Exploring Mental Health Services in Higher Education

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RowanUniversity
STEVE SWEENEY CENTER
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Mental health care for students at colleges and universities is a critical issue nationwide.

In a national survey, the National College Health Assessment conducted by the American College Health Education, almost three quarters of students reported moderate or severe psychological stress, according to the American Psychological Association.

In this brief, we explore mental health care at universities with two of Rowan University's experts on mental health:

- Amy Hoch, Psy.D., Associate Director of the Wellness Center at Rowan University, Glassboro N.J.; and
- Stephen Scheinthal, DO, Chair of the Psychiatry Program at Rowan University's School of Osteopathic Medicine (SOM), Stratford, N.J.

Topics include the increased need for services, and policy recommendations about how to support better mental health care for students at colleges and universities.

What are the particular challenges of mental health care in higher education?

Dr. Scheinthal: I am going to slightly shift the focus of the question. It is not why it is different in colleges, but rather that students of Generation Z (the generation born between 1997–2012, ages 10–25) and those who are Millennials (the generation born between 1981–1996) are different from previous student cohorts (Baby Boomers, Generation X). These cohorts of students have mental health histories that predate their university years. What we are seeing is a consequence of that.

Dr. Hoch: It is hard to answer this question without contextualizing the answer. We've been seeing an increase in mental health needs for 10 years, increasing anxiety and depression, trauma, substance use, self-injury, suicidal thinking, etc. Young people are struggling and many have not had the means or access to mental health care. Some students are coming into higher education having already been in therapy. They know what they want in terms of the kind of treatment they receive. There is less stigma, generally speaking, about coming forward and asking for what they want and advocating for mental health.

At Rowan, after some student deaths on campus, students advocated for more mental health resources. They are aware that the resources for mental health are not equitable to physical health. That was even amplified when COVID hit. For a couple of years, a lot of energy, rightly so, has been put into the physical manifestation of the pandemic. But there were significant consequences for people in terms of their mental health.

But as often happens, physical health takes precedence over mental health. Rowan, as a higher education institution with medical schools, is moving in the direction of looking at people holistically. We should be asking people who are coming for physicals about depression, suicide, substance use, and trauma. All these have significant indicators in terms of mortality, yet it is not a standard practice across the board.

With COVID, people have been affected by the pandemic globally. It became something that we could not look away from in the way that we could have if this were not happening to someone we know or in our family. We all experienced isolation, depression, and anxiety; the grieving that comes with the loss of normalcy; the impact on our work environment; and the impact on on learning. We could not decide if it was not a significant issue, and therefore there was a louder cry. We have to talk about it in this context.

In addition to the pandemic, we need to focus on the syndemic, the adverse interactions between diseases and social conditions. We need to keep in mind there was more attention on social justice issues with the murder of George Floyd, politics, and decisions that have been made and actions that were taken. This brought to light, in regard to global and mental health crisis responses, the long standing inequities experienced by Black, Indigenous, and people of color (BIPOC) students and communities—how race-based stress is something that many of our students have to be managing on a daily basis, which adds to other mental health issues they are experiencing. These are things we need to keep at the front of the discussion on mental health.

The way we used to talk about mental health was from a disease model, a disorder surrounded by stigma. But both the younger generation's experiences, as well as the

impact of the COVID experience on all to a varying degree, makes us look at mental health issues from a different perspective. So many of the aspects of our young people's experiences have been lost. For example, those transitioning to higher education lost significant life events, such as proms and graduation, which are connected to skill sets that are developed when you are socially connected to other people in a school setting. These students have a lag in the social skills that would ordinarily enable them to be more confident, address failure, persist, and be resilient.

Dr. Scheinthal: Another way to frame it all is that we have a group of students who don't have resiliency. They feel they have lost control of multiple things, and many feel helpless and hopeless. But as I said before, this predates the college experience. This is a generation that got a trophy for everything, and it is not okay to not be the best. There is significant data that shows that, out of medical school, the students most at risk are our Asian students because of the fear of not succeeding at the same level they did when they were younger. We deal with issues of imposter syndrome, with very high rates, in medical school and residency.

I want to make sure that I don't leave you with the impression that our students are not resilient. Many of our students are mind-blowing in their resilience. A number of students have encountered high-level trauma events or other difficult situations, and they have not crumbled. You see these shining examples of resiliency and you wonder from a research perspective that maybe we need to get a hold of them and say, 'What is making you so resilient in the face of what is going on with your peers?' Because they are so impressive.

How do we deal with this context of mental health in terms of protecting our students, providing them with services, and educating them beyond the traditional curriculum?

Dr. Hoch: We have the research on what skills are important in terms of helping people feel happier, tolerate distress and maintain good relationships. These are skills that can be taught starting in elementary school. There are ways of building things into the curriculum, such as mindfulness, compassion, learning how to change one's thoughts, physical exercise. These are things that you can start teaching before students arrive on campus.

In higher education, some schools are building a class, often for freshmen or online before students arrive to campus, that encapsulates these life skills with particular on-campus resources. These are skills being built as a buffer to build resilience before the student encounters stress. The military does this. Before they deploy someone to a war zone, they give them skills that they know would help them with PTSD in the long run. What would be the downside of doing something like this?

Considering higher education is not only a place to learn physics or chemistry, this would give students skills to be better communicators or better partners. This gives them at least a base to work from. In terms of policy, there is still inequity between getting good health care for physical health versus mental health. If they have insurance, they are able to go to a doctor or be seen for emergency care. But for mental health, the copay and the access to a provider are difficult to manage. If you have Medicaid or Medicare, it is very difficult to get mental health care. Many mental health providers do not want to take insurance.

The cost of seeing a mental health practitioner is very expensive, with a range of $100–$200 per visit, and it is not within the reach of many people to pay that amount of money. Telehealth has provided some respite during the pandemic and allows better access for some. At this point, however, there are a number of ethical and economic issues that need to be addressed before the practice of telehealth across states is accessed easily.

Dr. Scheinthal: In relation to what Dr. Hoch was saying about access to mental health providers in southern New Jersey, the waiting time for an initial psychiatry appointment used to be six months. Now, we are approaching eight months. Cumberland County, with the retirement of one psychiatrist, is now a mental health desert, meaning you don't have any psychiatrist practicing in the community.

From a public policy standpoint, there is a role that Rowan University can play in training mental health providers at all levels and that means encouraging them to stay in the region--the eight counties of southern New Jersey, which are underserved. I think this encouragement has to come in the form of having an impact on financial commitments and loan repayments.

Rowan already has a number of incentives to support students and faculty. The state of Maryland has incentives for those working in mental health, such as paying off student loans with a commitment of a few years of work. This kind of support for retaining mental health professionals in the region falls within one of Rowan's four pillars: being an economic engine that "prepares an educated citizenry and skilled workforce" that enhances "the health of our citizens and the quality of life."

Also, in terms of policy, maybe we have to create a dialogue. This dialogue will help in moving students away from hopelessness. Students at all levels, meaning undergraduate and graduate, at Rowan and other higher education institutions don't dialogue. They are ideologically polarized at times. Some of this comes from families, and some comes from personal beliefs, but there is no dialogue. This is one Rowan family. You can disagree in the family, but it is okay.

We all like different things, but we don't have a dialogue about our differences, whether it is about politics or global issues. Of course, this is not only a Rowan University issue, but we can do this at Rowan as a model. We build this model for dialogue with simple issues before we tackle harder ones. In the psychiatry department at Rowan SOM, we are a large immigrant faculty, and we dialogue. We are one family; we understand the differences, respect the differences, and celebrate the differences. We are a role model of what is right with Rowan. But we don't see this with our students. I think this is where there is an avenue for policy change. This is a generation that grew up watching this horrid destruction in Ukraine, playing video games where death has no consequence. As a result, they are numb.

Dr. Hoch: Think about what we see on TV in terms of the dialogue about politics and around other issues. We need to see a model of how you can disagree with other people while still furthering a relationship. We look at the research on adverse childhood experiences, of which most of us have experienced at least one. This, in addition to all the other contextual issues we have discussed, can lead some people to act and react aggressively. They are also seeing these images of war, and acting out at other people. There is this division; if you are just watching the media, it is happening in this country, north to south, religiously, and it can feel like there is no way to bridge it. The adults and leaders are often not being great models. I think young people feel helpless. They have no agency to feel that their vote counts. But

their voice counts…and we need to show them that it does. This is a good way to support students: to show them that their actions count.

If you had all the resources in the world, including time, energy, and staff, what would be the first thing you would push for in terms of implementing programs for mental health and wellness on campus?

Dr. Scheinthal: We, the faculty, do not do a good job of encouraging academic careers, period. And certainly not academic careers in mental health care. Not everyone has to have an MD or a DO next to their name. You can have Psy.D., Ph.D., LCSW. But we do not advocate internally well enough. We say there are not enough professionals. We say the wait time is enormous. Dr. Hoch is absolutely right about the disparity in funding between mental health care and physically-based illness. But we don't talk to the students about how these are great careers. There is such a need. We can't hire. There are not enough people available.

Dr. Hoch: I have been able to hire. But I have talked to all the counseling directors in the state and all of them are having difficulties hiring. Some are leaving higher education or their program has been outsourced to a completely telemedicine and mental health service, which I believe will create other problems in the long run.

Going back to the question about if I had all the resources, I would have an equal investment in mental health care as physical care in order to provide services to those who need it, as well as train professionals who are going to be not only providing services, but developing more programs to train more professionals. This will be a win win.

Another important issue here is who is making the decisions. Do we have a good representation of people? How are we bringing in people to fill these positions of power in mental health care? Are we intentionally making room for people who are going to look at things from a variety of perspectives? We need everyone to think about how to best access, serve, and reach out. We don't have this in mental health care or at higher education institutions.

The College of Humanities and Social Sciences is one of the largest academic Colleges within Rowan University and, as the home of the majority of general education courses, we make contact with just about every student who graduates with a Rowan degree. Our college vision is summarized in three words: “Empower. Transform. Engage.” True to the liberal arts mission, we ask questions fundamental to our increasingly complex existence through varied programs of study, with many opportunities of experiential learning and other co-curricular activities. We offer our students a form of education that encourages them to pursue vocations that are rooted in the desire to improve things and make their world a better place.

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