



## Pressures, Perils, and Paradigm Shifts

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*Based on a presentation delivered to higher education officials after the Virginia Tech tragedy, this article discusses the challenges of addressing mental health needs among college and university students, and offers guidelines for preventing mental health crises. A model for crisis prevention and intervention is offered as a framework for planning.*

### A Framework for Planning

Four elements comprise good crisis prevention and responding, whether on K-12 or college campuses (Kerr, 2009). This model is depicted in Figure 1.



Figure 1. A Model for Crisis Prevention and Intervention (Kerr, 2009)

**Prevention** encompasses awareness and assessment of factors that may contribute to a crisis. The next step, **Preparation**, is comprised of the development of policies and procedures, training responders, and the articulation of a crisis communication plan (CCP).

**Response** refers to the immediate actions to restore safety and security to a situation. Lastly, **Recovery** includes postvention, a review of the response, revision of policies and procedures, and refresher training.

## 1. Prevention

The first step, prevention, requires a deep understanding of the factors that might contribute to a mental health crisis experienced either by an individual or by an entire campus. We begin our exploration by considering the data on mental health problems in college students.

*What do we know about the mental health problems of higher education students?*

Collins and Mowbray (2005) reported the past year prevalence of mental illness among students ages 15-21 as 39%. Among this student population, the range of mental health disorders varies. A survey conducted at a large Midwestern public university reported self-reported symptoms among students as indicating the following disorders: 20% depression, 6.1% eating disorder, 5.9% anxiety, 4.2% ADHD, 3.4% PTSD, 3.2% social anxiety, 3.2% OCD, 2.9% substance abuse, 2.6% bipolar depression, and 1.7% psychosis (Soet & Sevig, 2006).

Research suggests that the number of students experiencing mental health disorders on college campuses is increasing. From 1989 to 2002, Kansas State University reported a 200% increase in students seen for anxiety disorders, 300% increase for those with depression,

and a 300% increase in suicidal ideation and intention (Benton, et. al., 2003). Staff and administrators at college and university campuses have noticed the trend as well. Over 91% of counseling center directors responding to an annual survey reported a greater number of students with severe psychological problems (Gallagher, 2007). A survey of counseling center directors reveals that the problem has increased in recent years (Gallagher, 2006). In the 2006-2007 academic year, 1.6 million students are estimated to have sought counseling or psychological help.

According to the American College Health Association (2006), within the past year:

- 94 out of 100 students reported feeling overwhelmed by all they had to do
- 44 out of 100 – almost half – have felt so depressed it was difficult to function
- 8 out of 100 reported having a depressive disorder
- 12 out of 100 had an anxiety disorder
- 1 out of every 11 students reported having seriously considered suicide within the past year
- 1.3% actually did attempt suicide

The age of onset of serious mental illness occurs in the age range of 17-25 years (Collins & Mowbray, 2005). Most often, this is when students are entering into college and university environments. With the improvement and expansion of psychiatric care, students with mental health challenges no longer view themselves as unable to handle college. Therefore, we can assume that students with diagnosed mental health disorders are enrolling in higher numbers than were seen in the past.

*How can prevalence data help us with prevention?*

Data on the prevalence of mental health disorders underscores the importance of preventing mental health crises through early awareness and communication of emerging problems. Several reports following the tragedy at Virginia Tech highlighted the importance of early awareness and communication about possible mental health crises:

“Too many isolated reports of observable student behavior (distinguished from protected medical records) are kept in ‘information silos’ that ‘impede’ appropriate information sharing” (Pavela, 2007, p.3604).

Early awareness is achieved through the detection of early warning signs,

many of which could be spotted by faculty, staff members, and peers. Warning signs of mental health problems include, but are not limited to: flat affect, under-responding to academic notice, absence from class, too much or too little time in the residence hall, crying, incongruous affect, lack of follow-through, and an inability to describe own emotions (National Academic Advising Association, Region 6, April 21, 2005, cited in Harper & Peterson, 2005).

Thirty-seven per cent of college students report depressive symptoms that impaired functioning (National College Health Assessment, 2006). School health centers can monitor an increase of physical complaints accompanying situational stressors (Zaleski, Levey-Thors, & Schiaffino, 1998). In addition, students struggling with depression often have trouble coping with routine hassles. One study showed that the severity of perceived hassles was directly related to depression (Jung & Khalsa, 1989). If students lacked social support, their risk for depression increased, p.94).

## 2. Preparation

*How can campus staff prepare for mental health crises?*

First, administrators should review and revise their **policies and**

**procedures** for supporting students with mental health problems and for addressing threats and campus crises. Following the Virginia Tech tragedy, many new policy resources were developed. See the Jed Foundation's excellent resources for policy development at [http://www.jedfoundation.org/libraryNews\\_colleges\\_prevention.php](http://www.jedfoundation.org/libraryNews_colleges_prevention.php) and the Bazelon Center's Model Policy at <http://bazelon.org/pdf/SupportingStudents.pdf>

**Training** is an essential part of the prevention and readiness for mental health crises. Administrators, faculty and staff members must understand what their roles are, and what they may do. "Too many college administrators misinterpret federal privacy laws. . . as absolute barriers to sharing information on and off campus" (Pavela, 2007, p. 3604). Naturally, all communications must meet the requirements of state and federal laws governing the confidentiality of health and of educational information. However, individuals should not be immobilized by confidentiality constraints in a life-threatening situation. (For information regarding legal requirements, see the *Report to the President on Issues Raised by the Virginia Tech Tragedy* at <http://www.hhs.gov/vtreport.pdf>).

Faculty, staff, teaching assistants, residential advisors, and peers need

to know about warning signs and appropriate ways to help students experiencing typical stressors of campus life. For example, one study showed that although some students implemented coping strategies against stressors, not all strategies had the same rate of effectiveness. Task-centered, active coping approaches *alleviated* depressive symptoms, while emotion-centered strategies were not effective (Bouteyre, Maurel & Bernaud, 2006). In addition, avoidant coping predicted less successful adjustment, in contrast to active coping (Aspinwall & Taylor, 1992). These findings suggest that resident advisors, faculty mentors, and counselors should focus on active problem-solving with students overwhelmed by hassles. On the other hand, faculty, staff, and student employees should learn about appropriate boundaries so they do not go beyond their expertise in well-intentioned attempts to sustain acutely troubled students. Doing so could delay needed referral and treatment.

Training should not be limited to those in the counseling center. "Less than 50% of directors . . . report that schools provide adequate campus wide public education about suicide, programs and materials for parents, student support networks, and post-vention programs." (Gallagher, 2004, p.2) As part of the preparation

process, colleges and universities may launch stigma reduction campaigns to overcome students' reluctance to seek psychological help (Stanley & Manthorpe, 2001). The National Alliance for Mental Illness (NAMI) has resources, as does the Substance Abuse and Mental Health Services Administration (SAMHSA).

Most important is the provision of accessible services at times and in locations convenient for students. Too often, counseling centers are open only during the weekdays when students are in classes or studying. Evening and weekend hours may increase help-seeking. Gallagher reported that an estimated 80% of college student suicides were never clients of the college counseling center (2004, p.2, cited at [http://jedfoundation.org/programs\\_colleges.php](http://jedfoundation.org/programs_colleges.php)). Either the students went untreated or sought treatment off-campus.

In addition to services on campuses, anonymous internet tools have been established. Developed by students under the supervision of experts and funded by the JED Foundation, Ulifeline™ is an anonymous, web-based support that connects students to their college mental health or counseling center. Ulifeline™ also shares mental health information, the signs and symptoms of emotional problems, and an interactive screening tool. [See

[http://jedfoundation.org/programs\\_colleges\\_ulifeline.php](http://jedfoundation.org/programs_colleges_ulifeline.php).]

In planning for a mental health crisis, another essential task is to have in place a **crisis communications plan**. The plan should include 24/7 emergency responses and memoranda of understanding with mental health treatment providers and hospitals. A peer reporting mechanism is necessary, as are campus-wide emergency alerts. In addition, students at high risk should work out individual crisis plans to communicate with their campus counselors or treatment providers.

Included in a crisis communication plan are protocols that tell staff and students quickly what to do. An emergency phone number accessible 24/7 should be distributed. This may be a campus after-hours counseling number, a hotline, and/or the campus police. In addition to this contact, students should know about assistance beyond the campus (e.g., 1-800-SUICIDE, 1-800-273-TALK, or local hotline). Inter-departmental action plans should be established and rehearsed in the event of a crisis, so that efforts within a building are coordinated.

### 3. Response

*What happens during a crisis?*

Should a crisis occur, campus protocols mobilize individuals in a coordinated response. Emergency responders take over many of the responsibilities. On the other hand, an individual student may experience a crisis during a class or office meeting. Such situations usually do not rise to the level of a crisis but require sensitivity. To de-escalate a situation that is not immediately threatening (i.e., an upset student who is not homicidal or suicidal), here are some guidelines:

- Do listen actively to the individual's complaints. Many angry individuals just want to be heard.
- Don't threaten. The individual might interpret this as a power play, become more fearful, and respond with assaultive behavior.
- Do use a normal voice level. Don't shout (unless distance or hearing loss prevents the individual from hearing your normal speaking voice.)
- Do speak slowly and calmly, but avoid a tone that sounds condescending or treats an adult or teen as if they were a child.
- Do offer the individual a choice that is reasonable, if possible. For example, "Would you be more comfortable sitting here or at the table?" "Would you like some water or a soft drink?" "Would you like for me to call someone for you?"
- Call the individual by his or her name, if appropriate and known.
- Don't criticize. It will only make matters worse. It cannot possibly make things better.
- Don't squabble with others over "best strategies" or allocations of blame. This is no time to prove a point.
- Don't bait the individual into acting out wild threats. The consequences could be tragic.
- Don't stand over the individual if he or she is seated. Instead, seat yourself or move towards the doorway.
- Do avoid direct, continuous eye contact.
- Do give the individual at least three feet of "personal space."
- Don't touch the individual.
- Do comply with requests that are neither endangering nor beyond reason. This provides the individual with an opportunity to feel somewhat "in control."

- Don't block the doorway.  
[Adapted from the National Alliance on Mental Illness (NAMI) of Southwestern Pennsylvania, 1996].

#### 4. Recovery

*How do campuses recover from major crises?*

After crises, colleges and universities must support their campuses in returning to safety and more normal functioning. In recovering from an event, the goals of recovery are:

- to support those grieving the loss
- to assist the school in returning to its normal routines
- to identify and support those most at risk for severe reactions to the death
- (in the case of a death by suicide) to prevent contagion (Kerr, Brent, McKain, & McCommons, 2006).

Included in this phase are delicate communications with the media and with families and friends of those injured or deceased. For advice on crisis communications, see Fearn-Banks (2002) and the guide by the United States Department of Health and Human Services Substance Abuse and Mental Health Services Administration (2002).

Postvention includes psychological supports for those affected by the tragedy as well as for those responding to it. One must consider memorials and anniversaries of the tragedy. For a comprehensive guide to these postvention activities, see Kerr (2009) and Kerr, Brent, McKain, & McCommons (2006).

Finally, the crisis intervention informs future crisis prevention efforts, as responders analyze their actions and revise their prevention efforts, policies, and procedures. Though immediate needs delay this step, it is nevertheless essential to improving the safety of the campus.

#### Summary

Colleges and campuses need to be aware of the mental health issues facing their students on a daily basis. This awareness is a prerequisite to any effective prevention efforts. Next, officials should develop coordinated and well-communicated plans that inform members of the campus community about their role in preventing or diffusing a potential crisis. Such plans derive from policies that give individuals the authority to take action but do not stigmatize students with mental health needs. Faculty, staff, and students need to review plans for campus situations and work out the implementation details across

departmental boundaries. Lastly, faculty and staff must know the steps to take in the immediate situation and after such a crisis has occurred.

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