

Broadening the Scope of Advocacy: Supporting Students with
Mental Health Challenges as Student Affairs Professionals

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Abstract

Mental health disorders are becoming more common on college campuses nationwide (Baverstock & Finlay, 2003). Although many student affairs professionals possess a general knowledge of counseling skills from student affairs preparation programs and practical experience, few have substantial education on specific mental health challenges students may face. This article is meant as an introduction, not an in-depth study of mental health challenges on a college campus. It outlines general characteristics of some more common mental health disorders and offers suggestions on how to best assist students facing these challenges.

Broadening the Scope of Advocacy: Supporting Students with Mental Health Challenges as Student Affairs Professionals

Caseloads at college and university counseling centers have been steadily increasing for over 15 years (Twenge, 2001). Mental health disorders, such as clinical depression and Attention Deficit Hyperactivity Disorder (ADHD), are quite common in today's college student population (Baverstock & Finlay, 2003). Many colleges and universities have established counseling and disability resource centers staffed with full-time employees to respond to mental health issues. However, the responsibility of caring for students with these challenges is not confined to university counselors and psychologists. Just as student affairs professionals are advocates for students of underrepresented ethnic minorities, sexual orientations, religions, or faiths, the profession must also reach out to students exhibiting mental health challenges in an effort to help foster success.

Student Affairs Professionals' Goals & Objectives

Student affairs professionals often pride themselves on the level of attention given to each student in a college community. In the American College Personnel Association's (ACPA) *Student Affairs: A Profession's Heritage*, William Blaesser outlines the following goals of student personnel work (Rentz, 1994):

1. the individual student and his [or her] intellectual, social, emotional and physical development;
2. the building of curricula, methods of instruction and extra-classroom programs to achieve the preceding objective;
3. democratic procedures in working with students in order to help bring about their greatest possible self-realization;
4. the performance of student personnel functions rather than on specifically designated individuals to perform them. (p. 125)

Many of the preceding goals guide student affairs professionals' in their efforts to support student success. Living-learning communities have been developed nation-wide to enhance students' understanding of classroom material and often times provide students with more individual interaction

with their instructors. Advocacy programs have been developed for students who may otherwise feel marginalized as part of underrepresented groups on college campuses. Offices or groups have been designed to support students of different ethnicities, religions, and sexual orientations. Additionally, the support networks for these students do not entirely rest on the few individuals responsible for their overall implementation. For example, professionals in student activities or residence life may be trained to answer general questions relating to financial aid or health services. This team-oriented strategy allows students to receive guidance and support from any member of a division with whom the student feels comfortable asking for help.

Since this strategy is so effective in other areas, it is important that mental health challenges receive the same level of attention. Despite their increased presence on campus, mental health disorders are still often considered a taboo subject for discussion since some view them as a potential liability or disability. Nevertheless, front-line staff, such as academic advisors and resident assistants, is often in the best position to first observe signs of difficulty. Some schools have started integrating a basic understanding of mental health challenges within training and staff development, but these practices are still relatively uncommon. Just as assisting students with their college transition is not only the charge of the university's orientation staff, helping students cope with psychological disorders extends beyond counseling and psychological staff to all members of the student affairs division.

Broadening the Scope of Advocacy

Forty percent of all undergraduate students at Johns Hopkins University enter its counseling center each year with issues ranging from high stress to attempted suicide (Gose, 2000). This percentage seems high, but is not significantly higher than national averages. Across the nation, college and university counseling centers are flooded with more students than counselors can serve in a timely manner (Gose).

Baverstock and Finlay (2003), researchers of child care health and development, completed a study of over forty higher education health centers across the country to determine which individuals on college and university campuses cared for students with ADHD. Their findings showed that while most

counselors and psychologists were well-trained and responded to students on an appointment basis, they had difficulty providing the follow-up and extra attention needed by some patients. In order to best provide students with the level of support they require, it is clear that all university faculty and staff, including student affairs professionals, help by offering the necessary time and attention students may need.

One notable disclaimer is that despite professional development and training, student affairs practitioners are rarely certified as professional counselors and psychologists. Even in a small number of cases where a staff member in student activities, leadership development, or residential life comes from a professional counseling background, those staff members would be discouraged to diagnose or treat a student in the absence of counselors who are best educated on the most recent trends and research. However, there are still many ways student affairs professionals can positively impact a student's success through having a basic understanding of mental health challenges commonly faced by college students and an awareness of how to properly care for and support those students. For example, staff in student affairs can observe a student's behavior on a closer level than school counselors and psychologists. They are able to observe warning signs and may demonstrate foresight regarding when to refer a student to counseling even if the professional is not fully aware of the difficulties being experienced. Additionally, having an understanding of the difficulties experienced with different conditions can help a student affairs professional develop ways to help students succeed despite their specific challenges. This support then provides an extra level of practical support to the guidance the student is already receiving from the professional counselor.

Common Mental Health Challenges in Today's College Student Population

College students may possess a wide-range of mental health disorders. This section will focus on four mental health disorders found most challenging in campus populations: ADHD, clinical depression, bipolar disorder, and obsessive-compulsive disorder (OCD). The following includes brief descriptions of each disorder and information about what counseling centers and disability resource centers have already

done to help students with these conditions. After all four descriptions, guidelines or general points of consideration will also be provided so the reader may best advocate for students with these challenges.

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is thought to be a brain disorder consisting of a chemical imbalance that makes it difficult to sit still and pay attention in some settings. ADHD is characterized by symptoms including being overly active, fidgeting, talking too much, being restless, having thoughts constantly racing through one's mind (Crist, 2004). Additional symptoms include inattentiveness and impulsivity. Inattentiveness includes difficulty paying attention, mind wandering, forgetting or losing items. Impulsivity can be described as acting first without thinking, interrupting others, or not considering the consequences of words or actions (Crist).

Students may not have all symptoms and can be classified as having one of three types of ADHD: In-Attentive type, Hyperactive and Impulsive type, and Combined type. If an individual only has problems paying attention, this would be classified as Attention Deficit Hyperactivity Disorder In-Attentive type. This type of ADHD was formerly called Attention Deficit Disorder (ADD), a term sometimes still used in common vernacular (Crist, 2004). If an individual were to have problems with hyperactivity or impulsivity, he or she would be classified as having ADHD Hyperactive and Impulsive type, and if an individual were to have both sets of symptoms, it would be referred to as ADHD Combined type (Crist). Students predominantly have trouble in attentiveness. This causes many problems related to paying attention in class, finishing homework assignments, and completing necessary class activities. Students often begin with good intentions of finishing class assignments or activities, but ultimately end up being easily distracted (Crist).

Counseling centers and disability resource centers help students in a variety of ways to overcome the challenges associated with ADHD. First, and most effective, are medications for this disorder. Ritalin, Dexedrine, and Adderall are the most prescribed medications for ADHD and they focus on stimulating certain centers in the brain which are responsible for behavior control, motivation, and attention. Other steps counseling centers undertake to assist students with this disorder include helping students develop

better organizational skills, both inside and outside of the classroom, and helping students with different concerns related to ADHD such as depression, low self-esteem, and other personal problems. Counselors have outlined several recommendations on assisting ADHD-diagnosed students with academics. These include, but are not limited to, giving students unlimited testing time or offering students the opportunity to take exams in alternative environments that offer fewer distractions (Crist, 2004). Student affairs professionals should note that despite these challenges, students diagnosed with ADHD are fully capable of the same achievements as students without this disorder.

Clinical Depression

Clinical depression affects one's body, moods, thoughts, and behaviors. In addition, depression may modify an individual's eating habits, how he or she feels and thinks, his or her ability to work and study, and how he or she interacts with various people. Clinical depression is not something an individual can control, and therefore, it is not a passing mood, a sign of personal weakness, or a condition that can be pushed away, ignored, or cured on its own (National Institute of Mental Health [NIMH], 1997).

Symptoms of clinical depression may consist of sadness, anxiety, an empty feeling, decreased energy, fatigue, loss of interest or pleasure in previously enjoyable activities, sleep disturbances, appetite and/or weight change, feelings of hopelessness, guilt and/or worthlessness, thoughts of death or suicide, suicide attempts, and difficulty concentrating, making decisions, or remembering (NIMH, 1997).

Depression can also be influenced by family history of the illness or stress. Some common causes directly related to depression and college students include greater academic demands, being on one's own in a new environment, changes in family relations, financial responsibilities, awareness of sexual identity and orientation, and preparing for life after graduation (NIMH).

A wide variety of resources are available for students who suffer from clinical depression. Community agencies offer support including hospital out-patient departments or clinics, private or non-profit counseling centers, and local mental health associations. Within the campus environment, university counseling centers make students with clinical depression a high priority by allowing emergency intakes and offering regular visits to students struggling with the disorder (J. Ritchie, personal

communication, 16 September, 2004). Furthermore, student health centers often prescribe necessary medications to help clinical depression such as anti-depressants which are seldom available over the counter. Some prescription medications include Prozac, Paxil, Zoloft, Celexa, and Luvox. These drugs treat depression by correcting the chemical imbalances in the brain (Panzarino & Schoenfield, 2003). In severe cases, electroconvulsive therapy (ECT) can be used to combat clinical depression. In this process, electric currents are passed to the brain to create seizures. This causes chemicals to be released in the brain which can also prevent symptoms of depression. Please note, this process is used as a last resort and usually involves a referral from university counselors as few colleges and universities have the resources to perform ECT on campus (Panzarino & Schoenfield, 2003).

Bipolar Disorder

Bipolar disorder is a type of depressive illness that involves mood swings that range from depression to being overly active and irritable. Mood swings can be dramatic and rapid, but most often occur gradually over several weeks. These cycles of mood swings consist of two key components: a manic phase and a depressive phase. The manic phase of these mood swings consists of increased energy and activity, insomnia, impulsive or reckless behavior, and sexual promiscuity. Characteristics of the depression phase are similar to those mentioned earlier for individuals who suffer from clinical depression (NIMH, 1997). Often individuals with bipolar disorder have had one or more major depressive episodes, or phases so severe as to limit the ability or welfare of the individual. Approximately 10-15% of adolescents with recurring major depressive episodes will go on to develop bipolar disorder (American Psychiatric Association [APA], 1994).

Disability resources and counseling centers offer help for students with this disorder. Common treatments used are psychotherapy, antidepressant medications, or a combination of both, which are often available at college and university counseling centers or student health facilities. Successful treatment often depends on the severity of the case, the willingness of the individual to correct the problem, and the amount the patient is willing to disclose to the mental health practitioner assisting them (NIMH, 1997).

Obsessive-Compulsive Disorder

Obsessive-compulsive disorder (OCD) is a type of anxiety disorder which occurs when there is a problem in the way the brain responds to common or everyday worries and doubts. Patients with OCD are burdened with a substantial amount of worries, doubts, and superstitious beliefs in their everyday life (Obsessive-Compulsive Foundation, 1998). Other symptoms include having upset thoughts or images entering the individual's mind over and over, leaving them paralyzed to stop these thoughts and images even though there is often a strong desire to do so. This recurrence of images can be defined as obsessive. In response, the individual will find themselves repeating the same tasks or rituals multiple times in an effort to satisfy the need to meet the impulses the thoughts and images are triggering, also known as compulsion (Hendrick, 2002). Some of the most common examples of obsession followed by compulsion in those diagnosed with OCD include an unreasonable fear of contamination by germs and dirt, excessive washing, counting, ordering or arranging, images of having harmed themselves or others, repeating tasks, imagining losing control of aggressive urges, constant checks and balances, intrusive sexual thoughts or urges, thoughts deemed forbidden, and a need for perfect order (Obsessive-Compulsive Foundation).

OCD can cause distress, take up significant time, and severely interfere with an individual's work, social life, and relationships. Many with OCD realize that their actions do not make sense, and sometimes try to hide it from their family and friends by conducting their actions in private or developing irrational reasoning to excuse their behavior. OCD can also lead to difficulty in maintaining a job because excessive actions can cause a drop in productivity or an inability to relate to others (Hendrick, 2002).

Counseling and disability resource centers strongly recommend treatment for students suffering from OCD. Surprisingly, one of the key methods of treatment is willpower. An individual who can convince himself or herself that he or she has the power to overcome the disease increases the strength needed to control the intrusive thoughts. However, willpower is often not enough. In these cases, psychotherapy may be the next viable option. Counselors can help those with diagnosed OCD determine positive ways to move in a healthier direction such as establishing new behaviors to change the way one thinks and reacts to situations that create fear or anxiety. Some activities may include deconstructing the processes behind irrational thinking, role playing, and developing an action plan for gradual growth in a

specific area. Lastly, antidepressants and other medication (or a combination of medication and psychotherapy) can be a major asset in helping students overcome OCD (Hendrick, 2002).

Guidelines for Support & Assistance

Each college student is unique and may respond to or overcome a mental health challenge in different ways. Nevertheless, the following are some guidelines student affairs practitioners may find helpful in developing a successful approach:

1. Be observant of students who may be experiencing difficulties due to mental health challenges.

These signs can be subtle, yet distinguishable. For example, the average level of anxiety has increased in college students with some studies showing over 30% of students feeling frequently overwhelmed (Twenge, 2001). Although counseling and psychological service staff would be unaware of a student needing intervention unless the student themselves schedules an appointment, student affairs professionals are in a prime position to notice changes in behavior such as heightened stress and visible lack of sleep. Potentially, a student affairs professional could suggest a referral to counseling services before the student's anxiety worsened or the student's academics suffered.

2. Focus attention on comments or concerns that may be warning signs. Statistics show that while the number of students suffering from clinical depression or having seriously contemplated suicide is much higher than the percentage of those who have actually attempted suicide (approximately 1.5%), over 30% of college and universities usually experience a student suicide in a given year (Shea, 2002). Pay special attention to changes in behavior, comments, or actions that may indicate a student is troubled by depression and encourage open dialogue with that student. Remember there is no harm in being cautious when showing concern for a student's well-being.

3. Practice a higher level of patience when working with students who may be experiencing mental health challenges. Student affairs practitioners often lead busy schedules and sometimes become frustrated when student employees leave simple assignments or projects unattended or

incomplete. While students are sometimes only beginning to develop a higher level of responsibility or dependability, clinical factors may disrupt their success. For example, a student employee with ADHD may have extreme difficulty in completing a repetitive task over a long period of time (Farrell, 2003). Before judging, it is important to observe the student and monitor his or her behavior. Are they creating or succumbing to distractions, or responding to distractions that are mental and not visible? If it is the latter, more attention should be given to the student to see if there may be an uncontrollable reason behind his or her ability to succeed.

4. Know your abilities and limitations when assessing your involvement with students who need additional support. Once again, student affairs professionals often have a high level of interaction with students they advise, supervise, or counsel. While they may spend significantly more time with an individual student than a licensed counselor, student affairs professionals must understand when to refer students to those with more experience.

5. Continually educate yourself on the latest trends and literature concerning mental health challenges in higher education. Professionals should keep abreast of statistics, practices, legal issues, and research through journals, workshops, teleconferences, and trade periodicals.

Additionally, the need for formalized communication between student affairs professionals and an institution's counseling staff is imperative for collaborative learning as both campus entities can learn a lot from each other.

Conclusion

Astin (1993) noted that a significant decline in a student's sense of psychological well-being is observed during the college years. In recent years, students have become more apt to discuss mental health challenges with student affairs professionals (E. Shelly, personal communication, 14 December, 2004). With this enhanced communication, practitioners in student affairs are able to better serve students by helping them obtain the resources they need to be successful and assisting them with the challenges they encounter along the way.

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