

# Emotional Rescue

## New Generation of Troubled Students Strains College Services

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**M**ore students are arriving at college today with emotional issues than just five years ago, and there has been dramatic growth in the severity of the problems. These students are creating a need for significant expansions in college counseling services.

Imagine the following scenario. Shaun, an 18-year-old freshman, starts yelling, breaks a window in another student's dorm room and pushes a female student against the wall as he leaves. Back in his own room, Shaun throws his roommate's books on the floor, cursing loudly. When a student resident assistant tries to calm him down, Shaun makes threatening remarks.

A judicial hearing takes place. It is Shaun's third serious violation of the student behavior code in two months. He is suspended. His parents call the president of the university, claiming the punishment is too harsh. "You are supposed to teach students how to behave," they insist. "The University of New England should help Shaun learn from his mistakes."

Shaun states that there are mitigating circumstances for his behavior. He says he overdosed on medications for his bipolar condition, displaying his large bag of psychotropic medicines.

In another case, Judy, a female student, is found unconscious on a bathroom floor. Judy has been altering the dosage of medications she is taking in order to experience more "highs."

While names and details have been changed, incidents like these are occurring weekly on campuses throughout the nation. The need to cope with emotionally troubled students is becoming a growth industry for colleges.

Powerful social forces underlie these issues. These include family lifestyle changes, parental pressures, increased access to higher education under the Americans with Disabilities Act and significant growth in the use of prescription medications to treat the emotional and learning needs of children and young adults.

Our students come to us from blended, dysfunctional or small families that may have only one effective parent. Many have few support systems within their family or community. Some have had traumatic backgrounds.

Meanwhile, parents are getting more involved than ever in campus life, sometimes attempting to manage their children's college experiences. Some parents appear driven by competitive efforts to ensure success for their children. Other parents want the university to monitor their offspring's medication usage or perceived special needs. They want to be informed if the student is drinking, or is not eating or not attending class regularly. "When will you let us know?" is now a frequent question on college visits. Parents are also much more likely to attend disciplinary hearings with the student, most often to ensure that the process appears equitable.

We see a huge increase in students with Attention Deficit Disorder, Attention-Deficit Hyperactivity Disorder and bipolar disorder. These students are coming to us with "documented" disabilities, and their parents often contact us about their needs before the students even arrive. Other students who get in academic or other difficulties quickly supply letters from physicians or psychologists attesting to extenuating circumstances that call for special treatment.

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A recent article in the *Washington Post* states that the use of antidepressants among children is estimated to have grown from threefold to tenfold between 1987 and 1996. Another study indicates a 50 percent rise between 1998 and 2002. Our experience at the University of New England validates these findings. Half of the students on one floor of a university residence hall are on mental health medications.

## Generation Rx

“Never mind the old equation of college and recreational drugs, the parents’ old tiptoe through pot and peyote. A new generation is arriving at university heavily armed with prescriptions for Zoloft, Dexedrine, Paxil and Prozac, Xanax, Adderall, Cylert and Ritalin. And it’s not about weekend benders. It’s about ADD, anxiety, OCD and depression.”

—From a teaser for the National Public Radio program “On Point,” featuring guests Gertrude Carter and Jeff Winseman of psychological services at Bennington College and University of Pittsburgh psychologist Robert Gallagher.

Some of our students experiment with changing the dosages of medications they take, or trading them, much as they have traditionally experimented with alcohol. The results are often serious. Suicide attempts are up, as are reported violent outbursts and alleged sexual assaults.

A 2001 survey of counseling centers by a University of Pittsburgh psychologist found that 85 percent of colleges reported increases in the severity of problems during the preceding five years. A special report on mental illness on college campuses in *Psychology Today* states, “College counseling centers used to be the backwaters of the mental health care system. Now they are the frontline.”

We have seen a tripling of visits to our counseling offices in the last three years. Five years ago, we sent two or three students a year to hospitals because of

suicidal gestures or ideations. By the middle of the second semester this year, we had hospitalized at least eight young students.

Our staff tells me that our university is like a community mental health center now. To deal with this reality, we have redesigned the way we offer services, based on a best practices model. In a major innovation, our dean of students combined and redesigned a number of areas that previously reported to her and others into an Office of Support Services. An associate dean oversees five component centers: Counseling Services, Career Services, Learning Assistance, Disabilities Services and Multi-cultural Affairs (which includes an office for Gay, Lesbian, Bisexual, Transgendered and Questioning students).

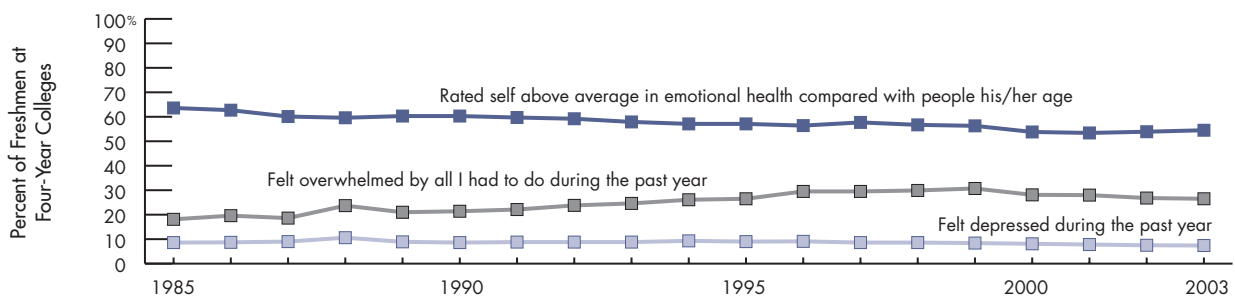
The coordinators of these units meet together every week. They discuss generic issues confronting them and share insights and concerns, so that our services can be tweaked and adjusted to best reflect campus needs. Student names are not used.

As a small, private institution with a number of health care majors among its offerings, the University of New England tries to model good wellness programs for both mental and physical health. Excellent training for people working in Student Services is crucial.

Service program staffs, student residence advisors and housing area coordinators are all trained in problem identification, referral options and even self-coping skills. Student advisors are treated as an extension of counseling services, and understand that they are the frontline counselors. We teach them to honor confidentiality and to recognize when the need to refer overrides confidentiality concerns. This good training enables us to offer quality mental health services to our students, although the growing needs continue to strain our resources.

*Sandra Featherman is president of the University of New England (UNE). The author wishes to thank UNE Dean of Students Barbara Hazard and Associate Dean John Langevin for their advice and help in describing UNE programs and challenges.*

### HOW FRESHMEN AT FOUR-YEAR COLLEGES ASSESS THEIR EMOTIONAL HEALTH, 1985-2003



Source: Astin, A.W., Oseguera, L., Sax, L.J., Korn, W.S., *The American Freshman: Thirty-Five Year Trends*, Higher Education Research Institute, University of California Los Angeles, 2002. Note: unpublished data used for 2002-2003.