Record numbers of college students are seeking treatment for depression and anxiety. Schools can't keep up.

BY KATIE REILLY

NOT LONG AFTER NELLY SPIGNER arrived at the University of Richmond in 2014 as a Division I soccer player and aspiring surgeon, college began to feel like a pressure cooker. Overwhelmed by her busy soccer schedule and heavy course load, she found herself fixating on how each grade would bring her closer to medical school. "I was running myself so thin trying to be the best college student," she says. "It almost seems like they're setting you up to fail because of the sheer amount of work and amount of classes you have to take at the same time, and how you're also expected to do so much."

At first, Spigner hesitated to seek help at the university's counseling center, which was conspicuously located in the psychology building, separate from the health center. "No one wanted to be seen going up to that office," she says. But she began to experience intense mood swings. At times, she found herself crying...
Mental Health

Dana Hashmonay took a medical leave during her sophomore year of college after struggling with anxiety at school.

Photograph by Eva O’Leary for Time.
uncontrollably, unable to leave her room, only to feel normal again in 30 minutes. She started skipping classes and meals, avoiding friends and professors, and hole-
ing up in her dorm. After being diagnosed with bipolar disorder by a psychiatrist on campus, her symptoms worsened and she with-drew from school in October of her sophomore year.

Spigner, 21, is among the rapidly growing number of college students seeking mental-health treatment on campuses facing an unprecedented demand for counseling services. From 2009 to 15, the number of students visiting counseling centers increased by about 30% on average, while university enrollment grew by less than 6%, the Center for Collegiate Mental Health found in a 2015 report. Students seeking help are increasingly likely to have attempted suicide or engaged in self-harm, the center found. In spring 2017, nearly 40% of college students said they had felt so depressed within the last 12 months that it was difficult for them to function, and 61% of students said they had "felt overwhelming anxiety" in the same time period, according to an American College Health Association survey of more than 63,000 students at 92 schools.

Starting with midterms in March, the spring-semester workload intensifies, the waitlist at counseling centers grows longer, and students who are still struggling to adjust to college consider not returning after the spring or summer breaks. To prevent students from burning out and dropping out, colleges across the country—where health centers might once have left meaningful care to outside providers—are experimenting with new measures.

For the first time, UCLA last fall offered all incoming students a free online screening for depression. More than 2,700 students opted in, and counselors followed up with more than 250 who were identified as being at risk for severe depression, exhibiting mania or behavior or having suicidal thoughts. Virginia Tech opened satellite counseling clinics to reach students where they already spend time, stationing one above a local Starbucks and embedding others in the athletic department and graduate student center. Ohio State University added a dozen mental-health clinicians during the 2016-17 academic year and launched a counseling mobile app that allows students to make an appointment, access breathing exercises, listen to a playlist designed to cheer them up and contact the clinic in case of an emergency. And student leaders at several schools have enacted new student fees that direct more funding to counseling services.

But most counseling centers are working with limited resources. According to a 2016 survey of counseling center directors, the average university has one professional counselor for every 1,737 students—fewer than the minimum of one therapist for every 1,000 to 1,500 students recommended by the International Association of Counseling Services. As colleges try to meet the growing demand, some students are slipping through the cracks because of long waits for appointments and a lasting stigma associated with mental-health issues. Even if students ask for and receive help, not all cases can be treated on campus. Many private-sector treatment programs are stepping in to fill that gap, at least for families who can afford steep fees that may rise above $10,000 and may not be covered by health insurance. But especially in rural areas, where options for off-campus care are limited, universities are feeling pressure to do more.

DANA HASHMONAY was one of many students whose mental-health issues started when she got to college. She was a freshman at Rensselaer Polytechnic Institute in Troy, N.Y., in 2014 when she began having anxiety attacks before every class and crew practice, focusing on uncertainties about the future and comparing herself with seemingly well-adjusted classmates. "At that point, I didn’t even know I had anxiety. I didn’t have a name for it. It was just me freaking out about everything being big or small," she says. When she tried to make an appointment with the counseling center, she was put on a two-week waitlist. When she finally met with a therapist, she wasn’t able to set up a consistent weekly appointment because the center was overbooked. "I felt like they were..."
more concerned with, ‘Let’s get you better and out of here,’ she says, instead of listening to me. It wasn’t what I was looking for at all.’

Instead, she started meeting weekly with an off-campus therapist, who her parents helped find and pay for. She later took a medical leave midway through her sophomore year to get additional help. Hashmonay, now 21, thinks the university could have done more, but she notes that the school seemed to be facing a lack of resources as more students sought help. “I think I needed something that the university just wasn’t offering,” she says.

A spokesperson for Rensselaer says the university’s counseling center launched a triage model last year in an effort to reduce long wait times, assigning a clinician to provide same-day care to students presenting signs of distress and coordinate follow-up treatment.

For other students, mental-health struggles predated college but are exacerbated by the pressures of campus life. Anne Marie Albano, director of the Columbia University Clinic for Anxiety and Related Disorders (CUCARD), says some of her patients assume their problems were specific to high school. Optimistic that they can leave their issues behind, they stop seeing a therapist or taking antidepressants. “They think that this high school was too big or too competitive and college is going to be different,” Albano says. But that’s not often the case. “If anxiety was there,” she says, “nothing changes with a high school diploma.”

In fact, students face the reality that a college degree is both more necessary and more expensive today than ever before. “A lot of schools charge $68,000 a year,” says Dori Hutchinson, director of services at Boston University’s Center for Psychiatric Rehabilitation, referring to the cost of tuition, room and board at some private colleges. “We should be able to figure out how to attend to their whole personhood for that kind of money.”

A 2016 report by the Center for Collegiate Mental Health found that, on average, universities have increased rapid-access services—including walk-in appointments and crisis treatment for students demonstrating signs of distress—since 2010 in response to rising demand from students. But routine treatment services, including recurring appointments and specialized counseling, have decreased on average in that time.

“Students will be able to get that first appointment when they’re in high distress, but they may not be able to get ongoing treatment after the fact,” says Ben Locke, head of the Center for Collegiate Mental Health. “And that is a problem.”

Some colleges are experimenting with new ways of monitoring and treating students. At the University of Iowa, counseling director Barry Schreier increased his staff by nearly 50% during the 2017-18 academic year. But there is typically a waitlist for appointments, which can reach two weeks by midsemester. “We just added seven full-time staff, and we’re busier than we’ve ever been. We’re seeing more students,” Schreier says. “But is there less wait for service? No.”

The university has embedded two counselors in dorms since 2016 and is considering adding more. Schreier also added six questions about mental health to a freshman survey that the university sends out several weeks into the fall semester. The counseling center follows up with students who might need help based on their responses to questions about whether they’ve previously struggled with mental-health symptoms that negatively impacted their academics and whether they’ve ever had symptoms of depression or anxiety. He says early intervention is a priority because mental health is the No. 1 reason why students take formal leave from the university.

As colleges scramble to meet this need, off-campus clinics are developing innovative, if expensive, treatment programs that offer a personalized support system and teach students to prioritize mental well-being in high-pressure academic settings. Dozens of programs now specialize in preparing high school students for college and college students for adulthood, pairing mental-health treatment with life-skills classes—offering a hint at the treatments that could be used on campus in the future. When Spigner took a medical leave from the University of Richmond, she enrolled in College Readiness, a 14-week program in New York that costs $10,000 and aims to provide a bridge back to college for students who have withdrawn because of mental-health issues. She learned note-taking and time-management skills in between classes on healthy cooking and fitness, as well as sessions of yoga and meditation.

Another treatment model can be found at CUCARD in Manhattan, where patients in their teens and early 20s slip on a virtual-reality headset and come face-to-face with a variety of anxiety-inducing simulations—from a professor unwilling to budge on a deadline to a roommate who has littered their dorm room with stacks of empty pizza boxes and piles of dirty clothes. The center charges $150 per group-therapy session for students who enroll in the four-to-six-week college-readiness program but hopes to make the virtual-reality simulations available in campus counseling centers or on students’ cell phones in the future. Hashmonay, who has used the virtual-reality software at CUCARD in her weekly therapy, says the scenarios can be challenging, “but the minute it’s over, it’s like, ‘Wow, O.K., I can handle this.’”

Back at the University of Richmond for her senior year, Spigner says the attitude toward mental health on campus seems to have changed dramatically. When she was a freshman, she knew no one else in therapy, but most of her friends now visit the counseling center, which has boosted outreach efforts, started offering group therapy and mindfulness sessions, and moved into a more private space. “It’s not weird to hear someone say, ‘I’m going to a counseling appointment’ anymore,” she says.

Spigner, who meets weekly with a therapist on campus, has also become a resource to friends. “I’m kind of the go-to now for it, to be honest,” she says. “They’ll ask me, ‘Do you think I should go see counseling?’” Her answer is always yes.