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Tristan Nelson

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Depression, Anxiety, and Suicidal Ideation: An Evaluation of Student Mental Health at Texas

A&M – Commerce

Tristan Nelson

Texas A&M – Commerce Honors Program – Thesis

**Depression, Anxiety, and Suicidal Ideation: An Evaluation of Student Mental Health at  
Texas A&M – Commerce**

Young adulthood is often popularly characterized as being a time of excitement, newfound independence, change, potentially new employment opportunities, relationships, and self-discovery. Likewise, these years are portrayed as being vibrant, enticing, perhaps even the best years of one's life. And while all this may be true for some, studies of the now college-aged population may suggest a growing incidence of mental health disorders, namely depression and anxiety (and the suicidal ideation that often accompanies these two; Garlow et al., 2008). The Association for University and College Counseling Center Directors Annual Survey reported that, during the 2016-2017 academic year, 34.5% of college students in the U.S. suffered from depression, and 48.2% from anxiety (Bershad, Gorman, & LeViness, 2017). One study reported that one in four students had been diagnosed and/or treated for mental illness, 20% of students had experienced suicidal ideation in the past year, and nine percent of these students had actually attempted suicide (Chen, Liu, Stevens, Wong, & Yasui, 2019). As the generation known as "millennials" matures and reaches this period of young adulthood, more and more studies done in this population have explored these hypotheses and considered their implications. In fact, there is now a plethora of research that discusses this suggested rise in mental instability in young adults today (Chen et al., 2019; Flatt, 2013; Gallagher, 2008; Kessler et al., 2005). The reason for this rise is a topic of continued interest, though it is likely a multifactorial phenomenon (Abad et al., 2010).

Depression, anxiety, and suicidal ideation are interrelated phenomena that have been studied for millennia from ancient Greece to the present. (Douzenis & Tzeferakos, 2014). In the present day, ongoing research has indicated that psychopathological mindsets such as these have possibly been increasing over recent generations, particularly within the college student population (Blanco et al., 2008; DeWall et al., 2010). The transition to adult life, entailing more independence, potentially moving far from home, university workload, new relationships, and other changes can contribute to college students developing depression and similar illnesses (Eisenberg & Hunt, 2010; Hall, Lennie, Mahmoud, & Staten, 2011). Perhaps this is attributable to students aspiring to higher goals than they can realistically expect to reach (“quixotic hopes”), thereby setting themselves up for failure and further decreasing their self-esteem (Cruwys, Frye, & Greenaway, 2015). Alternatively, university students may have developed inefficient and ineffective coping skills to deal with the stressors in their lives according to some research studies (Genc, Kaya, & Pehlivan, 2007; Abela et al., 2010). There is some evidence that increased polysubstance abuse is related to increased depression and other mental disorders (Blanco et al., 2008; Katz, Kehl, & Scholly, 2014; Slutske, 2005).

While explanations for this possible rise are invariably being examined, there exist indicators that are considered general risk factors for these mental conditions. Depression and anxiety are thought to have a genetic link, as those with a family history have an increased likelihood of developing symptoms themselves. Additional risk factors include the following:

- other comorbid mental or physical health defects
- major life changes
- traumatic events (i.e., sexual abuse)
- low socioeconomic status

- female gender
  - lack of social support
  - being arrested or other run-ins with legal authority
  - inability to cope with uncomfortable emotions such as irritability, rage, or powerlessness
- (Garlow et al., 2008)

Individual brain chemistry and psychological factors (such as low self-esteem) have also been shown to increase risk of depression (Orth, 2008).

A new aspect emerging as a potential factor in the rise in depression and anxiety is the use of social media. Social media is thought to connect people more than ever, yet ironically has been shown to increase feelings of social isolation from both close relationships and society in general (Al-Dubai, Arokiasamy, Al-Shagga, Ganasegeran, & Yadav, 2013). The social media sites used today are relatively new; Facebook was launched in 2004, Twitter in 2006, and Instagram in 2010, to name just a few popular options (McFadden, 2018). The first generation to have full access to these platforms was the millennial generation—and the potential effect of this may be of growing interest in research. For some, the use or overuse of social media may be a risk factor in developing depression and anxiety (Alzahabi, Becker, & Hopwood, 2013).

The rise in social media developed and gained prominence at the same time that current college-aged students were growing up, and was thus a probable factor in their development (Kessler et al., 2005). In addition, young adults (ages 18-29) are the most likely age group to use social media (Perrin, 2015). Ongoing research has been conducted to explore increased depression rates in the college-aged population, and the potential link that exists with social media screen time (Joiner, Martin, Rogers, & Twenge, 2018). Tandoc, Ferrucci, and Duffy (2014) utilized social rank theory to establish the connection between Facebook use and

increased rates of depression, noting a positive link between feelings of envy and depressive symptoms in Facebook users. The relationship between social media and mental illness is not confined to one social media site, either; the use of multiple social media sites is also associated with increased rates of depression and anxiety (Barrett et al., 2017). Social media has also been shown to increase rates of disordered eating, negative body image, alcohol and other substance abuse, low self-esteem, and poor quality of sleep (Frost & Rickwood, 2017; Scott & Woods, 2016). Based on these research studies, there seems to be a connection between social media usage and increased mental illness. Thus, it is possible that social media use plays a part in the rise in depression, anxiety, and suicidal ideation in college students today.

The purpose of this study is to compare the rates of depression, anxiety, and suicidal ideation amongst the pre-millennial, millennial, and post-millennial populations at Texas A&M University – Commerce. Additionally, the relation of social media use to rates of depression, anxiety, and suicidal ideation will also be explored. For the purpose of this study, “Baby Boomers” are defined as those born before 1965, specifically between 1946 and 1964; “Generation X” are defined as those born between 1965 and 1980; “Millennials” (also called “Generation Y”) are defined as those born between 1981 and 1996; and “Generation Z” are defined as those born between 1997 and 2012 (Dimock, 2019).

## **Method**

An online survey was sent to all students at the university for participation in the study. This survey utilized Qualtrics for data collection and organization. Sample size was sought to be a minimum of ten participants per group, with no maximum number of participants.

The survey was based on the Patient Health Questionnaire-9 (PHQ-9), an instrument used to identify the presence and severity of depression (Kroenke & Spitzer, 2002). This instrument is a powerful diagnostic tool commonly used in the clinical setting to screen for the criteria of major depressive disorder as found in the DSM-V. Past research has tested the PHQ-9 by measuring internal consistency and reliability test-retest values. The research indicated that the PHQ-9 has a high rate of sensitivity and specificity (Chen et al., 2013). The scores were highly associated with those of the Beck Depression Inventory (BDI), another depression measurement tool well-developed and used since the early 1960's (Beck et al., 1961). The reliability and validity of the PHQ-9 has been well-established, and was chosen for this reason and its relevance to the subject of interest.

The survey itself was composed of twenty questions. The first eight of the twenty questions gathered demographic information. The next seven questions related directly to the three dependent variables of interest (depression, anxiety, and suicidal ideation), and asked about changes in interests, habits, and activities of daily living. Five of these questions were scored on a 0-3 Likert scale ("Not at all," "Several days," "More than half the days," or "Nearly every day") and two questions were scored on a separate 0-3 Likert scale ("Not at all," "Slightly," "Moderately," or "Extremely"). The final five questions were answered categorically as "yes" or "no" and also related to the dependent variables of interest, specifically asking about suicide attempts, current therapy or counseling, and use of alcohol, drugs, or medications.

Statistical analyses were done through Stats iQ, the statistical analytics software embedded within the Qualtrics system itself. This software allowed for analyzing large and small data sets concurrently, identifying hidden trends, patterns of statistical significance, correlational arrays, and predictive models.

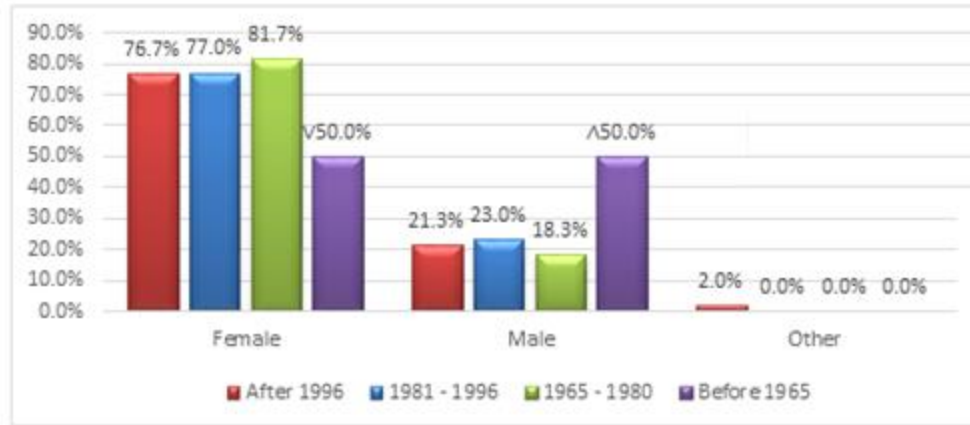
Pearson's Chi-Square test was used to test statistical hypotheses in larger sampler sizes. Using this testing method, sample distributions were ordered in a Chi-Square distribution when the null hypothesis was true; in this case, the null hypothesis was that sample distributions would be unequal between generational cohorts. Fisher's Exact test was similarly used to test statistical hypotheses in smaller sampler sizes. Again, it assumed the null hypothesis that ordered distributions would be unequal across the generational cohorts, particularly between the Baby Boomers and Generation X versus generations Y and Z. Chi-Square and Fisher's Exact testing were both used to show whether or not inequality was true in either larger or smaller sample distributions, depending on the variable being tested. Contingency tables were utilized in both to summarize outcomes. Statistical significance was then analyzed and interpreted in context of previous research and results.

### **Results**

Due to the way that the data was presented through Qualtrics Stats iQ, and how the data was analyzed, results of the study are presented descriptively. This manner was chosen to ensure that the statistical program was used effectively and consistently to its ability.

The student mental health questionnaire was sent to the A&M—Commerce student body a total of three times over the course of a forty-day period. A total of five hundred student responses were recorded during this time. Of these respondents, approximately 77% were female and 23% male (refer in text to Figure 1). This indicates a higher female response rate when compared to the general student population at this university, of which approximately 58.9% is female and 41.1% is male (Bailey, 2014). The total number of respondents represents approximately 4.0% of the total student population ( $n \cong 12,500$ ) at the school that received the email invitation to participate.





*Figure 1: Gender Distribution*

Racial distribution was nearly equal with that of the general student population at the university, with participants being 60.5% white, 20.4% Hispanic, 10.4% African American, 3.9% Asian or Asian American, and 4.7% all other groups included. The entirety of the school is comprised of approximately 55% white students, 13.5% Hispanic students, 19.4% African American students, and 2.6% Asian or Asian American students (Bailey, 2014). The largest disparity in participant race was in responses from African American participants.

Distribution of the highest education level achieved had just over half (50.7%) of participants holding a Bachelor's or Associate's degree; 36.2% had a high school diploma; and 13.1% had a Master's or doctoral degree. For the generational breakdown, refer in text to Figure 2. This drastic variance in generation grouping percentages was anticipated prior to the survey, as the majority of students on this college campus are from generations Y and Z.

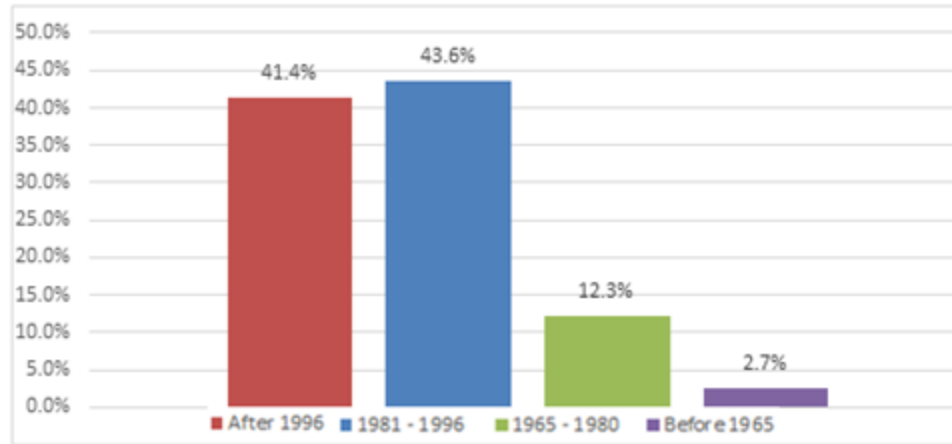


Figure 2: Generation Distribution

### Non-Demographic Questions

To categorically analyze responses related to the three variables of interest, the question answers scored using Likert scales were converted into dichotomous variables to reflect whether or not the participant indicated having symptoms of depression, anxiety, or suicidal ideation. For example, question 10 asked “Have you lost interest in doing things you used to enjoy?” A response of “Not at all” correlated with “no,” whereas “Several days,” “More than half the days,” or “Nearly every day” correlated with “yes.” The one question relating directly to social media or device use had answer choices ranging from 0 to 4 hours, 4 to 8 hours, 8 to 12 hours, and greater than 12 hours; these answers were converted into two variables ranging from 0 to 8 hours and 8 to greater than 12 hours. This grouping was used in order to analyze the data within the timeframe necessary for the completion and presentation of the research. Future research using the data may further breakdown the results using the wider range of Likert scale responses.

## **Depression**

Increases in positive responses to several of the questions relating to depression were noted between generational groups. Responses indicating depressive symptomology increased with each subsequent generation group in questions relating to loss of interest in activities, changes in daily habits such as sleeping patterns, feeling like a failure, and specifically feeling depressed. For example, 38.5% of Baby Boomer respondents indicated loss of interest in enjoyable activities; the percentages for the same question rose with 52.5% of Generation X, 69.1% of Generation Y, and 71.0% of Generation Z. Statistical analysis indicated a subtle significance, with a p-value of 0.0253. Question 11 asked about changes in sleeping patterns, appetite, concentration, and energy levels. These changes were noted in 46.2% of Baby Boomers, 71.2% of Generation X, 83.3% of Generation Y, and 87.0% of Generation Z. Statistical analysis indicated a subtle significance, with a p-value of 0.00004. Overall, 82.3% of respondents reported such changes. 67.4% of respondents reported feeling like a failure to themselves, family, or friends; and 86.8% reported feeling unhappy, hopeless, or depressed. Generation Z had the highest reports in these questions; again, subtle significance was present with analysis, with p-values of 0.0054 and 0.0177, respectively. Questions where responses were most similar in regards to depression were questions 18 and 19, which asked about use of alcohol and street drugs, and misuse of prescription drugs. For example, in the question regarding drug usage, positive responses were indicated in 15.4% of Baby Boomers, 17.2% of Generation X, 16.7% of Generation Y, and 17.0% of Generation Z.

## **Anxiety**

Two questions were specific to symptoms of anxiety. Question 14 asked if the respondent

had experienced a panic attack; responses were similar across all four generation groups, with positive responses increasing with each subsequent generation group. Overall, 53.9% of respondents reported experiencing panic attacks. Question 16 asked about feelings of anxiety, nervousness, irritability, desperation, or otherwise feeling on edge, and positive responses were more common in all generation groups. Subtle statistical significance was noted, with a p-value of 0.0043. Refer in text Table 1.

Table 1

*Reported Anxiety Rates by Generation*

<b>Question</b>	<b>Baby Boomers</b>	<b>Generation X</b>	<b>Generation Y</b>	<b>Generation Z</b>
14	46.2% <sup>b</sup>	49.2% <sup>ab</sup>	52.0% <sup>ab</sup>	58.0% <sup>a</sup>
16	61.5% <sup>b</sup>	87.9% <sup>a</sup>	91.9% <sup>a</sup>	93.2% <sup>a</sup>

*Notes:*

Q14: Have you experienced a panic attack?

Q16: Have you felt anxious, nervous, irritable, desperate, or otherwise on edge?

**Suicidal Ideation**

Two questions were specific to suicidal ideation. Question 13 asked if the respondent had experienced thoughts of harming themselves. Positive responses to this question decreased from Baby Boomers to those in Generation X, and rose again in both generations Y and Z (see Table 2). Subtle statistical significance was noted, with a p-value of 0.0139. Overall, 28.6% of respondents reported thoughts of self-harm. Question 17 asked if the respondent had ever purposefully hurt themselves or attempted suicide. The generation with lowest positive response

to this question was Generation Y, with Generation Z having the highest percentage. Subtle statistical significance was again noted, with a p-value of 0.0003. Refer in text to Table 2.

Table 2

*Reported Suicidal Ideation Rates by Generation*

<b>Question</b>	<b>Baby Boomers</b>	<b>Generation X</b>	<b>Generation Y</b>	<b>Generation Z</b>
13	23.1% <sup>b</sup>	13.6% <sup>c</sup>	25.0% <sup>b</sup>	37.3% <sup>a</sup>
17	23.1% <sup>b</sup>	24.1% <sup>b</sup>	21.2% <sup>b</sup>	40.4% <sup>a</sup>

*Notes:*

Q13: Have you had thoughts of harming yourself?

Q17: Have you every intentionally hurt yourself or attempted suicide?

Two questions were nonspecific between depression, anxiety, and suicidal ideation, regarding factors associated with increased risk of developing mental instability in general. Question 20 considered taking medication for anxiety, depression, or stress; the highest positive responses to this question were from the Baby Boomers at 46.2%. Question 21 considered current counseling or therapy, and again the Baby Boomer generation scored highest at 23.1%. It is worth noting that neither of these questions specifically identified why the respondent was using the medications or therapy/counseling. This presented a challenge in analyzing the data and evaluating whether these responses had any true implications for this study. No definitive conclusion could be drawn from these two questions, though this presents an avenue for further investigation in future research.

### Social Media and Device Use

Four questions related to social media; three of these were specific to social media use, and the last was specific to amount of time spent on a cellphone or computer. 42.9% of Baby Boomers, 46.7% of Generation X, 63.4% of Generation Y, and 74.3% of Generation Z indicated that they had and actively used Instagram accounts. 35.7% of Baby Boomers, 36.7% of Generation X, 32.4% of Generation Y, and 56.9% of Generation Z indicated that they had and actively used Twitter accounts. Generation Z reported both the most Instagram and Twitter use. Overall, 68.1% (n = 333) of participants reported having and actively using a Facebook account; 65.2% (n = 319) reported having and actively using an Instagram account; and 42.1% (n = 206) reported having and actively using a Twitter account.

The most statistically significant result in relation to social media use was in generational grouping versus Facebook use. 78.6% of Baby Boomers, 75.0% of Generation X, 76.1% of Generation Y, and 56.9% of Generation Z indicated that they had and actively used Facebook accounts. Chi-Square results yielded a p-value of 0.00012, and a Cramér's V effect size of 0.167. It is worth noting that this p-value indicated statistical significance, though the effect size suggested that the significance was subtle. Refer in text to Table 3.

Table 3

*Chi-Square Test of Generation versus Facebook Use*

<b>P-value</b>	<b>Cramér's V</b>	<b>Sample Size</b>	<b>Statistical Significance</b>	<b>Effect Size</b>
0.00012	0.167	489	Clearly significant	Small effect (>0.06)

As for time spent on a cellphone or computer, Baby Boomers reported using a device the least amount of time. The generation with the highest reported device use was Generation Y. Overall, 73.5% (n = 359) of participants reported spending zero to eight hours per day using social media or a device, and the remaining 26.4% (n = 129) of participants reported spending eight to more than twelve hours per day on social media or a device. Table 4 indicates question responses related to social media and device usage rates in the generational groups.

Table 4

*Reported Social Media and Device Use Rates by Generation*

<b>Question</b>	<b>Baby Boomers</b>	<b>Generation X</b>	<b>Generation Y</b>	<b>Generation Z</b>
6	78.6% <sup>a</sup>	75.0% <sup>a</sup>	76.1% <sup>a</sup>	56.9% <sup>b</sup>
7	42.9% <sup>c</sup>	46.7% <sup>c</sup>	63.4% <sup>b</sup>	74.3% <sup>a</sup>
8	35.7% <sup>b</sup>	36.7% <sup>b</sup>	32.4% <sup>b</sup>	56.9% <sup>a</sup>

*Notes:*

Q6: "Do you have a Facebook account?"

Q7: "Do you have an Instagram account?"

Q8: "Do you have a Twitter account?"

There was one strong statistical relationship in the Baby Boomer generation between reported Facebook use and question 10 related to depression. There were no statistically significant relationships in Generation X between social media use and the variables of interest. There was one subtle but statistically significant relationship in Generation Y between reported Twitter use and question 10 related to depression. There was one subtle but statistically significant relationship in Generation Z between screen time and question 17 relating to suicidal ideation refer in text to Tables 5-7.

Table 5

*Chi-Square Test of Reported Facebook Use relative to Depression (Baby Boomers)*

<b>Question</b>	<b>P-Value</b>	<b>Cramér's V</b>	<b>Sample Size</b>	<b>Statistical Significance</b>
10	0.0195	0.778	13	Very significant

*Notes:*

Q10: "Have you lost interest in doing things you used to enjoy?"

Table 6

*Chi-Square Test of Reported Twitter Use relative to Depression (Generation Y)*

<b>Question</b>	<b>P-Value</b>	<b>Cramér's V</b>	<b>Sample Size</b>	<b>Statistical Significance</b>
10	0.0255	0.188	204	Moderately significant

*Notes:*

Q10: "Have you lost interest in doing things you used to enjoy?"

Table 7

*Chi-Square Test of Reported Screen Time relative to Suicidal Ideation (Generation Z)*

<b>Question</b>	<b>P-Value</b>	<b>Cramér's V</b>	<b>Sample Size</b>	<b>Statistical Significance</b>
17	0.0414	0.209	188	Moderately significant

*Notes:*

Q17: "Have you ever intentionally hurt yourself or attempted suicide?"

## **Discussion**

In evaluating rates of depression relative to generational cohort, it would appear that Generation Z had the highest rate of depressive symptoms of all those surveyed. This generation



reported the highest rates in all but two of the questions that correlated specifically to depression. Generations Y, X, and the Baby Boomers, respectively, followed in rates of depressive symptoms. Subtle yet clear statistical significance was present in all of these questions. Interestingly, generations X, Y, and Z invariably scored higher in depression rates than Baby Boomers in all questions directly related to depression. These student reports indicated that Generation Z was the most likely to experience depression at this university. Thus, results were consistent with previous research that proposed an increase in depression in the college-age (Abela et al., 2010).

Evaluation of reported rates of anxiety yielded similar observations. In the two questions that correlated specifically to symptoms of anxiety, Generation Z again had the highest rates. In both questions, generations Y, X, and the Baby Boomers followed accordingly. As with the questions specific to depression, subtle yet clear statistical significance was noted for these reports, as well. It was interesting to note that the ranking order in these questions was identical to that of the depression questions in which Generation Z ranked highest. This indicates that, at this university, Generation Z was the most likely to experience anxiety, based on student reports. These results were consistent with research that proposed an increase in anxiety in the college-age population (Blanco et al., 2008; Chen et al., 2019; DeWall et al., 2010).

Perhaps somewhat unsurprisingly, given the relation to both depression and anxiety, the reported rates of suicidal ideation amongst the generational cohorts matched the above results. The generation with the highest reported rates of both suicidal ideation and self-harm/suicide attempts was Generation Z. Specifically, Generation Z reported the highest rates in thoughts of harming themselves, followed by Generation Y, the Baby Boomers, and Generation X, respectively. This generation reported the highest rates of self-harm or suicide attempts, followed

by Generation X, the Baby Boomers, and Generation Y, respectively. Statistical analysis indicated subtle yet clear significance in both of these questions. Generation Z also reported the second highest rate of receiving therapy or counseling, followed by Generation Y and Generation X, respectively. These results were not fully consistent with research proposing that college-age students are more likely to experience suicidal ideation, since Baby Boomers had a higher rate than Generation X in one question and Generation Y in another. However, they did indicate that the generation experiencing the most suicidal ideation at this university was, again, the youngest generation now attending college—Generation Z—which itself was consistent with past research suggesting increased rates of suicidal ideation in the college-age population (Blanco et al., 2008; Chen et al., 2019; Eisenberg & Hunt, 2010).

Reported rates of social media use were more varied between generational cohorts, though Generation Z still ranked highest in two of the three questions that correlated specifically to social media accounts. Generation Z reported the highest use of Instagram and Twitter, while Baby Boomers reported the highest use of Facebook. While Generation Z's reportedly high rates of Instagram and Twitter use could potentially allude to a link with their relatively high reports of depression, anxiety, and suicidal ideation, no statistical significance was found between the variables. This generation reported the highest usage of these two social media platforms, but conversely reported only moderate time spent per day on a cellphone or computer relative to the other generation samples. In the Baby Boomer generation and Generation Y, there yielded high to moderate correlation between social media use and depression; however, generations X and Z showed no correlation between social media use and the variables of interest. Thus, the connection between social media and rates of depression, anxiety, and suicidal ideation in

students at this university was uncertain, and further investigation is recommended to better understand whether social media use has an effect on these variables.

As for screen time, Generation Z was the only generation to show any statistically significant relationship between time spent on a cellphone or computer and a variable of interest, and this relationship was only subtle. This generation did not report the most screen time in either range from zero to eight hours per day, or eight to twelve or more hours per day. It was concluded that there was no great correlation between screen time and depression, anxiety, or suicidal ideation. For future research, it is recommended that device use be specifically separated between computer and cellphone use, and questions should be specific to type of use (for work, school, or entertainment) in relation to time spent on a computer or cellphone.

This survey was consistent with previous studies that suggest the college-age population has higher rates of depression, anxiety, and suicidal ideation overall. However, it was not necessarily consistent with studies that suggest social media use or screen time and their prevalence today have a definitive correlation to development or exacerbation of mental instability. More in-depth analysis of social media and cellphone or computer usage relative to mental instability is recommended for future research.

There were several limitations to this study that should be noted. First, participation in the study was optional and thus reliant on voluntary student responses. Due to this aspect, it was not necessarily representative of the overall student population at this university, nor of the general college-age population. As previously observed, female responses were disproportionately higher than male, and responses from African American students were disproportionately low, both of which limit student representation. Email solicitations for student participation were sent out three times over a forty-day period, and so the sample was gathered in a quite limited time

frame. Another limitation was that the time frame took place over the last month of the academic semester, thereby potentially decreasing participation of students choosing to focus on studying and final exams. As the information sent to the students noted the subject of study to be mental health, those students with existing mental health difficulties may or may not have been encouraged to participate, therefore potentially influencing the study results. Lastly, though perhaps most notably, distribution of student responses by generation was disproportionate in that there were merely fourteen Baby Boomer participants, as opposed to sixty from Generation X, two hundred and thirteen from Generation Y, and two hundred and two from Generation Z. The Baby Boomer sample was starkly disproportionate to the other generation samples, and so the data related to their responses was of lower accuracy and conclusiveness. A larger and more proportionate sample from each generation is a recommendation for future research.

Despite these limitations, this study holds value and importance to research regarding college students and mental instability. It is the hope of the researcher that this work be contemplated, improved upon, and used in guiding future research. The study concluded that there are indications of increased depression, anxiety, and suicidal ideation in the students at this university, and this information alone can be used to spark more outreach to those students that feel hopeless, depressed, anxious, alone, or suicidal. There may or may not be a connection between social media and screen time with mental instabilities, and this can be further investigated. As vital as it is to raise awareness about these feelings, the researcher is content even if this study merely serves to encourage more open conversation and support for struggling students. As a contribution to this area of research, it is hoped to be found meaningful and beneficial to the understanding of student mental health needs at Texas A&M—Commerce.

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