

MENTAL HEALTH STRUGGLES AMONG STUDENTS: REASONS AS WELL AS SOLUTIONS

Anirban Chatterjee

I.E.M MBA(FT), MBA(GM), MBA(FT), Institute name -Institute of Engineering and Management, Kolkata

Arka Datta

I.E.M MBA(FT), MBA(GM), MBA(FT), Institute name -Institute of Engineering and Management, Kolkata

Soumita Dutta

I.E.M MBA(FT), MBA(GM), MBA(FT), Institute name -Institute of Engineering and Management, Kolkata

Anupam Bhattacharya

Mentor, Professor (Principal)
University: U.E.M (West Bengal)

Dipak Saha

Mentor, Professor,
University: U.E.M (West Bengal)

Sohini Dutta

Mentor, Professor
University: U.E.M (West Bengal)

ABSTRACT

Significant mental disorders are impacting issues that impact academic achievement, personal growth, and general well-being are faced by a number of individuals . Sadness, Lack of self confidence , and many psychological issues are on the rise due to a number of factors, including fast societal change, scholastic pressure, unstable finances, and insufficient support networks. The main causes of this issue are examined throughout the paper, which also summarises the literature, highlights important discoveries, and suggests evidence-based remedies. To illustrate the scope of the problem, the study draws on recent surveys, international reports, and previous research. In the same way there are being variety of problems include stress , anxiety ,overthinking and sadness . This can have a variety of negative effects, such as low self-esteem, poor academic performance, and health issues. This highly recommends including the need of proper guidance . This study emphasises the critical need for a comprehensive strategy that aims to enhance students' academic experience and general well-being by combining accessible therapy with preventive measures. In order to support student well-being, the study ends with practical implications and policy recommendations for academic institutions, educators, and legislators.

INTRODUCTION

Nowadays it has been reported in day to day daily life that many students are trying to give their full potential and dedication to achieve good results and marks but in one place which is being a disturbing and worried situation is that there are several reports which are indicating that students are being suffering from mental health struggles which is truly impacting on

their daily day to day life thus losing their actual confidence and is also resulting in demotivation to themselves .While keeping in mind the academic institutions are trying to give their level best to motivate the students and guiding them the right path but then also study indicates that there are very cases reporting anxiety , outburst ,inferior complex and also the burnout of many students and this have been unfortunately increased after lockdown and seriously they are not able to concentrate on their studies and the main thing which they are facing is the financial burden and for all this many are not either able to focus on themselves or they are being disturbed in such a way which is being resulting in various types of arguments and conflicts or many are not able to complete their education thus resulting quitting studies in the midway . Subsequently this paper also focuses on many mental health problems also such as distancing which is social and self also they are also isolating themselves from the real environment which is resulting in severe consequences such as suicide ,self harm etc and many other thing is that they are also losing their faith towards their career So in this way the important point which is to be noticed that mental health is increasing day by day and to stop their many cases it has been to be stopped immediately by giving proper counselling and various kinds of psychology therapy sessions which will be able to help to their mental boost up and also for their bright upcoming future

Following this there are also some vital questions

1. How do these challenges manifest in students' academic and personal lives?
2. What interventions and institutional practices can effectively support student mental health?

LITERATURE REVIEW

Many reports unfortunately indicates discomfort among university populations, according to a growing corpus of international studies. According to estimates from throughout the world, between 12% and 50% students experience many different mental disorders during their time there. These problems frequently take the form of melancholy, anxiety, or extreme stress. A crucial developmental stage characterised by rigorous academic rigour, increased independence, and significant social reconfiguration is the transfer to higher education. Sexual mental health is a crucial but traditionally overlooked sub-domain, despite the fact that generalised stressors are extensively documented. The complex causes of general sexual as well as psychological after effects, all-encompassing institutional remedies are summarised in this review.

Part I: Main Determinants of General Mental Health

1. Academic Rigor and Performance Pressure Anxiety and burnout are often exacerbated by academic pressure, high-stakes tests, and performance expectations (Bayram & Bilgel, 2008). Unrealistic expectations are frequently imposed in today's academic setting, which can lead to psychological discomfort, cognitive impairment, and a fear of failing that can develop into clinical depression.

2. Economic Stress and Financial Insecurity **Economic uncertainty** is one of the primary reasons why students are vulnerable. Due to rising living expenses and tuition costs, many students are compelled to work part-time, which exacerbates time constraints and chronic fatigue (Richardson et al., 2017). Financial difficulties are strongly linked to severe depression symptoms and greater dropout rates.

3. Deficits in Adjustment and Social Isolation **Relocating** for college disrupts established family and social support networks. According to current data, up to 33% of college students

often report feeling incredibly lonely. Navigating new social structures sometimes results in homesickness, alienation, and adjustment problems (Hefner & Eisenberg, 2009).

4. The Digital Environment: Social media and technology This kind of refined research demonstrates a clear and significant correlation between psychological decline and excessive phone use. The digital environment promotes constant peer comparison, which can lead to feelings of inadequacy, elevated anxiety, and disrupted circadian rhythms—all of which are indicators of the rise in mental illness (Twenge et al., 2018).

5. Mental Health Stigma and Systemic Barriers Despite global awareness campaigns, institutional and cultural stigma persists. Up to 50% of students who are experiencing severe mental health problems, such suicidal thoughts, decide against seeking professional help. Long wait times, a lack of integrated psychiatric services, and fear of academic penalization remain significant barriers to care (Eisenberg et al., 2007).

Part II: The Underrepresented Crisis: Sexual Health

A vital component of overall wellbeing is sexual health, which encompasses the different facets of intimacy, identity, and sexuality. Because university is the time when sexual exploration peaks, academic stress and socio-sexual pressures may create significant psychological traumas.

1. Minority Stress and Sexual Identity Pupils are feeling vulnerable. Suicidal ideas are disproportionately more common among LGBTQ+ adolescents, which ultimately and regrettably has negative consequences. "Minority stress"—the ongoing cost of dealing with discrimination, rejection anxiety, and internalized stigma in academic settings—is the primary cause of this discrepancy.

2. Sexual Trauma and Gender-Based Violence However, sexual assault, coercion, and harassment are commonplace on college campuses. Significant detachment and academic disengagement are common among survivors.

Institutional betrayal, which happens when academic institutions don't offer adequate emotional or investigative responses, makes this psychological suffering worse.

3. Relationship Volatility and Interpersonal Intimacy Romantic and sexual relationships are important sources of both support and stress. Breakups, adultery, unrequited feelings, and toxic relationship dynamics are the primary reasons of sudden-onset depressive episodes, low self-worth, and emotional instability during college.

4. Media distortion and anxiety related to sexual performance There is a lot of pressure on one's body image and sexual ability when one is exposed to unrealistic sexual norms through pornography and the media. This disparity between reality and media depictions can lead to severe performance anxiety, shame, and a purposeful avoidance of intimate relationships.

5. Religious and Cultural Dissonance Students from traditional ethnic or religious origins may experience severe psychological conflict when negotiating campus sexual norms. University hookup cultures and strongly ingrained moral frameworks might clash, leading to acute identity doubt, emotional repression, and chronic shame.

Part III: Psychological Sequelae and Barriers to Intervention

Student functioning is severely hampered by the combination of normal and sexual health issues. The high prevalence which means the subclinical symptoms, such as irritability, mood

swings, and insomnia, which frequently precede significant mental crises but go untreated, is one significant finding of current research.

Consequences include:

- Rates of major depressive disorder and clinical anxiety are rising.
- Academic disengagement, which raises attrition rates and lowers GPAs.
- Unhealthy coping strategies, such as substance misuse and risky sexual activity.

Barriers to Help-Seeking:

- Pervasive social shame and anxiety of being judged, especially when it comes to trauma or sexual dysfunction.
- Fears of confidentiality violations in campus clinics.
- There is a major lack of sexual mental health counsellors with specialised training in university

health centres.

Part IV: A Multilevel Framework for Solutions

- Pervasive social shame and anxiety of being judged, especially when it comes to trauma or sexual dysfunction.
- Fears of confidentiality violations in campus clinics.
- There is a major lack of sexual mental health counsellors with specialised training in university

health centers.

A proactive, socio-ecological strategy that goes beyond simple crisis response to systemic prevention is needed to mitigate the campus mental health issue.

1. Interventions in Institutions and Policies

Embedded Psychiatric treatments: Transitioning to integrated, fast-access psychological and psychiatric treatments from counselling canterers with long waitlists.

- Strong Reporting Mechanisms: Ensuring the protection of survivors and establishing transparent, trauma-informed protocols for reporting sexual misconduct.
- Targeted Minority Support: Offering safe spaces and specialized counselling to the LGBTQ+ and international student communities.

2. Integration of Curriculum and Education

- Comprehensive Mental/Sexual Health Literacy: Modules on consent, emotional regulation, and healthy relationships should be mandatory in first-year orientation programs.

By deliberately debunking preconceived notions about sexuality, performance, and seeking mental help, de-stigmatization efforts seek to normalize vulnerability.

3. Peer-Based and Interpersonal Approaches

- Peer support networks: Establishing structured peer-mentorship initiatives (such as

"Beacon Buddies") to spot lonely students early and provide immediate emotional support.

- **Resilience Training:** Conducting workshops on self-acceptance, positive sexual identity development, and stress management techniques.

Research Methodology Research Design

Both quantitative and qualitative surveys and interviews were used in the study, which has aided in gathering a thorough understanding of student perspectives.

Participants

Three universities sent 350 undergraduate and graduate students to participate. They were chosen using academic discipline-specific random sampling methodologies during their respective study years.

Data Collection

- **Survey:** The prevalence of stress, anxiety, depression, and sources of psychological distress were evaluated using a standardized questionnaire.
- **Interviews:** Thirty students participated in semi-structured interviews to learn about their experiences and coping strategies.

Key Summaries and Findings

1. Prevalence of Mental Health Issues

- **65%** of respondents reported moderate to high levels of stress.
- **43%** indicated symptoms consistent with anxiety disorders.
- **28%** displayed symptoms of depression that interfered with day-to-day functioning.

2. Primary Stressors Identified

The most often mentioned stressors were:

- According to 74% of students, academic expectations
- Stress related to money (58%),
- inadequate social assistance (45%),

50% are unsure about their future careers.

3. Coping Mechanisms

- Students employed a range of coping strategies, including:
- Asking peers for help (60%),
- Exercising (38%),
- Avoidant behaviour's, include excessive use of digital media (42%),
- The percentage of those who accessed professional counseling services was just 22%.

4. Barriers to Seeking Help

Stigma, lengthy counseling wait times, and revealing confidentiality were identified as barriers.

SL.NO	Data	YEAR	Source
1	55% of university students reported facing moderate to stress	2022	Global Education Insights
2	45% of students experience disorders	2021	Healthline Student Survey
3	20% students reported feeling depressed during exams	2022	University Mental Health Report
4	Lack of sleep found in 40% of students facing mental distress	2023	Journal of Youth Psychology
5	Only 25% of students sought Professional help	2021	National Student Wellbeing Study
6	Campuses with wellnesses programs saw only 15% improvement in student mental health	2022	Mental health & UGC Survey

IMPLICATIONS AND RECOMMENDATIONS

Implications: The findings indicate that schools need to prioritize the mental health of their students. Academic disengagement, higher dropout rates, and long-term health effects can result from ongoing stress and psychological suffering (Zivin, Eisenberg, Gollust, & Golberstein, 2009).

Recommendations For Universities:

- Increase the number of counsellors and crisis intervention teams offering mental health services, and work toward directly integrating behavioural care into campus health centers (Alschuler, Hoodin, & Byrd, 2008)
- Include instruction on mental health in the curriculum.
- Offer resilience training and stress management seminars.

For Faculty:

Adopt flexible assessment approaches.

- Create an empathetic and supportive classroom environment. **For Policymakers:**
- Mandate mental health resource allocation in higher education budgets.
- Encourage partnerships between universities and mental health organizations.

For Students:

- Promote peer-led support groups.
- Encourage help-seeking behaviours and actively reduce campus stigma through awareness campaigns, as stigma remains a primary barrier to treatment .

2. Substance Use Among Young Adults in College

Alcohol and illegal drug consumption peaks are very much increasing. Consequently it is common that substance abuse is increasing day by day . College students which comprises alcohol dependence and it's abuse also. . Alcohol use among this group is linked to various dangerous consequences such as accident ,unhealthy relationships and also health conditions and also not able to focus on their career

Additionally, 22–40% of teenagers and young adults are addicted to smoking nicotine and and in this age marijuana is also very major addiction problem which is resulting in severe health issues . Heavy drinkers are almost ten times more likely than light drinkers to use marijuana. According to data from the National College Health Risk Behaviour Survey, students who binge drink have a nine-fold higher lifetime marijuana use rate than their counterparts who do not binge drink (Jones et al., 2001).

Students are much connecting to the non-medical use (or misuse) of prescription pharmaceuticals, which includes taking with self medications than recommended, in addition to substance abuse and dangerous alcohol use. Despite a recent decline, young adults' non-medical use of painkillers is still quite common (Johnston et al., 2012). In the previous year, almost many young adults are being seriously reported using painkillers for non-medical purposes (SAMHSA, 2013). According to data, amphetamines/methylphenidates (stimulants), benzodiazepines (sedatives/hypnotics), and opioids are the most often abused drugs among college students, with 5–35% of them abusing stimulants (Wilens et al., 2008).

McCabe, Knight, Teter, and Wechsler (2005) discovered that Caucasians, males, members of

fraternities and sororities, and those with lower grade point averages had the highest rates of non-medical prescription stimulant usage in a nationwide representative sample of 10,904 college students. According to Garnier-Dykstra et al. (2010), who evaluated 1,253 college students, 61.8% of them had been offered prescription stimulants at least once by year four, and about one-third had used them for purposes other than medical ones. According to Garnier-Dykstra et al. (2010), friends were recommended as the most popular source and were used primarily for academic purposes.

Prescription drug overdose rates in the USA have reached epidemic proportions over the past 20 years, which is extremely concerning. Those who use opiate analgesics or benzodiazepines, as well as those who have several prescriptions, are at higher risk (Paulozzi, 2012). Heavy alcohol consumption and nonmedical use of prescription drugs frequently co-occur (Arria & DuPont, 2010). This is concerning because alcohol combined with analgesic opioids may further inhibit the whole nervous system activity, raising the risk of over-sedation, respiratory issues, and death. Practitioners should discuss the moral, health, psychological, addictive, and legal ramifications of prescription drug usage with college students. College students should be instructed to store controlled pharmaceuticals safely, take prescription drugs only as directed, and refrain from sharing them.

Problems and Difficulties with Mental Illnesses in Developing Environments Socioeconomic disadvantage is closely linked to mental health issues. People who are poor, have less education, or do not have access to basic facilities are far more likely to experience psychological anguish. For example, unemployed and uneducated populations have a much higher lifetime risk of substance misuse, panic disorders, and affective disorders (Balamurugan et al., 2024). Additionally, gender inequality is a significant factor; women are more likely to experience mental disorders as a result of social distance domestic abuse, early marriage, and pervasive gender discrimination. These vulnerabilities are exacerbated by environmental stressors including high-pressure work or school situations and collective trauma from natural disasters, which frequently result in generalised anxiety. Treatment-seeking behaviours are significantly delayed in nations like India due to structural obstacles which are being associated with health care, dependence on traditional beliefs, and a lack of easily accessible diagnostic tools (Balamurugan et al., 2024).

Adolescent Behavioural, Emotional, and Social Issues There is an increasing issue among school-age children and adolescents, according to recent systematic reviews. According to combined data, 14.85% of Indian youth have behavioural, emotional, and social issues (Balamurugan et al., 2024).

Hyperactivity and conduct disorders are common, but peer-related problems continue to be the main worry, especially in the wake of the COVID-19 pandemic. There are also notable gender differences in these diagnoses: females report significantly greater rates of internalised emotional symptoms. (Balamurugan et al., 2024). Additionally, socioeconomic issues like lower maternal literacy rates, parental unemployment, and unstable finances frequently increase the hazards faced by adolescents living in rural areas. It is necessary to incorporate qualified mental health counsellors directly into the educational structure in order to address these inequities.

Psychological distress and anxiety According to some research, more than 35% of school-age children suffer from severe symptoms of anxiety, which is extremely common among student populations (Balamurugan et al., 2024).

Exam pressure and fiercely competitive academic settings are frequently the causes of this. These rates were made worse by the COVID-19 pandemic, especially for students whose

family members were unwell or hospitalised. Severe psychological anguish, which includes depressive symptoms, hopelessness, and sleep deprivation, is frighteningly common in addition to general worry. Adolescent girls' pain is frequently linked to experiences of abuse or inadequate care, underscoring the essential need for trauma-informed, adolescent-friendly therapeutic services.

The Growth of Internet Addiction and Technology Due to the widespread use of digital media, internet and technology addiction has become a serious public health concern.

According to Balamurugan et al. (2024), 10.69% of teenagers enrolled in school show symptoms of technology addiction, with smartphone and game addictions being the most common. There is a substantial correlation between this behavioural addiction and conduct issues, depression, and dysfunctional families. It's interesting to note that recent evidence indicates that boys and teens living in rural areas are more likely to suffer from technology addiction. A socio-ecological strategy that incorporates family-focused tactics, stringent parental supervision, and educational initiatives to encourage youth to use digital devices responsibly is necessary to mitigate this problem (Balamurugan et al., 2024).



CONCLUSION

Mental illnesses that negatively affect students are complex and have deep roots in institutional, social, socioeconomic, and academic dynamics. This study validates that overthinking and hypertension is common in every student, which is being influenced by both internal and external stressors. A methodical approach that includes improved support services, preventive education, legislative reform, and a help-seeking culture is necessary for effective mitigation. In addition to enhancing academic performance, putting mental health first in academic settings promotes stronger, more resilient communities.

Moreover, these difficulties are not unique to higher education. According to recent comprehensive evaluations, schoolchildren and adolescents are also greatly impacted by the high prevalence of depression, behavioural problems, and psychological discomfort, which starts considerably earlier (Balamurugan et al., 2024). In order to address the escalating epidemic, educational institutions must adopt a strengthened, integrated strategy that includes community awareness campaigns and comprehensive mental health screening programs.

Healthcare providers, schools, and families must actively collaborate to deliver timely, family-

focused treatments in order to mitigate these problems. In the end, assigning qualified counsellors to collaborate with mental health specialists is crucial to offering the all-encompassing assistance required to protect children' and young adults' wellbeing.

REFERENCES

1. Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469–480. <https://doi.org/10.1037/0003-066x.55.5.469>
2. Blanco, C., Okuda, M., Wright, C., Hasin, D. S., Grant, B. F., & Liu, S. M. (2008). Mental health of college students and their non-college-attending peers: Results from the National Epidemiologic Study on Alcohol and Related Conditions. *Archives of General Psychiatry*, 65(12), 1429–1437. <https://doi.org/10.1001/archpsyc.65.12.1429>
3. Bridge, J. A., Goldstein, T. R., & Brent, D. A. (2006). Adolescent suicide and suicidal behavior. *Journal of Child Psychology and Psychiatry*, 47(3–4), 372–394. <https://doi.org/10.1111/j.1469-7610.2006.01615.x>
4. Cash, S. J., & Bridge, J. A. (2009). Epidemiology of youth suicide and suicidal behavior. *Current Opinion in Pediatrics*, 21(5), 613–619. <https://doi.org/10.1097/mop.0b013e32833063e1>
5. Centers for Disease Control and Prevention. (2013). *Injury center: Violence prevention*. https://www.cdc.gov/violenceprevention/pub/youth_suicide.html
6. Dougherty, D. M., Mathias, C. W., Marsh-Richard, D. M., Furr, R. M., Nouvion, S. O., Dawes, M. A., & Mullen, J. (2009). Impulsivity and clinical symptoms among adolescents with non-suicidal self-injury with or without attempted suicide. *Psychiatry Research*, 169(1), 22–27. <https://doi.org/10.1016/j.psychres.2008.06.010>
7. Downs, M. F., & Eisenberg, D. (2012). Help seeking and treatment use among suicidal college students. *Journal of American College Health*, 60(2), 104–114. <https://doi.org/10.1080/07448481.2011.619611>
8. Drum, D. J., Brownson, C., Burton Denmark, A., & Smith, S. E. (2009). New data on the nature of suicidal crises in college students: Shifting the paradigm. *Professional Psychology: Research and Practice*, 40(3), 213–222. <https://doi.org/10.1037/a0014465>
9. Eisenberg, D., Hunt, J., & Speer, N. (2013). Mental health in American colleges and universities: Variation across student subgroups and across campuses. *The Journal of Nervous and Mental Disease*, 201(1), 60–67. <https://doi.org/10.1097/NMD.0b013e31827ab077>
10. Gallagher, R., Gill, A. M., & Sysko, H. B. (2000). *National survey of counseling directors, 2000*. International Association of Counseling Centers, Inc.
11. Giaconia, R. M., Reinherz, H. Z., Silverman, A. B., Pakiz, B., Frost, A. K., & Cohen, E. (1994). Ages of onset of psychiatric disorders in a community population of older adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 33(5), 706–717. <https://doi.org/10.1097/00004583-199406000-00013>
12. Kessler, R. internal, Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustun, T. B. (2007). Age of onset of mental disorders: A review of recent literature. *Current Opinion in Psychiatry*, 20(4), 359–364. <https://doi.org/10.1097/ycp.0b013e32816ebc8c>

13. Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593–602. <https://doi.org/10.1001/archpsyc.62.6.593>
14. Kisch, J., Leino, E. V., & Silverman, M. M. (2005). Aspects of suicidal behavior, depression, and treatment in college students: Results from the spring 2000 National College Health Assessment Survey. *Suicide and Life-Threatening Behavior*, 35(1), 3–13. <https://doi.org/10.1521/suli.35.1.3.59263>
15. **Ballaban-Gil, K., Rapin, I., Tuchman, R., & Shinnar, S. (1996).** Longitudinal examination of the behavioral, language, and social changes in a population of adolescents and young adults with autistic disorder. *Pediatric Neurology*, 15(3), 217–223. [https://doi.org/10.1016/S0887-8994\(96\)00216-3](https://doi.org/10.1016/S0887-8994(96)00216-3)
16. **Biederman, J., Monuteaux, M. C., Spencer, T., Wilens, T. E., MacPherson, H. A., & Faraone, S. V. (2009).** Do stimulants protect against psychiatric disorders in youth with ADHD? A 10-year follow-up study. *Pediatrics*, 124(1), 71–78. <https://doi.org/10.1542/peds.2008-3347>
17. **DuPaul, G. J., Weyandt, L. L., O'Dell, S. M., & Varejao, M. (2009).** College students with ADHD: Current status and future directions. *Journal of Attention Disorders*, 13(3), 234–250. <https://doi.org/10.1177/1087054708326553>
18. **Eisenberg, D., Nicklett, E. J., Roeder, K., & Kirz, N. E. (2011).** Eating disorder symptoms among college students: Prevalence, persistence, correlates, and treatment-seeking. *Journal of American College Health*, 59(8), 700–707. <https://doi.org/10.1080/07448481.2010.546461>
19. **Gillberg, C., & Steffenburg, S. (1987).** Outcome and prognostic factors in infantile autism and similar conditions: A population-based study of 46 cases followed through puberty. *Journal of Autism and Developmental Disorders*, 17(2), 273–287. <https://doi.org/10.1007/BF01495061>
20. **Green, A. L., & Rabiner, D. L. (2012).** What do we really know about ADHD in college students? *Neurotherapeutics*, 9(3), 559–568. <https://doi.org/10.1007/s13311-012-0127-8>
21. **Häfner, H., Maurer, K., Löffler, W., & Riecher-Rössler, A. (1993).** The influence of age and sex on the onset and early course of schizophrenia. *British Journal of Psychiatry*, 162(1), 80–86. <https://doi.org/10.1192/bjp.162.1.80>
22. **Howlin, P., Goode, S., Hutton, J., & Rutter, M. (2004).** Adult outcome for children with autism. *Journal of Child Psychology and Psychiatry*, 45(2), 212–229. <https://doi.org/10.1111/j.1469-7610.2004.00215.x>
23. **Hudson, J. I., Hiripi, E., Pope, H. G., Jr, & Kessler, R. C. (2007).** The prevalence and correlates of eating disorders in the National Comorbidity Survey Replication. *Biological Psychiatry*, 61(3), 348–358. <https://doi.org/10.1016/j.biopsych.2006.03.040>
24. **Joshi, G., Wozniak, J., Petty, C., Martelon, M. K., Fried, R., Bolfek, A., ... &**

- Biederman, J. (2013).** Psychiatric comorbidity and functioning in a clinically referred population of adults with autism spectrum disorders: A comparative study. *Journal of Autism and Developmental Disorders*, 43(6), 1314–1325.
25. **Kobayashi, R., Murata, T., & Yoshinaga, K. (1992).** A follow-up study of 201 children with autism in Kyushu and Yamaguchi areas, Japan. *Journal of Autism and Developmental Disorders*, 22(3), 395–411. <https://doi.org/10.1007/BF01048243>
26. **Rujescu, D., & Giegling, I. (2012).** Intermediate phenotypes in suicidal behavior: Focus on personality. In Y. Dwivedi (Ed.), *The neurobiological basis of suicide*. CRC Press/Taylor & Francis.
27. **Sham, P. C., MacLean, C. J., & Kendler, K. S. (1994).** A typological model of schizophrenia based on age at onset, sex and familial morbidity. *Acta Psychiatrica Scandinavica*, 89(2), 135–141. <https://doi.org/10.1111/j.1600-0447.1994.tb08083.x>
28. **Stice, E., Marti, C. N., Shaw, H., & Jaconis, M. (2009).** An 8-year longitudinal study of the natural history of threshold, subthreshold, and partial eating disorders from a community sample of adolescents. *Journal of Abnormal Psychology*, 118(3), 587–597. <https://doi.org/10.1037/a0016481>
29. **Substance Abuse and Mental Health Services Administration. (2013).** *Results from the 2012 National Survey on Drug Use and Health: Summary of national findings* (NSDUH Series H-46, HHS Publication No. SMA 13-4795).
30. **VanBergeijk, E., Klin, A., & Volkmar, F. (2008).** Supporting more able students on the autism spectrum: College and beyond. *Journal of Autism and Developmental Disorders*, 38(7), 1359–1370. <https://doi.org/10.1007/s10803-007-0524-8>
31. **White, S. W., Ollendick, T. H., & Bray, B. C. (2011).** College students on the autism spectrum: Prevalence and associated problems. *Autism*, 15(6), 683–701. <https://doi.org/10.1177/1362361310393363>
32. **Bennett, M. E., Miller, J. H., & Woodall, W. G. (1999).** Drinking, binge drinking, and other drug use among southwestern undergraduates: Three-year trends. *The American Journal of Drug and Alcohol Abuse*, 25(2), 331–350. <https://doi.org/10.1081/ADA-100101865>
33. **Brook, J. S., Adams, R. E., Balka, E. B., & Johnson, E. (2002).** Early adolescent marijuana use: Risks for the transition to young adulthood. *Psychological Medicine*, 32(1), 79–91. <https://doi.org/10.1017/s0033291701004832>
34. **DiFranza, J. R., Savageau, J. A., Fletcher, K., O'Loughlin, J., Pbert, L., Ockene, J. K., ... & Wellman, R. J. (2007).** Symptoms of tobacco dependence after brief intermittent use: The Development and Assessment of Nicotine Dependence in Youth-2 study. *Archives of Pediatrics & Adolescent Medicine*, 161(7), 704–710. <https://doi.org/10.1001/archpedi.161.7.704>
35. **Fergusson, D. M., Horwood, L. J., & Swain-Campbell, N. R. (2003).** Cannabis dependence and psychotic symptoms in young people. *Psychological Medicine*, 33(1), 15–21. <https://doi.org/10.1017/s0033291702006837>
36. **Gervais, A., O'Loughlin, J., Meshefedjian, G., Bancej, C., & Tremblay, M. (2006).** Milestones in the natural course of onset of cigarette use among adolescents. *CMAJ*,

175(3), 255–261. <https://doi.org/10.1503/cmaj.051235>

37. **Hingson, R., Heeren, T., Winter, M., & Wechsler, H. (2005).** Magnitude of alcohol-related mortality and morbidity among U.S. college students ages 18–24: Changes from 1998 to 2001. *Annual Review of Public Health, 26*, 259–279.

<https://doi.org/10.1146/annurev.publhealth.26.021304.144652>

38. **Jackson, K. M., Sher, K. J., Gotham, H. J., & Wood, P. K. (2001).** Transitioning into and out of large-effect drinking in young adulthood. *Journal of Abnormal Psychology, 110*(3), 378–391. <https://doi.org/10.1037/0021-843X.110.3.378>

39. **Jennison, K. M. (2004).** The short-term effects and unintended long-term consequences of binge drinking in college: A 10-year follow-up study. *The American Journal of Drug and Alcohol Abuse, 30*(3), 659–684. <https://doi.org/10.1081/ADA-200032331>

40. **Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2007).** *Monitoring the future national results on adolescent drug use: Overview of key findings, 2006.* National Institute on Drug Abuse.

41. **Jones, S. E., Oeltmann, J., Hornung, T. W., & Hawkins, J. A. (2001).** Binge drinking among undergraduate college students in the United States: Implications for other substance use. *Journal of American College Health, 50*(1), 33–38.

<https://doi.org/10.1080/07448480109595709>

42. **Kandel, D., Schaffran, C., Griesler, P., Samuolis, J., Davies, M., & Galanti, R. (2005).** On the measurement of nicotine dependence in adolescence: Comparisons of the mFTQ and a DSM-IV-based scale. *Journal of Pediatric Psychology, 30*(4), 319–332.

<https://doi.org/10.1093/jpepsy/jsi025>

43. **Marlatt, G. A., Baer, J. S., Kivlahan, D. R., Dimeff, L. A., Larimer, M. E., Quigley, L. A., ... & Williams, E. (1998).** Screening and brief intervention for high-risk college student drinkers: Results from a 2-year follow-up assessment. *Journal of Consulting and Clinical Psychology, 66*(4), 604–615. <https://doi.org/10.1037/0022-006X.66.4.604>

44. **National Institute on Alcohol Abuse and Alcoholism. (2013).** *Moderate & binge drinking.*

45. **O'Grady, K. E., Arria, A. M., Fitzelle, D. B., & Copersino, M. L. (2008).** Heavy drinking and polydrug use among college students. *Journal of Drug Issues, 38*(2), 445–466.

<https://doi.org/10.1177/002204260803800204>

46. **Schuster, C., O'Malley, P. M., Bachman, J. G., Johnston, L. D., & Schulenberg, J. (2001).** Adolescent marijuana use and adult occupational attainment: A longitudinal study from age 18 to 28. *Substance Use & Misuse, 36*(8), 997–1014. <https://doi.org/10.1081/JA-100104485>

47. **Slutske, W. S. (2005).** Alcohol use disorders among US college students and their non-college-attending peers. *Archives of General Psychiatry, 62*(3), 321–330.

<https://doi.org/10.1001/archpsyc.62.3.321>

48. **Suerken, C. K., Reboussin, B. A., Sutfin, E. L., Wagoner, K. G., Spangler, J., & Wolfson, M. (2014).** Prevalence of marijuana use at college entry and risk factors for initiation during freshman year. *Addictive Behaviors, 39*(1), 302–307.

<https://doi.org/10.1016/j.addbeh.2013.10.018>

49. **Wechsler, H., Davenport, A., Dowdall, G., Moeykens, B., & Castillo, S. (1994).** Health and behavioral consequences of binge drinking in college: A national survey of students at 140 campuses. *JAMA*, 272(21), 1672–1677.
<https://doi.org/10.1001/jama.1994.03520210056032>
50. **Wechsler, H., Lee, J. E., Kuo, M., Seibring, M., Nelson, T. F., & Lee, H. (2002).** Trends in college binge drinking during a period of increased prevention efforts. *Journal of American College Health*, 50(5), 203–217. <https://doi.org/10.1080/07448480209595713>
51. **Arria, A. M., & DuPont, R. L. (2010).** Nonmedical prescription stimulant use among college students: Why we need to do something and what we need to do. *Journal of Addictive Diseases*, 29(4), 417–426. <https://doi.org/10.1080/10550887.2010.509279>
52. **Birmaher, B., Axelson, D., Strober, M., Gill, M. K., Valeri, S., Chiappetta, L., ... & Keller, M. (2009).** Four-year longitudinal course of children and adolescents with bipolar spectrum disorders: The Course and Outcome of Bipolar Youth (COBY) study. *American Journal of Psychiatry*, 166(7), 795–804. <https://doi.org/10.1176/appi.ajp.2009.08101569>
53. **Copeland, W. E., Shanahan, L., Costello, E. J., & Angold, A. (2009).** Childhood and adolescent psychiatric disorders as predictors of young adult disorders. *Archives of General Psychiatry*, 66(7), 764–772. <https://doi.org/10.1001/archgenpsychiatry.2009.85>
54. **Garnier-Dykstra, L. M., Pinchevsky, G. M., Caldeira, K. M., Vincent, K. B., O'Grady, K. E., & Arria, A. M. (2010).** Self-reported adult attention-deficit/hyperactivity disorder symptoms among college students. *Journal of American College Health*, 59(2), 133–136. <https://doi.org/10.1080/07448481.2010.483705>
55. **Geller, B., Tillman, R., Bolhofner, K., & Zimmerman, B. (2008).** Child bipolar I disorder: Prospective continuity with adult bipolar I disorder; characteristics of second and third episodes; predictors of 8-year outcome. *Archives of General Psychiatry*, 65(10), 1125–1133. <https://doi.org/10.1001/archpsyc.65.10.1125>
56. **Geller, D. A., Biederman, J., Jones, J., Park, K., Schwartz, S., Shapiro, S., & Coffey, B. (1998).** Is juvenile obsessive-compulsive disorder a developmental subtype of the disorder? A review of the pediatric literature. *Journal of the American Academy of Child & Adolescent Psychiatry*, 37(4), 420–427. <https://doi.org/10.1097/00004583-199804000-00020>
57. **Goodwin, R. D., & Hamilton, S. P. (2002).** Early-onset fearful panic attack: A possible prodrome of early-onset severe psychopathology. *Comprehensive Psychiatry*, 43(1), 22–27. <https://doi.org/10.1053/comp.2002.29851>
58. **Iketani, T., Kiriike, N., Stein, M. B., Matsunaga, H., & Ito, K. (2004).** Patterns of axis II comorbidity in early-onset versus late-onset panic disorder in Japan. *Comprehensive Psychiatry*, 45(2), 114–120. <https://doi.org/10.1016/j.comppsy.2003.09.011>
59. **Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2012).** *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2011*. Institute for Social Research, The University of Michigan.

60. **Kim-Cohen, J., Caspi, A., Moffitt, T. E., Harrington, H., Milne, B. J., & Poulton, R. (2003).** Prior juvenile diagnoses in adults with mental disorder: Developmental follow-back of a prospective-longitudinal cohort. *Archives of General Psychiatry*, 60(7), 709–717. <https://doi.org/10.1001/archpsyc.60.7.709>
61. **McCabe, S. E., Knight, J. R., Teter, C. J., & Wechsler, H. (2005).** Non-medical use of prescription stimulants among US college students: Prevalence and correlates from a national survey. *Addiction*, 100(1), 96–106. <https://doi.org/10.1111/j.1360-0443.2005.00944.x>
62. **McElroy, S. L., Keck, P. E., Pope, H. G., Hudson, J. I., Faedda, G. L., & Swann, A. C. (1992).** Clinical and research implications of the diagnosis of dysphoric or mixed mania or hypomania. *American Journal of Psychiatry*, 149(12), 1633–1644. <https://doi.org/10.1176/ajp.149.12.1633>
63. **McGorry, P. D., Purcell, R., Goldstone, S., & Amminger, G. P. (2011).** Age of onset and timing of treatment for mental and substance use disorders: Implications for preventive intervention strategies and models of care. *Current Opinion in Psychiatry*, 24(4), 301–306. <https://doi.org/10.1097/YCO.0b013e3283477a09>
64. **Miguel, E. C., do Rosário-Campos, M. C., Shavitt, R. G., Hounie, A. G., & Mercadante, M. T. (2001).** The tic-related obsessive-compulsive disorder phenotype and treatment implications. *Advances in Neurology*, 85, 43–55. (Note: This specific journal volume does not have an active digital DOI assigned, so it is perfectly fine to leave it without a link in APA 7).
65. **Millet, B., Kochman, F., Gallarda, T., Krebs, M. O., Poirier, M. F., Bourdel, M. C., & Olie, J. P. (2004).** Phenomenological and comorbid features associated in obsessive-compulsive disorder: Influence of age of onset. *Journal of Affective Disorders*, 79(1-3), 241–246. [https://doi.org/10.1016/S0165-0327\(02\)00310-7](https://doi.org/10.1016/S0165-0327(02)00310-7)
66. **Paulozzi, L. J. (2012).** Prescription drug overdoses: A review. *Journal of Safety Research*, 43(4), 283–289. <https://doi.org/10.1016/j.jsr.2012.08.009>
67. **Perlis, R. H., Ostacher, M. J., Patel, J. K., Marangell, L. B., Zhang, H., Wisniewski, S. R., ... & Thase, M. E. (2006).** Predictors of recurrence in bipolar disorder: Primary outcomes from the Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD). *American Journal of Psychiatry*, 163(2), 217–224. <https://doi.org/10.1176/appi.ajp.163.2.217>
68. **Ramsawh, H. J., Chavira, D. A., & Stein, M. B. (2011).** Age of onset, clinical characteristics, and 15-year course of anxiety disorders in a prospective, longitudinal, observational study. *Journal of Affective Disorders*, 132(1-2), 260–264. <https://doi.org/10.1016/j.jad.2011.02.016>
69. **Shillington, A. M., & Clapp, J. D. (2006).** Heavy alcohol use compared to alcohol and marijuana use: Do college students experience a difference in substance use problems? *Journal of Drug Education*, 36(1), 91–103. <https://doi.org/10.2190/U61W-2N26-8051-5T27>
70. **Wilens, T. E., Adler, L. A., Adams, J., Sgambati, S., Rotrosen, J., Sawtelle, R., ... & Fusillo, S. (2008).** Misuse and diversion of stimulants prescribed for ADHD: A systematic review of

the literature. *Journal of the American Academy of Child & Adolescent Psychiatry*, 47(1), 21–31. <https://doi.org/10.1097/chi.0b013e31815a56f1>

71. **Wilens, T. E., Biederman, J., Adamko, A., Monuteaux, M. C., Petty, C., Kaufmann, R., ... & Faraone, S. V. (2008).** Further evidence of an association between adolescent bipolar disorder with smoking and substance use disorders: A controlled study. *Drug and Alcohol Dependence*, 95(3), 188–198. <https://doi.org/10.1016/j.drugalcdep.2008.01.011>
72. **Wozniak, J., Biederman, J., Mick, E., Spencer, T., Deupree, A., & Fallu, A. (2011).** High level of persistence of pediatric bipolar-I disorder from childhood onto adolescent years: A four year prospective longitudinal follow-up study. *Journal of Psychiatric Research*, 45(10), 1273–1282. <https://doi.org/10.1016/j.jpsychires.2011.02.012>
73. **Alschuler, K., Hoodin, F., & Byrd, M. (2008).** The need for integrating behavioral care in a college health center. *Health Psychology*, 27(3), 388–393. <https://doi.org/10.1037/0278-6133.27.3.388>
74. **Arria, A. M., Garnier-Dykstra, L. M., Cook, E. T., Caldeira, K. M., Vincent, K. B., Baron, R. A., & O'Grady, K. E. (2013).** Drug use patterns in young adulthood and post-college employment. *Drug and Alcohol Dependence*, 127(1-3), 23–30. <https://doi.org/10.1016/j.drugalcdep.2012.06.001>
75. **Berk, M., Hallam, K. T., McGorry, P. D., Dodd, S., Jorm, A. F., Hickie, I. B., ... & Yung, A. R. (2010).** Evidence and implications for early intervention in bipolar disorder. *Journal of Mental Health*, 19(2), 113–126. <https://doi.org/10.3109/09638230903469315>
76. **Blount, A. (2003).** Integrated primary care: Organizing the evidence. *Families, Systems, & Health*, 21(2), 121–134. <https://doi.org/10.1037/1091-7527.21.2.121>
77. **Burke, B. L., Arkowitz, H., & Menchola, M. (2003).** The efficacy of motivational interviewing: A meta-analysis of controlled clinical trials. *Journal of Consulting and Clinical Psychology*, 71(5), 843–861. <https://doi.org/10.1037/0022-006X.71.5.843>
78. **Eisenberg, D., Downs, M. F., Golberstein, E., & Zivin, K. (2009).** Stigma and help seeking for mental health among college students. *Medical Care Research and Review*, 66(5), 522–541. <https://doi.org/10.1177/1077558709335173>
79. **Eisenberg, D., Hunt, J., & Speer, N. (2012).** Help seeking for mental health on college campuses: Review of evidence and next steps for research and practice. *Harvard Review of Psychiatry*, 20(4), 222–232. <https://doi.org/10.3109/10673229.2012.712839>
80. **Eisenberg, D., Hunt, J., Speer, N., & Zivin, K. (2011).** Mental health service utilization among college students in the United States. *The Journal of Nervous and Mental Disease*, 199(5), 301–308. <https://doi.org/10.1097/NMD.0b013e3182175123>
81. **Escoffery, C., Miner, K. R., Adame, D. D., Butler, S., McCormick, L., & Mendell, E. (2005).** Internet use for health information among college students. *Journal of American College Health*, 53(4), 183–188. <https://doi.org/10.3200/JACH.53.4.183-188>
82. **Fleischhaker, C., Schulz, E., Tepper, K., Martin, M., Renschmidt, H., & Flechtner, H. H. (2005).** Long-term course of adolescent schizophrenia. *Schizophrenia Bulletin*, 31(3), 769–780. <https://doi.org/10.1093/schbul/sbi027>

83. **Griffiths, K. M., Crisp, D. A., Christensen, H., Mackinnon, A. J., & Bennett, K. (2010).** The ANU WellBeing study: A protocol for a quasi-factorial randomised controlled trial of the effectiveness of an Internet support group and an automated Internet intervention for depression. *BMC Psychiatry, 10*(1), 20. <https://doi.org/10.1186/1471-244X-10-20>
84. **Haas, A., Koestner, B., Rosenberg, J., Moore, D., Garlow, S. J., Sedway, J., ... & Nemeroff, C. B. (2008).** An interactive web-based method of outreach to college students at risk for suicide. *Journal of American College Health, 57*(1), 15–22. <https://doi.org/10.3200/JACH.57.1.15-22>
85. **Hasler, G., Pine, D. S., Gamma, A., Milos, G., Ajdacic, V., Eich, D., ... & Angst, J. (2005).** Depressive symptoms during childhood and adult obesity: The Zurich Cohort Study. *Molecular Psychiatry, 10*(9), 842–850. <https://doi.org/10.1038/sj.mp.4001677>
86. **Hillestad, R., Bigelow, J., Bower, A., Girosi, F., Meili, R., Scoville, R., & Taylor, R. (2005).** Can electronic medical record systems transform health care? Potential health benefits, savings, and costs. *Health Affairs, 24*(5), 1103–1117. <https://doi.org/10.1377/hlthaff.24.5.1103>
87. **Høifødt, R. S., Strøm, C., Kolstrup, N., Eisemann, M., & Waterloo, K. (2011).** Effectiveness of cognitive behavioural therapy in primary health care: A review. *Family Practice, 28*(5), 489–504. <https://doi.org/10.1093/fampra/cmr/017>
88. **Hollis, C. (2000).** Adult outcomes of child- and adolescent-onset schizophrenia: Diagnostic stability and predictive validity. *American Journal of Psychiatry, 157*(10), 1652–1659. <https://doi.org/10.1176/appi.ajp.157.10.1652>
89. **Keenan-Miller, D., Hammen, C. L., & Brennan, P. A. (2007).** Health outcomes related to early adolescent depression. *Journal of Adolescent Health, 41*(3), 256–262. <https://doi.org/10.1016/j.jadohealth.2007.03.015>
90. **Kim, E. H., In, O. P., Jeong, B. K., Kim, Y. J., Kim, S. Y., & Lee, Y. M. (2011).** Addressing mental health epidemic among university students via web-based, self-screening, and referral system: A preliminary study. *IEEE Transactions on Information Technology in Biomedicine, 15*(2), 301–307. <https://doi.org/10.1109/TITB.2011.2104374>
91. **Kyriakopoulos, M., & Frangou, S. (2007).** Pathophysiology of early onset schizophrenia. *International Review of Psychiatry, 19*(4), 315–324. <https://doi.org/10.1080/09540260701486259>
92. **Loya, F., Reddy, R., & Hinshaw, S. P. (2010).** Mental illness stigma as a mediator of differences in Caucasian and South Asian college students' attitudes toward psychological counseling. *Journal of Counseling Psychology, 57*(4), 484–490. <https://doi.org/10.1037/a0021113>
93. **Melle, I., Larsen, T. K., Haahr, U., Friis, S., Johannessen, J. O., Opjordsmoen, S., ... & McGlashan, T. H. (2008).** Prevention of negative symptom psychopathologies in first-episode schizophrenia: Two-year effects of reducing the duration of untreated psychosis. *Archives of General Psychiatry, 65*(6), 634–640. <https://doi.org/10.1001/archpsyc.65.6.634>
94. **Miller, W. R., Sovereign, R. G., & Kregge, B. (1988).** Motivational interviewing with problem drinkers: II. The Drinker's Check-up as a preventive intervention. *Behavioural Psychotherapy, 16*(4), 251–268. <https://doi.org/10.1017/S014134730001509X>

95. **Nathan, P. E., & Gorman, J. M. (2007).** *A guide to treatments that work* (3rd ed.). Oxford University Press.
96. **Pilowsky, D. J., Wickramaratne, P. J., Poh, E., Hernandez, M., Batten, L. A., Flament, M. F., ... & Weissman, M. M. (2014).** Psychopathology and functioning among children of treated depressed fathers and mothers. *Journal of Affective Disorders, 164*, 107–111. <https://doi.org/10.1016/j.jad.2014.04.013>
97. **Ramchandani, P., & Psychogiou, L. (2009).** Paternal psychiatric disorders and children's psychosocial development. *The Lancet, 374*(9690), 646–653. [https://doi.org/10.1016/S0140-6736\(09\)60238-5](https://doi.org/10.1016/S0140-6736(09)60238-5)
98. **Reichert, A., Mehler-Wex, C., Zimmer, R., Walitza, S., Warnke, A., & Gerlach, M. (2008).** The psychopathological and psychosocial outcome of early-onset schizophrenia: Preliminary data of a 13-year follow-up. *Child and Adolescent Psychiatry and Mental Health, 2*(1), 6. <https://doi.org/10.1186/1753-2000-2-6>
99. **Roozen, H. G., de Waart, R., & van der Kroft, P. (2010).** Community reinforcement and family training: An effective option to engage treatment-resistant substance-abusing individuals in treatment. *Addiction, 105*(10), 1729–1738. <https://doi.org/10.1111/j.1360-0443.2010.03016.x>
100. **Rothman, E. F., Edwards, E. M., Heeren, T., & Roizen, R. (2008).** Relationship of age of first drink to alcohol-related consequences among college students with unhealthy alcohol use. *Substance Abuse, 29*(1), 33–41. https://doi.org/10.1300/J465v29n01_05
101. **Ruwaard, J., Lange, A., Bouwman, M., Broeksteeg, J., & Schrieken, B. (2011).** Efficacy and effectiveness of online cognitive behavioral treatment: A decade of interapy research. *Studies in Health Technology and Informatics, 167*, 9–14.
102. **Schulz, S. C., Findling, R. L., Wise, A., Friedman, L., & Kenny, J. (1998).** Treatment and outcomes in adolescents with schizophrenia. *The Journal of Clinical Psychiatry, 59*(Suppl 1), 50–54.
103. **Turrisi, R., Jaccard, J., Taki, R., Dunnam, H., & Grimes, J. (2001).** Examination of the short-term efficacy of a parent intervention to reduce college student drinking tendencies. *Psychology of Addictive Behaviors, 15*(4), 366–372. <https://doi.org/10.1037/0893-164X.15.4.366>
104. **Turrisi, R., Mallett, K. A., Mastroleo, N. R., & Larimer, M. E. (2006).** Heavy drinking in college students: Who is at risk and what is being done about it? *The Journal of General Psychology, 133*(4), 401–420. <https://doi.org/10.3200/GENP.133.4.401-420>
105. **Westra, H. A. (2004).** Managing resistance in cognitive behavioural therapy: The application of motivational interviewing in mixed anxiety and depression. *Cognitive Behaviour Therapy, 33*(4), 161–175. <https://doi.org/10.1080/16506070410024311>
106. **Youn, S. J., Trull, T. J., & Widiger, T. A. (2013).** Using online social media, Facebook, in screening for major depressive disorder among college students. *International Journal of Clinical and Health Psychology, 13*(1), 74–80.
107. **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>

108. Córdova Olivera, P., Gasser Gordillo, P., Naranjo Mejía, H., La Fuente Taborga, I., Grajeda Chacón, A., & Sanjinés Unzueta, A. (2023). Academic stress as a predictor of mental health in university students. *Cogent Education*, 10. <https://doi.org/10.1080/2331186x.2023.2232686>
109. Limone, P., & Toto, G. A. (2022). Factors That Predispose Undergraduates to Mental Issues: A Cumulative Literature Review for Future Research Perspectives. *Frontiers in Public Health*, 10. <https://doi.org/10.3389/fpubh.2022.831349>
110. Nair, B., & Otaki, F. (2021). Promoting University Students' Mental Health: A Systematic Literature Review Introducing the 4M-Model of Individual-Level Interventions. *Frontiers in Public Health*, 9. <https://doi.org/10.3389/fpubh.2021.699030>
111. Pedrelli, P., Nyer, M., Yeung, A., Zulauf, C., & Wilens, T. (2014). College Students: Mental Health Problems and Treatment Considerations. *Academic Psychiatry*, 39, 503–511. <https://doi.org/10.1007/s40596-014-0205-9>
112. Seppälä, E. M., Bradley, C., Moeller, J., Harouni, L., Nandamudi, D., & Brackett, M. A. (2020). Promoting Mental Health and Psychological Thriving in University Students: A Randomized Controlled Trial of Three Well-Being Interventions. *Frontiers in Psychiatry*, 11. <https://doi.org/10.3389/fpsy.2020.00590>
113. **Balamurugan, G., Sevak, S., Gurung, K., & Vijayarani, M. (2024).** Mental health issues among school children and adolescents in India: A systematic review. *Cureus*, 16(5), e61035. <https://doi.org/10.7759/cureus.61035>