

## Health

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# A Wake-Up Call on Campus

## Virginia Tech has inspired counseling services to reassess

By Nancy Shute

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This fall, when students at Penn State-Altoona trudge back to their dorms demoralized by a failed test or a romance on the rocks, they can take advantage of free mental-health counseling, on the spot, from 5 p.m. to 7 p.m. Monday through Thursday.



Gregory Eells and his staff of counselors are much more visible around Cornell's campus this fall. (Scott Goldsmith/Aurora for USN&WR)

At Cornell University, where foreign students tend to avoid the campus counseling center, a counselor now staffs an outpost in the international dorm so the isolated and struggling can drop in for an impromptu chat.

All students who come to the health center at the University of Wisconsin, even if just for a sprained ankle or a case of the sniffles, soon will be automatically screened for depression and offered treatment if needed.

Galvanized by the April tragedy at Virginia Tech, in which Seung Hui Cho killed 32 students and faculty members and then committed suicide, colleges and universities around the country are urgently taking stock of the reach and effectiveness of their mental-health services. The goal is not just to avoid another catastrophe caused by a deeply troubled student who fell through the cracks. It's also to face up to the needs of today's students, who increasingly struggle with eating disorders, schizophrenia, bipolar disorder, and depression. The rate of depression among college students has doubled in just 15 years; last year, some 45 percent of all students said they've sometimes felt too depressed to function, according to an annual survey by the American College Health Association. Nine percent of college students seriously considered suicide.

"Some of the key questions that Virginia Tech has brought out are: When do you recognize that a student's having serious problems? What steps do you take, and how do you coordinate care?" says Richard Kadison, director of mental-health services at Harvard University and author of *College of the Overwhelmed*. Last week, Kadison and other campus psychiatrists from across the country gathered in Washington, D.C., to map out a better way to meet the demand.

**Status quo.** Many schools are finding that change will be a significant challenge. About 65 percent of campus counseling centers still have no relationship with the health center, for

example, making it difficult to manage illnesses that require medication. Just 59 percent have a psychiatrist available.

And the funds necessary to add expertise can be hard to find. Days after the Virginia Tech slayings, Florida public university administrators asked for \$3.5 million to hire more psychologists and campus police officers and to set up interdisciplinary teams that would identify troubled students. The Legislature denied the request. The ratio of counselors to students at the University of South Florida is 1 to 3,500; at Cornell, there's a counselor for every 800 students. Experts say that parents should check out the mental-health resources when they send their child to school and make sure that the counseling office is aware of any history. "Continuity of care is really important, so that people don't fall through the cracks and have unnecessary stresses and strains," says Jerald Kay, chair of psychiatry at Wright State University Medical School.

The thrust of the movement at institutions in the lead has been to redouble efforts to identify students in need of help and then make that help available. Some, like Cornell and Wisconsin, are adding counseling offices in dorms and academic buildings so students have ready access; Cornell has two counselors on staff whose sole job is to talk with faculty and staff and pick up the first inklings of trouble. The University of Illinois requires anyone who threatens or attempts suicide to have a four-session mental-health evaluation. And early-warning systems that involve the entire university community are a priority on many campuses. At Rensselaer Polytechnic Institute in Troy, N.Y., for example, faculty and staff can log concerns about academic problems or behavioral issues on a website, which is monitored by an intervention team of representatives from the dean's office, faculty, housing staff, campus police, and counseling center. The team meets regularly to decide on an appropriate response. "There's a heightened awareness," says Joy Himmel, director of the health and wellness center at Penn State-Altoona, who says more faculty and staff members now serve as her "eyes and ears."

Still, a huge obstacle to effective communication—and a source of frustration to worried parents—is the mistaken belief that privacy laws bar any sharing of information, either with others on campus or in a call home. Government analyses of the Virginia Tech massacre say that teachers, staff, and parents have more freedom than they think. Counseling and medical records are confidential once a child is 18. But professors and other staff who aren't mental-health professionals can discuss concerns about a student among themselves and contact parents, too. Gregory Eells, head of the counseling center at Cornell, says that residence hall advisers sometimes tell him that they can't pass on worrisome information because it was communicated in confidence. "I say, no, actually you can report it, and you should," Eells says. "You can talk to parents; you can talk to anyone you think appropriate."

Whether counselors call parents is a trickier question, one that weighs the privacy rights of the student against the therapeutic benefit. Sometimes parents can motivate their child to work on changing a bad situation, says Eells, and "sometimes involving the parents makes it worse."

Beyond the medical arena, the Family Educational Rights and Privacy Act turns control of student records over to the student at age 18. But according to the Department of Education, parents have the right to academic and disciplinary information in many circumstances: when they claim the student as a dependent on their tax returns, when the school considers the situation to be a health or safety emergency, and when the student is under 21 and has been caught using alcohol or illegal drugs.

Once it's clear that someone is distressed, schools are more often approaching the student directly. "Many schools with worrisome students are setting up contracts with them," says Harvard's Kadison. "If they want to stay in school, there's a reasonable expectation that they're getting care, that they're showing up for appointments." Students who appear to be in danger or who are disruptive may be placed on involuntary leave and be reassessed before they can re-enter. But not all schools manage involuntary leaves appropriately, argues Karen Bower, attorney for the Bazelon Center for Mental Health Law in Washington, D.C. She says that she hears of more and more cases in which students were placed on leave merely because they were experiencing the ups and downs of mental illness. In one recent example, a student was asked to leave campus after he sought help dealing with a bad reaction to the sleeping pill Ambien.

"People should feel safe in getting mental-health counseling," Bower says. The tragedy would only be compounded, she thinks, if Virginia Tech becomes an excuse to stereotype people with mental illness and bar them from campus.

### **Some resources for families:**

**Services.** The suicide-prevention-oriented [JED Foundation](#) offers a [checklist](#) for quality mental-health care.

**Civil rights.** The Bazelon Center for Mental Health Law describes [how rights should be protected](#).

**Privacy laws.** Provisions are explained at [www.ed.gov](http://www.ed.gov).

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