

**Profile of Presenters****Dr. Daniel Eisenberg**

Dr. Daniel Eisenberg is a professor for the Department of Health Management and Policy at the University of Michigan School of Public Health. Dr. Eisenberg is also the principal investigator of the University of Michigan's Healthy Minds study, a national survey of over 62,000 college students that measures the prevalence of self-reported depression, anxiety, eating disorders, and other mental health conditions. In addition, he directs the Healthy Minds Network, which focuses on mental health and service use in college populations. Dr. Eisenberg's broad research goal is to improve understanding of how to invest effectively and efficiently in mental health of young people.

Dr. Eisenberg is a graduate of Stanford University, where he obtained his Bachelor of Arts and Ph.D. in Economics. In addition, Dr. Eisenberg obtained his postdoctoral traineeship in mental health services and policy research at University of California, Berkeley. Dr. Eisenberg is the program director for his department's Ph.D. program in health services organization and policy. In 2010, Dr. Eisenberg was awarded the Thompson Prize for Young Investigators by the Association of University Programs in Health Administration, in recognition of his early career research.

**Dr. Kimberly S. Gorman**

Dr. Kimberly S. Gorman is the Director of Counseling and Psychology Services at Western Carolina University. As a licensed psychologist, Dr. Gorman has been involved in research around mental health stigma and utilization of services at college counseling centers. She has a special interest in working with women's issues and training and professional development. She has been involved in the training of masters- and doctoral-level students for nearly two decades.

Dr. Gorman is a graduate of University of Kentucky, where she obtained her master's and Ph.D. in Counseling Psychology. Dr. Gorman is a member of the Board of Accreditation of the International Association of Counseling Services (IACS) and is an accreditation field visitor. Dr. Gorman also serves as an Appeal Pool Member for American Psychological Association's Board of Education Affairs. Furthermore, she works with the Association of State and Provincial Psychology Boards as an exam item writer for the Examination of Professional Practice in Psychology Part 2 (EPPP-2).



# COVID-19's Psychological Toll: Mental Distress Among Americans Has Tripled During the Pandemic Compared to 2018

BY MARKHAM HEID

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**L**ate last month, as the full weight of the COVID-19 crises was settling on the country's shoulders, more than one in four American adults met the criteria that psychologists use to diagnose serious mental distress and illness. That represents a roughly 700% increase from pre-pandemic data collected in 2018.

While this surge in mental distress showed up across age and demographic groups, young adults and those with children experienced the most pronounced spikes. Among adults living at home with kids under the age of 18, the rate of severe distress rose from just 3% in 2018 to 37% last month.

These figures are among the grave—though not altogether surprising—findings of a [new study from researchers at San Diego State University and Florida State University](#). The study is currently in preprint, which means it has not yet undergone peer review and formal publication. While preliminary, its data are among the first to offer details on the scope of the country's coronavirus-related psychological struggles.

Last month, roughly 70% of Americans experienced moderate-to-severe mental distress—triple the rate seen in 2018. “I expected there to be an increase, but even I was surprised by how large it was,” says Jean Twenge, coauthor of the study and a professor of psychology at San Diego State University.

Twenge's study used data collected in 2018 as part of the National Health Interview Survey (NHIS), an annual survey of tens of thousands of Americans that is overseen by a branch of the U.S. Centers for Disease Control and Prevention. The NHIS included a research-validated, six-item scale designed to measure mental illness. Last month, Twenge and her colleagues used the same six-item scale to assess the mental health of more than 2,000 Americans spread across the country. They compared their figures to the 2018 data in order to produce their findings.

Twenge says the severity of the mental health discrepancies her study revealed probably shouldn't have come as a shock. "In some ways, this is a perfect storm for mental health issues," she says. "We're dealing with social isolation, anxiety around health, and economic problems. All of these are situations linked to mental health challenges, and these are hitting many of us all at once."

Researchers unaffiliated with Twenge's study say that, on top of the loss of jobs and the obvious health risks associated with COVID-19, the element of uncertainty is causing Americans a great deal of psychological distress. "People don't know when we're going to get back to normal life, and that is quite anxiety provoking," says Dr. Gary Small, a professor of psychiatry and behavioral sciences at the University of California, Los Angeles.

The COVID-19 crisis has forced U.S. politicians and public health officials into a lose-lose dilemma: both groups are now weighing the life-and-death risk of exposing people to the virus against the manifold hardships created by stay-at-home directives and business closures. More and more, members of each group have discussed the psychological repercussions associated with each scenario—including the specter of rising depression and suicide rates. This new study appears to substantiate those concerns.

While some might point to the psychological blowback as a reason to reopen the economy and lift restrictions, Twenge says that course of action is also fraught. "Opening up too soon and then having to shut back down could also

have very negative consequences from a mental health perspective, such as a further increase in mental distress,” she says.

“If there’s a policy message here,” she adds, “it’s that people are suffering and we need to put resources into mental health treatment.

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## Editorial

## Countering the Troubling Increase in Mental Health Symptoms Among U.S. College Students



Duffy et al. [1] present the most compelling and thorough evidence to date that mental health problems are rising substantially in college student populations. Specifically, their analysis indicates that mental health symptoms and risk have nearly doubled over the past 5–10 years. This basic conclusion holds across two national data sources (the National College Health Assessment and the Healthy Minds Study) and several indicators of distress. The steepest increases occurred during the previous 5 years, starting around 2014.

This upward trend is not entirely surprising in light of other recent studies: mental health problems are rising among adolescents in the general population, and mental health service use (along with depressive symptoms and suicide risk) are rising in college populations [2,3]. These new findings, however, are striking in two respects: the rapid pace of the increase in symptoms and risk since 2014 and the consistency of the increase across multiple data sources and several aspects of mental health (depression, anxiety, suicide risk, self-injury, lack of flourishing, and feelings of anger).

Whereas previously one could question whether the relentless rise in service use simply reflected an increase in help-seeking and access to care, now it seems clear that an increase in population-level distress is also taking place. This conclusion raises two interrelated questions that researchers, policymakers, and practitioners need to answer as soon as possible. First, what explains this rapid increase in mental health problems in college populations, and second, what can be done to counter it?

### Explaining the Increase

It is possible that college students and young people more generally are more prone to report distress than they were in the past. Mental health has become a more familiar, openly discussed topic, as reflected by the generally positive and ever-improving attitudes about mental health services in college populations [3]. If changes in reporting tendencies were the driving factor, however, we might expect to see much larger increases in subjective feelings (e.g., feelings of sadness, hopelessness, and worry) compared with behaviors that are arguably more objective (e.g., suicide attempts and self-injury). Duffy et al.

[1], however, document large and similar increases in all of the above. In addition, previous work by one of the study authors indicates that increases in psychopathology over time among young people are not explained by changes in social norms for responding to survey assessments [4].

Another possible explanation is that the college environment has become more stressful and less supportive of mental health. Although campus settings are probably evolving in some ways that are more stressful for students, this explanation is inconsistent with the ever-increasing attention and resources that many institutions are devoting to student mental health services and programs. Annual surveys of counseling center directors, for example, show that counseling centers are generally hiring more therapists and launching or expanding new programs to increase access to services and promote emotional wellness [5]. Furthermore, the rising mental health problems in general adolescent populations noted earlier indicates that the underlying trend is not specific to college and university contexts. Relatedly, mental health problems appear to be highly prevalent in college and university populations in many countries throughout the world, despite the tremendous variation in environments represented by those institutions worldwide [6].

Thus, the main explanations are likely factors that are common to young people throughout the U.S. and probably many other countries. This logic leads naturally to a focus on the dramatic rise of digital media use. A recent article by one of the study authors provides an excellent summary of arguments and data supporting this explanation [7]. A potentially related factor is sleep, which can be greatly affected by digital media habits [8]. Sleep problems are highly correlated with mental health risk in college populations, as in other populations [9].

### Countering the Trend

Additional research will determine more definitively how trends in digital media use and sleep are affecting mental health in college populations and young people more generally. Already there appears to be enough evidence to prioritize these issues in strategies to address the rise in mental health problems. These strategies, however, should not be limited to just those factors.

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The beauty and challenge of mental health at a population level is that there are many modifiable factors that can potentially make a difference. In addition, mental health exists on a continuum, and there are opportunities to improve access to care and also to prevent problems from emerging or worsening. Thus, campuses need to think about how to match resources and services to students in the most efficient and effective ways across this continuum.

Campuses have been hiring more mental health professionals, and in general, college mental health services appear to be effective [10]. Thus, the strategy to expand provider availability should continue, particularly at institutions that currently have very high student-to-therapist ratios such as community colleges. At the same time, campuses should continue implementing more proactive, preventive strategies, in addition to increasing treatment availability. Courses and seminars that teach coping skills are increasingly popular, and it seems a matter of time before one or more curricula demonstrate clear evidence of effectiveness.

Another promising strategy involves the use of technology. Although digital media appear to be a primary culprit for the rise in mental health problems, there is an increasing array of digital health programs that can help promote well-being in student populations [11]. College communities have an opportunity to leverage their in-person connections and resources to facilitate engagement with these new programs [12].

Finally, considering that social relationships are fundamental to mental health and well-being, efforts that focus on the social climate and supportive connections might ultimately have the highest payoff in college settings. These types of factors are perhaps the most difficult to change and evaluate rigorously but deserve close attention in light of the wealth of peers and supportive personnel who populate campus communities. New research is urgently needed to evaluate all these possible responses to the rising mental health problems documented by Duffy et al.

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