



*Kanitta Charoensiri, DO, MBA  
Director of Health Center  
Virginia Tech, Blacksburg, VA*



*Cannie Campbell, MPH, CHES  
Director, University Health Services  
James Madison University, Harrisonburg, VA*



*Nancy Harrison, Psy. D.  
Harrison & Harrison Associates, Flemington, NJ  
Faculty - Center for Applied Psychology  
Rutgers University, New Brunswick, NJ*

## **RESOURCES FOR STUDENTS AND HEALTH CARE PROVIDERS** *(Final in a Series)*

### **Introduction**

The mental health of college students continues to be an important issue on college campuses today. According to a recent study, 13% of all college students are previously diagnosed with a mental health disorder prior to their entry into school. In addition, more than half of the student population of colleges report feeling worried or anxious at any given time; one third also experience depressive symptoms and sleep difficulties. [mtvU 2008]

To address the challenges related to mental health pressures on campus, the editors of College Health Associates convened a roundtable discussion consisting of 3 prominently known college health providers: Nancy Harrison, PsyD, from Rutgers University, Kanitta Charoensiri, DO, MBA, from Virginia Tech, and Cannie Campbell, MPH, CHES, from James Madison University. The results of the roundtable and the ensuing discussion were comprised of three parts. In the first part of the series, the panelists provided insights to their experience on the effects of technology (including use of the Internet and cell phones) on mental health in students. In the second section of the series, the panelists analyzed the propensity for decreased coping skills in today's college students and the role of decreasing communication between parents and their children while on campus. Finally, in this the third and final section, the faculty address concerns related to the inadequate provision of resources for students and college health providers.

By sharing their experiences and knowledge on these important issues facing the college community today, this panel of experts hopes to raise the awareness of, and provide insights to, methods for improving the current status of mental health on college campuses. We hope you find this information to be thought provoking and timely, and that you will follow us in making this series an important part of your current educational needs.

## References

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Provision of mental health services for college students requires adequate resources both on campus and in the community setting. Although students may be well served by the convenience of on-campus health and counseling centers, off-campus practitioners are needed to treat patients with long-term mental health concerns to allow clinicians time to see new patients. In this discussion, a group of college health experts addresses issues related to resources for students and health care providers, including the pros and cons of on-campus mental health services and the need for seamless transfer of information from previous providers in order to best serve the patient population.

### *Mental Health Services On Campus Versus Off Campus: Meeting the Need*

“College health is different from private practice because we are dealing with a transient population,” explained Kanitta Charoensiri, DO, MBA, to start the roundtable discussion. “College students are here for 4 years, and then they’re gone. Their needs are always changing, and it is very important that we are able to meet those needs. We can’t keep doing the same thing year after year, assuming that we are meeting those needs when we are totally missing the mark, and that is why we make an effort to stay on top of what is going on in their lives, including their use of technology, family life, and health concerns.”

Students may seek health care services on or off campus. “At our health center, we have the medical clinic, women’s clinic, allergy services, radiology services, laboratory services, and a pharmacy and counseling center,” said Dr. Charoensiri. “We can pretty much do everything on-site without having to send students in one direction to get their medications and in another direction to get laboratory work done and someplace else to get their x-rays. It is highly convenient for the students, and they love it.” When students are seen off-site, it is more onerous for students to complete their laboratory work and fill their prescriptions, so on-site services are considered more effective.

“On-site services are certainly more convenient, and I think so much gets lost when students are referred off-site,” remarked Nancy Harrison, PsyD. “On the other hand, there are some students who feel more comfortable seeing someone in the community; they don’t want to be seen going into the counseling center, but I think this is changing somewhat. If services are available on-site, it is much more likely in general that students are going to obtain the services that are recommended.”

“If we want students to avail themselves of services that we don’t provide, we never know if they have followed through,” added Cannie Campbell, MPH, CHES. “Our intentions are good in referring the service out, but there is no way to follow up, and I would say that most of the time students do not follow through. It is vitally important to not only have good communication within the campus health team but also good collaboration with off-campus practitioners and providers.”

“We would like to have more community-based counselors and psychiatrists for referral purposes,” noted Dr. Charoensiri. “It is very inefficient to keep patients on a long-term basis, because that ties up the counselors and psychiatrists for any new patients who are coming in.”

Dr. Charoensiri explained that the ratio for counselors as determined by the International Association of Counseling Services ideally should be one counselor per 1,500 students to ensure that the clinical needs of students are met.<sup>1</sup> “At Virginia Tech, we have about 27,000 students, so ideally we should have about 18 counselors. We are currently at 12 with the potential to add 3 more, so we are not at the ideal ratio for our student body. The number of psychiatrists on campus varies; some schools have 4 psychiatrists, some schools have 2, but then it also depends on how many psychiatrists are available in the community for referrals. At our counseling center, we have the equivalent of about 2 full-time persons doing psychiatry but we do have 2 psychiatrists and 2 adult psychiatry nurse practitioners.”

“Our university has strived to meet the requirement of one counselor per 1,500 students,” said Ms. Campbell. “We are very limited by space, and that is the bottom line in both our health center and the counseling center; we don’t necessarily have the space right now. We are building new facilities that will include both the health center and the counseling center, and we will be able to grow extremely fast in the next few years. We are probably right on target, but I imagine that if I asked my colleague over at the counseling center, he would say they need more counselors for the volume of students they are currently seeing.”

“Given the changing needs of our students, we always want to make sure we have adequate resources to help them,” added Dr. Charoensiri. “We also have issues with regard to space; if we could get more counselors, where would we put them? We make the best of what we have and we try to do as much outreach as possible so that we do have those resources. The counseling center does a great job with what is available, and we always strive to make those needs known to the higher-ups; we need these resources because the students aren’t going to succeed in the university if they can’t take care of themselves physically and mentally, which is basically the bottom line.”

“There are more students on campus today than in previous years who have a need for mental health services,” pointed out Dr. Harrison. According to a recent mtvU/Associated Press poll of 2,253 undergraduate students at 40 four-year schools, 13% have been diagnosed with a mental health disorder.<sup>2</sup> “Because we now have more specific medications, these students are able to function better and therefore attend college; the Americans With Disabilities Act gives mentally ill students the right to be on college campuses as long as they can function. As a result, the need for services is even more intense than it used to be.”

“It seems that students are becoming much more comfortable with the idea of seeking mental health services on campus, so the good news is that more students are seeking help,” remarked Dr. Harrison. “The bad news is that the resources, financially and personnel-wise, are not always there to meet that need. Counseling centers are trying to maximize their resources, including training more people on campus to spot students who might need help as well as providing more self-help programs, more Internet resources for students, and more group counseling services. Some counseling centers are even charging fees in order to increase their revenues.”

“Having all the resources on campus is a big help, and having enough practitioners in the community who will see students is vitally important,” stated Ms. Campbell. “There has to be good communication and collaboration between the campus and the community health structure because that tends to be a big roadblock for us. We have some practitioners in town who are not open to seeing students because they are transient individuals and won’t be long-term patients. Therefore, mental health center directors and college health center directors have to look at their staff and staffing patterns and determine their biggest needs.”

### ***Transfer of Information***

Dr. Charoensiri noted that for both medical clinics and counseling centers, it is very important to obtain the patient’s medical history, including previous treatments and medications, because patients often do not report their medical history accurately. “If patients have a chronic medical condition, they are very good about providing their medical records, including names, addresses, and telephone numbers of the specialists they have seen, their course of treatment, and when they need to have certain laboratory tests performed. That is always very helpful. In the counseling center, most of the time the practitioners do get the information from the patient’s previous providers; if not, they make a huge effort to get a signed release from the patient to obtain those records. We rely on that previous history to determine if the patient is being managed appropriately and should continue treatment.”

“We are only as good as the information provided to us by the students,” added Ms. Campbell. “Many of the telephone calls I get are from parents who are upset that their child was ‘misdiagnosed’ or not treated appropriately, but if we go back and look at our medical records, the student never even mentioned some of his or her medical history. Perhaps the student was embarrassed or didn’t think it was important, but it is vitally important to get that history.”

“We spend a lot of time in our appointment structure trying to get a history from our students and making sure we have their previous medical records on file,” continued Ms. Campbell. She explained that an issue on her campus is whether the sharing of information is allowed between facilities, such as the health center and the counseling center. “We have a crisis management team that includes campus safety, the office of judicial affairs, the health center, and the counseling center, and the question is whether it is appropriate to share some of that information among colleagues.”

“The Health Insurance Portability and Accountability Act (HIPAA) both helps and hurts from a college health standpoint,” noted Dr. Charoensiri. “It helps when parents want access to their

child's information, and it helps for the counseling center to have a more specific release of information form. The release form that the student signs is very specific; for example, the student may indicate that the clinician can discuss his or her medication, ongoing treatment, and follow-up treatment but cannot talk about sexual history or any sexually transmitted diseases. This isn't a general release, so that helps when it comes to parents." On the other hand, if there is a patient of concern, the clinician cannot gain information about that patient from counseling services without a signed release form. "In that case, it's a bit of a stumbling block."

"I agree that HIPAA helps and hurts," concurred Ms. Campbell. "Our health center is under the Family Educational Rights and Privacy Act (FERPA), which is different and does allow us to have some conversations with other people about the student. If there is a clear and present danger situation or a violation of the university's public health policy, we can also call the parents. We are investigating a third-party billing situation where we would take insurance, and that would require us to be HIPAA compliant."

According to a recent article in the *New England Journal of Medicine*, FERPA is often misinterpreted as prohibiting the sharing of information unless there is an emergency; in addition, it is unclear whether HIPAA applies to college counseling centers. "The laws and professional codes of conduct that protect a college student's right to privacy are so confusing that they have produced massive misunderstanding."<sup>3</sup>

## **Final Thoughts**

"The availability of resources and the seamless transfer of information are interconnected," stated Dr. Charoensiri. "We can't function in isolation, not having information, resources, or the relationships that Ms. Campbell mentioned with the outside community or even with practitioners or providers of these students back home. To be truly effective, we must have all of those factors together."

Dr. Harrison stressed the importance of taking care of the staff that is providing these services. "They have a sense of the issues affecting students, and we need to help these staff members decrease the risk of their own stress and burnout by setting reasonable limits and priorities and offering them resources to support their work. If we are in a position to partner not only with parents and previous providers but also with the current providers within the college community as well as the surrounding community, then we are in a better position to meet the needs of those students and increase the possibility that they will succeed throughout their years on campus."

"It is important to remember that we are just a piece of a much larger puzzle," stated Ms. Campbell in conclusion. "There is so much that goes into a student's positive or negative mental health, and that all needs to be taken into consideration as we move forward to help them while they are on campus to become educated citizens who will one day live in the 'real world.'"

## References

1. International Association of Counseling Services. IACS statement regarding recommended staff to student ratios. Available at:  
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