

COVID-19 Pandemic: Inequities in Higher Education and Impact on U.S. College Students' Failing Mental Health

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Abstract

In spring 2020, COVID-19 arrived in the United States and forced the shutdown of nearly all postsecondary institutions. Most college students returned home to participate in virtual learning. For many learners, additional precautions to prevent the spread of COVID-19 and reduce infection rates, including stay-at-home orders, social distancing, and quarantine, reinforced the experience of social isolation. In turn, college students' mental health deteriorated with the disconnect from formal and informal social supports.

Moderate-to-severe anxiety and depression were the most common psychological symptoms. Coping mechanisms included increased substance abuse, social media usage, and reframing of the situation. Most college students did not seek mental health services, even if aware of services on their campuses. Barriers included social stigma, limited access to services, and minimizing of symptoms. Vulnerable populations, for example, racial and ethnic minorities and low-income learners, were at even greater risk for poorer mental health outcomes due to additional social and economic factors. Sometimes, too, inequitable practices at colleges and universities hindered the stability and betterment of students' mental wellbeing. In response, recommendations are provided for college administration to promote diversity, equity, and inclusion.

Keywords: college students, COVID-19, mental health, vulnerable, Board of Trustees, college administration, equity, diversity, inclusion

Introduction

In 2019, about 19.7 million U.S. college students aged 18 to 24 were enrolled in postsecondary degree-granting institutions (National Center for Education Statistics, 2019). In Spring 2020, over 1,300 colleges and universities closed in all 50 states and canceled in-person classes to prevent the spread of coronavirus (COVID-19; Smalley, 2021). The surreal arrival of COVID-19 to the United States wreaked havoc on college students' normalcy and mental health. It illuminated the inequities of the educational, healthcare, political and criminal justice systems. As several of this special journal issue's articles document, the pandemic's progression has underscored racial and ethnic health disparities (Centers for Disease Control and Prevention [CDC], 2020; National Center for Immunization and Respiratory Diseases, 2021). The pandemic exacerbated daily life stressors for many college students, especially for vulnerable populations, to further deteriorate mental health (Arañez Litam & Hipolito-Delgado, 2021). When students needed college leaders to prioritize their needs, many encountered institutions adhering to inefficient practices to impede mental wellbeing, stability, and recovery.



Mental Health in the U.S. During the Pandemic

Since the arrival of COVID-19 to the United States, Americans feel increased emotional distress (Pfefferbaum & North, 2020). In 2019, over 80% of adults aged 18 years and older reported having none or minimal anxiety and depressive symptoms. Non-Hispanic Whites and Blacks were more likely to experience severe symptoms of depression (Terlizzi & Villarroel, 2020; Villarroel & Terlizzi, 2020). Seven months into the pandemic, 53% of adults, especially young adults ages 18 to 29, expressed stress and worry due to the pandemic. A third of the respondents identified sleep problems, poor appetite, and overeating. Among Black adults, 68% reported increased stress and excessive worry regarding the pandemic (Hamel et al., 2020). In October 2020, over a quarter of adults in the United States reported anxiety and depressive symptoms. Most did not receive mental health treatment (Kaiser Family Foundation, 2020).

From mid-January to early February 2021, over 60% of non-Hispanic Whites reported symptoms of anxiety and uncontrollable worry due to the pandemic. Non-Hispanic Whites were 2 times more likely to feel anxious or depressive symptoms than the combined totals for non-Hispanic Blacks and Hispanics (United States Census Bureau, 2021). Consistent with the past year, young adults accounted for higher rates of anxious or depressive symptoms due to the pandemic. Of those who reported symptoms, about 10% received counseling or therapy from a mental health professional within the last month, and 21% identified medication management to help with behavioral and mental health. A staggering 88% felt counseling or therapy was needed but did not receive treatment (United States Census Bureau, 2021).

Mental Health Among U.S. College Students During the Pandemic

College students have experienced deteriorating mental health since the onset of the COVID-19 pandemic (Son et al., 2020; Wang et al., 2020). In February 2020, the CDC issued physical distancing guidelines to prevent the spread of COVID-19 (Koonin et al., 2020). A month later, stay-at-home orders increased social isolation and discouraged in-person social interactions (Moreland et al., 2020; Son et al., 2020). The mandates required many college students to leave their campuses for relocation abruptly. They then participated in virtual learning from their homes or remote locations. For international students, relocation to their homes was challenging due to travel restrictions, Visa status issues, and limited campus services (Liu et al., 2020).

Son et al. (2020) found 71% of undergraduate students felt increased stress and anxiety due to the COVID-19 pandemic. A comparable study of undergraduate and graduate students found that almost half experienced moderate-to-severe levels of depression. Over a quarter of students reported moderate-to-severe levels of anxiety. Nearly 1 in 5 of the participants indicated suicidal thoughts (Wang et al., 2020). Students with preexisting mental health conditions were at increased risk of declining mental health coinciding with increased social isolation (Hamza et al., 2021). Anxious and depressed students were 2–3 times more likely to report an increase in substance usage (Jones et al., 2020). Psychological distress symptoms included excessive worrying and fear, loneliness, powerlessness, hopelessness, dysregulated sleep and eating patterns, difficulty with concentration, a lack of motivation, and suicidal thoughts (Son et al., 2020; Wang et al., 2020). Stress about academic performance, finances, housing changes, increased household responsibilities, virtual learning, and course workloads increased worry (Liu et al., 2020; Son et al., 2020). Most students who reported a decline in mental health status did not receive counseling services (Son et al., 2020; Wang et al., 2020).



Vulnerable Student Populations and Co-Occurring Psychosocial Stressors***Communities of Color and Preexisting Health Conditions***

In the United States, communities of color fared significantly worse with the number of new COVID-19 cases, hospitalization, and death rates than non-Hispanic Whites (National Center for Immunization and Respiratory Diseases, 2021). Preexisting, chronic medical health conditions and social determinants of health influenced their vulnerability (CDC, 2020; Le et al., 2020). Students who expressed concern about the susceptibility of family members to the virus had higher anxiety levels (Son et al., 2020). A study of college students in China identified that the lack of a social support network and the loss of loved ones to COVID-19 was a strong indicator of Post-Traumatic Stress Disorder (PTSD) symptoms (Li et al., 2021). Racial and ethnic minority students may experience increased worry, depression, grief, and loss symptoms due to these factors.

Black and African American Students

Black and brown communities faced additional societal stressors coinciding with the global pandemic. Last year, racism within the criminal justice system, including police brutality, received national media attention. The media spotlighted high-profile cases exemplifying disparities (e.g., George Floyd, Breonna Taylor, Walter Wallace, Ahmaud Arbery, Andre Hill; see Hetey & Eberhardt, 2018). The Black community responded to racial injustice with social advocacy (e.g., Black Lives Matter demonstrations, advocacy for voter rights within communities of color, and increased political campaigning for the 2020 presidential election; see Buchanan et al., 2020; Desilver, 2021; Kusner et al., 2020). The alarmed public became more intentional about publicizing police brutality and related homicides of Black Americans on social media. The Black Lives Matter movement trended at a record high on Twitter (Giorgi et al., 2020). For Black college students, there was no escape from racism in America, oppressive systems, and the violent deaths of Black individuals by law enforcement. In addition to COVID-19 symptoms, students of color might waver between feelings of anger, frustration, sadness, guilt, or despair.

Asian American and Immigrant Students

Asian Americans and immigrants also encountered discrimination negatively affecting their mental wellbeing. The pandemic reignited racist and prejudiced attitudes toward immigrants, immigration, and Asian Americans in the United States (Esses & Hamilton, 2021). Xenophobia and anti-immigrant attitudes climbed due to fear, uncertainty, and the loss of control associated with the pandemic. The threat to physical health and local, national, and global economies were additional contributors (Esses & Hamilton, 2021). The U.S. government and media linked anti-Chinese, anti-Asian, anti-immigrant attitudes to fears about COVID-19 since the beginning of the pandemic (Reny & Barreto, 2020). The disproportionate rates of infections, hospitalizations, and fatalities among ethnic and racial minorities, refugees, and immigrant groups increased racism and xenophobia toward these populations (Esses & Hamilton, 2021). Due to these factors, verbal and physical attacks against Asian Americans in the United States are rising (Reny & Barreto, 2020). Immigrant or Asian college students might feel increased anxiety, depression, fear, and stress from the resurgence in racism and violence against their communities.

Low-Income Students in Urban Settings

College students in urban settings, specifically racial, ethnic, and sexual minorities, are at a greater risk of housing instability, overcrowded housing, food insecurity, and financial difficulties, and have limited access to physical and mental health resources (Arañez Litam & Hipolito-Delgado, 2021; Lederer et al., 2021; Rudenstine et al., 2021). Students of color who are LGBTQIA+ are at a higher risk of experiencing multiple social determinants of health (Salerno et al., 2020). Students who reside in overcrowded or multigenerational households could lack privacy, which is not conducive to virtual learning. Constant interruptions, distractions, and decreased internet bandwidth from multiple users can be problematic (Arañez Litam & Hipolito-Delgado, 2021; Zhai, 2020). Home environments can also be psychologically, verbally, and physically abusive, especially for individuals from the LGBTQIA+ community (Lederer et al., 2021; Salerno et al., 2020). Higher socioeconomic status, education attainment, and social support are buffers to counter depression and anxiety symptoms (Liu et al. 2020; Rudenstine et al., 2021). The pandemic's disruption of education, social support, and community resources increased the risk of psychological distress among these students (Arañez Litam & Hipolito-Delgado, 2021; Rudenstine et al., 2021; Salerno et al., 2020).

Anxiety and depressive symptoms are more prevalent among low-income, impoverished, working-class, and LGBTQIA+ college students (Chirikov et al., 2020). Researchers found over 80% of racial and ethnically diverse, low-income undergraduate students have depression and anxiety symptoms due to pandemic-related stress (Jones et al., 2020; Rudenstine et al., 2021). COVID-19 related stressors, such as income and food insecurity, social isolation, expanded caregiving roles, unemployment, and financial hardship, have increased the risk of anxious and depressive symptoms (Jones et al., 2020; Lederer et al., 2021; Rudenstine et al., 2021). In one study, half of the participants requested an increase in offered mental health services to help cope with stress, anxiety, and depressive symptoms from the additional stressors (Jones et al., 2020).

Students with Disabilities or Health Concerns

The disruption of formal and informal support networks for students with disabilities increased the risk of psychological distress impeding academic success (Aratan-Bergman & Shpigelman, 2021; Cortis & Van Toorn, 2020; Hamza et al., 2021; Li et al., 2021). Benefits of virtual learning include flexibility with scheduling and the accessibility of the course content from anywhere with technological capabilities. An asynchronous method affords the best opportunity for students with disabilities to be self-directed and to work at their own pace (Alamri & Tyler-Wood, 2017; Terras et al., 2015). Alternative media options (e.g., audio and image descriptions, captions, text-to-speech) on learning management systems allow students with sensory disabilities to access content and participate in coursework (Weber, 2020). The online platform can also simplify social interactions with peers and instructors (Alamri & Tyler-Wood, 2017). Students with mobility and transportation difficulties, immunocompromised, homebound with severe functional impairments, or residing in residential settings might appreciate the platform's convenience (Alamri & Tyler-Wood, 2017; Aratan-Bergman & Shpigelman, 2021; Luxton et al., 2016).

Despite these benefits, many students need accommodations or additional resources to succeed with virtual learning. It is rare for students with disabilities to request accommodations for online courses. There is the common fear of stigmatization and work being considered inferior to students without accommodations. With online classes, self-accommodation is frequent (Terras et al., 2015). The unforeseen COVID-19 pandemic did not allow educators and institutions ample time to adapt in-person curricula to an online



format appropriately. This flaw in online course design could exclude students with disabilities (Lederer et al., 2021). Pandemic and academic-related stressors can hinder self-accommodation and decrease students' ability to succeed at virtual learning.

Coping Mechanisms to Alleviate Stress, Anxiety, and Depression

During the pandemic, time spent at home significantly increased for students due to COVID-19 mitigation measures (e.g., social distancing, quarantine, and self-isolation). Common harmful coping mechanisms, such as increased substance use (Charles et al., 2021; Jones et al., 2020); technology usage (Király et al., 2020); and media use and consumption (Eden et al., 2020) were common. Positive coping strategies included positive reframing, physical activity, relaxation/mindfulness practices, maintaining routines, art activities, and communication with family and friends virtually (Son et al., 2020). Students who excessively worried about COVID-19, with lower perceived social support and fewer days in self-isolation, were more at risk for adverse psychological outcomes (Szkody et al., 2020). Technology use and social support (perceived and received) can buffer feelings of isolation and loneliness for students (Shah et al., 2020; Szkody et al., 2020).

Technology Use and Social Support to Buffer Social Isolation

Controlled technology use can buffer feelings of isolation and loneliness by allowing students to connect with others and the outside world. The use of media to participate in virtual support groups and other social groups could further improve recovery and healthy coping for students (Shah et al., 2020). Social support is crucial to stabilize an individual after a crisis (Arañez Litam & Hipolito-Delgado, 2021; Birkhead & Vermeulen, 2018). "Validation from others within their communities while enduring challenging experiences is invaluable for racial and ethnic groups" (Arañez Litam & Hipolito-Delgado, 2021, p. 8). Higher perceived or received social supports are protections against the negative impact of social distancing and self-isolation (Szkody et al., 2020).

Although technology can act as a buffer and healthy coping mechanism, it can also become problematic. Excessive use of technology increases the risk of disordered or addictive use. This type of use helps students escape daily life stress (i.e., escapism) and avoid problems and negative thoughts (Király et al., 2020). Stress is associated with more avoidant and escapist media-based coping. Students with high anxiety are more likely to have significant media usage and consumption. Escapist and avoidant use is harmful to mitigate mental wellbeing (Eden et al., 2020).

Recommendations for the Board of Trustees and College Administration Office of Disabilities and Accessibility Resources

The number of students requesting disability accommodations at colleges and universities likely will increase from pandemic-related mental health conditions. College administrators must allocate proper staffing and extended hours at the beginning of each semester to manage an increase in requests. On institutional websites, information to request accommodations and accessibility resources must be readily available for students. College and university websites lack uniformity and links to the information (Meleo-Erwin et al., 2021). In this instance, a mass text messaging system can be helpful. In addition to the information provided on the college's website and via email, text messaging can disseminate pertinent information to large groups of students in a short amount of time (Ickowitz & Palenchar, 2013). Text messaging alerts are more effective for emergencies than other methods (Ickowitz & Palenchar, 2013; Sheldon, 2018). College students also give more



attention to text messaging alerts and consider the information more serious (Sheldon, 2018). Other recommendations include faculty being more deliberate about providing relevant information via synchronous (e.g., during a live class) or asynchronous (e.g., an announcement on an online platform, email) methods. Administrators should review and revise temporary separation and leave of absence policies. The long-term impact of the pandemic and co-occurring psychosocial stressors will continue into the foreseeable future.

Counseling Centers and Psychological Services

Many college students who reported increased symptoms of anxiety and depression because of COVID-19 were insufficiently aware of college counseling services, including telehealth and counseling services were under-utilized (Son et al., 2020). Barriers to counseling services included cost/lack of insurance, social stigma, a lack of information about resources, and limited access to services (Wang et al., 2020). Students also found themselves to be a barrier. Students felt others experienced similar levels of stress and anxiety but did not seek help. They felt discomfort or did not want help (Son et al., 2020; Wang et al., 2020). Some mentioned negative counseling experiences in the past and questioned the efficacy of care (Wang et al., 2020).

Telehealth Expansion to Increase Access to Care

The Board of Trustees and college administration can make more of an effort to expand telehealth counseling services. Telehealth services will help reduce social stigma about mental and behavioral health services, especially with vulnerable populations (Luxton et al., 2016). The flexibility of a stepped care model with telehealth can quickly increase accessibility to care. Stepped care models offer treatment to students at steps or levels of care. The intensity of treatment (e.g., type and frequency) increases at each step if distress at prior levels continues (Luxton et al., 2016). The use of a smartphone app could be appropriate for a student at a lower level of care (Liu et al., 2020). Students who need higher levels of care might benefit from individual and group therapy (in-person and virtually). The modality of videoconferencing with the use of Cognitive Behavioral Therapy (CBT) has been studied with traumatized patients and demonstrated equal effectiveness to in-person delivery (Luxton et al., 2016).

High Demand, Staffing Shortage, and Maximum Capacity

Before the pandemic, college counseling centers experienced increased service demand, students with more severe psychological needs, long wait times, and staffing shortage (LeViness et al., 2019; Tavallali & Cow, 2019). The ongoing increase in demand correlates to limited access and low use of counseling services (Tavallali & Cow, 2019). Students' wait times from initial contact with the counseling center to an appointment ranged from 11–54 days. Institutional size and triage of appointments did little to change these extensive wait times (LeViness et al., 2019). If a clinician cannot see a student, most often the center will refer to an outside community mental health agency. Likely, the community mental health agency will also be at full capacity (Tavallali & Cow, 2019).

College administrators and relevant departments can be more purposeful about building partnerships with mental health organizations, private and group practice mental health providers, and social service agencies in the community surrounding the institution. Contractual agreements with organizations and providers must be in place before the start of the academic year. Guaranteed alternate mental health services can increase access to care, the option of diverse providers, and continuity of care for students with more serious



psychological needs. If the counseling center cannot accommodate or meet a student's needs, the institution should cover out-of-pocket costs (e.g., insurance copayments, sliding scale rates, and other service fees if deemed necessary) for outside mental health treatment. Contracts can specify provided services, the number of students guaranteed to receive assistance, duration, fee, and payment type. Payment to contractual providers might include research opportunities, service-learning initiatives, partnership on a community-based project, and grant funding to serve the community's needs. The policy would not be challenging to implement if using a stepped model of care. Partnerships with social services agencies can be a valuable resource for high-risk and vulnerable students to meet their basic needs (e.g., financial assistance, food insecurity, housing instability, homelessness, and domestic violence; see Liu et al., 2020; Salerno et al., 2020).

The service delivery crisis in college counseling centers is old news. Budget and personnel limitations continue to be the main issues. Decades later, the reasons become mere excuses. Students returning to college campuses and classes after the past year have a greater psychological need. Many community mental health agencies and private practice offices will reach maximum capacity in a shorter timeframe. The responsibility falls on college administrators to provide support for student wellbeing and safety. This endeavor becomes even more challenging when the counseling center lacks diversity, inclusion, and representation.

Diversity, Inclusion, and Representation of Counseling Center Staff

As college and university college counseling centers encounter increasing identity diversity among their student populations, their staff demographics have not sufficiently kept up. For example, the Association for University and College Counseling Center Directors 2019 survey indicated the following about counseling staff: 70% are White, 98.6% are cisfemale/cismale, 85% are heterosexual, and 92.1% have no identified disability (LeViness et al., 2019). Three-quarters of the universities and colleges evaluated were in urban and metropolitan areas. Residents in urban areas are more likely to have many social, economic, and physical health issues. Urban areas have fast-growing populations, deep poverty, high homelessness rates, lack of affordable housing and medical resources, poor physical health, waste management, sanitation, and air quality (Martinez & O'Lawrence, 2020). Nationally, non-Hispanic Whites are a majority of the population but have become the minority in most urban areas. Rising rates of racial and ethnic minorities, immigrants, and young and middle-aged adults are changing urban populations (Parker et al., 2018). The statistics are even more concerning with the location of higher education institutions. A lack of diversity among staff is another barrier to care. Boards of Trustees at colleges and universities must address the absence of diversity in their counseling centers. Counseling center staff should represent the growing diversity in the student body, communities, and the United States.

Conclusion

College and universities must prioritize mental health stability and recovery. This type of campus-wide goal will help destigmatize mental and behavioral health. It also encourages social connection. Institutional servant leaders prioritize the needs of others (Greenleaf, 1977/1991). Boards of Trustees and top administrators can create collaborative opportunities for students, staff, administrators, faculty, and the community to voice their concerns and needs. Administrators should actively listen, empathize, affirm, and validate stakeholders' feelings and experiences (Greenleaf, 1977/1991). Importantly, the campus and the surrounding community can support each other. Colleges and universities must be held



accountable. Students and communities have the right to demand institutions demonstrate integrity, transparency, and compassion. In sum, postsecondary institutions have a duty to serve and build a more just society while offering quality educational opportunities to benefit all people (Greenleaf, 1977/1991). Opportunities like those discussed in this article provide greater insight into how college leaders can unify their campuses with clear, consistent communication while gaining a deeper understanding of their student body and neighboring communities.

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