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

Section 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 from college counseling centers, support services, and outreach programs aimed at prevention (Nolan, Ford, Kress, Anderson, & Novak, 2005; Gibson, 2000; Collins, 2006; Hodges, 2001; Lucas & Berkel, 2005). Depression has doubled, suicide attempts have tripled, and the number of sexual assault cases has quadrupled (Nolan et al., 2005). It is also reported that as much as 50% of the general population has suffered from some kind of mental illness with 18-24 year olds being most susceptible (Field & Elliott, 2006; Sharp, Hargrove, Johnson, & Deal, 2006). Concurrently, many colleges are encouraging policies such as mandatory withdrawal (Hodges, 2001; Silverman, Blank, Harrington, Quinby, & Wilkie, 2001). Mandatory withdrawal is especially encouraged in many colleges regarding depression/suicide attempts, such as at George Washington University in 2006 when Jordan Nott was forbidden to return to school after seeking help for depression (Smith & Fleming, 2001; Capriccioso, 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 (Wolgast, Rader, Roche, Thompson, von Zuben, & Goldberg, 2005). Colleges must also attend 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. Students of the millennial generation have grown up in a culture of accommodation and demand it, especially from public institutions (McCusker, 1995).
The ultimate question we need to ask ourselves is: how much support are we willing to give to students in our effort to increase retention, nurture their success, and help them negotiate major developmental transitions (Collins, 2006)? Should our support stop at the door of mental illness or extend through it? Should care be given through counseling centers or in collaboration with the campus community (Sharkin, Plageman, & Mangold, 2003)?

Section Two: Pro-support

Caring for student emotional health on college campuses is important. Many other issues dealt with on campuses already have a mental illness component underlying them such as alcohol and drug use, developmental delay, career confusion, loneliness, etc. These issues interfere with retention and graduation (Hinkelmen & Luzzo, 2007; McGaha, & Fitzpatrick, 2005). In fact, research has shown that students who have been counseled have superior retention and graduation rates (Turner & Berry, 2000). Cutting session numbers however, is not effective. While the average number of sessions students complete is around six in many U.S. colleges, research shows that 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 (Wolgast et al., 2005).

Additionally, a lack of mental health support 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 et al., 2006). Ultimately, the most basic reason for providing students with adequate mental health care is that college professionals have a social and moral “duty of care” obligation to all students (Collins, 2006).
Section Three: Anti-support

The opposition for expanding counseling support is briefer. Academia cannot and should not be all things to all people; it is not a charity and students who are unable to cope should not be there. College is a privilege that not all are eligible for. Trying to redesign campus counseling services is also not a good option; programs that require campus collaboration within the college community would violate client confidentiality. Lastly, legal liability is of paramount concern. Lawsuits have been won because a university had formed a counseling relationship with a student; they were held responsible for his or her behavior and liable for damages (Smith, & Fleming, 2007).

Section Four: My position

I support caring for college student emotional health in an expanded, comprehensive, multi-disciplinary manner. Liability laws should be changed so that liability is limited to specific circumstances. A university should only be liable in circumstances where a student repeatedly tried to get help but was denied. This kind of policy might have the effect of encouraging colleges to invest in counseling services rather than eliminate and restrict them. There are already examples of comprehensive and multi-disciplinary programs in practice. The “New Diversity Initiative” (Nolan et al., 2005), is a program which involves staff from the counseling center, disability services, judicial affairs, student affairs, faculty, and other campus personnel. ADAPT (Action for Depression Awareness), is a cross disciplinary collaboration program which uses the campus community to prevent and detect early signs of depression (Field, 2006). Lastly, CLASS (Center for Student Learning and Student Success), is a multi-disciplinary approach to student care and retention which integrates formerly separate areas such as advising, counseling, career services, and academic skills (Consolvo, 2002).
Section Five: Impact

In conclusion, if comprehensive programs such as those above were implemented on a college campus it could change and strengthen student affairs in a variety of ways. Most importantly, counseling skills for many student affairs personnel would need to be mandatory. Since student affairs staff are on the front lines they would need better screening tools (Smith, & Fleming, 2007). They would also need to develop workshops, training events, and awareness campaigns on caring for students, such as early alert teams that swarm the student (Wasley, 2007) and comprehensive collaborative programs such as the “New Diversity Initiative” (Nolan, Ford, Kress, Anderson, & Novak, 2005). Peer helping programs could also be helpful; it is often friends who first see that a student is having problems (Sharkin, Plageman, & Mangold, (2003). Such alternative programming might entail moving money from student activities and/or enrollment management to counseling support. The most difficult challenge however would be re-interpreting FERPA 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).

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References


