The real college blues

By Blake Mathews

First, the good news: we’re all just a little bit crazy. But you probably already knew that. The fact that you go to this school, that you chose to pick up and read a newspaper, that you’re taking the time right now to read this column, all points toward your willingness to be a little different.

The bad news, however, is nothing to make light of. We’ve wisely thrown out the label “crazy” for the majority of mental illness sufferers, but we still partition the afflicted off into their own little caste. The homeless man under the bridge could be mentally ill, the mercurial artist or musician could be mentally ill, and even the returning soldier could be mentally ill. But could the college student in the next dorm room be suffering, too? Statistically speaking, the poster children for depression, anxiety, bipolar disorder and a host of other mental health problems may look just like us.

Mental illnesses and disorders usually take root relatively early in life: 75 percent of cases manifest by age 24, one study said. Also, consider the unique situation college students find themselves in. Most of us are living away from home for the first time and learning to adapt in what might be the ultimate sink-or-swim scenario (aside from real life, of course).

The age range and adjustments make college campuses breeding grounds for depression and anxiety, and the numbers tell us that it’s getting worse. According to the Healthy Minds Study, 15 percent of students surveyed in 2007 said they had been diagnosed with depression before; that’s up from 10 percent in 2000. Study director Daniel Eisenberg also said that more than 90 percent of college counseling services reported “an increase in the number and severity of students with mental health problems.”

The statistics might lead you to believe that this generation of college kids is especially troubled, that life is getting less bearable with each new year. But a decade ago college would not have been an option for many with mental illnesses; those who did enroll might not have stayed long enough to be part of Eisenberg’s study. Advances in medication are helping students control their disorders and survive school. Also, counselors and psychiatrists are getting better at diagnosing mental illnesses. It’s not that more students than ever are depressed; the students who used to be chronically “down in the dumps” are finally being looked at through the right lens.

Statistics aside, significant numbers of our peers are still living with depression or other disorders. Thankfully the stigma of having “issues” is weakening in our culture as seeking therapy becomes more and more acceptable. And Harding is especially well equipped to help afflicted students: The International Association of Counseling Services (ICACS) recommends that colleges have one therapist on campus for every 1,000 students. Harding has six licensed therapists in its counseling center, more than enough to satisfy the ICACS, but many other universities are struggling to keep up. They are caught between the growing presence of student mental illness and shrinking budgets that leave little room for mental health services.

But even at Harding, people fall through the cracks. Illnesses go undiagnosed and untreated, or, worse, the mentally unhealthy get told to just “suck it up” by their peers. If we refuse to consider the people around us who aren’t just “going through a phase” or “acting out,” we run the risk of losing them to their disorders. In the absolute worst-case scenario, as Virginia Tech and recently UCLA experienced, we can lose much, much more. But the potential for violence shouldn’t be all that motivates us to reach out to the mentally ill. Assuming you came to college to make some kind of difference in the world, that student on your hall wrestling with depression should be one of your top assignments. After all, sometimes a friend can be more potent than a bottle of pills.