Terriers Left Behind? Support for Students with Anxiety Disorders at Boston University

Abstract

Mental health concerns and anxiety among college and university students have gained increasingly more attention over the past few years, as instances of suicides and hospitalizations for mental health concerns have generally risen among college-aged adults (Olfson et al., 2017). Academic, social, and emotional pressures among young adults during this transformative time have led to a rise in the recognition of anxiety disorders on campuses nationwide and have required behavioral health and counseling services to adapt rapidly to meet larger student need.

At Boston University—a large, private, research urban institution—major advances in mental health services have occurred over the past few years. Despite, these advances, Behavioral Medicine still seems to struggle to reach a large portion of undergraduates who identify as having an anxiety disorder. Evidence for this gap is apparent on social media and in peer conversation. Students at the university often express discontent with the quality and availability of on-campus care via Facebook, Instagram, and other widespread campus social media groups. This study seeks to investigate these complaints and student need through the use of qualitative interviews with undergraduates who have anxiety disorders. The data collected will be used to create a narrative proposal for program improvements and changes that could be implemented by Behavioral Health at Boston University, and to advocate for more university funding to help all students struggling with mental health to receive adequate long-term care and treatment.

Introduction

At Boston University—a large, private, research-oriented university—65.7% of the student body reported having felt overwhelming anxiety at least once during the 2018-2019 academic year (*The Healthy Minds Study*, 2018). BU's Department of Student Health Services contains a division specifically focused on Behavioral Health. According to their Director, Dr. Carrie Landa, PhD, Behavioral Health Services has been growing and changing rapidly to attempt to meet increasing student need. They have lowered their wait times from 2 weeks to approximately 72 hours, and have added more clinicians, care managers, and referral programs ("Behavioral Medicine | Student Health Services," n.d.). Despite these advances, gaps in care still appear to remain. Through firsthand experience, the researcher is aware that finding help at the onset of a mental health concern—whether it be a clinically-diagnosed, chronic condition, or an acute problem—can be overwhelming, frustrating, and often expensive. Information disseminated between the undergraduate population and Behavioral Health is not always clear and does not always reach the intended targets.

The purpose of this study will be to better understand the current gaps in care for Boston University undergraduate students with anxiety disorders. This data will then be used to create a narrative documenting student experience with anxiety. Depending on the data collected, the narrative will take the form of a proposal to suggest new policies for Behavioral Health Services. Data will be collected via qualitative interviews of Boston University students who have been diagnosed with anxiety disorders. Data and personal stories collected during these interviews will be used to create the proposal, which will then be presented to Student Health Services' Behavioral Health Division to inform current and future policy actions. The hope is that findings from this research can assist Boston University's Behavioral Health Services with program planning and mental health policy.

Background

Anxiety disorders are defined by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders: 5th Edition (DSM-5) as disorders that share features of excessive fear and anxiety and related behavioral and physiological disturbances (APA,2013). While anxiety itself is an adaptive response to threats and danger, anxiety disorders represent circumstances when this response can become pathogenic and maladaptive (Beesdo, Knappe, & Pine, 2009). Included under the general umbrella of anxiety disorders are Generalized Anxiety Disorder (GAD), Panic Disorder, Post-Traumatic-Stress Disorder (PTSD), and Social Anxiety Disorder.

Mental health needs and services have become a growing area of interest for many researchers in the past few decades. While these disorders—especially anxiety disorders—have likely existed for centuries, they have recently become recognized as a medical issue with specific anatomy and pathophysiology (Häfner, 1985). Anxiety Disorders are the most common mental illness in the United States ("Facts & Statistics | Anxiety and Depression Association of America, ADAA," n.d.). As of 2017, the prevalence of anxiety disorders among U.S. adults was 19.1% ("NIMH » Any Anxiety Disorder," 2017). Although still poorly understood, research points to chemical imbalances among a variety of neurotransmitters— including serotonin, dopamine, GABA, and norepinephrine—as potential causes of these disorders (Bhatt, 2019). Evidence suggests that the risk of developing an anxiety disorder is related to both genetic and environmental factors (Bhatt, 2019). Most of these disorders develop by the age of 20 (Magee, Eaton, Wittchen, McGonagle, & Kessler, 1996). Anxiety disorders are often comorbid with other mood disorders—such as Major Depressive Disorder—and are linked to increases in suicide and attempted suicide. In fact, the recent increase in the suicide rate among U.S. adults has been

found to disproportionally affect young adults, especially those with anxiety disorders (Olfson et al., 2017).

Although these disorders can vary in their age of onset, many Americans experience the first onset and/or exacerbation of symptoms during college. Indeed, anxiety disorders are the most common psychiatric disorders among college students. In 2014, the prevalence rate among college students was 11.9% (Pedrelli, Nyer, Yeung, Zulauf, & Wilens, 2015), and, more recently, universities have been struggling to keep up with the mental health needs of their student populations (Gallagher & Taylor, 2010).

The stressful academic, social, and emotional environment of college, coupled with familial separation and increased responsibility lead to the exacerbation or onset of anxiety disorders in undergraduates (Pedrelli et al., 2015). The 2019 National College Health Association Survey reported 29.5% of all undergraduates reported that their anxiety had affected their academic performance—a greater effect than depression, cold and flu, roommate difficulties, extracurriculars, and homesickness ("Reports_ACHA-NCHAIIc," 2019). Additionally, 24.0% of college students reported being diagnosed with an anxiety disorder in the past 12 months ("Reports_ACHA-NCHAIIc," 2019), and an estimated 31% of undergraduates in 2018 had anxiety disorders (*The Healthy Minds Study*, 2018). Current treatment options for anxiety disorders include some combination of prescription Selective Serotonin Reuptake Inhibitors (SSRIs) and Cognitive-Behavioral Therapy (CBT) (Bhatt, 2019). CBT has been tested against other forms of counseling and is the current gold-standard of anxiety psychotherapy (Hunot, Churchill, Silva de Lima, & Teixeira, 2007). Although recent research has been optimistically assessing the efficacy of computerized CBT programs (Magee, Eaton, Wittchen, McGonagle, & Kessler, 1996), currently in-person therapy is the recommended course of

treatment as is deemed efficacious (Carpenter et al., 2018). Specialized training is required in order to become a cognitive behavioral therapist ("How to Become a Cognitive Behavioral Therapist (CBT)," n.d.).

A large treatment gap exists in regards to mental health (Pathare, Brazinova, & Levav, 2018). Data estimates that, in the United States, only 36.9% of people with anxiety disorders receive treatment ("Facts & Statistics | Anxiety and Depression Association of America, ADAA," n.d.). For college students with long-term mental health issues, this number is considerably less (Zivin, Eisenberg, Gollust, & Golberstein, 2009). A nationwide study of college students' mental health found that 75% of undergraduates felt that they needed support for emotional or mental health problems (*The Healthy Minds Study*, 2018). However, according to a survey of 274 college mental health counseling centers, the mean ratio of professionals to students was 1:1,600. Many centers, including Boston University's Behavioral Health Services, are thus forced to provide short-term care due to the immense need coupled with limited resources (Gallagher & Taylor, 2010).

Boston University Behavioral Health currently offers referrals to outside institutions of long-term or specialty care. They also host clinician-led support groups and provide resources for positive mental health on their website. The staff includes psychiatrists, psychologists, social workers, and clinical case managers. There are 26 staff members in total ("Behavioral Medicine | Student Health Services," n.d.). However, students still complain that not enough is being done to support their needs. Posts on social media groups for BU students often mock Behavioral Health Services. One recent Facebook post received 752 likes when it compared the mental health resources at student health services to a strapless bra, in that neither provide good support. Many similar posts exist on these online platforms, all with hundreds of likes by the student body

on the page (BU Memes for Normy Teens, Facebook). Additional conversations I have had with peers seem to tell a similar story of discontent. Clearly, there is an apparent disconnect between the organization and the student body. If student health services were able to hear from students within the population about their own personal experiences and attitudes about the services BHS provides, it would allow them to understand the full scope of the problem and address common needs in order to become a more effective, accessible resource.

The use of personal narratives in policy proposal and advocacy has been proven to be effective from both a political and scientific standpoint. Humans think socially about processes and policies. Presenting simply facts and numbers will not convince a population to accept a new idea (Davidson, 2017). Additionally, we form automatic "mental models" very quickly to understand how the world works, and it can be very hard to change these models once they exist as part of our subconscious thought process. Using individual stories when advocating for social or political change allows for the intended audience (usually policymakers or those in positions of power, often separate from the issue) to "frame" the issue to fit in with the audience's existing mental models (Davidson, 2017). Stories help for readers to create a framework about the current state of the problem, but also, about how it may be potentially solved. This can occur through the use of connections and sequential analyses that our brains perform as the problem becomes contextualized through narrative (McCambridge, 2015).

Personal stories also influence policy change via emotion. An emotional reaction to a story may elicit further feelings that bring policy makers and administrators to the point of action (workingnarratives.org). Emotion, contrary to popular belief, aids in reason and rationality, rather than contradicting or invalidating it. The combination of both fact and story can strengthen the reader's belief of fact (Marcus, 2010).

Rationale

Mental health among college students is critically important. At Boston University, evidence from personal conversations and posts across BU-specific social media groups suggest that many students feel as if there are not sufficient resources available from Student Health Services to meet their mental health needs. However, there has not been a concrete investigation of these complaints. Furthermore, based on conversations with their director, Behavioral Health Services does not appear to have an official, reliable student perspective on their programing from the broad university population.

This study would allow for a variety of students living with anxiety disorders to voice their opinions in a safe, anonymous space. Additionally, it would give these students the opportunity to share their own experiences as college students struggling with anxiety, thus empowering them and bringing to light the realities of the state of mental health support on campus. The goal for the chosen format of the final deliverable—namely a narrative incorporating personal stories within a broader outline of the problem—is to allow readers from the administration to personalize the problem and understand the experience of the student body. If I am able to bring to light to realties and state mental health, presumably I will find areas where improvements can be made. Then, perhaps, BHS and the BU administration will be driven towards action to implement these improvements.

Methods and Feasibility

I propose to conduct a qualitative, non-experimental design to gather insights on student mental health needs among Boston University students. The preliminary phase of the research will be an examination of the epidemiology of anxiety disorders and evidence-based interventions in the United States. Sources of this data will include information from organizations such as World

Health Organization (WHO), National Institute of Mental Health (NIMH), and American Association of Psychiatry. The focus of these preliminary efforts will be to understand the epidemiology of these disorders in the context of undergraduate students, and then, among students at Boston University in the recent past. Descriptive quantitative data will be collected from Student Health Services (SHS), including statistics about student visits to the clinic that involve issues of anxiety. The BU Center for Anxiety Related Disorders (CARD), the Danielson Institute, and the Center for Psychiatric Rehabilitation will also be contacted to obtain information about their patient population, waitlists, and estimated patient need.

Additionally, an investigation will be made into the accessibility of resources currently available to undergraduates with anxiety disorders. This investigation will include gathering data on cost of treatment, types of treatment, and the number of providers in the Boston Area. This investigation will include research about what programs are currently offered by SHS, as well as those offered by the various other, smaller organizations on campus mentioned previously (CARD, Danielsen). Epidemiological data will allow for a better understanding of the population of interest and current state of care. They will also guide the formation of the main interview questionnaire.

Following the collection of background data, the sample will be gathered from the general student population. Printed flyers and handouts will be distributed to behavioral specialists at SHS to hand out to students with anxiety disorders that they encounter at the clinic. An advertisement for the study will also be displayed on the electronic billboards in the SHS waiting rooms. The co-advisor for this project—Dr. Carrie Landa, Executive Director of Behavioral Health—will be consulted to ensure that the sampling techniques within SHS are feasible, ethical, and meet IRB regulations. Once the sampling techniques are decided, the protocol will be submitted to the IRB

for approval and sampling will begin. Data will be collected and stored in a password protected computer and no identifying data will be reported. A consent form will also be drafted.

In order to reach students who do not interact with Behavioral Health at SHS, the researcher and team will reach out to students via word-of-mouth, Facebook and Instagram posts, and snowball sampling techniques. The hope is to have a sample of 7-10 student interviewees who represent a variety of demographic backgrounds. This number was chosen so that each student's story can receive a significant amount of focus in the final policy narrative, but also so that there are enough stories to represent diverse viewpoints and experiences. The goal for this policy narrative is to compare the personal experience of each student participant to the experiences of the population as a whole. No one student's story should be taken to be representative of the whole population.

Next, qualitative interviews will be conducted with those who have responded to survey recruitment. Students will each be compensated for their time and participation with a $25 Starbucks gift card. Before the interviews, informed consent will be obtained from the research participants. Students will be informed that they are free to exit the study at any time without penalty, and that any quotes or stories used in the final narrative proposal will be kept anonymous.

The interviews will be mostly open-ended and focus on 1) the participant's experiences of dealing with mental health issues and finding support at BU, and 2) resources and support the participant believes should be available and/or could be improved for students in their position. Interviewees will specifically be asked about their use of various mental health institutions, including questions about their own utilization of Student Health Services' resources. The questions will also inquire as to their personal stories of dealing with mental health issues and navigating various systems to find treatment and support. Audio from the interviews will be

recorded on an external tape recorder to further ensure data privacy. Interviews will last between 30 minutes to 1 hour and will take place in a private location—likely a room in the Kilachand Honors College Building or in Student Health Services, depending on the preferences of the student being interviewed.

After the interviews, responses will be coded for commonly identified themes—including suggested improvements to SHS resources and commonly identified challenges faced by this particular student population. Then, data will be brought to Dr. Landa. Dr. Landa and the SHS staff will be contacted to gain insight about this data from their perspective. After receiving input about the feasibility of certain policy actions, a proposal advocating for policy changes and/or improvements will be formulated. This proposal will be written in a narrative format and will include stories of interview participants in order to provide real-life examples of struggles faced by students with anxiety disorders on BU's campus. Other examples of sociological and narrative policy outlines, such as Matthew Desmond's *Evicted* and *Chasing the Scream* by Johann Hari, will be used as influences to structure this argument and make the proposal more persuasive. The proposal writer will read more examples of policy written in this format. Research will also be conducted on the art of storytelling, the art of persuasive literature and policy, and factors that influence success or failure of policy proposals. This research will thus involve a historical component to better understand the politics of policy implementation as well as the internal politics within the Boston University administration.

One challenge this research project will face will be gaining IRB approval. Receiving approval from the IRB means that I will have to develop a solid, ethical plan for my interview protocol and sampling procedures, since they involve vulnerable populations. Overall, gaining permission will be the biggest challenge in my keystone process. An additional challenge will

likely be finding a diverse group of participants who are interested in volunteering for the interview protocol. I would like to have the perspective of students with anxiety from many different backgrounds, however, I must recognize the limits of how I can target my population and what types of data I can ethically obtain and utilize for this study. Finally, writing the proposal will be a challenge, as I have not written in this narrative argument format before. I do not want to corrupt anyone's story. I will obtain feedback throughout the writing process from my co-advisor, Dr. Carrie Preston, to ensure my proposal conveys the needs of my target population without appropriating their individuality and unique experiences. Additionally, I will dedicate time familiarizing myself with this type of writing in order to produce my deliverable.

Significance and Conclusion

College is a very stressful time for many young adults. As they leave home for the first time, they confront new and unanticipated challenges in their transition to adulthood. Learning to navigate college coursework, adult relationships, and newfound responsibilities can be taxing on any person. Having to deal with these new challenges on top of dealing with an anxiety disorder can be even more difficult. At Boston University, I have heard many of my peers voice their frustration that they cannot find the help they need, that they do not trust the reputation of Behavioral Health Services, and that they do not feel as if their mental health is treated as a priority.

As rates of suicides and hospitalizations increase among young adults in the United States, issues like these cannot be ignored. This study will provide an in-depth look into the specific realities and struggles faced by students with anxiety disorders for the purpose of enacting change. Behavioral Health Services has made significant gains in the past few years, however, providing a student perspective will help them to refine and focus their services in

order to most effectively treat as many students as possible. Additionally, the university administration would benefit from hearing the personal testimonies of its students in order to better devote appropriate resources to improving mental health across campus.

Budget

- Compensation for student interviewees: $250 (in the form of Starbucks gift cards)
- Printing materials for advertising/study recruitment, final deliverable: $125
- Access to online psychiatric and medical journal articles for background research: $100
- Interview equipment—Sony ICDUX560BLK Digital Voice Recorder 1": $70

References

Beesdo, K., Knappe, S., & Pine, D. S. (2009). Anxiety and Anxiety Disorders in Children and Adolescents: Developmental Issues and Implications for DSM-V. *The Psychiatric Clinics of North America*, *32*(3), 483–524. https://doi.org/10.1016/j.psc.2009.06.002

Behavioral Medicine | Student Health Services. (n.d.). Retrieved November 9, 2019, from http://www.bu.edu/shs/behavioral-medicine/

Bhatt, N. V. (2019). *Anxiety Disorders: Background, Anatomy, Pathophysiology*. Retrieved from https://emedicine.medscape.com/article/286227-overview#a5

Carpenter, J. K., Andrews, L. A., Witcraft, S. M., Powers, M. B., Smits, J. A. J., & Hofmann, S. G. (2018). Cognitive Behavioral Therapy for Anxiety and Related Disorders: A Meta-Analysis of Randomized Placebo-Controlled Trials. *Depression and Anxiety*, *35*(6), 502–514. https://doi.org/10.1002/da.22728

Davidson, B. (2017). Storytelling and evidence-based policy: Lessons from the grey literature | Palgrave Communications. Retrieved November 9, 2019, from https://www.nature.com/articles/palcomms201793

Facts & Statistics | Anxiety and Depression Association of America, ADAA. (n.d.). Retrieved October 31, 2019, from https://adaa.org/about-adaa/press-room/facts-statistics

Fitzpatrick, K. K., Darcy, A., & Vierhile, M. (2017). Delivering Cognitive Behavior Therapy to Young Adults With Symptoms of Depression and Anxiety Using a Fully Automated Conversational Agent (Woebot): A Randomized Controlled Trial. *JMIR Mental Health*, *4*(2). https://doi.org/10.2196/mental.7785

Gallagher, R. P., & Taylor, R. (2010). *National Survey of Counseling Center Directors 2010*. 63.

Häfner, H. (1985). Are mental disorders increasing over time? *Psychopathology*, *18*(2–3), 66–81. https://doi.org/10.1159/000284218

How to Become a Cognitive Behavioral Therapist (CBT). (n.d.). Retrieved November 7, 2019, from https://www.psychologyschoolguide.net/guides/how-to-become-a-cognitive-behavioral-therapist/

Hunot, V., Churchill, R., Silva de Lima, M., & Teixeira, V. (2007). Psychological therapies for generalised anxiety disorder. Retrieved November 7, 2019, from https://reference.medscape.com/medline/abstract/17253466

Magee, W. J., Eaton, W. W., Wittchen, H. U., McGonagle, K. A., & Kessler, R. C. (1996). Agoraphobia, simple phobia, and social phobia in the National Comorbidity Survey. *Archives of General Psychiatry*, *53*(2), 159–168. https://doi.org/10.1001/archpsyc.1996.01830020077009

Marcus, G. E. (2010). *Sentimental Citizen: Emotion in Democratic Politics*. Penn State Press.

McCambridge, R. (2015, February 5). Disrupting the Dominant Frame: An Interview with Susan Nall Bales of the FrameWorks Institute, 2015 MACEI Award Winner. Retrieved November 9, 2019, from Non Profit News | Nonprofit Quarterly website: https://nonprofitquarterly.org/disrupting-the-dominant-frame-an-interview-with-susan-nall-bales-of-the-frameworks-institute-2015-macei-award-winner/

NIMH » Any Anxiety Disorder. (2017). Retrieved November 9, 2019, from https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder.shtml

Olfson, M., Blanco, C., Wall, M., Liu, S.-M., Saha, T. D., Pickering, R. P., & Grant, B. F. (2017). National Trends in Suicide Attempts Among Adults in the United States. *JAMA Psychiatry*, *74*(11), 1095–1103. https://doi.org/10.1001/jamapsychiatry.2017.2582

Pathare, S., Brazinova, A., & Levav, I. (2018). Care gap: A comprehensive measure to quantify unmet needs in mental health. *Epidemiology and Psychiatric Sciences*, *27*(5), 463–467. https://doi.org/10.1017/S2045796018000100

Pedrelli, P., Nyer, M., Yeung, A., Zulauf, C., & Wilens, T. (2015). College Students: Mental Health Problems and Treatment Considerations. *Academic Psychiatry*, *39*(5), 503–511. https://doi.org/10.1007/s40596-014-0205-9

Reports_ACHA-NCHAIIc. (2019). Retrieved October 30, 2019, from https://www.acha.org/NCHA/ACHA-NCHA_Data/Publications_and_Reports/NCHA/Data/Reports_ACHA-NCHAIIc.aspx

The Healthy Minds Study. (2018). 25.

Zivin, K., Eisenberg, D., Gollust, S. E., & Golberstein, E. (2009). Persistence of mental health problems and needs in a college student population. *Journal of Affective Disorders*, *117*(3), 180–185. https://doi.org/10.1016/j.jad.2009.01.001