The increase of mental health needs in the United States and its impact on college student affairs.

Part One: The Issue

Rising numbers of college students with mental health needs or emotional disabilities are attending college in the United States, while funding for mental health is being cut for college counseling centers, support services, and for outreach programs aimed at prevention (Nolan, Ford, Kress, Anderson, & Novak, 2005), (Gibson, 2000), (Collins, 2006), (Hodges, 2001), (Lucas & Berkel, 2005). It is reported that depression has doubled, suicidal students have tripled, and the number of sexual assault cases has quadrupled (Nolan, Ford, Kress, Anderson, & Novak, 2005). It is also reported that as much as 50% of the general population has suffered from some kind of mental illness and that 18-24 year olds have the greatest prevalence of illness (Field & Elliott, 2006), (Sharp, Hargrove, Johnson, & Deal, 2006). Some colleges support helping these students, while others encourage such policies as mandatory withdrawal (Hodges, 2001), (Silverman, Blank, Harrington, Quinby, & Wilkie, 2001). Mandatory withdrawal is especially encouraged in many colleges regarding suicide attempts, such as at George Washington University in 2005 when freshman Ethan Helfand was forbidden to re-enter his dormitory after a suicide attempt (Smith & Fleming, 2007), (Fowler, 2006). Even in the colleges that support students with mental illness there are road blocks, such as decreased funding, legal liability for damages and session limits due to shrinking counseling centers. (Wolgast, Rader, Roche, Thompson, von Zuben, & Goldberg, 2005). At the same time colleges must pay attention to Ferpa which mandates privacy (Smith & Fleming, 2007), and the 1990 Americans with Disabilities Act (ADA), (Corrigan, 1998), which mandates making reasonable accommodations for these students. It is also reported that students of the millennial generation have grown up in a culture of accommodation and demand it, especially from public institutions (McCusker, 1995).
The bottom line question then is how far are colleges willing to go in their duty of care for students in their goals to increase retention, nurture success for all students, and help students negotiate major developmental transitions (Collins, 2006)? Should care and support stop at the door of mental illness or should it extend through it? If extending through it then how should that care be given and by whom? Should care only be given through counseling centers or should it be expanded through campus to administrative staff, student affairs personnel, faculty, and student support networks? (Sharkin, Plageman, & Mangold, 2003)

Part Two: A Supportive Argument

There are many reasons why caring for student emotional health on college campuses is a good idea. Some professionals defend this by referring to the tradition on college campuses for our “duty of care” for college students as well as our need to treat and teach the whole person (Collins, 2006). Retention is also an issue and it has been shown that students who have been counseled have shown superior retention rates (Turner & Berry, 2000). Others suggest that mental illness is on the rise in U.S. society due to economic socio-political realities and is likely to continue and get worse. As such, colleges need to invest in caring for these students especially since many other issues already dealt with on campuses often have a mental illness component underlying them such as alcohol and drug use, developmental delay, homophobia, career confusion, loneliness, and social alienation (Hinkelman & Luzzo, 2007), (McGaha, & Fitzpatrick, 2005). McCusker (2005) also discusses how students of the millennial generation already expect accommodation as they have been receiving it throughout primary and secondary school. Indeed some professionals feel that lack of support for these students might unfairly discriminate against females and students from lower socio-economic groups. It is thought that females seek help more often and that students from lower socio-economic groups have more
mental health issues (Wolgast, Rader, Roche, Thompson, von Zuben, & Goldberg, 2005), (Collins, 2006).

There is also research which indicates that dealing with this problem by cutting session numbers is not effective. In 2005, Wolgast, Rader, Roche, Thompson, von Zuben, & Goldberg, determined that while the average number of sessions students complete is around six in many U.S. colleges, research shows that indeed more are needed to attain clinically significant change. Fourteen sessions on average are needed for less dysfunctional students to achieve clinically significant change and 20 sessions are needed on average for more dysfunctional students to achieve clinically significant change.

Part Three: An Opposition Argument

The opposition for expanding counseling services on college campuses is a briefer argument. Most importantly professionals with this view feel that academia cannot and should not be all things to all people and that it is not a charity. College in this view is more of a privilege that not all are eligible for due to a wide variety of reasons. Legal liability in this case is of paramount concern in that lawsuits have been won based on the fact that because a university had formed a counseling relationship with a student, they were then responsible for his or her behavior. If they could show that they had no relationship caring for the student then it is much more likely that they would not be liable for damages (Smith, & Fleming, 2007)

Part Four: My Position

I support caring for college student emotional health in an expanded more effective manner. I would prefer to change the liability laws so that liability is limited under specific circumstances. Specifically, where in depth counseling support can be proven liability should not be an issue. A university should only be liable in circumstances where a student repeatedly
tried to get help but was denied. This kind of policy would most likely have the effect of encouraging colleges to invest in counseling services rather than eliminate and restrict them.

I also support fulfilling this duty of care by the development of novel and creative programs. These programs could expand the staffing base for counseling services to all student personnel through programs such as the “New Diversity Initiative” indicated by Nolan, Ford, Kress, Anderson, & Novak, 2005. This particular initiative is comprehensive and multi-disciplinary in its approach to student care. It involves staff from the counseling center, disability services, judicial affairs, academic deans, the dean of student affairs, faculty, and other campus personnel.

Another creative program is ADAPT (action for depression awareness), (Field (2006), in which cross disciplinary collaboration uses the campus community to prevent and detect early signs of depression in students. The CLASS (Center for Student Learning and Student Success), program (Consolvo, 2002), also promotes a multi-disciplinary approach to student care and retention by integrating formerly separate areas such as advising, counseling, career services, and academic skills.

Part Five: Position Implications for Student Affairs and Conclusion

In conclusion, if comprehensive programs such as those above were implemented on a college campus it could change the nature of student affairs in a variety of ways:

- Counseling skills for many student affairs personnel would need to be mandatory
- Ferpa would need to be interpreted to allow for more networking with campus administration and faculty about individual students as well as family members and student friends (Collins, 2006) (Smith, & Fleming, 2007). Fellow student outreach through peer helping programs is especially important since it is often friends that see a student is having problems first (Sharkin, Plageman, & Mangold, 2003)
• Money would have to be moved from student activities to counseling support

• More workshops and training events on caring for students would need to happen such as early alert teams that swarm the student (Wasley, 2007) and comprehensive collaborative programs such as the “New Diversity Initiative” and others (Nolan, Ford, Kress, Anderson, & Novak, 2005), described in part four.

• Screening tools would need to be improved (Smith, & Fleming, 2007)
References


Gibson, Joan M. (2000). Documentation of emotional and mental disabilities: The role of the counseling center. *Journal of College Counseling, 3*(1), 10990399


