DELIBERATION NATION 2019 PRESENTS

Mental Health for the Commonwealth: Addressing the crisis on campus

Introduction

By Deirdre Hall and Eric Li

Mental Health on College Campuses

When students arrive on campus, it can be difficult for them to adjust to changes. Students are away from their parents, some of them for the first time. In addition to this separation, college students have to learn how to handle external pressures such as stress from their academic load, loneliness as they attempt to find their new peer group, and confusion as they learn their way around. As the years go by, the number of students in college with mental health issues is increasing. Around 90% of counseling center directors on college campuses believe that they are treating an increased number of students. To back up this notion is the fact that between 1994 and 2006, the number of college students taking psychiatric medications has gone from nine to 23.3 percent ("Psychiatric Times: The Crisis in College and University Mental Health"). One in every four adults between the ages of 18 and 24 has a diagnosable mental health issue. In December of 2018, one in every three college freshmen reported having a major mental health issue (Weinstock). These mental health issues impede academic performance and can cause students to dropout of college.

According to the Anxiety and Depression Association of America, 85% of college students reported feeling overwhelmed at some point during the academic year and 30% believed stress negatively affects their academics ("Mental Health and College Students"). WebMD surveyed more than 67,000 students and found that a fifth of them had thought about suicide in the last year. Many of the students who are struggling avoid seeking help (Reinberg). In fact, according to a different source, 80% of students feel overwhelmed by their responsibilities, but only 40% of all students struggling with

any kind of mental health dilemma seek help ("Top 5 Mental Health Challenges Facing College Students").

Reasons students do not seek help vary. Some people are afraid to seek help because of the stigma that surrounds mental health. Other students may not seek help because they can't. At the University of North Carolina School of the Arts, they set a limit to the number of counseling sessions a student can schedule per semester. If more help is needed, students are forced to turn to community resources (Knopf). On most college campuses, help if available-- if you can wait. The demand for appointments is so high that a student in need of immediate help could end up waiting weeks for one. For example, at Northwestern University, it can take three weeks to get an appointment. At Carleton College, a small liberal arts school, the wait can reach 10 days ("A Dangerous Wait: Colleges Can't Meet Soaring Student Needs for Mental Health Care"). University counseling centers do not have enough counselors to meet the rising demand.

The first approach to solving the mental health crisis on campus is to put responsibility on the colleges and universities. This is to say that universities should be responsible for paying for more counselors and having more treatment options available to students. One possibility is to create therapy groups in which there is one counselor and several students. A less expensive option would be to create student-run peer groups. Students in charge of these groups should be well-trained in how to handle mental health crises. The college or university would not necessarily be paying the student leaders, but peer groups could be an official university resource. That way, students in need with no way to get immediate help could attend a peer group session sooner than a counselor is free.

The second approach is to begin solving the problem at the high school level. This could be done through hiring more counselors, encouraging teachers to reduce student stress levels by complimenting them, and to train teachers to recognize signs of mental health issues in their students. By identifying, addressing, and in some cases preventing mental health issues in high school students, the number of students needing care in college will decrease.

The third approach requires government intervention. Many insurance plans do not cover treatment for mental health issues, such as counseling and medication costs. College students often do not seek help because they can't pay for it, or don't want to ask their parents for money. Without insurance coverage, students are left feeling helpless. If insurance companies were required to pay for mental health treatment, students would feel more comfortable seeking help.

Approach One

Colleges Should Care

By Miles Zakos, Chad Hudson, and Eddie Spagnuolo

What can universities in America do to treat anxiety and depression for students? A possible approach is the increased emphasis on funding and staffing for counseling centers on campus. In the TIME Magazine article on increased mental health issues for students, author Katie Reilly references a 2015 study by the Center for Collegiate Mental Health: "Between 2009 and 2015, the number of students visiting counseling centers increased by about 30% on average, while enrollment grew by less than 6%" (Reilly). Reilly also references a survey by the American College Health Association, which found that "nearly 40% of college students said they had felt so depressed in the prior year that it was difficult for them to function, and 61% of students said they had 'felt overwhelming anxiety.'" Evidently, students need mental help now more than ever, and university budgets should focus more on providing better, more readily available services and allocating more funds towards this growing problem. One way to combat this issue is to hire more staff who are better equipped to deal with this issue. A survey from Consumer Reports found that while the effectiveness of a psychologist is difficult to quantify, nearly 90% of participants stated that seeing a psychologist made them feel better, to some degree.

Take Penn State as an example of the need for an increase in the number of mental health specialists. At University Park alone, 46,000 undergraduate students attend Penn State University (Penn State Undergraduate Admissions). However, only 33 clinical staff are employed (Penn State Student Affairs, "Staff Directory"). Even if they deal with the 40% suffering from debilitating depression, that means each staff member

must treat over 500 students. This makes the wait time for counseling services at least a week, as reported by the Daily Pennsylvanian (Liu). Still, Penn State is doing better than the average university in the United States. According to the APA, the average university has a ratio of 1 clinical staff member for every 1,737 students, including staff members who are not trained psychologists (Winerman). The lack of staff not only makes it harder for students to get the assistance they need and deters them from seeking help, but the stress placed on the staff member also creates the possibility that their quality of assistance will go down significantly.

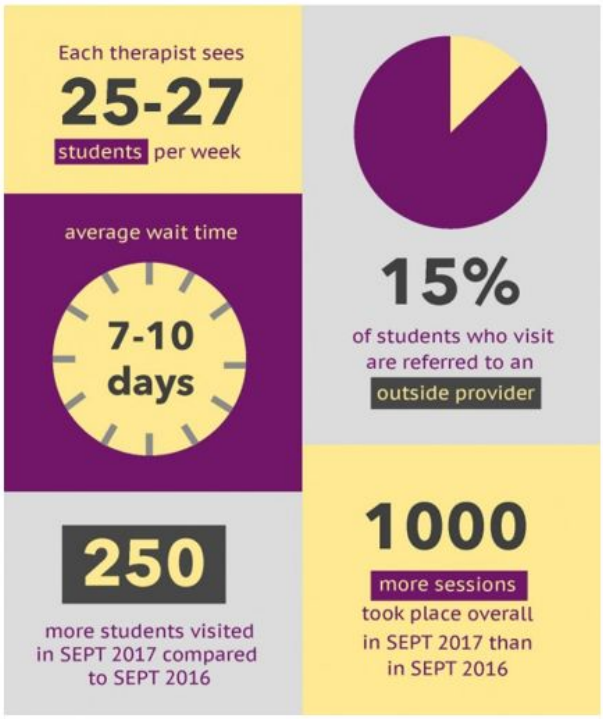


Image Taken from the Daily Pennsylvanian: Author Amy Liu

The average psychologist at Penn State earns roughly $40,000 a year (Penn State University - Jobs). Is it reasonable to expect the university to provide the nearly $7.4 million required so that the troubled 40% of Penn State students have a ratio of 100 students to 1 professionally trained psychologist? That alone, ignoring all the building and infrastructure costs, would raise prices by $160 per student, on top of the already high costs of college. Penn State is also spending more on mental health than many of its competitors, as shown above in its comparatively better ratio of staff to students. Most colleges would experience a much higher increase in cost which many students would be unable to afford.

So, instead of increasing the number of counselors, colleges and universities can increase mental health service delivery in other ways. One such way is to increase efficiency by having counselors assist many students at the same time with group therapy. Penn State already has a system where 5-8 students meet once a week for 90 minutes. Typically, the group is of people who share similar issues. However, the only

way to get into group therapy is to be recommended by a psychologist (Penn State Student Affairs, "Group Counseling"). At other universities— the University of Pittsburgh, for example— groups are more open-invite, enabling students to choose to go to whichever group they feel would be most helpful (University of Pittsburgh Student Affairs). Aside from allowing colleges to function well with a lower ratio of clinical staff to students, this also opens up therapy to students who might otherwise have felt uncomfortable in solo-counseling scenarios. With more funds being placed into group therapy, universities can maximize efficiency while minimizing necessary costs.

Student-run peer groups have also been found to be extremely beneficial for students, especially those who aren't facing an immediate crisis but who still suffer with mental health issues. These groups act as an intermediary between no help and professional psychological counseling and can be implemented in conjunction with counseling. For example, after a student suicide at the University of Pennsylvania, student-run peer groups were successful in terms of student engagement and economic efficiency in providing quality mental health assistance (Sylvester). According to the Daily Pennsylvanian, there are now multiple peer support groups at UPenn, and there is even a student-run crisis hotline. These programs are less expensive than hiring a full-time psychologist, and the students who run these groups are well-trained on how to help people and refer students to the local resources available. These peer groups can also run workshops for students to help raise mental health awareness on campus and increase awareness of resources to those individuals who might need them.

This option stresses the need for universities to take responsibility on their campuses and spend more money on their student's mental health. Although this raises issue about the source of these additional funds— would it require higher tuition costs?— the benefits would be palpable. A higher ratio of staff to students would improve the quantity and quality of care, decreasing many mental health issues from depression to mild homesickness. If colleges invest more in policies that make it easier for students to find therapy, colleges can come closer to alleviating the issues that plague those with mental illnesses.

Actions	Benefits	Trade-offs
Hire more on-campus mental health workers	+Increased quality of counseling +More readily available counseling for individuals	+Increased cost for colleges in terms of salary and infrastructure +Said costs are likely to be put onto college students
Focus on making counseling more available to students with group therapy	+Provides community and a peer group for those dealing with issues +Increases quantity of mental health sessions while keeping costs low	+Less personalized treatment of individuals +More stressful for introverted people who require therapy

Approach Two

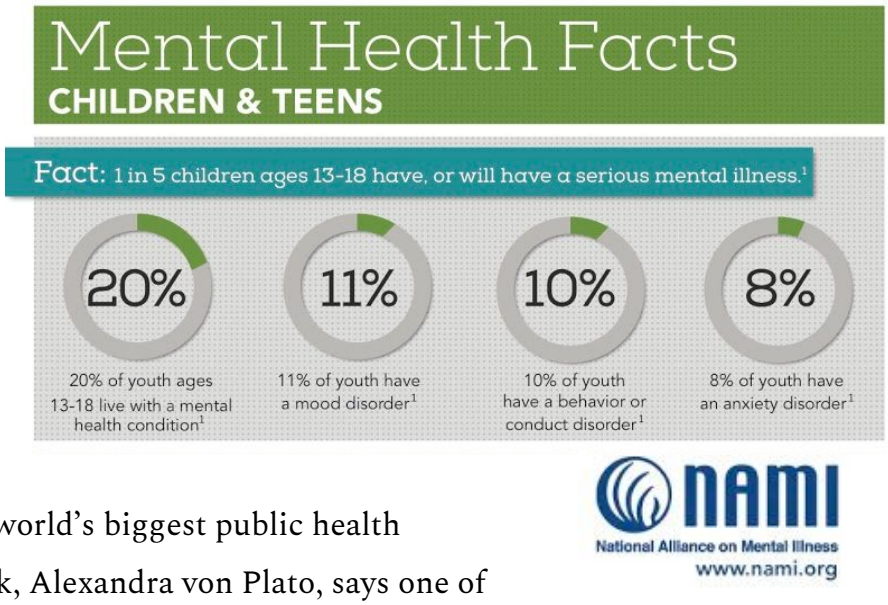
By Alexis Palucki, Sanjana Adavi, and Maddie Sokoloski

Higher Standards in High Schools

Since mental health issues have been on the rise, the discussion about mental health has similarly seen an increase. This discussion has led to a push for treatment and the de-stigmatization of mental illnesses. Despite advancements in treatment, preventing mental illness during growth remains a surprisingly neglected area, especially considering that about half of all chronic mental illnesses develop before age 14 and three-fourths by age 24 ("Mental Health by the Numbers"). Professionals from across the health field have tips and techniques for preventing chronic illness. These prevention methods encompass a variety of health and lifestyle changes including maintaining a regime of diet and exercise, avoiding tobacco products, and getting regular check-ups with healthcare professionals to catch any signs of illness early on (Willet). Yet mental illnesses are still becoming more and more prevalent in college students, and one effective way to combat this is use these prevention methods at the high school level, effectively taking preventative measures in terms of developing serious mental illness. Although fully eliminating mental illnesses before beginning college might be too ambitious to aim for, taking preventative measures in earlier years of schooling can be incredibly beneficial for students through teaching coping methods, building a support network, and breaking down the stigma surrounding the issue.

Symptoms of mental health problems are visible as early as childhood and young adulthood. Cognitive development is nowhere near finished by the time students leave high school (Howard), meaning that grade school is a pivotal time for mental illnesses to develop. The brain is continuing to actively develop far past 18, illustrating the need for

early intervention. With up to 1 in 5 students showing signs of a mental health disorder, these growing issues are visible in classrooms all across America. However, nearly 80% of children who need mental health services will not have access to it (Anderson and Cardoza).



The CEO of the world's biggest public health communication network, Alexandra von Plato, says one of her priorities is early intervention and aid for youth, and to rid of the stigma surrounding mental health, especially in younger age ("Why High School Is the Time to Start Talking About Mental Health"). The longer mental illness goes untreated, the worse it can develop. One of the most difficult aspects of treating mental illness in college revolves around this aspect— they have already reached "crisis mode." Rather than addressing crises as they arise, preventing them from ever developing to a dangerous stage can be the key to a mental illness breakthrough.

Right now, the ratio of psychologists to students in public high schools is 1 to about 1,381 students. Students who may try and seek help from a high school psychologist may not even see them for weeks due to the lack of personnel compared to the number of students. Therefore, this ratio needs to decrease drastically— the NAMI's recommended ratio is about one psychologist for every 500 students. A similar lack of mental health professionals is visible in the field of high school. The recommended 1 to 250 ratio is neglected for a ratio that is almost double: one counselor for every 482 students (Strauss). Hence, an increase in high school psychologists, counselors, and mental health educators is a great way to address the growing mental

health crisis in American high school students, especially for those students who come from a lower socioeconomic status who might have less access to mental health services outside of school.

Many high school teachers are aware of the growing number of high school students with mental health problems. Facing an average of 8 to 30 students with a mental health illness, teachers are often told when their students are struggling. However, this is often only when students have already been diagnosed. In order to help students, some teachers have been taught simple ways to alleviate stress from their students' minds. Some have adopted a philosophy of complimenting students to give them a boost of confidence. Since all students struggling with mental illness are not placed in special education classes, these simple acts of kindness can be beneficial, especially in face of the shortage of counseling services.

While many teachers do not notice these signs as quickly, it does not mean that they are not willing to help their students. When they do notice signs of mental illness, they often speak with other teachers to determine the best course of action ("Mental Health in High School: The Teacher's Perspective"). However, high schools across America do not train their teachers to recognize behavioral differences or the appropriate methods of addressing mental illness, and although they want to help their students, sometimes they do not know that the problem exists. Increasing training in recognizing mental illness can be crucial to receiving treatment early on, which can prevent the issue from continuing through to college.

If addressing mental illness at such a young age is so important for preventing worsening conditions, why isn't it already happening? What is preventing prevention from being made a priority? There are a number of answers. According to Psychology Today, three main things contribute. The deinstitutionalization of mental health care in favor of treatment within communities and general hospitals has created an overwhelming volume of people who need mental health care, while the naming of new disorders and de-stigmatization of having mental illnesses has led to an increase in diagnoses. The biggest contributor is that a wide range of factors affect a student's

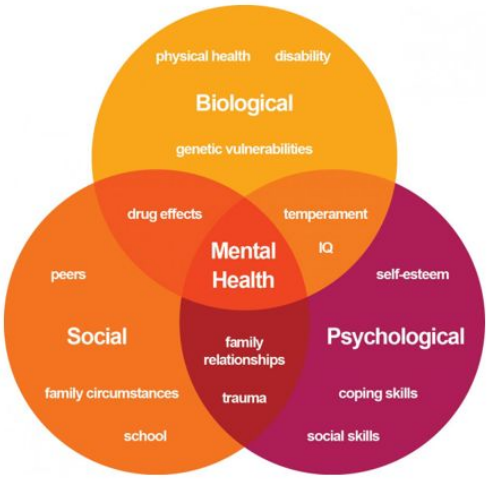


Image Taken from KidsMatter.edu

mental health, from neurological dysfunction to environmental factors to specific incidents of stress or tragedy. This wide range of influences makes it difficult to prevent mental illness from developing (Smith).

Aside from the difficulties associated with prevention in the first place, there are reasons why one might shy away from intervention on a high school level as a means of decreasing mental health issues at a college level. The first, of course, is that completely eliminating mental illness is an impossible goal. Mental illness is a natural part of human life, as with any other illness, and it will still need to be treated even if intervention is made early. Second, even if more resources were put in place at every high school right now, it would still take at least four years before all the students at any given campus would have received that high-school-level intervention. In the meantime, the students already enrolled in college still need access to mental health services. Finally, instituting better mental health resources in high schools may eliminate some problems later down the road, but schools in lower-income areas would still draw the short straw as they have less opportunity to get the best mental health care.

Another possible downside to introducing more mental health initiatives in high schools is the problem with how mental health should be taught and discussed. Certain parents worry that, since there is no standard curriculum regarding mental health education, schools could discuss mental health in a way of which parents do not approve. Leah Ida Harris, for example, says “I am afraid that it is this invalid and shaming narrative that students will be taught— a medicalized, individualistic view that locates “brokenness” completely in their “chemically-imbalanced” brains and not at all in the world that shapes those developing brains and the bodies that house them” (Harris). She argues that public school mental health education might involve too heavy a focus on the medical model would place too much blame on the individual for being

"broken" and not enough on society for perpetuating a culture in which students feel this way. Additionally, when the resources which schools provide to students are not appropriate to meet their needs, referring students to these places could do more harm than good.

A negative possibility that exists when providing mental health services in schools is the possibility that students will be over-diagnosed. As previously stated, the brains of children are still very much going through development. As children are still growing and changing, they are bound to feel some sort of distress. If schools were to institute, say, some sort of universal health screening, this could lead to an over-diagnosis of students because everyone feels upset, depressed, or generally "not okay" at some point. This system might label students as having a mental health disorder, a label which they will have to carry for the rest of their life, when in reality they were just going through a rough time. Additionally, schools might find that they have more need for mental health services than they can afford, especially since schools are seriously underfunded in many situations already. ("The Pros and Cons of Mental Health Screenings at School").

Actions	Benefits	Trade-offs
Increase high school psychologists, counselors, and educators who can help students with mental illnesses.	+Increased access to trained professionals who can help with coping strategies and increase awareness +Decrease the stigma surrounding mental health +Students will be more likely to seek help if they know they've got a support system	- Some schools do not have the budget to pay for these professionals - Parents worry that educators and classes on mental health may not teach it appropriately
Train teachers to catch early signs of students with mental health, and how to treat and aid those students	+Teachers can act as another person who can aid students with mental health problems without increasing staff +Can recommend counseling and inform parents	-As above, some schools cannot afford the training -Some teachers may not want to go through extra training

Approach Three

By Owen Chase, Nick Doresky, and Jack Ibinson

Insurance Companies, Pay Up!

The biggest problems with mental health care, especially for college students, are the high costs of professional treatment. Despite the increasing awareness that mental illness is as dangerous as other ailments, "federal parity law doesn't require plans to offer coverage for mental health" (NAMI). Additionally, mental health providers are not required to accept insurance and many of them choose not to (LARKR). These two factors together result in staggering out-of-pocket costs for the patient. Often times, a college student does not have enough money at their disposal to afford mental health treatment. In 2016, a poll by Kaiser Family Foundation reported that one in five people say they or a family member did not get mental health service when they needed it. Of these people, 12% said that they did not receive services because their insurance would not cover it (Firth, Kirzinger, and Brodie).

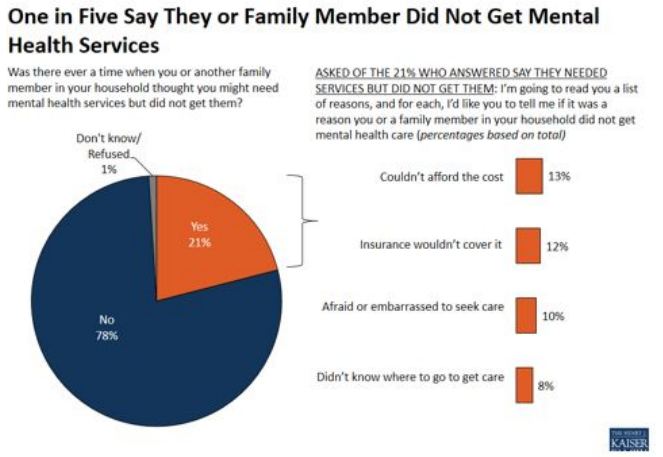


Image Taken from Kaiser Foundation Health Tracking Poll (conducted April 2016)

As these problems with mental health care continue to mount, the government may be forced to take a larger role in legislating mental health coverage. It is important to recognize that the majority of small-group and individual health insurance plans are

required to permit access to mental health services for policyholders ("Health Insurance and Mental Health Services"). Despite this, there is no universal requirement for health insurance plans to cover mental health issues, and many psychiatrists do not accept health insurance plans. Out of all specialties in the health care institution, psychiatrists are the least likely to accept health insurance as payment for their services (Miller). In 2014, only 65% of psychiatrists accepted private health insurance compared to 89% of acceptance for other health care specialists (Kyanko and Busch). Recent statistics from 2019 appear to be even worse as 62% of psychiatrists accept private medical health insurance and Medicare and only 35% accept Medicaid (Holgash and Heberlein). The government must get involved directly to ensure that more patients' health insurance plans are accepted by psychiatrists.

This approach to government intervention in healthcare requires legislation to require health insurance plans to cover mental health services, and it also involves incentives for psychiatrists to accept health insurance plans. The majority of private health insurance plans already require some amount of mental health care for policyholders, but more strict requirements must be set for this coverage. It is clear from the low rate of acceptance that these plans do not meet psychiatrists' financial demands. If, after consulting with psychiatrists, the government passed legislation explicitly requiring a fair amount of mental health coverage to be required from any insurance plan, then psychiatrists would be more willing to accept the insurance plans, and policyholders would have more access to mental health resources.

This approach would directly benefit patients who seek mental health treatment. Requiring both insurance plans to cover mental health and professionals to accept such plans would make treatment much more affordable. As a result, people suffering from mental health problems would be more likely to go to the psychiatrist and get the help they need. After all, according to the Kaiser Family Foundation's study, the biggest reason for people not receiving mental health services is because they can't afford the cost (Firth, Kirzinger, and Brodie). Although this plan was devised with specifically college students in mind, anyone seeking mental health treatment would benefit from

this change. In order to combat the growing threat of mental illness, it is necessary to start requiring universal mental health coverage as well as the mandatory acceptance of these insurance policies by psychiatrists.

There are a couple downsides of this plan that should be acknowledged. First, this approach would force mental health professionals to deal with insurance, something many of them do not like to do. "Usually, working with insurance can cause therapists to make significantly less money or take on an enormous amount of paperwork for which they are not compensated" (LARKR). This approach would increase the amount of work done by mental health professionals while decreasing the amount of money they make per visit. This is a definite drawback in the plan that most therapists and psychiatrists would not be in favor of. In accordance, since the plan does not explicitly require therapists to accept health insurance, but only incentivizes them, the added work may still present too much of a barrier for many counselors to get on board. Therefore, the plan offers no guarantee of health insurance being more widely accepted by mental health care providers. Another problem is the potential increased cost of insurance. If mental health coverage became a requirement for all insurance plans, rates would likely rise, especially for plans which previously did not cover mental health. This would be frustrating for policyholders, especially those who are mentally healthy and would not benefit from the new coverage. Many would likely prefer to keep older, less expensive plans that only covered the minimum they think they need. Further, if some policyholders opt out of mental health coverage, rates for mental health coverage for those who opt in will be even higher, thus counteracting the intended effect of lowering mental health care costs. These are two of the more apparent problems that would arise should this approach be carried out.

Actions	Benefits	Trade-offs
Create new legislation to require adequate mental health coverage in every healthcare plan	+Mental health issues are covered under every plan, benefiting students and others with healthcare plans +Increases access to mental	-Action does not specifically address issue of mental health on campus, but rather mental health in the country -Psychiatrists may still reject

	health resources +People may be more likely to seek mental health help, especially students	insurance plans -Insurance companies may raise rates, affecting all policyholders
The government offers incentives to psychiatrists for taking healthcare coverage	+Psychiatrists may be more willing to deal with insurance +More options for patients because more psychiatrists may accept insurance +Students may be more likely to seek help if more psychiatrists accept their insurance	-Increases psychiatrists' workload, more paperwork -No guarantee that psychiatrists will accept insurance plans -Increases government's deficit spending

Conclusion

By Maddie Sokoloski

There is a pressing need to address the mental health crisis across college campuses both locally and nationwide. Forty percent of college students feel so stressed during the school year that they find it difficult to function. It cannot continue. There is no perfect solution, but each approach above represents a different way to address the growing mental health concerns among college students.

Perhaps the most straightforward solution, the first proposed approach is to address mental health at the colleges themselves. This would mean not only hiring more qualified mental health professionals, but also creating more group therapy sessions and access to peer-support resources. Doing so could cause tuition for students to be increased, and with tuition rates already soaring, this could be an issue for many students.

Another possible solution to this crisis is preventing it before it begins. If mental health resources were implemented on a high school level, students could receive mental health care before arriving on campuses, preventing a crisis later. These services include more mental health professionals in schools, support from teachers and other school staff, and education on mental health issues. The downsides of this proposed solution are that some students need ongoing mental health services even if they received care in high school, and that colleges can not guarantee that services were distributed evenly among high schools in areas of different level income, which might put students of lower-income areas at a significant disadvantage.

This final proposed solution involves insurance companies. If the government were to require health insurance companies to cover mental health services and incentivize mental health professionals to accept insurance in the first place, college students would be able to afford off-campus resources more readily. The drawbacks of this plan involve the professionals themselves, who would likely have to do more work for less money if they had to accept health insurance instead of out-of-pocket forms of payment. Insurance could also become more costly, which would burden both the students and individuals who might need it, but also those individuals who don't. This would upset them, as they would have to pay for services they don't think they need.

It is clear that solving the mental health crisis is not as simple as it may seem on the surface. Although there are only presented three possible approaches to dealing with this crisis, there are many more approaches which exist. However, these three approaches all deal with this issue through distinctly different lenses and represent many of the complexities one must consider when discussing solutions to the college mental health crisis.

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