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How Not to Respond to Virginia Tech — I

By Karen Bower

Mental illness and depression are public health issues, which have been the subject of debate on college campuses long before the tragic shooting at Virginia Tech.

Last year, the Bazelon Center, a nonprofit, legal advocacy organization for which I work, represented a George Washington University student who voluntarily sought hospital treatment for depression and as a result faced disciplinary action by the university administration and was subsequently suspended from school and barred from campus. In another suit, we represented a Hunter College student who also voluntarily admitted herself to the hospital for treatment of depression and as a consequence was locked out of her dorm room by the college administration.

Such responses by colleges send students who seek help for mental illness the wrong message. When students have done the right thing and reached out for help, removing them from colleges sends the message that they have done something wrong and are not wanted on campus. It also inappropriately isolates these students from their community and the supports they need during a time of crisis. Moreover, these policies may actually increase the risk of harm by discouraging students from getting help for themselves or others.

In the aftermath of incidents like that at Virginia Tech, people often look for quick solutions to re-establish a sense of safety. Many commentators have suggested removing students who show signs of mental illness from campus. Some lawmakers have even suggested removing students' privacy protections. However, these short-sighted reactions will only discourage students from seeking help. Instead, colleges should be committed to the success of all students, including those with depression or other mental illnesses.

To that end, colleges should make suicide prevention a priority and acknowledge, but not stigmatize, mental health problems. Whether on campuses or in our communities, individuals with mental health problems need ready access to counseling and other support systems without long delays and without fear of repercussions. Colleges can take actions to encourage students to seek counseling and mental health treatment through campus services or other available avenues. Colleges can integrate mental health information into student orientation and other aspects of campus life. Colleges can provide training so that faculty, staff and students know what supports and services are

available, how to make referrals, and how to access supports and services. They can encourage the formation of peer-run groups on campus to support students with depression and other mental illnesses. Colleges can ensure that emergency psychiatric services are available at all times, either on campus or in the community. Mental health programs need to get out of the clinic and reach out to people who demonstrate a need for services in order to engage them and keep them engaged.

Students are often faced with a dilemma: to seek help or accommodation of their mental illness and jeopardize their education, or to forego needed mental health treatment. Colleges need to address this dilemma by removing barriers to seeking treatment and by providing accommodations.

In educational settings, such accommodations should include an offer of liberal voluntary leave for students who feel that they would benefit from time off, ensuring that their education is not jeopardized for taking leave. Colleges can also provide for reduced course loads, exam extensions or postponements, medical withdrawal and pro-rated financial reimbursement.

Privacy is also critical. Students are often fearful that they will be denied jobs, housing or educational or social opportunities if they disclose their mental illness. To encourage students to seek treatment, colleges must ensure confidentiality. Those who suggest changing privacy rules wrongly imply that the laws prohibit colleges from disclosing information about students who may be a danger to themselves or others. However, under current laws, counseling centers and colleges can disclose information about a student to the extent needed to protect the student or others from imminent and serious injury, if the student will not consent to interventions that will ensure safety. Colleges can also act proactively before a crisis occurs. For example, they can ask students upon matriculation to identify individuals who can be contacted in case of a medical or psychiatric emergency.

Financial issues are often paramount. While students may have adequate health insurance covering inpatient and outpatient services while in college, coverage often terminates upon medical leave from the university. Health insurance may also exclude inpatient services and place limits on the number of outpatient visits. Colleges should be cognizant of this reality and work to assist students without coverage and advocate for expanded coverage.

Finally, colleges can ensure that students will not be penalized or suffer negative consequences for seeking help. Institutions must guarantee that each student will be treated on a case-by-case basis. In limited circumstances, when individualized assessment suggests that even with accommodation a student cannot safely remain on campus, the student can be placed on leave. Such individually tailored practices ensure that if students are asked to take leave, it will only be due to dangerousness, not discrimination.

The Bazelon Center has done important legal work to remove the stigma and punitive cloud surrounding campus mental health. Clearly, in the coming weeks many students at

Virginia Tech and other schools will suffer the emotional repercussions of having lost their friends and peers. Like the plaintiffs at George Washington and Hunter, they will need help and will need to know that it is safe for them to ask for it.

Universities need to be at the forefront of this effort, ensuring that counseling centers get the support and staffing they need to do their jobs effectively and removing all of the barriers that now keep students from getting help. They must afford students ready access to appropriate resources, provide confidentiality, remove stigma, and adopt policies that make help-seeking safe. Disciplinary measures or automatic suspensions have no place in campus health care.

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