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The State of Mental Health on College Campuses

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ON COLLEGE CAMPUSES

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Tragic acts of violence have taken place on college campuses nationwide in recent years, and this has thrust the area of student mental health to the forefront of the country's national agenda. According to Schwartz and Kay (2009), the massacre at Virginia Polytechnic and State University (VA Tech), in which thirty-two students and faculty members were murdered, and the tragedy at Northern Illinois University, where four people were murdered, have catapulted college student mental health to the top of the nation's list of priorities. In addition, several violent incidents on community college campuses have brought this problem closer to home, and lent urgency to student mental health crisis. According to Clair (2011), a woman was murdered at Southern Union State Community College in Opelika, Alabama, as a result of a domestic dispute that continued after she arrived on campus.

"The staggering increase in the number of college students who are afflicted with mental disorders is reflected in the statistics of college counseling centers nationwide...the mental health problems which they present are serious and complex. Colleges must be ready and willing to deal with these issues if they are to avoid more catastrophes in the future."

Additionally, in 2009 a student at Northern Virginia Community College in Woodbridge opened fired on his math instructor. While no one was injured during this episode, the results could have been catastrophic, as the instructor was in a classroom with approximately twenty-five students when the shooting took place (Jackman, Buske, & Williams, 2009). Similar events continue to plague institutions of higher education across the nation. Mental health practitioners in the collegiate environment have been concerned for many years about the increase in student mental health needs (Schwartz & Kay, 2009). These tragic events only served to bring college student mental health issues to public consciousness.

The disturbing, violent events that have occurred in the last few years on college campuses have led to increased awareness of the need for effective, accessible mental health services at colleges and universities. In addition, increasing numbers of students are seeking assistance from college counseling centers. According to Gallagher (2009), more than 93% of surveyed counseling directors reported an increase in the number of students who were afflicted with serious psychological disturbances.

Unfortunately, many college campuses are not equipped to offer adequate services to students with mental health issues. According to the National Mental Health Association (2010), consistent access to mental health intervention eludes many college students. Lack of financial resources, difficulty of service delivery, stigmatization, and societal misconceptions of the mentally ill have been cited as reasons for the mental health services deficiency present in many college counseling centers (National Mental Health Association, 2010).

Statement of the Problem

The alarming rise in mental health issues and the identification of such concerns among college students present many challenges to student services practitioners. According to the National Association of Student Personnel Administrators (2009), approximately 1.6 million students solicited counseling assistance in the previous year. In addition, in the past two decades the number of college students presenting with clinical depression and suicidal tendencies has tripled. Likewise, twice as many students with anxiety issues now seek help from their college counseling departments than in 1989 (National Association of Student Personnel Administrators, 2009).

With the influx of students seeking assistance, college counseling centers are taxed with providing more services, often with dwindling resources. According to the 2009 National Survey of Counseling Center Directors at 302 colleges and universities, there was one counselor for every 1,527 students (Gallagher, 2009). This ratio is in contrast to the recommendation of the International Association of Counseling Services (IACS), which advises that the optimal ratio should be one counselor for every 1,000 students (2009).

The lack of adequate mental health services on college campuses has led to scores of students not receiving much needed assistance or referrals. These challenges can affect many areas of the college campus, including quality of life for students and personnel, academic performance, and campus safety. Adequate mental health services should be a top priority for college communities.

Literature Review

The increased need for mental health services on college campuses in recent years has been staggering. The changing demographics of college students have led to the need for varying, more comprehensive mental health resources. Matters facing students on today's campuses include gender issues, violence, career concerns, life changes, stress, and severe psychological disturbances (Archer & Cooper, 1998, as cited in Kitzrow, 2009). Marano (2004) also alluded to a number of reasons that explain the flood of requests for mental health assistance on college campuses. The author cites broken families, increased competitiveness, and parents who overprotect their children, thereby denying them the chance to develop critical coping skills. In addition, the researcher indicates that the increase in the number of students who are presenting with major mental health problems can be attributed to earlier, increased, and more effective diagnoses (Marano, 2004). The staggering increase in the number of college students who are afflicted with mental disorders is reflected in the statistics of college counseling centers nationwide. According to Gallagher (2009), counseling centers refer 16% of student-clients for psychiatric evaluative services. In addition, 25% of students seen by counselors are on medication for psychiatric illnesses. Only nine percent of college students were in this category in 1994 (Gallagher, 2009).

In addition to the increase in the number of students presenting with psychological issues, the types of mental health problems that they present are more serious and complex. According to Benton, Robertson, Tseng, Newton, & Benton (2003), counseling records at Kansas State University showed a drastic increase in student psychological problems over a thirteen-year period. From 1988 to 2001, the incidences of anxiety issues increased by almost 60%. Likewise, the rate of depression rose by more than 50%, while the prevalence of mental disorders increased by more than 60%. In addition, chronic mental afflictions, suicidal tendencies, and substance abuse all increased during this time (Benton et al., 2003).

According to the American College Health Association National College Health Assessment (2006), depression and anxiety are the top two mental problems facing college students. The assessment also found that almost 70% of women and more than 50% of men had experienced feelings of hopelessness at least once within the last twelve months. In addition, 36% of men and 45% of women had problems functioning due to feelings of depression. Ten percent of women and nine percent of men seriously had contemplated taking their own lives. Forty-nine percent of students listed stress, anxiety, or depression as the main barrier to stronger academic performance (American College Health Association, 2006). These frightening statistics show that many of today's college students require immediate intervention.

A major challenge that college counseling centers must confront is that of risk-management in the area of mental health services. According to Blom and Beckley (2005), colleges can mitigate their risk by implementing effective crisis plans and preventive programs. Institutions also should relay clearly the limitations of their counseling centers (Blom & Beckley, 2005). As challenges keep rising, colleges continue to have trouble meeting them. Mental health counseling centers continue to be under-staffed. This leads to a long wait-time from the time a student self-refers, or is referred, to the time that the student can participate in the intake process (Farrell, 2008).

Another issue in the field of college students and mental health is the lack of appropriate mental health follow-up on college campuses. According to Schuchman (2007), regular follow-up is important after a student has been hospitalized in a psychiatric facility. Many colleges do not have the personnel to complete re-entry procedures for these students, if they are even told at all about the psychiatric institutionalization. Unfortunately, some of these students end up "slipping through the cracks." Ideally, college practitioners would screen the returning student and speak with the student's therapist. Based on the information gathered, the college counseling team then would offer a recommendation regarding the student's possible readmission to the college (Schuchman, 2007). Many schools do not offer this type of system, and those that do, because of limited personnel and increasing caseloads, often do not follow it to the letter.

Review of Best Practices

The goal of the Mental Health on Campus Improvement Act of 2009 (MHCIA) is to improve mental health awareness, services, and resources on college campuses nationwide. This legislation also strives to increase access to services, promote outreach, and better identify at-risk college students (National Association of Student Personnel Administrators, 2009). This Act has helped colleges provide more effective services to the student body.

According to Kadison (2004), colleges must set a specific plan in motion to combat the issue of mental instability and the lack of services on campus. All stakeholders must recognize the importance of mental health awareness, education, and treatment. Likewise, a committee comprised of stakeholders should convene periodically to discuss campus programs and funding. In addition, there must be a rapid response and students must be offered immediate access to mental health care. The author asserts that there is only a brief period during which a distressed student is open to talking about the problem. Counseling centers also must be preventive in nature, and wellness programs and awareness activities should become a part of the

college's culture. The researcher also surmises that involving other students in the identification process would increase the likelihood that affected students will seek help. Another best practice that the author advocates is the use of online resources to include anonymous, online mental health screenings and cyber awareness workshops. Finally, the college should have solid policies to support the referral and treatment process. Students, faculty, staff, and administrators should know exactly what actions to take if they suspect that a student or staff member is having a personal crisis (Kadison, 2004).

Several colleges and universities have established strong programs to fight the nation's higher education mental health crisis. According to Hoover (2003), some institutions are considering outsourcing mental health awareness activities. The Jed Foundation, named for a student from the University of Arizona who committed suicide, seeks to offer cyber mental health services geared to the reduction of suicides. In addition, many colleges have supported organizations such as Active Minds on Campus. The mission of Active Minds is to abolish the stigma associated with mental illness, and to create chapters on campuses nationwide that are proactive and dedicated to awareness (Hoover, 2003).

According to Leubsdorf (2006), Pennsylvania State University is now home to the Center for the Study of College Student Health. Penn State, along with approximately eighty other college counseling centers nationwide, has collaborated to establish a set of universal questions to ask student clients. The premise behind this initiative is that more uniformity will lead to a greater identification of students who may be at risk (Leubsdorf, 2006).

The University of Michigan at Ann Arbor has established an innovative program called Mentality. The objective of Mentality is to increase mental health awareness. Members of Mentality offer workshops and presentations in various places on campus, including residence halls. This approach is highly personal, because many of the members of Mentality have had some experience with mental illness in their own lives. The members perform monologues, readings, dances, skits, and other theatrical performances so that they may boldly confront the issue of mental illness in a non-threatening, educational way. By talking about mental illness through open dialogue, the condition is destigmatized. The premise is that audience members will connect with people who have mental illnesses, yet are leading full, productive lives. Mentality also offers information and resources on support services (Berman, Strauss, & Verhage, 2000). It is imperative that resources be readily available, and students must be aware of these support services in order to benefit from them.

According to Bonnie, Davis, and Flynn (2011), Virginia community colleges lack many of the mental health resources that are now more prevalent at four-year institutions. The authors cite the Virginia College Mental Health Study which found that "…according to official policy, Virginia's community colleges do not currently provide mental health counseling services. Moreover, it appears that very few community colleges in Virginia have clinically trained counselors on their staff" (Bonnie et al., 2011, p. 10). However, community colleges in the Commonwealth are required to have procedures in place to address students who may be capable of harming themselves or others (Bonnie et al., 2011). The researchers also surmise that most community college students "do not have access to off-campus mental health services, because they are more likely than students in the four-year colleges to be uninsured or under-insured, and because most community service boards lack the capacity to provide timely counseling and psychiatric assistance to college students" (p. 10). Community colleges and legislators should collaborate in order to provide resources to address these issues.

One community college system that has made strides in educating stakeholders about campus mental health issues is the California Community College System (CCCS). The CCCS has established the Mental Health and Wellness Association (MHWA), an organization that is dedicated to students' mental health and well-being, thereby enhancing student success and retention (California Community College Mental Health and Wellness Association, n. d). In addition, the California Mental Health Services Authority recently awarded a $6.9 million grant to the California Community College System. The purpose of the grant is to train faculty and staff to more effectively respond to students with mental health issues (California Community Colleges, 2011).

According to Marano (2004), there are several steps that colleges can take to tackle the mental health crisis that has gripped higher education institutions. A for-credit course for new students would inform students of available services, and offer them a first-hand opportunity to learn and ask questions about their social and psychological needs. Another option that the author suggests is the deferral of college admission for one year, while the potential student participates in a year of service learning. According to the author, recent high school graduates who take advantage of this opportunity would have a year to mature, and a chance to experience the impact that they can have while making a positive and selfless contribution to society (Marano, 2004).

Analysis of Issue

The topic of mental health among college students has permeated society for the last several years. The vast majority of college counseling center directors agree that mental health issues on campuses are rising. Serious psychological disturbances are also of great concern (Gallagher, 2009). According to Kadison (2004), college students face many more pressures today than in years past. For example, rising attendance costs can place stress on students before they even arrive on campus. In addition, sexual and gender identity issues and rising instances of substance abuse also have contributed to the increase in mental health problems among college students (Kadison, 2004).

The mental health crisis on college campuses today does not appear to be dissipating. Students are facing increased pressures in their academic and personal lives. Colleges must be ready and willing to deal with these issues if they are to avoid more catastrophes in the future. The problems which face recent high school students when they enter college will likely continue to present challenges, not only to the students, but also to the institution. It is crucial for colleges to be willing to adapt to the changing needs of the students and their mental health.

Practical Aspects of the Problem

It seems so easy to fix the issues addressed in this paper. Many might say that the solution is to find more financial resources to increase the number of staff in a college's counseling center. While additional financial support directed toward the centers would be of great assistance, this resolution is far from all-inclusive. Colleges and universities must make the mental health of their faculty, staff, and students a top priority. Officials must recognize that a problem exists, and commit to the establishment of supportive measures to address the issue. Institutions must recognize that the demographics of today's college students dictate that mental health awareness and intervention be addressed in a multimodal fashion. Online resources can connect with traditional students; however, this method may not be as effective for older, non-traditional learners. In addition, colleges should work to eliminate the stigma of mental illness by promoting awareness activities.

Institutions should have effective policies in place that take the guesswork out of how to help a student in crisis. Every person on campus, including faculty, staff, and the administration, should know what actions to take in the event that he or she encounters an individual in need of services (Kadison, 2004). According to Harper and Peterson (2005), academic advisors should be aware of overall issues within the student body, and should be trained to recognize students' signs of stress or more serious issues. Advisors then

can refer students to the appropriate support services. Academic advisors also should develop strong relationships with college counselors. Harper and Peterson (2005) also indicate that advisors should be knowledgeable of other services that can assist students, including tutoring resources, academic support programs, and campus-wide wellness initiatives.

Implications for Leaders in Higher Education

Within the past twenty years, college administrators have witnessed mental health issues on their campuses reach staggering heights. This increase culminated, in the last few years, with several college campus tragedies: VA Tech, Northern Illinois University, the University of Alabama at Huntsville, and Southern Union State Community College. Today, institutional administrators are clamoring to prevent catastrophes such as these from ever happening again.

College leaders have a responsibility to keep their campuses safe. In recent years, some individuals have been successful in forcing colleges to accept some of the blame for students' suicides. According to Hoover (2006), in Virginia, Ferrum College, settled a lawsuit with the family of a student who had committed suicide after a fight with his girlfriend. The student's family alleged that Ferrum had ignored warning signs that the student might be suicidal. As a result, Ferrum conceded to change its crisis-intervention policies and to enhance its counseling services. To avoid possible litigation, college administrators must take a proactive approach to educate their campus communities.

However, college leaders continue to "walk a fine line." The raging controversy concerning the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) has leaders in an unenviable position. Health records are confidential; however, in 2009, FERPA was amended to include a clause regarding the protection of the campus community. New regulations allow college officials to share a student's private information, if this information is essential to the protection of the student body and to the rest of the campus (Lake, 2009).

Conclusion

The mental health dilemma that is facing higher education today does not appear to be abating. It is imperative that colleges have fully-staffed and adequately-trained counseling personnel to assist students with psychological issues. Institutions also must create a climate of awareness, so that issues may be recognized early. In addition, students with mental illnesses must be included in mainstream campus life.

Tackling the mental health crisis on college campuses cannot fall only into the hands of the counseling centers. The entire campus community must commit and get involved in this initiative. With collaboration and dedication, college administrators, student services personnel, and other stakeholders can help to provide adequate resources that will result in aggressive intervention and increased awareness, thereby minimizing the possibility of future acts of campus violence.

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