The most common mental health illnesses among college students are anxiety disorders and mood disorders. The following table shows the prevalence of mental health diagnostic categories seen in the Counseling Center at BYU–Idaho, which is, other than couple’s counseling, consistent with national trends.

<table>
<thead>
<tr>
<th>Problem Category</th>
<th># of Cases 2014 ('13 in parentheses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety Disorders</td>
<td>799 (614)</td>
</tr>
<tr>
<td>Mood Disorders</td>
<td>741 (685)</td>
</tr>
<tr>
<td>ADD/ADHD</td>
<td>278 (263)</td>
</tr>
<tr>
<td>Couples Therapy</td>
<td>125 (149)</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>54 (52)</td>
</tr>
</tbody>
</table>

In 2008, with the help of Scott Bergstrom, we conducted a campus mental health survey. The most prevalent responses, both for self and for other students the respondents knew, were items consistent with depression and anxiety features, such as stress, worry, self-worth concerns, depression, and perfectionism.

Faculty can be helpful to students seeking assistance for their emotional challenges by being aware of the services available.

Counseling Center Utilization
At BYU–Idaho the percentage of the student body seeking treatment at the Counseling Center has been rising gradually for the last six years, but at an accelerated rate since 2014. In 2014, 9.2% of the student body was seen at the Counseling Center compared to 7.9% in 2013. The total
students seen at the Counseling Center in 2014 was 2,612, a 23% increase over 2013. There are a number of students who struggle but do not seek help. Some students prefer only to take medication and others are receiving services from community practitioners.

A few of the demographics of students receiving treatment in the center over the last two years include Gender: female 60%; Class: freshman 29%, sophomore 27%, junior 23% and senior 17%; Most common majors: Business 6.1%, Psychology 5.7%, Communications 5.3%, and Exercise Physiology 5.3%; Marital status: 72% single; and Referral source:

In addition, 43% of students have previously received counseling and 32% have or are taking medication for their issues.

Prevention
The Counseling Center has finite resources to provide students. However, many students who are distressed fall short of needing counseling and may be adequately assisted by self-help or preventative measures. Faculty can be helpful by recommending students to such resources. Exercise and proper nutrition can play a role in healthy functioning (Craft & Perna, 2004). The Activities Program offers services in both exercise and nutritional counseling. In addition, increasing social connectedness improves well-being, and the Activities Program offers social opportunities as well (Gray, et al, 2012). The students’ Young Single Adult wards and bishops can provide support as well. If academic stress is contributing to a student’s struggles, Academic Support and Disability Services might be helpful. The Addiction Recovery Program under the direction of LDS Family Services has meetings on campus to assist students struggling with any type of addiction. Finally, the Dean of Students Office can provide support to struggling students as well, through assistance with deferments, credit load issues, and communication with faculty.

Treatment Options
Faculty can be helpful to students seeking assistance for their emotional challenges by being aware of the services available. The Counseling Center is located on the second floor of the Student Health Center. There are 15 full-time counselors and a number of part-time therapists that come in during peak times. Services are free to matriculated students and confidential. Students should be aware that things discussed in a counseling session cannot be shared outside the center without their permission.

The Counseling Center offers individual, couples, and group counseling as well as psycho-educational workshops. In addition, we oversee an Autism Mentor Program that provides student mentors for fellow students who fall within the Autism Spectrum Disorder. An on-call therapist is available after hours and weekends for emergencies. The on-call counselor may be contacted by calling 496-HELP.

A student may have told you they can’t get in to the Counseling Center because it is too busy. An initial consultation is available for all students usually within a week or two of the request. If a faculty member feels a student’s case is urgent, they can contact the Center Director or office staff with their concerns and the initial contact can be expedited.

To begin the process of counseling, students fill out a brief computerized assessment and are scheduled for a 30 minute consultation with a member of our professional staff. The consultation involves a brief assessment and the establishment of a preliminary treatment plan. For much of the semester, we will have a waiting list for services. If there are no available appointments at the time of the consultation, the student is at least offered participation in a workshop and made aware of community resources. The workshops alone are sufficient for some students. If a student is assessed to be high-risk, they are prioritized and will be seen more quickly.
Faculty members can be instrumental in aiding students by instilling hope and reducing the stigma of mental illness and treatment.

Medication is often helpful and sometimes a necessary component of treatment for emotional disorders. Some students are more comfortable taking a medication than talking with a therapist. Most of our students who might benefit from medication are evaluated at the Student Health Center. We have a psychiatrist in the Counseling Center one day a week for the most complex cases. Around a third of students seen in counseling take medication, but there are many students who take psychotropic medication that do not participate in counseling.

Faculty Efforts
In addition to helping students prevent more serious troubles by suggesting preventative measures, faculty

members can be instrumental in aiding students by instilling hope and reducing the stigma of mental illness and treatment. A supportive and motivating relationship with a professor is a key factor to the successful college student experience (Gallup-Purdue Index 2015 Report). Showing concern for a troubled student can have a profound impact on their road to recovery. Hope can be instilled by highlighting the temporary nature of a crisis and the efficacy of treatment.

Normalizing the student’s experience by expressing how common emotional struggles are and helping them to see treatment as a healthy choice can reduce the stigma. Students are more likely to seek treatment if they feel it is the standard for individuals with emotional challenges.

References
National Survey of College Counseling Centers 2014. The International Association of Counseling Services, Inc., Monograph Series Number 9
Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, DSM-5, 2013, American Psychiatric Association
The Relationship Between Student Debt, Experiences and Perceptions of College Worth, Gallup-Purdue Index 2015 Report