
Regional

Campuses struggling with mental health issues

Mental health has become a major “elephant in the room” for administrators at colleges and universities nationwide.

According to some surveys, when college students are asked about the top impediments for good academic performance, they most often cite stress, sleep disorders, Internet and computer game addiction, depression and alcohol.

And these seem to be not only common, but also growing problems. Today, 24 percent of students seeking advice at college counseling centers are already on some form of mental health medication, compared with 9 percent 20 years ago.

Further, issues related to alcohol abuse are more frequent among college students than among the general population, while students are less likely to receive treatment. What is causing these problems?

In an excellent book titled “Mental Health Issues & the University Student,” its author Doris Iarovici, a psychiatrist at Duke University Counseling and University Services, writes that there is a combination of factors creating the mental health crisis in higher education. Although there is better ability to diagnose mental conditions, the main issue seems to be the great variation in resources available at different colleges and universities.

The demographics of today’s college students are also a factor. For one, there has been a surge in the number of students who are veterans of the Iraq and Afghanistan wars. Many of them suffer of Posttraumatic Stress Disorder (PTSD).

There has also been an increase in the proportion of

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older students, students with disabilities, international students and members of the LGBT community – all of whom have different needs.

Changes in student demographics, along with disparities in services available, make it easy to understand the surge in the number of suicides and violent acts taking place among members of campus populations. Some of those incidents make big headlines in the national and international press. Many in the public, however, fail to see the connection to higher education.

Take the case of Jared Loughner. In January of 2011 he shot Arizona Rep. Gabrielle Gifford and 19 others, killing six after having been suspended from Pima Community College for psychological issues.

Yet, even with all of these statistics colleges and universities do not seem to be doing enough. For example, while the number of psychiatrists working in mental health centers on campuses has increased, that growth has been rather marginal. Only about two thirds of higher education institutions have that level of mental health professional on campus. And even when they do, there are not enough of them with expertise on different types of disorders.

The other problem is that even when a campus psychiatrist is available, many students refuse to take certain medications, such as antidepressants and anti-anxiety

drugs, for a variety of reasons. Therefore we cannot assume that colleges and universities are solving, in general terms, the mental health predicament facing them.

Although current fiscal problems in higher education have led many administrators to try to save money in areas other than instruction, the consequences of doing so can be catastrophic in many ways.

In April 2007, Seung-Hui Cho, a senior at Virginia Tech, killed 32 people and wounded 17 more during an attack that lasted two hours and that ended with the attacker committing suicide.

Cho had had severe anxiety disorders during much of middle and high school. But because of federal privacy laws, Virginia Tech was unaware of those problems despite the fact that he had received treatment. Although his stalking of female students at Virginia Tech had been reported to the school authorities and he had been declared mentally ill by a Virginia special justice and ordered to undergo treatment, he was never institutionalized or prevented from buying guns.

Because Virginia Tech is a state institution, the state of Virginia paid \$11 million in settlements to the victims and their relatives, thousands of dollars in fines and lost a lot of prestige given the manner in which the whole incident was handled.

Certainly many students and their families do not look favorably at schools that seem careless when it comes to campus security. In addition to providing appropriate counseling services, educational institutions need to offer better training to their faculty and staff on how to detect certain behaviors so they can prevent violent

incidents.

Part of that training has to do with recognizing the diversity and fluidity of the generational characteristics of the students attending college. Different cohorts of students have different needs and expectations.

For example, the major concern for members of the Millennial Generation (born between 1981 and 2004) and who constitute the majority of the college population today is to get a good job. Members of Generation X (born between 1965 and 1980) tend to be more cynical and pessimistic. Failure to recognize such characteristics by other members of higher education communities may lead to drawing wrong conclusions when behavior is questioned.

Another issue has to do with economic concerns. The increasing financial pressure on students and parents is among the factors behind problems, not only like stress, but also sleep disorders, loneliness, perfectionism, eating disorders, depression and impulsive behavior.

Dealing with all these issues and preventing major tragedies must be a top priority for higher education administration. In other words, if they think that appropriate counseling staffing and training of campus personnel is expensive, they should think about the alternative: loss of lives, massive lawsuits and damaged prestige that translate in less funding and enrollment.

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