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Brief 9: Practices and Policies for Dealing with Students with Mental Health Issues

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NERCHE BRIEF

New England Resource Center for Higher Education
September 2001

The following Brief from the New England Resource Center for Higher Education (NERCHE) is a distillation of the work by members of NERCHE's think tanks and projects from a wide range of institutions. NERCHE Briefs emphasize policy implications and action agendas from the point of view of the people who tackle the most compelling issues in higher education in their daily work lives. With support from the Ford Foundation, NERCHE disseminates these pieces to a targeted audience of higher education leaders and media contacts. The Briefs are designed to add critical information and essential voices to the development of higher education policies and the improvement of practice at colleges and universities.

Practices and Policies for Dealing with Students with Mental Health Issues

One of higher education's crowning achievements is that colleges and universities are currently educating many groups of people who have been denied access to this resource in the past. A growing percentage of the new population of students arrives on campus with unique mental health needs, which until now campuses have been largely unprepared to accommodate. This new student profile may be more familiar to Student Affairs' offices, but the educational implications extend to the whole campus. Members of NERCHE's Student Affairs Think Tank discussed this topic at one of their meetings and offer the following insights.

The recent history of higher education is punctuated with responses to changing student populations—students who are older, racially and ethnically diverse, and whose lives are more complex than those of previous generations. Among the reforms are flexible class schedules, curricula enhanced to capture the knowledge and experience of a broader spectrum of the population, and policies that are sensitive to the goal of promoting and sustaining diversity.

The Americans With Disabilities Act was enacted in 1990, mandating that colleges and universities accommodate disabled students and, in turn, diversifying the student population. Among disabled students, those with psychological issues test higher education's capacity to respond to student needs in subtle and complex ways. Deep-seated conflicts and misunderstandings about mental disorders endure on campus, in society, and among the troubled students themselves. For institutions to be proactive about helping troubled students succeed on their campuses, they need sound legal advice, carefully crafted policies, additional financial and staff resources, and education about mental health issues for all campus constituents.

Demographically, these students are indistinguishable from others on campus. What does make them distinctive, however, is often behavior that other members of the campus may not understand or may interpret as threatening. Faculty members find it difficult to carry out classroom instruction if a student is disruptive. Students may feel uncomfortable sharing residence hall rooms with individuals who struggle with sometimes life-threatening issues. The struggling students, themselves, are often eager to fit into the academic environment, but uncertain about how to get the help they need without risking their privacy. Colleges and universities are caught between protecting the campus community and protecting the rights of this vulnerable population. On the one hand, colleges want to accommodate these students and integrate them into the life of the campus as much as possible. On the other hand, there can be a backlash from the college community when an especially disruptive student remains at the institution.

Some campuses decide that the best strategy is to openly address the issue of mental disorders in their first communications with students, asking them to come forward privately to discuss their needs with staff soon after the students are admitted. The goal is to have time to develop a plan and to avoid a potential crisis. As is to be expected, students have a range of feelings about whether their diagnosis should be known by staff. They may be reluctant to reveal a condition, because they fear their chances for success beyond college, especially in employment, may be jeopardized. Yet the public declaration of interest in and resources for these students' needs can help lift the stigma that envelopes mental illness.

Campuses are required to adhere to ADA regulations, though not all mental health conditions are covered by those guidelines. Whatever the case may be, each campus must decide how to develop students' health care plans in ways that reflect its educational mission. For example, institutions with "traditional" aged students (18-21-year-olds) should establish policies and practices about the degree of parental and familial involvement in students' health issues. Some campuses make it clear at orientation that the school will keep parents informed about students' behavior. Other campuses contact parents when the situation has become critical, for example, involving hospitalization. On campuses with a strong commitment to developing student autonomy, staff support and coach students to communicate with parents themselves.

Institutions can choose to address mental health issues in the context of scholastic behavior, notifying parents when a student's academic performance is compromised. Once academic problems are flagged, staff can begin creating and implementing individual plans for students that take into account their specific needs. Another tack to take is to have clearly established policies and procedures about student non-academic behavior, especially life-threatening behavior, such as eating disorders and substance abuse, included in the student handbook. The policy can include information on the limitations of services and the obligations of students.

How to deal with parental involvement must be examined from a legal point of view, including issues of student privacy, in the context of the institution's mission. In cases in which there are tensions between the student and his or her family, involving a family member can exacerbate the problem, and campuses must be prepared to make

sensitive judgments about the best plan for a student. While it is important for the college to make its policy about family involvement known to students, staff, and parents, in especially complicated cases, decisions may be best left to the discretion of the dean of students, perhaps in consultation with a campus health professional.

For older students for whom parental involvement does not play a role, campuses need to find ways to work directly with the student to resolve issues. Beyond clear policies, campuses need Student Affairs staff who are skilled at working with all students with mental health issues in the context of a shared educational community with clear expectations for behavior. In the case of students who refuse or are unable to meet these expectations, staff should be prepared to discuss alternative settings in which students can continue to pursue their educational goals. When all options are exhausted, staff must know when to treat the situation as disciplinary.

In all cases, it is important to have established relationships with external agencies that may be involved in the student's health care. Campuses do not necessarily have control over a student's health situation, and staff are often interfacing with other agencies, such as hospitals or local police, with whom conflicts can arise if communication is not clear. Hospitals, for example, sometimes release a student without informing the college, and Student Affairs has no opportunity to prepare the campus community for the student's return. Campus staff need to make their policies and expectations known to community agencies.

While Student Affairs offices will take the lead in working with troubled students, students' health concerns are a campus issue, requiring a collective approach. How does the behavior of a few students affect the community as a whole? What effect will policies have on the learning of all members of campus? Colleges and universities need to be able to negotiate the increased needs of one segment of the population and those of the majority of students, aiming toward reconciling the differences between the two. To make student mental health a campus rather than a Student Affairs issue requires the leadership of top administrators and a commitment to educating everyone on the campus about mental disorders. This educational initiative can be best accomplished through collaboration between Student and Academic Affairs. Such collaboration demonstrates a commitment to education with goals that reach beyond the classroom.

NERCHE's Chief Student Affairs officers recommend that campuses take the following steps:

- Get sound legal advice. Beyond an individual institution's own mission to educate all students who come through its doors, it is their legal obligation to adhere to the Americans With Disabilities Act. Staff working with troubled students will need legal expertise to help them sort through delicate issues of privacy, individual rights, and guardianship.
- Develop clear policies to which students, family members, and staff have ready access. Involve members of the faculty, administration, and student population in discussions about health and safety issues on campus and use these dialogues to build foundations for comprehensive policies.

- Provide resources and training for staff to meet the special needs of this new student population. This may involve training existing student affairs staff to work with students with mental health issues or hiring additional staff, such as clinical counselors.
- Educate the campus community, as well as trustees and representatives from financial offices, who will need to understand why financial resources are being funneled to students with mental health issues. Faculty are sometimes unprepared to deal with disruptive behaviors and may need help developing strategies to handle them. At the same time, faculty need to know when student behaviors are inappropriate. All students will benefit from increased awareness of mental health issues, especially from the point of view of diversity, human rights, and participation in a less judgmental, more humane society.
- Create liaisons with community agencies that are involved with students' health care needs. It is important for the campus to establish a relationship with other agencies that become involved in their students' lives. Be clear about roles and policies of these outside entities and ensure that external agencies understand the college's policies. For disruptive students who continue to attend the college, an institutional point person, such as a clinical psychologist, can help coordinate plans for students with representatives from the external agency.

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