Expanding Student Wellness Services in Higher Education

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EME 6356: Introduction to Big Data and Learning Analytics

Introduction

Mental health concerns among college-age individuals are an important student success issue. Increasing concerns may have implications for retention, engagement, academic performance, and overall wellbeing. According to the 2024 National Survey on Drug Use and Health (NSDUH), 33.2% of adults ages 18–25 experienced a form of mental illness in the past year (any mental illness). This represents approximately 11.6 million young adults. In the same year, 15.9% experienced a major depressive episode (MDE) in the past year. This represents approximately 5.5 million individuals (Substance Abuse and Mental Health Services Administration [SAMHSA], 2025a). Among young adults ages 18–25 with a MDE in the past year, 61.4% received mental health treatment. This means that 38.6% did not (SAMHSA, 2025b). These findings suggest that mental health need is widespread and that treatment access does not fully reach everyone experiencing serious need.

Description of the Data

The data used in this report comes from the National Survey on Drug Use and Health, a nationally representative public dataset administered by SAMHSA. The NSDUH collects annual information on mental health conditions, treatment use, and related behavioral health measures across the United States. This report uses both the 2024 NSDUH Annual National Report and the 2024 NSDUH Detailed Tables.

The population of interest is young adults, ages 18–25. This range closely aligns with the traditional college-age population served by many higher education institutions. Although not all individuals in this group are enrolled in college, the dataset provides a useful benchmark for understanding the broader mental health trends relevant to campuses.

The report focuses on four measures: any mental illness, major depressive episodes in the past year, treatment uses by individuals who have had an MDE in the past year, and barriers to treatment.

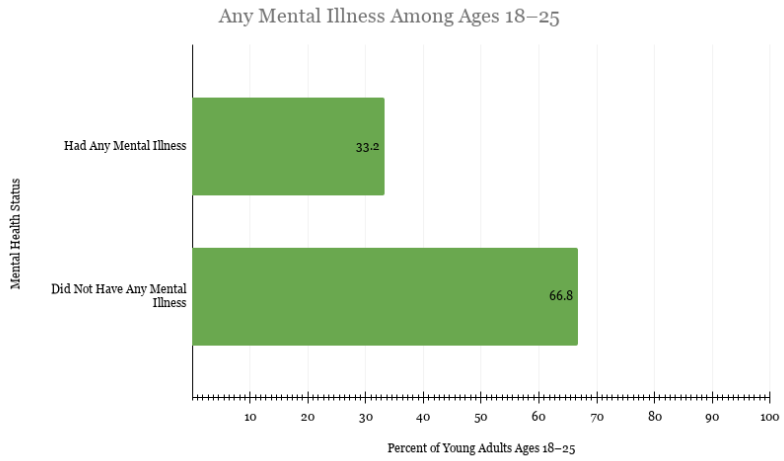
Data Cleaning and Preparation

Because the NSDUH data is already published in summary form, preparation focused on selecting and organizing relevant measures/information rather than cleaning raw respondent-level data. Statistics unrelated to the project focus were excluded. Percentages and counts were cross-checked across the annual report and detailed tables.

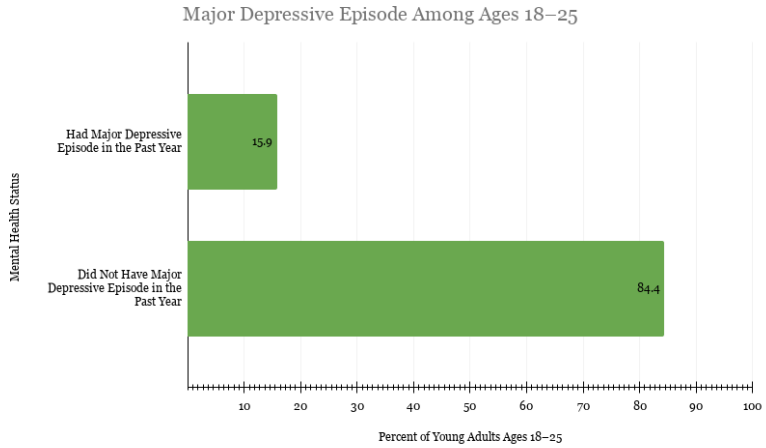
The Analysis Conducted

This project used descriptive analysis. Descriptive analysis summarizes data to identify patterns, trends, insights, and differences. The goal of this report is to identify and describe the scale of mental health need, show the gaps in treatment, and identify potential barriers to treatment.

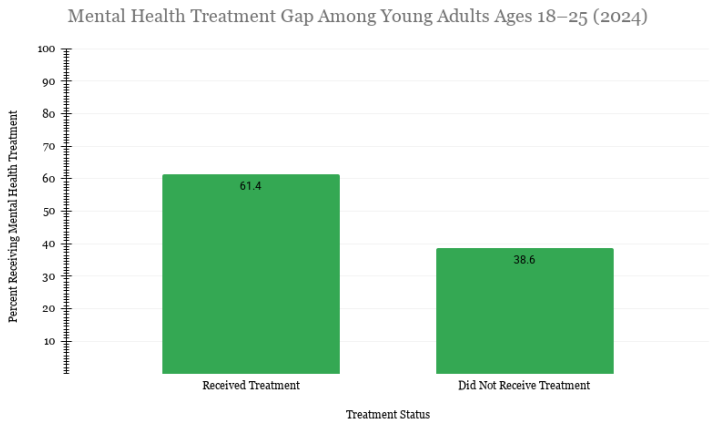
Data Visualizations and Interpretation



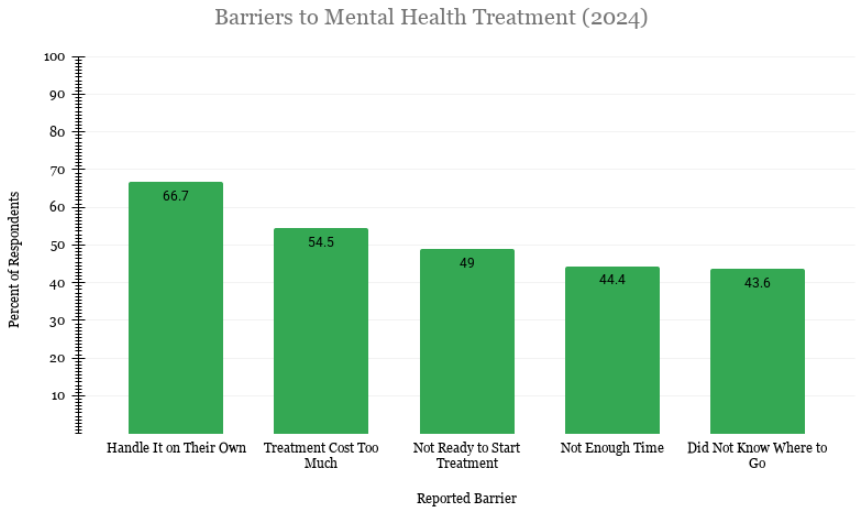
This visualization shows that mental health concerns are common within the college-age population. Roughly one in three young adults experienced any mental illness in the past year.



This visualization highlights a more serious mental health condition within the same age group, depression. About 15.9% of young adults experienced a major depressive episode in the past year.



This visualization shows that while most young adults with a MDE in the past year received treatment, a substantial portion did not.



This visualization provides additional context about the commonly reported barriers to care adults with unmet treatment needs. The most common barriers were self-reliance, cost, readiness, time constraints, and uncertainty about where to seek treatment. Although this chart reflects a broader adult population rather than only ages 18–25, it helps to identify the gaps in treatment.

Implications and Suggested Changes

The findings suggest that higher education institutions should continue strengthening mental health support systems through capacity, access, prevention, and affordability.

First, institutions should review counselor-to-student ratios, wait times, and peak-demand periods to identify service gaps. If demand exceeds available resources, additional staffing or external partnerships may be necessary to accommodate the need.

Second, universities should improve access by offering virtual counseling, ease of scheduling, after-hours support, and clear referral pathways. Having this ease of access to care may help to reduce any confusion on where students can go for help.

Third, campuses should expand preventive outreach. Peer support programs, wellness campaigns, programming events from the wellness centers, and early-semester mental health messaging may encourage students to seek help earlier.

Finally, colleges should improve affordability and resource clarity. Cost was one of the most frequently reported barriers in the NSDUH data. This suggests that students need clearer information about free, subsidized, or covered services (SAMHSA, 2025a).

Intended Audience

This report should be reviewed by leaders who can influence student support strategy and resource allocation. At a university, this include: the Vice President for Student Affairs, Dean of Students, Counseling Center leadership, Provost, and Student Success leadership teams.

Conclusion

Mental health need is widespread among young adults ages 18–25, and treatment access does not fully reach everyone with serious need. The 2024 NSDUH data shows that 33.2% of young adults experienced mental illness. It also shows that 15.9% experienced a major depressive episode (MDE) in the past year, and only 61.4% of those individuals received treatment. Additional NSDUH data suggest that self-reliance, cost, and access are common obstacles that prevent individuals from seeking treatment. These findings create a clear opportunity for leaders to strengthen student mental health support. Investing in access and proactive services can better support student wellbeing and ultimately lead to stronger student success.

References

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