order to dispel misconceptions. Overall, the students of UMass seem to be more intent on changing community perceptions around mental health issues and increasing an accepting campus culture with access to resources for students who need them.

#### *Massachusetts Institute of Technology*

The Massachusetts Institute of Technology is a private, research university located in Cambridge, Massachusetts, with approximately 11,500 students. This includes 4,500 undergraduate and nearly 7,000 graduate students. The university has a reputation for being highly prestigious in STEM fields and physical sciences and is typically ranked among the world’s top universities. On MIT Medical’s Mental Health and Counseling website, it states that “MIT’s Mental Health and Counseling works directly with students to understand and solve problems. Give us a call. Visits are confidential and easy to arrange” (“Patient Services”). It also provides the location, hours, and phone number while stating that no referral is required and that all those affiliated with MIT are eligible.

The main links include: Mental Health at MIT, Helping others, Getting started, and Confidentiality, Medical records, and Employment. The site also gives an overview of mental health at MIT and includes that “We see nearly 21 percent of the student body each year, and about 29 percent of students in a give class by the time they graduate.”

The resources advertised include: Evaluations and consultations, brief treatment (counseling/psychotherapy and medication), referrals to non-MIT Medical clinicians, urgent care, Let’s Chat: Informal, free, confidential consultations, group counseling, advice when you are worried about a friend, colleague, or student, anonymous and confidential chat with MIT student volunteers, and help for departments, labs, and centers that are dealing with traumatic events, sudden losses, or other troubling situations.

MIT’s Mental Health & Counseling page also lists all care providers for the center, including if they are accepting new patients, their credentials, location, languages spoken, and specialties. Below this, a number of resources and links are provided including emergency phone numbers, information on Student Support Services (S3), Graduate Personal Support (GPS), group counseling, employee support programs, MyLife Services, and FAQs on antidepressants, common reactions to traumatic events, hospitalizations, and medical leave. The links attached near the bottom of the page include: “Mental health and substance abuse benefits for MIT students,” “Mental health and substance abuse benefits for MIT employees,” “Ulifeline.org,” “Go Ask Alice!,” and “MedlinePlus.”

As indicated by the higher number of resources publicized to students on the main page of their counseling center, MIT had a much stronger focus on serious student mental

health than other universities in this study. *The Tech* was unique from other universities as it ran articles on suicides at the university and the surrounding lawsuits which affected mental health reform on the campus, had a higher number of faculty and administration directly addressing concerns within the student newspaper, and had more students derive most of their stress from academic pressures rather than social ones.

Several major lawsuits related to mental health affected MIT during the early 2000s which strongly shaped the university's resources and attitude towards mental health. The first case was the lawsuit *Shin v. Massachusetts Institute of Technology*. As previously mentioned, this case transpired after Elizabeth Shin was found on fire in her dorm room and subsequently passed away due to the burns several days later in 2000. Her parents took legal action against the university for negligence among other suits with the main cases being that, as a presumed suicide, members of staff and faculty had a relationship with Elizabeth where they knew she was at risk to commit suicide and that the health facilities should have alerted the Shins of her condition so that her parents could have intervened. The case was resolved with an undisclosed settlement and the Shins conceded that Elizabeth's death was likely an accident, not a suicide as first presumed. Many article in *The Tech* discuss the high-profile trial and the implications for mental health services on college campuses. In 2005, the newspaper ran a brief titled "List of Counts in Lawsuit" on the Shin trial including 21 counts of breach of contract for the university "to provide adequate medical, security, and emergency services," breach of implied covenant and fair dealing where there was an expectation the university would "supervise and care for Shin," negligence "in providing adequate educational and medical

care,” and medical malpractice. Another 2006 article, “Colleges File Briefs Backing MIT Admins In Shin Case Appeal,” the writer discusses the implications of what it means for university administrators legally if parents and students are able to sue non-clinical staff members as being responsible for the mental health of students. With the support of three amicus curiae (friend of the court), 15 Massachusetts colleges, eight universities outside of Massachusetts, and eight national educational organizations, two MIT administrators filed a petition to be dismissed of the charges against them. The administrators stated that the judge’s “ruling last June that non-clinician administrators could potentially be held accountable for Shin’s suicide contradicts Massachusetts law [...] and would create a detrimental and untenable environment in universities across the nation. [...] If administrators are found potentially responsible in cases of students who might harm themselves, the natural outcome will be for them to shrink from liability by avoiding involvement in such cases or to recommend stronger clinical action than might be advisable, the briefs and petition argue.” This ruling was in opposition to Massachusetts state law, “which states that non-clinicians have responsibility to prevent suicide only in cases where they either caused the suicidal condition or the person involved was in their custody, neither of which was true in the Shin case.” There was speculation that this would pit administrators and clinicians against each other, as neither would want to be liable for students wellbeing for fear of litigation. However, the case was eventually settled the same year in a confidential agreement. In “MIT Settles Shin Case, Parents Agree Death Likely an Accident” (2006), the reporter states that “both parties came to an agreement that the death was a tragic accident and not a suicide as originally confirmed

by the Cambridge Fire Department and the Suffolk County medical examiner” and did not ever reach trial.

While all the members involved in the case were cleared of wrongdoing, after this settlement was reached, MIT had another open wrongful death lawsuit in 2006 for Julia M. Carpenter, who committed suicide in April 2001. Her parents sued MIT, officials at the Institute and Charvak P. Karpe, who was accused of stalking her. The Shin case and the Carpenter case were both addressed in the 2007 article “Controversial MIT-Related Cases Resolved Last Year” (2007). With regards to the Carpenter case, it was also eventually settled out of court. Similar to the Shin case, “MIT employees charged in the suit had included then-President Charles M. Vest, Dean for Student Life Larry G. Benedict, Senior Associate Dean for Students Robert M. Randolph, then-Assistant Dean Carol Orme-Johnson and Random Housemaster Nina Davis-Millis. [...] the suit also charged MIT with breach of contract, for failing to provide a safe housing environment in which Carpenter was protected from harassers. The suit also charged Karpe with assault and battery.” There was not as much media attention on the Carpenters as there was on the Shins. However, the writer addresses that “the disturbing questions raised by these [...] cases remain. Taken together, they suggest that administrators’ freedom to pursue their own research oversight and student-life agendas may be eroding.”

In addition to the these suicide cases, another case which shaped mental health policy and discussion at MIT included the *Commonwealth v. Anna Tang*. Anna Tang, a former Wellesley College student, was charged with stabbing her ex-boyfriend and MIT student, Wolfe B. Styke, in his dorm room while he slept. Several articles in *The Tech*

covered this trial, including “Anna Tang to go to trial this month: Currently under house arrest” (2010), “Tang’s lawyers question Fife’s judgement: Psychologist at center of controversy on fifth day of Wellesley stabber’s trial” (2010), and “Anna Tang acquitted in stabbing: Wellesley student found not responsible due to bipolar disorder” (2010). As there was surmountable evidence that Tang stabbed Styke, the trial largely revolved around Tang’s mental health when she committed the crime. The trial was postponed for over a year due to a variety of reasons, including a motion to suppress statements made after her arrest in October 2007 due to her mental illness. Another legal and mental health question which arose during the trial was due to the psychologist’s testimony because in the summer of 2010, “she issued a written report to the Court saying that, based on mental illness, Tang was not able to conform her conduct to the requirements of the law. That would mean Tang was not criminally responsible — so called ‘not guilty by reason of insanity.’” Although Tang struggled with mental illness since childhood, the psychologist changed her opinion stating the Tang could be held responsible and could have conformed her behavior to the law because she had met with her therapist 18 hours before the stabbing and did not mention suicidal thought or the desire to harm Styke. At the end of the trial, Tang was acquitted because “the prosecution had failed to prove that Tang had a substantial capacity to conform her conduct to the requirements of the law.” Tang was diagnosed with bipolar disorder with psychotic features which was deemed as preventing her from stopping her action. At the time, Tang was prescribed Celexa, a drug used to treat depression, which can be problematic for those with bipolar disorder. She since switched medication and was sentenced to undergo a psychiatric evaluation

immediately after the trial concluded. These three cases taken together caused notable changes to MIT's mental health resources and the question of safety for students on campus. With suicide and severe mental illness having a prominent place in the student newspaper, it is clear why MIT appears to have more extensive and highly promoted mental health resources. These lawsuits and other cases of student suicide not mentioned are likely to have played a large role in shaping how mental health resources are portrayed to students and their families.

Many of these policy changes as well as campus tragedies were addressed by administrators and faculty within *The Tech*. In 2011, the chancellor of MIT had a letter published under "Letter from Chancellor Grimson on Castillo, Tonegawa deaths." He addresses the shock and sadness felt by the community after two student deaths on campus and on the importance of mental health, writing "I want to extend my own personal wish that each of you takes a bit of time away from your academic routine to reflect on your connections to our community and on your sense of personal well-being. Take the time to reach out to your own circle of friends, peers and neighbors – a dormmate who looks distracted, a friend who seems stressed. All of us, at every age, go through periods of doubt, of stress, of feeling alone. But these feelings can be more overwhelming when you're young and away from home. If you feel this way, please reach out — to a friend, to your housemaster, to a member of the student support staff, to a mentor, to one of the Deans. If you need guidance, support or just a sympathetic ear, MIT faculty and staff are here to help. Remember that you can find links to a wide range of resources at [http://web.mit.edu/student/personal\\_support.html](http://web.mit.edu/student/personal_support.html)." He also states that due

to these deaths, he is creating a team of advisors to examine the current system and to assess new ways to ensure community support and encourages students' input via email.

Another published work from an administrator was published under "Letters to the Editor: Alan Siegel, chief of mental health at MIT" (2012). Siegel addresses suicide ideation and medical leave. He notes that a high percentage of college students have thought about suicide, but there is a difference between thoughts and being suicidal. He believes that these thoughts are reason for counseling and support, but not a reason to be hospitalized. He addresses the misconception that students seeking mental health attention will be forced into medical withdrawal, but states that "More often, MIT students enter the hospital because they cannot function, study, or think. Sometimes this is because of a depression, sometimes a psychotic process. Sometimes students are hospitalized because of severe eating problems and the emotional turmoil that goes along with it. Sometimes because they have been emotionally, physically, or sexually abused by people in their lives." 43 students psychiatrically hospitalized during the 2011-2012 academic year and 1,926 were seen at the MH&C. Of the students hospitalized, 26 quickly returned to MIT and 17 decided or were forced to take medical leave. He states that "Anecdotal information from our peer schools indicate that MIT hospitalizes fewer students than others do, but those data are not good enough to be able draw any conclusions from them. But I hope you can see that the idea that students are hospitalized every time they mention suicide, and then are sent away on medical leave, is not accurate." He also addresses that it's common for students and faculty to utilize the

MH&C and to be on prescribed psychiatric medication, and that students should be willing to seek help if needed without fear of being sentenced to forced leave.

Other faculty members wrote in the newspaper on their opinion about mental health on campus, expressing the need to give attention to these pressing issues.

Associate Dean David Randall, who oversees Student Support Services (S3) wrote “Continuing the conversation: The doors need to stay open” (2014), addressing the All Doors Open event held on campus. Although he addresses that the MIT community was struggling to come to terms with recent tragic events, including the death of Phoebe Wang on campus, he was uncertain about the event. All Doors Open gave fifteen unstructured minutes where “It gave all of us in the MIT community a chance to catch our collective breath and become more direct about how we are feeling. Taking the time to stop, together, has started a conversation.” Through this, he learned that people wanted to talk and he saw an increase in people coming to S3 to express concerns about friends and colleagues, as the recent death had heightened their sense of responsibility and awareness. He also noted that students were heavily impacted by how their professors react to tragedies, stating that “When professors spoke openly about the tragedies and responded flexibly to them, the effect on their students was profoundly positive. By the same token, not acknowledging a recent tragedy, or refusing to be flexible in responding to students who have genuinely been affected, gives students the impression that uncomfortable topics should be swept under the rug.” In closing, he encouraged students to discuss their struggles with each other as many other people have the same daily stressors. Another MIT faculty member who addressed mental health was Professor Peter

Fisher in “An Open Letter to Students” (2015). He acknowledges that “The pace of life at MIT is fast and challenges can mount, amplifying feelings of despair. When this happens, tragedy may result” and encourages students that “I want you all to know that there is no shame in feeling overwhelmed or despairing at the challenge life throws at us — these feelings *are* a problem, but a surmountable one, and many, many people, most people, have been there before. Even though you may feel there is no way out, this is not the truth: feeling trapped is a *result* of being depressed or troubled, and there is *always* help even when things seem bleakest.” He reminds students to spend time with others and not to isolate themselves as well as to seek mental health attention as it is a sign of courage and strength to ask for help. The number of faculty submissions to *The Tech* may reflect the heightened impact of tragedies on MIT’s campus compared to others, as administration and faculty feel the need to have their voices heard through a typically student-written media outlet. Faculty and administrators are an important part of a campus’ community, and other research indicates the lack of research regarding how campus tragedies and mental illnesses affect these individuals (Sharkin, 2012).

With a higher than average rate of suicide at MIT, many speculate that much of it has to do with stress related to academics. This is corroborated in *The Tech* with a large focus on students experiences with managing stress and time management. In 2008, the newspaper ran “Health at MIT: A Special Report by The Tech” which addressed the results from the National College Health Assessment survey from March 2006, conducted by the American College Health Association. The graph below shows the results which indicate that “top reported health impediments to MIT students’ academic performance.”

The report shows stress as the most commonly cited issue affecting students' academic outcomes.

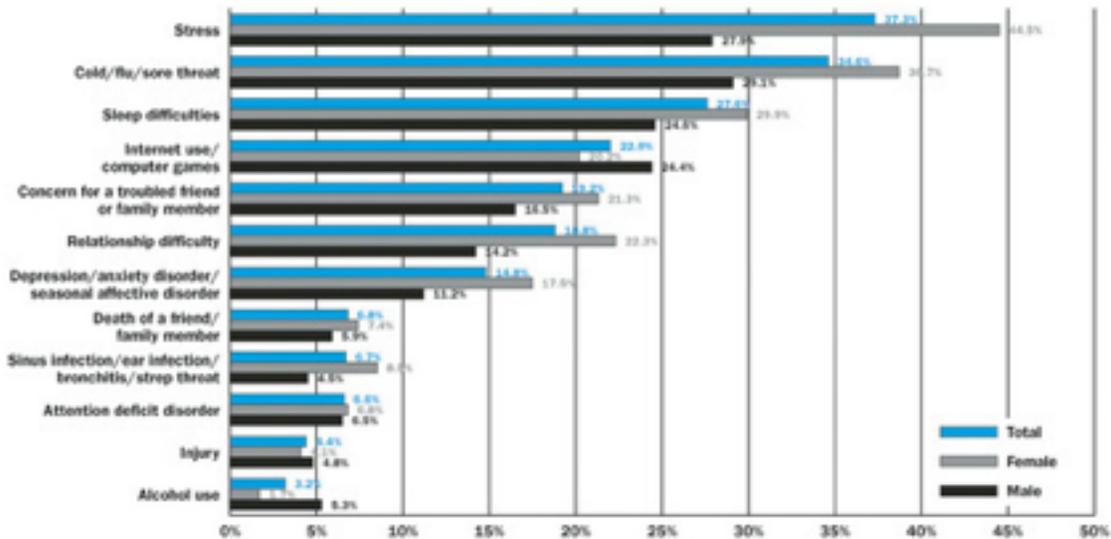


Figure 1. Self-Reported Factors Inhibiting Student Academic Success at MIT (Wang, 2008)

Other subjects addressed in the special issue include two anonymous students' descriptions of their experiences at MH&S, two health educators giving advice on wellness, submissions from others on how health affects life in the MIT community, reports on the new alcohol and training program and MIT ambulance service, and an analysis of how MIT suicide rates appear below the national average in one study but are nearly twice as high in a different study. Another more anecdotal report in *The Tech* investigates how student-athletes balance academics with other time constraints. In "How do MIT student-athletes deal with stress?: Athletes agree that playing sports helps them budget time and put things in perspective" (2012), nine students discuss how balance has been important in managing the workload at MIT. Many of the students express the same sentiments, many of which are summarized by Mitchell H. Kates statement that "Being

on the team, I can't let work back up and simply pull an all-nighter because it would severely impact my performance. This does require a little more stress to get everything done on time, including academics, athletics, and job search. On the other hand, I think basketball can be a great way to release stress. Without basketball, I think I may put too much emphasis on just the academic piece of MIT. When things are not going great in the classroom, I can look at the positives of basketball to keep my life on an even keel, and vice-versa. In fact, I think athletics and academics are great complements to one another at MIT."

Another common sentiment related to stress was that students felt comfortable discussing stress and academics with their peers, but did not feel comfortable speaking on the negative impacts of that stress or the desire to seek out attention or resources. In "Drunk off the firehose, A review of MIT: Although it's successful, MIT could improve education & culture" (2013), the writer makes that claim that MIT is a prestigious school that produces world-renowned leaders and academics, but could do more to foster students learning and campus environment to alleviate pressures. One issue mentioned was the lecture-style of teaching utilized by most professors which leads to many students skipping class due to having more pressing time concerns. Another is the importance of technology-enabled active learning, which, while better than lecture-style, is not utilized in many courses despite doubling learning gains of students. A further academic suggestion is on edX, which is an inverted style to teaching where students watch online video lectures and leave class time to active learning. The author believes by having class time as more productive and hands-on, more students will attend class.

Her last point is on the Institute's culture. She believes that at MIT, she has little time for tasks that are not related to academic pursuits, and that she has not contributed to campus life and other causes that she would have liked to. She attributes this partially to "the pervasive feeling of, to varying extents, guilt when not working. When students take a break or finish a pset, there is always a nagging in the back of their mind that they have more assignments. The severity ranges from quiet lurking to full-fledged guilt at not working hard enough." Even in the wake of tragic events, students feel compelled to discuss school work. In "A week of tragedy: In the mental health conversation, let us remember those we have lost as individuals" (2015), the author notes that after the loss of a classmate, "We look for patterns, a culprit. We talk, as we should, about medical leave and MIT Mental Health. About resources and committees and awareness and student trust. We talk about the firehose: psets, deadlines, missed sleep. And we talk about *how* we talk about the psets, the deadlines, the six, four, two, zero hours of sleep," when they should be focused on remembering those they lost. MIT clearly had a higher fixation on academic performance and the pressures and mental health outcomes associated with a constant and heavy workload. Although a vast array of resources are available to students, more academic and stress-relief support may be needed to fully accommodate students' mental health needs.

## **CONCLUSION**

Through examining student-written newspaper articles, I have addressed how college students portray mental health issues on campuses. By using a sample of four diverse colleges in Massachusetts with a timeframe of the last 17 years, I sought to

investigate how rhetoric, content, and surrounding context are distinct across time and location. Overall, students focus on mental health issues became stronger and more apparent over time, students became increasingly aware of what resources were available to them, and students called administrators to reform and introduce mental health policy and programs. These three changes held true across all universities despite their unique social and academic climates.

Along with these similarities, universities had distinct mental health issues and resources which are likely attributable to specific campus climate. The four colleges selected have unique traits which I believed may be a factor in how students' address and understand mental health on their particular campus. Previous research indicates that type of university and location could impact students' overall health, which students initially choose to attend, retention rates, and type of mental illness contracted (Eisenberg, Golberstein, & Gollust, 2007). Results from this study indicate that students at different universities focus on varying types of mental illnesses, often those that have the strongest presence on their own campus. Factors including student diversity, socioeconomic class, campus housing, college affiliation, size of institution, resources available, and student culture seemed to impact how students address mental health concerns. Further research is needed to conclude which factors are most prevalent at each institution.

In summary, *The Amherst Student's* articles related to mental health mainly focus on the association between academic and mental health resources specifically with regards to writing, the issues of sexual assault reporting on campus, and coping and combating loneliness and isolation. As a liberal arts school, several articles addressed

counseling found within the writing center and the resources affiliated with academic stress. Other articles addressed the responsibilities of the administration to help students in need and critiqued their lack of action. *The Heights* clearest focus related to mental illness discussed many issues commonly associated with work-life balance and women's health. The strongest focus was on eating disorders, body image, the hook-up campus culture, alcohol misuse, the Women's Resource Center, and sexual assault. Student writers were critical of both students who perpetuated unhealthy eating and workout routines, and university administrators who did little to combat these habits. Other major issues addressed in several articles included alcohol abuse. A number of resources and initiatives to help educate students on the dangers of binge drinking and provide support were implemented at Boston College in recent years. *The Massachusetts Daily Collegian* had a stronger focus on veterans' health needs, the importance in balancing a healthy lifestyle between eating, sleeping, and exercise, and social justice issues and awareness connected with mental illness. UMass is well known for its veterans affairs and many other colleges send students to participate in ROTC. The college implemented programs specifically for veterans and family to cater to the large population which required treatment for PTSD or needed a community to relate to. Articles in *The Tech* stood out compared to the other colleges as having the most severe mental health issues to address. Of the 40 articles examined, 14 specifically addressed a suicide or death of an MIT student. MIT's reputation of having students who are perpetually overwhelmed by academics was apparent in the student-written newspaper articles and the contributing pieces by administration and faculty. Suicide and the importance of faculty involvement,

often through the voice of administrators and professors, was addressed within the MIT community more than any other university.

Although these findings suggest that time and university culture impact students' conceptions of mental illness, continued research into student attitudes on mental health needs to investigate the variables of time and place. I understand that this work was limited in several aspects. Firstly, due to utilizing a case study-like method, the results likely are not generalizable to all universities. This holds true because all schools are located in Massachusetts. The majority of students who attend these schools are largely from Massachusetts and other states in New England. Students from other regions may hold different perceptions and stigmas about mental illness. Another limitation arises with sampling methods. As I used a random sample of 40 articles per school, it is possible that all topics and opinions voiced by students at these colleges were not represented. However, I believe this method was the best choice due to the realistic limitations of being able to read and assess hundreds of articles. Even though limited, I believe this sample gave an accurate representation of the main issues at each university.

Further research must seek to understand the mental health perceptions of university students. If the main goal of university mental health policy and programming is to benefit all students who struggle with mental illness, then it is imperative to understand how students perceive mental health, what resources they believe will best benefit them, and which students choose to utilize counseling centers and which do not. I believe further content analysis of student-written work can provide insight into opinions and beliefs of students, but other forms of quantitative and qualitative research can

provide a more robust image as well. This may include student interviews and surveys, focus groups, and ethnographic observations of counseling centers and mental health-targeted events on campuses.

As mentioned previously, there has been a distinct change in medical and higher educational institutions power structures in recent decades. Further research into students role in shaping mental health resources and treatments on campuses may bolster the claims of marketization of university services and the more egalitarian roles between patients and providers and students and administration within their respective institutions, especially when focused on university counseling centers.

These student-written articles seem to reinforce claims by other researchers that there is both a rise in mental health needs of university students and a rise in service usage. Some researchers have claimed that students are unaware of resources available to them, but these articles tend to show that students in recent years not only have a deeper understanding of the mental illnesses on campus and the resources they can utilize to alleviate them, but are calling for even more to be done. Several studies corroborate that universities are lagging behind student demand (Fruchter, 2017; Kitzrow, 2003; Pledge et al., 1998), and this is apparent as several student-writer have addressed long wait times for counseling appointments, inadequate group therapy sessions, and negative images of treating holistic health which are inadvertently displayed by universities (for example, some students in this study cited forced leave and calorie displays on food). As students are becoming more clear with their desired resources, it is imperative for further research to assess what resources are most effective when treating mental illness of students.

Through examining four universities with distinct characteristics, academic qualifications and specialties, and social atmospheres, it became apparent that students' mental health needs are not universal across higher education institutions. Students at different universities face different stressors and are more susceptible to different mental illnesses due to unique factors. Some factors addressed in these articles include type of student housing, competitiveness of university, location of university, student major, student organizations (particularly Greek life), student culture, minority representation on campus, and more. Administrators and staff who seek to reform or address mental health policy and resources should consider which factors take precedent at their university in order to best serve their student population. It is my hope that this research can serve as a template for future mental health studies on college students as well as pose questions which may be answered by subsequent types of analysis.

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