



*Kanitta Charoensiri, DO, MBA  
Director of Health Center  
Virginia Tech, Blacksburg, VA*



*Cannie Campbell, MPH, CHES  
Director, University Health Services  
James Madison University, Harrisonburg, VA*



*Nancy Harrison, Psy. D.  
Harrison & Harrison Associates, Flemington, NJ  
Faculty - Center for Applied Psychology  
Rutgers University, New Brunswick, NJ*

## **COLLEGE HEALTH FORUM - *Roundtable on Mental Health Pressures on campus***

*[Note: This is the prelude to the Mental Health Article – 1st in a series – Technology]*

### **Introduction**

The mental health of college students continues to be an important issue on college campuses today. According to a recent study, 13% of all college students are previously diagnosed with a mental health disorder prior to their entry into school. In addition, more than half of the student population of colleges report feeling worried or anxious at any given time; one third also experience depressive symptoms and sleep difficulties. [mtvU 2008]

To address the challenges related to mental health pressures on campus, the editors of College Health Associates convened a roundtable discussion consisting of 3 prominently known college health providers: Nancy Harrison, PsyD, from Rutgers University, Kanitta Charoensiri, DO, MBA, from Virginia Tech, and Cannie Campbell, MPH, CHES, from James Madison University. The results of the roundtable and the ensuing discussion are comprised of three parts. In the first part of the series, the panelists provide insights to their experience on the effects of technology (including use of the Internet and cell phones) on mental health in students. In the second section of the series, the panelists analyze the propensity for decreased coping skills in today's college students and the role of decreasing communication between parents and their children while on campus. Finally, in the third section, the faculty address concerns related to the inadequate provision of resources for students and college health providers.

By sharing their experiences and knowledge on these important issues facing the college community today, this panel of experts hopes to raise the awareness of, and provide insights to, methods for improving the current status of mental health on college campuses. We hope you find this information to be thought provoking and timely, and that you will follow us in making this series an important part of your current educational needs.

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Available at: [http://www.halfopus.com/\\_media/\\_pr/mtvU\\_AP\\_College\\_Stress\\_and\\_Mental\\_Health\\_Poll%20\\_Full.pdf](http://www.halfopus.com/_media/_pr/mtvU_AP_College_Stress_and_Mental_Health_Poll%20_Full.pdf). Accessed April 22, 2008.

## TECHNOLOGY AND ITS EFFECTS ON MENTAL HEALTH (*First in a Series*)

### **Introduction**

Today's college students are more technologically sophisticated than ever before, with communication via the Internet (including e-mail, instant messaging, and MySpace/Facebook) and cell phones (particularly texting) increasingly replacing face-to-face interactions. As a result, students are faced with somewhat different social and mental health issues than in the past, such as cyberbullying, and anxiety related to overexposure of personal information online. College health professionals must be prepared to identify and act on these concerns. In this exchange, a group of college health experts discussed issues related to technology and its effects on mental health, including the long-term repercussions of students documenting and living their lives online.

### ***Technology and Social Interaction***

“In recent years, there has been a dramatic influx of technology into the culture, and some of the technologies have become integral in the lives of most college students,” remarked Nancy Harrison, PsyD, to begin the discussion. “Although there are many benefits of the use of various forms of technology, whether we’re talking about the Internet or cell phones, there are also some risks that are inherent in the use of these technologies. These risks can result in mental health–related issues that can pose unique challenges to providers.”

“We are definitely seeing technology as a big issue with our students,” said Cannie Campbell, MPH, CHES. “They don’t communicate well with one another, so there are fights between roommates where they sit on dueling computers and hash out an issue via instant messenger rather than having that conversation face to face and using interpersonal skills. It is very different from when I went to school and what we have done over the years.”

Dr. Harrison agreed that much of the social interaction between students is now technology-related, with an increased reliance on use of texting, MySpace/Facebook, and instant messaging and e-mail. “Use of these technologies presents increased challenges for students in deciding what their boundaries are in terms of personal disclosure and how they want to present themselves. They are not always presenting themselves necessarily only in one-on-one situations where they have the benefit of being able to read the body language of the other person, to sense the facial expression of the other person, and to often times understand the nuances of the conversation. If the communication is happening through texting and through e-mail, sometimes the subtleties of that communication are lost.”

Students therefore have to understand more about how they define themselves and how they want to present themselves identity-wise. “Students need to learn to assess trustworthiness with the information available to them through electronic means as opposed to face-to-face interactions,” said Dr. Harrison. “For some students

that can result in overreliance on technology and therefore more isolation of themselves socially, and for other students it can result in an extreme type of disinhibition where they may be exposing themselves, either images of themselves physically or information about themselves, more than they would in a face-to-face situation.” Students who reveal personal information can also suffer consequences such as negative feedback or cyberbullying, which includes posting negative information or an unflattering picture without permission. “That is a double whammy; not only does it offend the victim, but also because of the nature of technology there is such a wide audience that the impact is multiplied.”

“A lot of students who are in crisis can’t cope with anxiety,” added Ms. Campbell. “If someone has done something to them, most often it seems to be technology-related. At the university level, how do we deal with students posting negative information online? What responsibility do we have to control those sites? Do we even want to do that? This is an unknown gray area related to technology that we haven’t seen before now.”

### ***Technology-Related Anxiety***

Addressing the mental health issues associated with use of these technologies, Dr. Harrison noted that anxiety is often seen in college students who may have overexposed themselves electronically and then received negative feedback. “They often experience a tremendous amount of anxiety, regret, and helplessness because once something is on the Internet, there is a permanent record. That sense of permanency can lead to anxiety and fear about how the information will be used either now or in the future.”

“Students who overrely on the Internet tend to be a bit anxious to begin with and then use the Internet particularly for their social interaction,” continued Dr. Harrison. “They can then become more isolated and do not have the benefit of more practice within the face-to-face social arena. These students can become more isolated from friends and family because they feel more comfortable using the technology, but it can become a barrier for them to deal with more social anxiety as well.”

A number of studies have shown a relationship between Internet use and loneliness,<sup>1-4</sup> as well as shyness.<sup>5</sup> In one study, high levels of Internet use were found to be associated with low levels of social loneliness but high levels of emotional loneliness. In contrast, high degrees of face-to-face networks of friends were associated with low levels of both social and emotional loneliness.<sup>6</sup> An association between depression and Internet use has also been demonstrated. In a recent study of 411 undergraduates, a correlation was shown between depression and more frequent use of the Internet to meet people, socially experiment, and participate in chat rooms, and with less frequent face-to-face socialization. In the same study, students who met criteria for Internet abuse and dependence had more depressive symptoms, spent more time online, and had fewer face-to-face social experiences, compared with those who did not meet the criteria.<sup>7</sup> In addition, disembodiment (“transcendence of body constraints in cyberspace”) has been shown to be a strong predictor of increased loneliness and depression as well as decreased social support. However, in the same study, the amount of chat use was associated with decreased offline estrangement and depression as well as increased happiness.<sup>8</sup>

In contrast, other studies have found no association between Internet use and depression, anxiety, or social fearfulness.<sup>9,10</sup> In a study of college freshmen, use of e-mail and chat room/instant messaging was associated with decreased depressive symptoms, while use of the Internet for shopping, playing games, or research was associated with increased depressive symptoms.<sup>11</sup> One study showed that Internet use decreased loneliness and depression and increased perceived social support and self-esteem,<sup>12</sup> and another study suggested that chat users “who are socially fearful may be using the Internet as a form of low-risk social approach and an opportunity to rehearse social behavior and communication skills, which may help them improve interaction with offline, face-to-face, social environments.”<sup>9</sup>

In regard to cell phone use and texting, it has been demonstrated that lonely subjects preferred making voice

calls whereas anxious participants preferred texting, considering it preferable for “expressive and intimate contact.”<sup>13</sup>

### ***The Internet: A Permanent Record***

“I don’t think students are learning about boundaries and self-disclosure and even self-presentation,” remarked Ms. Campbell. “I am always amazed at what is put on Facebook or MySpace. I don’t know that students understand the long-term consequences; once something is posted on the Internet, it is there forever. Employers have started looking at Facebook and MySpace, searching for students to see what their behaviors were on campus and not hiring them based on what they see online, so that is affecting them in the future and they’re not thinking of that either.”

“Parents have no experience in this arena and often have not educated their children about online behavior as they have about many other topics,” said Dr. Harrison. “Students are really on the front line of this themselves and, typical of many adolescents, sometimes do not understand the long-term consequences of their behavior.”

Kanitta Charoensiri, DO, MBA, pointed out that the Web site [juicycampus.com](http://juicycampus.com) distributes gossip across a network of about 60 college campuses but that some student governments are starting to develop a backlash against it. “They are saying that no good comes from this and that a lot of people have gotten hurt. There is concern about students who are experiencing a great deal of anxiety and other mental health symptoms because they have been targeted on this Web site.”

“If someone was slandered in the newspaper, legally something could be done about it,” added Dr. Charoensiri. “On the Internet, however, it’s a whole different ballgame of what can and can’t be done.”

### ***Technology and Mental Health***

“A lot of students are more savvy today about mental health because they have had more education, even in high school, about this issue,” said Dr. Harrison. “They enter college knowing a little more academically about anxiety and depression, but I think we have to help them develop skills such as learning to tolerate frustration a little longer and decreasing their impulsivity. We see some of the same mental health issues in college students as in the past, such as anxiety and depression, but they are now heavily influenced by the use of technology. For example, stalking has always happened on campuses, but now we see cyberstalking as opposed to just the physical aspect.”

Dr. Charoensiri agreed that some mental health issues in students are related to technology. “When students don’t learn how to deal with frustration and work through their emotions, it is very easy for them to text something like ‘I don’t like you, let’s break up, we don’t need to see each other anymore.’ There is no emotional trauma to work through and deal with that makes them stronger mentally and emotionally. Those skills aren’t developed, and then when they have to deal with an emotional event they are incapable of doing so.”

“Whether or not the concerns are related to technology, it can be very helpful for students to gain an understanding of the emotional or psychological needs that they are trying to meet through the use of technology,” remarked Dr. Harrison. “Then we can help them try to find the most constructive way to meet those needs.” For example, if a student is slandering somebody, a college health professional can help the student understand what is happening emotionally; if the student is angry and feeling hostile, there are other ways of expressing aggression that might be more productive or constructive. “If students are revealing too much on the Internet and then later feel uncomfortable about it, we can assist them in determining what needs they were looking to meet and if there are other ways of meeting those needs that might serve them better. I think that becomes part of our mental health work as well.”

“I would suspect that as we move forward, there may be long-term mental health pressures that result from technology,” added Dr. Harrison. “That has not been my experience at this point, but I would certainly expect that it may well be.”

“It may be a bit too early to make that determination,” suggested Dr. Charoensiri.

“I agree,” said Ms. Campbell. “We’re not there yet.”

Ms. Campbell continued by remarking that her university is technologically savvy but that there is no direct discussion about how technology affects students’ mental health. “I think what technology has done is made life really easy; it’s faster, it’s more immediate, and there is that more immediate satisfaction. More and more and more of our professors, particularly the new ones coming in, are utilizing these technological advances in class, but I think there is a disconnect between how much we are putting out there technologically and how it affects our mental health.”

“From a college health perspective,” added Dr. Harrison, “there is so much information available on the Internet that students are self-diagnosing themselves before they see a college health professional. All that information now is at their fingertips, so when we see them in a college health setting, they know exactly what they have; they are not always right, although sometimes they are, and they may not be interested in that teachable moment with the clinician about behavior change. They have already looked it up and they know coming in they are armed.”

### ***Keeping Up With Technology***

Ms. Campbell explained that to help her stay current with technology, she has a Facebook page. “I advise a student group on campus, and I couldn’t keep up with them through instant messenger anymore and they don’t always check their e-mail, but they’re always on Facebook or on MySpace, so I can leave them messages and I can also keep tabs on the group. I don’t put anything out there that I wouldn’t want out there about myself, but I believe that as a college health director it is important for me to have my finger on the pulse of what is going on at the university, and so much of our pulse is online.”

“I certainly read a lot and I listen very well to my clients and my students and they educate me,” said Dr. Harrison about keeping up with technology. “I communicate with my students nearly every day through e-mail, and I have learned a tremendous amount from them.”

Dr. Charoensiri explained that she stays current with technology via a student advisory group that is representative of all students on campus, including undergraduates and graduates. “I also have a great health education department with groups of students as peer educators, so we get information from those students every year. In addition, we have a group of different directors that exchanges information to stay on top of technology as well. If I were to do that by myself, I think it would be really hard. I do rely on my peers, my colleagues, and the students to keep me informed.”

### **Final Thoughts**

“Technology is here to stay, and we are only going to become more involved,” said Dr. Harrison in her closing remarks. “That is terrific because there are so many benefits, including the fact that many students can access a wider social network through technology. For example, many more college students today are better able to keep in touch with high school and childhood friends, because it so much easier and more convenient than it

was decades ago. For students who have a hard time finding compatible peer groups, technology allows them wider access to peer groups so that they can feel much less isolated. On the other hand, students need to be educated about the importance of integrity online. Maintaining their sense of integrity on the Internet is just as important as it is in the real world, and I think that is the next frontier in terms of education and mental health, helping students understand how better to do that.”

“Learning that the consequences of what we do now can follow us for a very long time and setting those boundaries are vitally important to some of the student development that we as college health administrators need to begin talking about,” remarked Ms. Campbell. “It is such a new problem that we are not talking about it, and that needs to be a piece of the conversation during the college years. It is new to us, so we are a little behind the curve, but I think at the university level we are getting more comfortable having those conversations with students. Students need to realize that they must be savvy in this technologically sophisticated world, protecting themselves in many different ways.”

Dr. Charoensiri concluded by indicating the need to educate health care providers about technological issues related to mental health. “I never had a class on this in medical school or when I was doing my residency, so this might be something that should be incorporated in the curriculum as we move forward. We need to learn how to recognize and deal with the effects of technology on mental health.”

*Publisher’s Note: Readers are welcome to provide comments to the author and/or publisher by emailing info@collegehealthadvisor.com.*

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