Title

The Decline of Mental Health: An Overlooked Consequence of the Pandemic

Permalink

https://escholarship.org/uc/item/5677m33s

Authors

Delaney, Andrew
Xiong, Michael
Krishnapura, Ananya
et al.

Publication Date

2022

Undergraduate

The Decline of *Mental Health*

An Overlooked Consequence of the Pandemic

Due to the challenges brought about by the pandemic, it is no surprise that so many young adults have struggled with their mental health over the past few years. As a result, mental health has risen to the forefront of conversation in both science and public policy as individuals have increasingly shared their recent experiences. In this issue, the *Berkeley Scientific Journal* investigates the mental health struggles that are plaguing young adults. We interviewed two accomplished professionals in the fields of public health and psychology to discuss the effects of the pandemic, the stigma around seeking mental health services, and the future of mental health among young adults.

BY: ANDREW DELANEY, MICHAEL XIONG, ANANYA KRISHNAPURA, AND ESTHER LIM

Daniel Eisenberg, PhD, is a Professor of Health Policy and Management at UCLA's Fielding School of Public Health. His research is aimed at understanding how to effectively invest in the mental health of young people. Eisenberg's expertise in young adult mental health disorders has been sought by the New York Times, the Los Angeles Times, and The Nobel Conference.

Igor Chirikov, PhD is Director of the Student Experience in the Research University (SERU) Consortium. He conducts research focused on improving the learning outcomes of students in higher education. At the start of the pandemic, he coordinated a survey on the impact of COVID-19 on the mental health of students.

INTERVIEWS

BSJ: Given that you research mental health, some individuals may be surprised to know that your educational background is in economics. Can you provide insight into why you study mental health and the relationship between mental health and economics?

DE: I initially studied economics because I have always been interested in issues whose consequences affect entire communities and societies, and economics provides a good set of tools to study issues that are broad in scale, like social and policy issues. Similarly, mental health is a public health issue that is relevant to nearly everybody in a population or a community. Thus, the two fields share this common perspective, and that intersection is what motivated me since I want to do research that would have an impact on a large number of people. In economics we try to understand how best to use limited resources. One of the best ways we could use resources would be to address mental health early in life; therefore, much of my research is specifically aimed at quantifying the benefits of investments in mental health in early ages and understanding which kinds of investment strategies would be most impactful.

BSJ: What does your role as Director of the Student Experience in the Research University (SERU) Consortium entail, and what inspired you to write your report on student mental health?[1]

IC: The Student Experience in the Research University, or SERU, Consortium is a non-profit international community of research universities. A major goal of the Consortium is to systematically collect data on student experience over the years and then share that data to better understand who our students are, what their characteristics and experiences are, and how they have changed compared to previous years. It is primarily used to support decision-making on various campus initiatives. When the pandemic hit, we focused on the aforementioned areas and published a series of policy briefs on different topics, one of which centered on mental health and well-being. For this policy brief in particular, we conducted one of the first large-scale multi-institutional surveys whose results clearly highlighted that there was a mental health crisis in universities during the pandemic; students were struggling not only in terms of learning, but also in terms of their mental health. This is what drove us to write the report. Previously, there were rumors going around campuses and some university counselors had anecdotally noted that student mental health was declining, but this was conclusive data to support these observations.

Effects of the Pandemic

BSJ: During the COVID-19 pandemic, we have seen the rates of mental health illness among teenagers and young adults rise. From your research, can you describe some of the factors that have contributed to this rise in mental illness?

DE: First, it is important to recognize that mental health problems were on the rise before the pandemic, especially for adolescents and young adults. So, it is not entirely clear whether the pandemic has changed the overall trajectory of mental illness to a significant degree. I do not mean to downplay the impact that the pandemic has had on many peoples' mental health because we can all see in our lives that the pandemic has been extremely difficult in many ways. The pandemic has perhaps accelerated the increase in mental illness, but the overall rates of depression, anxiety, and suicide risk for young people were already rising before the pandemic. As we emerge from this pandemic in the coming months and years, we must realize that mental health struggles are not going away, and they probably will not even diminish very much, if at all. Undoubtedly, the pandemic has introduced new challenges and issues, but fundamentally we are still in the same place we were before the pandemic—mental health is perhaps the most important public health issue for young people today.

BSJ: Your 2020 report "Undergraduate and Graduate Students' Mental Health During the COVID-19 Pandemic" found an alarming increase in major depressive and generalized anxiety disorders following the pandemic. How was this data collected, and how were you able to draw these conclusions?

IC: Nine large public research universities participated in this survey. We used two screeners that are widely used in the literature for data collection. One is the patient health questionnaire or PHQ-2. It is a very simple two-item scale that screens for both major depressive disorder and generalized anxiety disorder. The important thing to note is that these screens are not actual diagnoses. We cannot determine for sure whether these students suffer from anxiety or from major depressive disorder. However, for our purposes and for many other research studies, these serve as rough indicators of the existence of the problem. Due to our large sample size, we can then disaggregate by student characteristics, such as gender, race and ethnicity, sexual orientation, socioeconomic status, or caregiving status. This allows us to highlight which groups are most impacted by the conditions we screened for.

BSJ: What factors contributed to this rise in mental health disorders, and which groups were most at risk?

IC: In terms of factors, I do not think our data can answer that question specifically. We can only speculate that COVID contributed to a significant extent. Anecdotal evidence and evidence from other surveys also support this claim. It was not necessarily COVID itself that directly contributed to this rise but rather the fact that campuses were closed, which led to many students reporting loneliness or living in less safe environments. This is especially true for LGBTQ+ students who went back to their hometowns, where their families or friends were not as accepting of their sexual orientation or identity. In terms of the kind of general trend that we see for undergraduates, about a third of students had symptoms of a major depressive disorder and more than a third—39%—had symptoms of generalized anxiety disorder, which is much higher compared to levels in pre-pandemic surveys. Additionally, low-income students and working-class students have a higher percentage who screen positive for depression and anxiety. African American, Latino, Asian, female, and LGBTQ+ students were at higher risk of exhibiting symptoms of both major depressive disorder and generalized anxiety disorder.

These same student subpopulations were less academically engaged and experienced more food and housing insecurity. We cannot disaggregate which specific factors led to this higher rate, but I think it is a cumulative effect. For example, some of these students had parents who lost their jobs, and they needed to help them make money and could not spend as much time on their studies. In this survey design, you cannot distinguish the individual effects on mental health each factor had. In more detailed studies, maybe we will be able to see what contributed the most, whether that be employment conditions, location, or other factors. For this particular report, it was important to alert people that declining mental health was a reality and universities need to pay more attention to vulnerable groups.

Stigma Surrounding Mental Health

BSJ: Many people still believe that there is a stigma surrounding seeking mental health services. How do you think mental health professionals and society as a whole can work to combat this stigma?

DE: It is certainly true that there is still some form of stigma, but I think it has changed over time. In the past, say, twenty or thirty years, the stigma was quite discriminatory or overtly negative. There were negative attitudes about having a diagnosis of a mental health condition or seeking treatment for mental health. Today, I think it is not as blatant. Now, for most people, especially younger people, the stigma is more in the form of not assigning enough priority to mental health. Particularly, one of the main reasons why young adult students do not seek help even when they would benefit from seeking help is because they do not recognize that their problems require treatment. Many are aware that they are stressed but think that their stress is pretty normal because they see it all around them. Or, some students feel that they do not have time to take the steps to seek care, even though they might want to do so. I still think that mental health is not a high enough priority for many individuals and communities. When we sit down and think about it, most of us acknowledge that mental health is fundamental to our well-being and success. Yet, we do not always act in a way that prioritizes our mental health, and I think that is the form of stigma that is most prevalent now. I think the solution is for professors and the administration in college communities to emphasize the importance of mental health and the fact that mental health requires effort and attention. We must realize that mental health is not something that we can easily address and then move on from. Similar to learning and succeeding in college, your mental health requires hard work every day, week after week. Mental health requires persistent attention and effort, whether that entails therapy, medication, or just being mindful of spending enough time with friends and other supportive people.

The Future of Mental Health

BSJ: In your report, you made several recommendations as to how best we can approach the mental health crisis. These included allocating more resources to and expanding mental health programs alongside encouraging faculty to promote such services. Have you seen any of these changes implemented, and if so, what impact have they made?

IC: We probably cannot talk about the impact because we are still trying to analyze the follow-up data. The surveys are run every year, so we currently have data from 2021. However, anecdotally, I have seen and heard of numerous efforts in this area. The pandemic led to a nationwide focus on the mental health crisis, and as a result, other publications came out that supported the same results that we had. For example, there was a survey of university presidents done by Inside Higher Ed where they asked students about the major challenges they faced. At the beginning of the pandemic, students cited budget concerns, but as time went on, student mental health and well-being were consistently brought up. So, this truly became a priority for many universities. I would say all of them increased resources allocated to counseling services. Remote counseling also became increasingly available at many institutions; however, the problem with that is students often find themselves in places where they cannot speak openly about their experiences. Imagine they live in a house with a person that abuses them. They cannot talk with the counselor about this via remote counseling from their home because their abuser could be nearby and hear everything, though I know that some universities had creative solutions to address that. Personally, I think what was harder to track was the faculty side of the issue because I know that some faculty were very supportive of students while others were not. Some provided encouragement, mental health breaks, and even brought food to students. When we were doing the survey, we got a lot of positive feedback about what the faculty did for their students. But at the same time, it varies because some faculty were not accommodating at all; therefore, it is harder to meaningfully track the effects of faculty support among different universities.

In summary, we saw that there was significant institutional effort to support students, but it was less coordinated at the level of departments and at the level of faculty. This is important because prevention is easier and cheaper than treatment. Before, universities were dealing with consequences more than they were trying to prevent the problems from happening in the first place. Prevention is hard because it seems easier to just hire more counselors and put more resources into treatment. But ultimately, the more important task going forward is to redesign and create an environment to encourage students' well-being. That requires a more concerted effort from administration, faculty, students, and staff. During the pandemic, everyone was in emergency mode and it was hard to strategize. Hopefully, we are now approaching the light at the end of the tunnel.

Many of the institutions we work with are very competitive and challenging in terms of coursework. Sometimes that is good, but they need to understand the impact it has on students. They need to do more in providing the support that is needed for students to not feel alienated, depressed, or anxious. My hope is that there will be no further major outbreaks of COVID-19–or that we will at least be better prepared for them. However, universities still need to redesign their learning environments to address the concerns that have come to light as a result of the pandemic. You cannot say that well-being is important during the pandemic, but that it no longer is after the pandemic ends. Universities need to be more strategic and work with faculty, staff, and students to create an environment that is supportive.

INTERVIEWS

BSJ: Now that we are over two years deep in this pandemic, what hopes or concerns do you have about the current situation and the future of student mental health?

DE: Even though there has been a rise in distress over time, I think there have been a lot of positive developments. Even before the pandemic, there was a rise in the use and awareness of mental health services, and overall, individuals were becoming more inclined to prioritize mental health. Also, during the pandemic, there was an acceleration of the use of digital resources for mental health. Not just tele-therapy, but a variety of self-guided tools like meditation apps, mindfulness apps, and self-guided therapy came into widespread use, aiding the general public in improving their mental health. In short, there are various digital resources to support mental health that are now able to reach a lot more people as a result of the pandemic. Thus, going forward, one of the challenges will be how to merge digital resources with traditional treatment. Digital resources are so low-cost and convenient, so there should be a place for them even after the pandemic. I think campus communities are in a really good position to figure out that optimal combination. These communities can provide in-person support, help connect students to digital resources, and help them sort through the many options to figure out which resources would be most helpful for each individual.

REFERENCES

1. Chirikov, I., Soria, K. M, Horgos, B., & Jones-White, D. (2020). Undergraduate and Graduate Students' Mental Health During the COVID-19 Pandemic. UC Berkeley: Center for Studies in Higher Education. https://escholar-ship.org/uc/item/80k5d5hw
2. Headshot: [Photograph of Daniel Eisenberg]. Eisenberg Lab. https://ph.ucla.edu/faculty/eisenberg. Image reprinted with permission.
3. Headshot: [Photograph of Igor Chirikov]. Center for Studies in Higher Education. https://cshe.berkeley.edu/people/igor-chirikov. Image reprinted with permission.