

Today's Anguished Students —and How to Help Them

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There's a mental-health crisis on college campuses. Counseling centers are overwhelmed by troubled students: 89% have seen a rise in anxiety disorders and 58% have seen an increase in clinical depression. Yet most counseling centers have no psychiatrists on site, and nearly one-third of centers must put students seeking help on waiting lists.

Here, we examine the forces behind the growing wave of students with mental-health struggles, and what innovative campuses are doing about it. You'll find advice on what you as a faculty member or administrator can do when you think a student needs help. You'll read about effective approaches the leading community colleges and graduate programs are taking. And you'll find a guide to online resources you can use and share with your colleagues.



KAITLIN GRANT

An Epidemic of Anguish

Overwhelmed by demand for mental-health care, colleges face conflicts in choosing how to respond

By ROBIN WILSON

Cassie Smith-Christmas and Margaret Go have something terrible in common: Both have family members who killed themselves while attending prestigious universities. In both cases, the students went to the campus counseling center before taking their own lives. But that's where the similarity ends.

When her younger brother, Ian, told a counselor at the College of William & Mary that he was feeling suicidal, says Ms. Smith-Christmas, the response was quick and decisive: An administrator called their parents that day and forced her brother to leave and seek professional help. After five days in a mental hospital and a couple of weeks on academic leave, he returned to the campus and tried to catch up on his work. He felt rejected, fragile, and overwhelmed, his sister says. Just a few days after he returned, in April 2010, his body was discovered in his parked car.

At the California Institute of Technology, where Ms. Go's son Brian was a junior, the reaction to his suicidal thoughts was very different. After he wrote an email message in late April 2009 to a counselor questioning whether he had the "will to go on," the counselor told him she couldn't meet with him for a few days.

A week later, after he had gone up to a rooftop and threatened to hurt himself, he sought out a dean, who referred him that day to another counselor. That counselor determined it was safe for Brian to go back to his dorm and recommended that he return for more counseling, which he did. At his request, university officials say, they did not contact his parents. On May 17, Brian was found dead by suicide.

Ian and Brian's stories demonstrate two different campus responses to troubled students. College officials won't comment on specific cases, citing privacy laws. But R. Kelly Crace, associate vice president for health and wellness at William & Mary, says the college typically asks students to withdraw if the campus environment is deemed "too toxic" for them. Before they can return, the students must prove that they've received the help they needed, he says.

The Go family sued Caltech and its counseling staff for malpractice and wrongful death — and while they settled with the counseling staff, a judge dismissed their suit against the university and its administrators. "We had stars

THE TAKEAWAY

The statistics are clear: More students are arriving at college with a history of mental illness, including major disorders. But colleges trying to meet their needs must balance competing priorities, which leads critics to accuse some colleges of acting mainly in their own self-interest.

in our eyes," acknowledges Ms. Go, who had suggested that her son visit the campus counseling center after he became devastated over a breakup with his girlfriend. "I thought: elite school, elite everything."

Judy Asbury, a Caltech spokeswoman, says, "Brian did report that he had contemplated suicide but denied that he continued to have suicidal feelings." The university made the same point in its legal response to the suit, saying its counselors had determined that Mr. Go was not "imminently suicidal." It also said that, from a legal perspective, "universities and their administrators have no general duty to protect students."

Families often expect campuses to provide immediate, sophisticated, and sustained mental-health care. After all, most parents are still adjusting to the idea that their children no longer come home every night, and many want colleges to keep an eye on their kids, just as they did. Students, too, want colleges to give them the help they need, when they need it.

And they need a lot. Rates of anxiety and depression among American college students have soared in the last decade, and many more students than in the past come to campus already on medication for such illnesses. The number of students with suicidal thoughts has risen as well. Some are dealing with serious issues, such as psychosis, which typically presents itself in young adulthood, just when students are going off to college. Many others, though, are struggling with what campus counselors say are the usual stresses of college life: bad grades, breakups, being on their own for the first time. And they are putting a strain on counseling centers.

Colleges are trying to meet the demand by hiring more counselors, creating group-therapy sessions to treat more students at once, and arranging for mental-health coordinators who help students manage their own care. A couple of colleges have even installed mental-health kiosks, which look like ATMs and allow students to get a quick screening for depression, bipolar disorder, anxiety, and post-traumatic stress.

But there is no consistent, nationwide standard of mental-health care on campuses, says Victor Schwartz, medical director of the Jed Foundation, which promotes emotional health among college students. "There are places functioning as top-of-the-line," he says, "and some that are extremely rudimentary."

Just how much should parents and students expect of colleges when it comes to mental-health care? Campuses are first and foremost educational institutions, after all, not health-care providers. Mentally ill students can pose substantial challenges — not just to an institution's resources, but also to their own ability to succeed academically, to their safety, and even to the safety of the campus.

"There is a real sense of responsibility, that part of our job and mission now is the whole student, not just the education of the mind," says Beth A. Pontari, chair of the psychology department at Furman University. "Our job is to produce better-functioning people. But when you have students who are more medicated and have been seeing a therapist since they were 12, that is very difficult."

Dan Jones, who has directed the counseling center at Appalachian State University, is a past president of the Association for University and College Counseling Center Directors. What's happened at Appalachian State is a window on the demand for mental-health services in higher education.

Initial screening interviews with students at the counseling center increased by 65 percent from the fall of 2009 to the fall of 2014, and individual therapy sessions rose by 50 percent over the same period. The number of students who said they had thoughts of ending their lives more than doubled, to 400 last fall, among a total enrollment of about 18,000. In the academic year just past, three App State students killed themselves. Nationally the number of college-student suicides has remained about the same, but it is the second-leading cause of death, after accidents.

The counseling center at Appalachian State limits students to about a dozen individual therapy sessions a year, although counselors have the discretion to extend that limit. Until this past academic year, the center usually had a waiting list with as many as 80 names. Students typically waited more than a week before a counselor could see them. But in January, the center added a full-time staff member plus several part-

33%

OF STUDENTS FELT SO DEPRESSED SOMETIME IN THE LAST 12 MONTHS THAT IT WAS DIFFICULT TO FUNCTION

time therapists, eliminating the waiting list.

Other institutions have been unable to keep up. Surveys indicate that nearly one third of college counseling centers have waiting lists.

Are students just more troubled than they used to be? In a 2013 paper called “Perfect Storm for Counseling Centers,” which Mr. Jones has shared with fellow directors, he lays out the forces behind the rising demand for college mental-health services. Mass shootings in 2007 and 2008 by mentally ill students at Virginia Tech and Northern Illinois University, respectively, prompted many colleges to cast a wider net to identify troubled students — and send them to the counseling center. Campuses now have threat-assessment teams to watch for disturbed students. Professors are on alert for students who exhibit troubled behavior in the classroom.

In an interview, Mr. Jones says students do seem less resilient today than in the past. “They haven’t developed skills in how to soothe themselves, because their parents have solved all their problems and removed the obstacles,” he says. “They don’t seem to have as much grit as previous generations.”

Students also are under greater pressure to perform, experts say. Some have been building their résumés since high school, earning top grades and spending hours practicing and competing with athletic teams and perfecting extracurricular skills.

In addition, as mental illness becomes less of a stigma, more students are arriving on campuses having already seen therapists — and taken medication — while in high school.

Jessica Schwartz will be a senior at Appalachian State this fall. She has been seeing therapists since she was 13 and began attending group counseling sessions and individual therapy at the university during her junior year. She has also continued working with a therapist in her hometown via Skype. Ms. Schwartz suffers from depression and anxiety. Her father was mentally ill and took his own life a few months ago, she says. “Coming to counseling at App State has really helped me find the tools within myself to be my own magic wand.”

But students at many colleges have been frustrated with the quality of mental-health care on campus. And they are letting administrators know.

At Tulane University, after Shefali Arora ran through the 12 sessions of on-campus therapy allotted each student, she was left on her own to find further care. “They said, ‘Here’s a list of therapists.’ But I didn’t have a car,” says Ms. Arora. She struggled to find a new therapist, balance her medication for bipolar disorder with drugs she was taking for birth control and allergies, and persuade professors to give her extra time to complete assignments.

“I told my professors, ‘I’m bipolar, I haven’t slept in days,’ ” she recalls. “A few really understood, but most didn’t. I had to drop out of one class, take a lot of C’s, and just muddle my way through.”

After deciding to take a semester of medical leave, Ms. Arora tried to commit suicide just before graduating last December. When she recovered, she created a Google document called “Dear President Fitts” and invited students to write about their experiences with Tulane’s counseling center. The document was a lightning rod for dissatisfaction, growing to 56 pages. She sent it to Tulane’s new president, Michael A. Fitts.

“The issues were very familiar — the ever-increasing needs of students wanting to access services and a somewhat challenged staff,” says J. Davidson Porter, vice president for student affairs. “And the need for intensive or long-term therapy versus what a college counseling center can provide.”

Starting this academic year, Tulane — which attracted media attention last year because of three student suicides — has made a variety of changes. Students can now get up to a dozen therapy sessions per year. The counseling center, which closes at 5 p.m. each weekday, has contracted with a local mental-health service to provide an evening hotline. Tulane also has named an administrator to help students find therapists in the community who can provide long-term care. And it has bolstered the team of social workers who, among other things, help students communicate with professors about mental-health troubles that may have caused them to miss class or perform poorly.

83%
**OF CAMPUSES MAINTAIN
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BEYOND THE CAPABILITIES
OF THE STAFF**

"We are a private institution with a high tuition, and that drives expectations of families," says Mr. Porter. "They expect us to have high-class services across the board. But how do colleges and universities respond in ways that recognize that we have thousands and thousands of students? How do you provide what you can but have appropriate limits?"

The pressure that colleges feel to offer comprehensive mental-health services is similar to expectations of them in cases of sexual assault. Students, parents, and the federal government demand that colleges respond promptly to rape complaints and adjudicate them fairly — including punishing offenders, regardless of whether the police are involved. But colleges aren't necessarily outfitted for the job of judging rape, and many have stumbled. They are spending months, if not years, revising their policies to meet federal guidelines and trying to figure out how to handle cases while staying out of court themselves.

Just as colleges have been accused of failing to respond adequately to sex-assault complaints and of working primarily to avoid bad PR, they have been accused of acting in their own self-interest when it comes to students' mental-health concerns.

For example, the University of Oregon prompted protests in March when it demanded that its counseling center turn over to university lawyers the therapy records of a female student who was planning to sue the institution for the way it handled her rape allegations. Jennifer Morlok, a senior staff therapist at the campus counseling center, had protested that demand to university administrators and to the U.S. Justice Department, saying therapy records should remain confidential no matter what. The university has acknowledged obtaining the student's counseling records but says it did so legally. Now the U.S. Education Department has drafted guidance, saying student medical records should stay private with only a few, specific exceptions in cases where colleges that are sued need the information to defend themselves.

When it comes to students' privacy, colleges generally say they will contact parents if they feel a student is in imminent danger of self-harm.

But Charles B. Anderson says the next step that some colleges take, insisting that the students withdraw, is a step too far. Mr. Anderson, a licensed clinical psychologist who has served as associate director of the counseling centers at both Virginia Tech University and William & Mary, says colleges' concern over their own liability in such instances often trumps concern over students' mental health. That threatens the integrity of campuses as places students can trust to treat their mental-health problems, he says.

In a Washington Post essay in May, Mr. Anderson wrote that too many colleges force potentially suicidal students off campus and into treatment by private hospitals or therapists simply to avoid lawsuits and potential harm to the campus's stability and reputation. If students want to return after such a leave, they must prove that they have received care. In some cases, such as at some Ivy League institutions, they must apply for readmission.

"There is no therapeutic basis for such a policy. It is the antithesis of treatment planning and continuity of care," writes Mr. Anderson, criticizing "a strategy that treats students as a problem to get rid of rather than a person who is suffering and in need of care."

In fact, he says, the move can backfire. "When students get the idea that they are going to be mishandled by administration for reporting suicidality, it's pretty clear that the next step will be to underreport symptoms or avoid the school's mental health resources altogether."

After a Yale undergraduate killed herself in January, students protested college policies they said had contributed to her despair. She had written in her suicide note that she "needed time to work things out and to wait for new medication to kick in," but feared that if she took time off and withdrew from Yale, she would never be readmitted. Yale is in the process of changing its policy to ease readmission for those who take a leave for medical or personal reasons.

William & Mary requires students who leave for mental-health problems, whether voluntarily or at the request of the college, to prove that they have received adequate care off campus before they can return. Family members who protest such requirements often are acting out of fear, says Mr. Crace, the associate vice president, rather than out of concern for a student's best interests. "This is a fear of losing one's dream and path in life. When that starts to unravel, the fear is escalated," he says. "But part

of our job is helping them move away [from campus] and focus on what is most right for them right now.”

Ms. Smith-Christmas, whose brother went through that process at William & Mary and then killed himself shortly after he returned, doesn’t blame the college for her brother’s death. “At the end of the day,” she says, “there was only one person who made that decision.”

But she wishes the college had treated him differently — more the way it treated her when she was a student on the same campus five years earlier. She, too, was feeling desperate and, she says, William & Mary could very quickly have sent her home, as it did with her brother. Instead, says Ms. Smith-Christmas — who attended college before the shootings at Virginia Tech and Northern Illinois put everyone on high alert for mentally ill students — the campus simply set up counseling sessions for her. “It changed my life,” she says, “in a very positive way.”

Robin Wilson writes about campus culture, including sexual assault and sexual harassment. Contact her at robin.wilson@chronicle.com.



ISTOCK

Faculty on the Front Lines

Professors need support in responding to students in the grip of psychological crises

By JENNIFER HOWARD

Erratic moods in class. Struggles to complete assignments. Essays that describe thoughts of self-harm or suicide.

Students in the grip of mental distress often show signs of it in their academic work and classroom behavior. Faculty members, especially those who interact frequently with them, are well placed to pick up on warning signs. But professors often need help figuring out how to respond.

"What they tell us is, 'Students come to us and tell us things, but we're not quite sure what to do next,'" says David R. Reetz, director of counseling services at Aurora University, near Chicago.

Almost all colleges now have some kind of rapid-response team that will intervene when there's an immediate emergency — a campus shooter, a bridge jumper. Beyond that, many colleges offer training to equip faculty and staff members to identify and handle students' mental illness.

Mr. Reetz coordinates the annual survey done by the Association for University and College Counseling Center Directors, which has 830 institutional members in the United States and abroad. In the 2014 survey, 58.5 percent of the colleges said they offered formal or informal faculty training. The proportion hasn't changed much since 2007, when 59 percent of respondents said they did. That's not enough, says Mr. Reetz. "The unfortunate piece is that many institutions of higher education do not see the value in this training."

Training, when it does happen, takes many forms. Orientation for new faculty members often includes presentations on mental-health issues and services; most colleges make how-to-help brochures and other basic resources freely available through

THE TAKEAWAY

Students in the grip of mental distress often show signs of it in their academic work and classroom behavior. Professors need help in recognizing the warning signs and knowing how to respond.

health or counseling centers. The University of California at Berkeley's University Health Services website, for example, lists "indicators of distress," phone numbers to call for advice and assistance, and a protocol chart to consult "when faced with a disruptive or distressed student."

Some institutions rely on general emails distributed at the beginning of the semester. At Columbia University, faculty members receive messages that list warning signs and what to do if they encounter a student in mental distress, says Rachel Adams, a professor of English and American studies and director of the university's Center for the Study of Social Difference. . "But then you get thousands of emails, and by the time you might need that help, most people have lost sight of that," she says. The information in the email is accurate, she adds, "but it's far from adequate."

The emails represent only one part of the university's strategy, says Richard J. Eichler, executive director of counseling and psychological services at Columbia. All undergraduates must take a core-curriculum humanities course, and those instructors are offered basic training in how to spot students in distress. "It's not mandatory, but attendance is pretty good," he says.

Most important, Mr. Eichler says, is for the counseling staff to maintain strong relationships with residential-life and academic-advising staff members and with administrators. Advisers and deans are often in a position to spot and refer distressed students, or to help faculty members do so. "So we're there in an ongoing way," Mr. Eichler says.

At Columbia and elsewhere, administrators and other interested parties stand ready to help — but first someone has to alert them to signs of distress. Ms. Adams has written about how difficult it can be to find effective ways to intervene on behalf of students who suffer from depression, which along with anxiety is one of the top two mental-health issues on campus. "The deans are allegedly keeping an eye on the students," she says. But "if the student is already doing self-destructive things, they're not going to call the dean."

Many colleges rely on a layered approach — what Sharon Kirkland-Gordon, director of the counseling center at the University of Maryland at College Park, calls "safety nets all across campus." Maryland has about 12,000 resident students; each dormitory includes an affiliated psychologist, and each college dean has a working partnership with a psychologist as well.

As is true almost everywhere, Maryland's faculty and staff members aren't required to undergo training in how to respond to students in distress, but individual departments or programs can request it. Ms. Kirkland-Gordon's staff runs voluntary workshops on how to identify and deal with the most common problems that students may demonstrate in the classroom. Declining performance and mood changes can signal depression.

Faculty members have also made good use of what she calls "the warm line" in worrisome situations. "What triggers the call is that they've noticed something very different in the behavior of the student," she says. "Sometimes faculty will call us — and this is pretty common — where there's a journal entry or paper where there's a mention of suicide. Mostly they want to know if what they think they're seeing is what they're seeing, and if they should be concerned."

Often faculty members will call when "they've established some kind of relationship with the student that gives them leverage," she says, "and we just give them the words."

A lot of colleges use so-called gatekeeper-training programs, a kind of suicide-prevention equivalent of CPR. These programs usually offer both classroom-based and online components, with advanced sessions for people who want to train others. In the survey by the counseling-directors group, 480 respondents noted that their institutions use such training, which is available through a number of companies; 32.5 percent reported using a program called QPR, for Question, Persuade, and Refer (terms that outline the basic approach), while 22.5 percent used locally developed models.

Suicidal intent doesn't always manifest itself overtly, says Paul Quinnett, president and chief executive officer of the QPR Institute, which developed the program, and a clinical assistant professor of psychiatry and behavioral science at the University of Washington. Bystanders have to overcome a natural reluctance to pry and ask awkward questions. "People use polite language when they talk about self-destruction," he

says. "So we have to train people to read between the lines."

If the training contains one central message, it's this: Do something. "If a professor's reading an essay and it talks about things that alarm him or her, they should at least clarify what it means," Mr. Quinnett says. "The marker is when the hair comes up on the back of your neck. When you experience a flash, just a flash, of 'Something could be wrong here,' you need to act."

Some strategies invite faculty members to be active participants in bringing mental-health issues into the open. One approach, called curricular infusion, can be adapted to many academic settings. At the University at Buffalo, counseling-staff members worked with visual-studies professors to arrange class presentations, inviting students to enter an art contest on the theme of mental health. Marketing-and-communications classes came up with a campaign for campus mental-health services.

A three-year suicide-prevention grant in 2006 "really forced us to forge relationships with academic departments," says Sharon Mitchell, director of counseling services. "Now faculty are familiar with us, and they come to us."

She and her staff tailor training sessions to different preferences: "Some people like group things. Some people don't want to devote a lot of time. You have to be flexible and meet people where they are."

The personal touch, and making it OK to talk about mental illness, can go a long way. At Aurora, which has about 4,400 students, David Reetz encourages professors to build into their syllabi the possibility that someone in the class will end up struggling during the semester. That way, he says, "the faculty member is openly acknowledging that they are ready, willing, and able to respond to any difficulty that might evolve."

Mr. Reetz suggests that professors have students answer a few questions early on about their expectations for the course. If a student subsequently has problems, the professor can refer back to that exercise and use it as a starting point for a frank chat and, perhaps, a referral to the counseling center.

Has that strategy paid off? He thinks so. In the 2011-2012 academic year, 26 percent of students who used the counseling center's services had been referred by a faculty or staff member; in 2013-14, that share rose to 50 percent.

Patrick Dunn, an associate professor of English at Aurora, has put that training to work in his classroom every semester. He asks his students to answer five or six short questions, including what expectations and other time commitments they have.

"I try to find something I can connect with," like a love of music, he says. Sometimes he can spot potential difficulties ahead of time. A student who reports working many hours a week, for example, might be vulnerable to stress by midsemester. Sometimes Mr. Dunn will sit down with Mr. Reetz and go through the questionnaires with him.

One of Mr. Dunn's courses, "Being Human," gets students to think about the ethics of the decisions they make. The subject matter can provoke "very revealing papers," he says. If students write that they're depressed or having a hard time, "I always take it a little bit seriously."

When the situation seems to call for a consultation with the counseling center, he says, "I don't couch it as, 'You need therapy,' but as, 'Here's someone who's available.'"

Mr. Dunn hasn't encountered any students who might pose immediate danger to themselves or others. "Not yet," he says. "But I keep David's card in my desk and security on speed dial, because I know it's a real danger."

Correction (9/1/2015, 12:11 p.m.): After this article was published, the Association for University and College Counseling Center Directors updated its membership count. It has 830 members, not 670. The article has been updated to reflect this correction.

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25%
OF STUDENTS SEEKING
SERVICES ARE TAKING
PSYCHOTROPIC MEDICINE

Grad Schools Try to Ease ‘Culture Problem’ of Anxiety and Isolation

By VIMAL PATEL

These days, Arran Phipps often feels depressed and stressed. The worrying has led to migraines, he says, and he has visited the student health clinic at the University of California at Berkeley, where he is a doctoral student in physics. But seeking professional help feels inadequate, a Band-Aid, he says. “My reactions to what’s happening around me are totally valid and normal. It’s not like there’s a problem with the way I’m looking at things. That tells me there’s a culture problem in graduate school.”

Earning a doctorate, of course, is tough. It usually means at least five years of intense study, teaching, and research — all with the knowledge that secure academic jobs are becoming scarcer. Toss in the isolating nature of doctoral education in some disciplines, and stipends that often fall below a living wage, and it’s easy to see why graduate school can take a toll on mental health.

A recent survey of graduate students at Berkeley provides a snapshot of just how heavy that toll can be. Student leaders created the survey to help fill a void of data about graduate students’ mental health, which they say isn’t discussed enough on campuses. It gauged students’ well-being by asking them to indicate their level of agreement with statements such as “I’ve been concerned about money lately,” “I’m upbeat about my postgraduation career prospects,” and “I’m satisfied with life.”

The findings surprised even administrators who suspected that the climate was unhealthy. About 37 percent of master’s students and 47 percent of Ph.D. students scored as depressed. Graduate students in the arts and humanities fared the worst, at 64 percent.

Graduate students at Berkeley and elsewhere want their institutions to address their emotional well-being head on. Although counseling centers are important and can play a role in helping students, especially during personal crises, these students say that to make a significant difference, colleges must change the culture of doctoral education.

“Graduate student well-being is baked into the whole system,” says Galen Panger, a fifth-year Ph.D. student in Berkeley’s School of Information and lead author of the report.

Psychiatrists, after all, can’t do much about poor adviser relationships, social isolation, precarious finances — or career prospects, which the report found was the top predictor of graduate students’ levels of both life satisfaction and depression.

Like many graduate students, Mr. Phipps worries about his career prospects as doctoral production continues to outpace the share of new tenure-track positions. He works far more than the standard 20 hours per week that a Ph.D. student is officially supposed to work for a stipend, but he feels that he must, in order to complete his doctorate in a reasonable time.

Meanwhile, making do on his stipend in the San Francisco Bay Area is a constant challenge. He and his wife, a physics Ph.D. student at Berkeley, carry six-figure student-loan debt. And finances will soon get tougher: Berkeley’s decision to stop covering health insurance for the dependents of graduate students could cost Mr. Phipps, who has a diabetic stepson, \$3,000 or more a year.

THE TAKEAWAY

Academic pressures. Long hours of solitude. Little income. Poor job prospects. Graduate school is a petri dish for anxiety and depression. Although counseling centers can help, many students and administrators say it’s the culture of doctoral education that must change.

"I mentor undergraduates, and it's hard to recommend grad school to anyone now," he says. "You're going to suffer a lot through grad school, and your quality of life will be poor for six or seven years."

To some, that is how it should be. Graduate school, the thinking goes, is supposed to be rough, a painful but necessary marathon on the way to an academic job. If a student can't navigate the challenges of a doctorate — both the rigors of the program and the life challenges along the way — he or she probably won't fare well as an assistant professor, better paid but under similar stress.

Sheryl Tucker, dean of Oklahoma State University's graduate school, says academe should no longer tolerate that view. One way universities can help change their graduate-school culture, she says, is by preventing students from being overworked.

When Ms. Tucker started her job, in 2011, she often heard of doctoral students whose assistantships demanded too much of their time. It's one of the most common complaints of graduate students everywhere: The 20 hours on paper is more like 30 or 40 hours in reality. It's particularly a problem when the teaching or research is not related to the student's dissertation.

Ms. Tucker decided that administrators had to sharpen their message: Students and faculty members needed to know that any work beyond 20 hours should be the student's choice, and students needed to know they had recourse when they felt overworked.

Oklahoma State officials, including Ms. Tucker, had to speak individually with many faculty members or department heads who resisted the change.

"When push came to shove, if someone really was not getting it, we did have to say, 'This is how OSU defines our workweek with the federal government. There are federal regulations about how employment works,'" Ms. Tucker says. "You have to have difficult conversations. It's not fun."

She reports rarely hearing students complain of overwork anymore. Where it continues, it tends to be greatest in the sciences, Ms. Tucker says.

Humanities and arts disciplines, however, present their own challenge to students' well-being: isolation. When coursework and exams are complete, often all that's left between a student and his or her Ph.D. is two or more years of dissertation writing, which can be a lonely endeavor.

Some colleges are responding by creating more-structured programs or dissertation workshops in which students bounce ideas off colleagues. Others are aiming to create a sense of community among graduate students, who are typically not as connected to their institutions as undergraduates are.

One such effort is at Virginia Tech. A decade ago, the university turned an old hotel and conference center into the Graduate Life Center, a sort of one-stop shop for graduate-student services. The building offers housing for graduate students and areas to meet, including a coffee shop. It's also used to provide career advice, financial-aid workshops, and counseling services, in a place where graduate students can go without the prospect of being seen in a waiting room by the undergraduates they teach.

Berkeley, too, has addressed that common graduate-assistant fear. In recent years, it has created several "satellite" sites across the campus where graduate students can discreetly seek mental-health counseling.

Mr. Panger, the Ph.D. candidate, says Berkeley administrators have been receptive to his well-being survey. He and other students have briefed many campus leaders on the report, including the University of California's president, Janet Napolitano, who oversees a system that produces 7 percent of the nation's doctorates. Berkeley's graduate dean, Fiona Doyle, wants to institutionalize the survey and conduct it every two years, as the report recommends.

After the report's release, the graduate school announced that it would hire a "graduate community coordinator" to create and oversee social programs for graduate students, and would make them aware of activities and services available.

Karen DePauw, dean of the Virginia Tech graduate school, says she is hearing interest from many fellow graduate deans who want to try something like the Graduate Life Center on their campuses. She agrees with Ms. Tucker, of Oklahoma State, that academe must change its attitude that doctoral education needs to be a time of anxiety and low morale.

"Yes, graduate school is stressful, and a lot of time and energy must be devoted to it, but we don't need to demoralize folks," she says. "This isn't the 19th century."

As for the poor job prospects, Mr. Panger says Berkeley and other universities should try to change the culture around what counts as career success. Graduate students often worry that their advisers will be disappointed in them if they don't seek academic jobs. To deal with that and other issues, Berkeley plans to create a center and devote a full-time staff member this fall to work on graduate students' professional development.

Progress at Berkeley and elsewhere has been slow, but there's a "coming awareness" about just how important well-being is to performance and productivity, Mr. Panger says. He sees efforts like Berkeley's catching on. "Change doesn't happen overnight," he says.

Vimal Patel covers graduate education. Follow him on Twitter @vimalpatel232, or write to him at vimal.patel@chronicle.com.

Community Colleges Seek Low-Cost Ways to Support Students' Mental Health

By VIMAL PATEL

Mental-health counselors at community colleges rarely handle only mental-health issues. They also offer academic advising, career counseling, and transfer services. On some campuses, they even run food pantries.

Meanwhile, they're trying to help a growing number of students with mental-health problems that are increasingly severe. More than half of the community-college counselors in a survey released in 2014 said more students were seeking help for depression and anxiety disorders, among other issues.

While four-year institutions, too, cope with a rising tide of troubled students, community colleges face special challenges. Their students are typically older, with families of their own. Many have experienced personal or financial setbacks that prevented them from attending college at an age when students traditionally do.

"People don't really get the complexity of mental-health issues that community-college students face," says Marge Reyzer, coordinator of health services at MiraCosta College. Last fall the 14,500-student institution, in Oceanside, Calif., counseled 11 suicidal students and saw an increase in students with post-traumatic stress disorder, she says. "We see one crisis after another."

Yet community colleges have the fewest resources. Only 8 percent of the counselors in the recent survey said their institutions provided on-site psychiatry; 19 percent said no personal or mental-health counseling at all was offered. Other surveys have found that most four-year colleges have such services.

Tight budgets can blur boundaries in a way that's not helpful, says Amy M. Lenhart, a counselor at Collin County Community College, in Texas, who is president of the American College Counseling Association. "If you are academically advising a student you have also counseled during a crisis, it's just not a good mix," she says. "Most counselors continue to wear those different hats."

To meet the growing need for mental-health services, she says, community colleges are getting creative. Here's how:

BUILDING PARTNERSHIPS

With resources scarce, community partnerships are key for two-year colleges, says Susan Quinn, director of student health services at Santa Rosa Junior College, in California. They are especially useful in cases the college isn't equipped to handle — when, for example, a student is delusional or suffers a breakdown. If that happens, she says, a county-based team of licensed clinicians is summoned.

The county team is represented at meetings of the college's crisis-intervention group, which meets regularly to discuss how to handle potential problems. Many colleges, two- and four-year alike, created such teams following the 2007 shootings at Virginia Tech. Having a county employee present makes it less likely that a student will fall through the cracks if he or she is dismissed from the college because of safety concerns.

"We all learned from the Arizona case," says Ms. Quinn, referring to the 2011 shoot-

THE TAKEAWAY

Community colleges face a double challenge: tight budgets and students with complex mental-health issues. Lacking the funds to hire lots of staff members, the colleges are building community partnerships, using unpaid interns, and trying peer education.

ing of U.S. Rep. Gabrielle Giffords by a recently suspended student from Pima Community College. “Our responsibility shouldn’t just stop with dismissing the student. That person would still be on our county’s radar screen because of the unique relationship we have.”

USING INTERNS

Community partnerships aren’t always enough. There is also more demand for campus counseling services, says Ms. Reyzer, at MiraCosta. The number of visits per year for mental-health counseling there has more than doubled over the past decade. To meet that need, MiraCosta has turned to unpaid volunteers from the area. The strategy has its critics, who, like Ms. Lenhart, worry that these interns aren’t always equipped to deal with severe mental-health issues. But Ms. Reyzer says they offer a solution to limited staffing.

Ms. Reyzer’s office hires one part-time licensed marriage-and-family therapist and eight interns, who need a certain number of clinical hours before becoming licensed by the state. The interns have master’s degrees in marriage-and-family therapy, so the college is fulfilling its role as an educational institution, she says. “We make no bones about it to students in need of counseling that they’ll be seeing an intern.”

TURNING TO PEER EDUCATION

Many students who need help never seek it. One cost-effective method to reach more of them is through other students, a strategy that some community colleges are embracing. MiraCosta hires about a dozen peer educators per semester, Ms. Reyzer says. These students go into classrooms to give presentations about stress, anxiety, and depression, and often describe their own struggles.

Javiera Quinteros Bizama, a second-year student majoring in marine biology, has delivered about 30 such presentations, in which she has talked about the suicide of a friend who was depressed.

At the end of the visit, she hands out an information packet that includes a San Diego suicide-hotline number, a fact sheet about depression, and descriptions of counseling resources at MiraCosta. Students are more receptive to the information, she says, when it comes from classmates.

Vimal Patel covers graduate education. Follow him on Twitter @vimalpatel232, or write to him at vimal.patel@chronicle.com.

69%
OF COUNSELING CENTER
DIRECTORS HAVE SEEN
AN INCREASE IN CRISES
REQUIRING IMMEDIATE
RESPONSE

A College Wish List for My Son

By MAX'S MOM

When my husband and I left our eldest to begin her freshman year of college, I was hit by a double barrel of emotions. I felt extreme joy that our daughter was taking her first steps toward adulthood, and an unexpected grief that she wouldn't be getting back in the car and riding home with us.

As we prepare our 17-year-old son for this same journey, my emotions are more complicated. When Max* was 8, he began experiencing episodes of depression, irritability, inflexibility, and hyperactivity. At 12, we had a diagnosis: bipolar disorder. After several false starts, we found a talented child psychiatrist who prescribed the right mix of medications.

Because Max became ill so young, many aspects of his adult personality have been slow to develop. He has poor organizational skills, is easily overwhelmed, procrastinates, and is socially immature.

He attends a small private high school, which has been a largely positive experience. Still, at the beginning of every academic year, my husband and I trudge in to meet with the same teachers and administrators to remind them that Max is not lazy or willful. We hand out literature about juvenile bipolar disorder and tell them Max has a disability that requires accommodations, just like epilepsy or cerebral palsy.

What classmates and teachers have come to appreciate about our son is his intelligence, warmth, mordant sense of humor, writing ability, and an empathy beyond his years.

Last fall we began touring colleges. In some ways, the process has been easier than the overwhelming choices that confronted our daughter. This time we are restricting our search to small schools, no more than 5,000 students, within a three-hour drive of our home. Max's illness affected his junior-year grades, so even though he scored well on the ACT, the more competitive schools are off the list.

To aid in our search, we can tap into a relatively new resource: college rankings for mental-health services. In 2013 the nonprofit Jed Foundation, which promotes emotional health and suicide prevention among college students, invited institutions to take its new online self-assessment survey. More than 40 colleges have earned Jed-Campus Seals for their comprehensive mental-health and suicide-prevention programs. Among them is Alfred University, in Alfred, N.Y. Just a 90-minute drive from our home, and with a student body of 2,000, Alfred merited a visit. Through a website, BestCollegesOnline, I also found that the Rochester Institute of Technology, right in our own backyard, has a highly regarded disability-rights office that provides in-depth learning-support services.

But providing high-quality mental-health care is simply not enough. Faculty members should be trained to recognize early symptoms of emotional distress and should know where to refer students for help. To explain to Max's professors how his illness can affect his learning, my husband and I need to meet with them at the start of each semester. For instance, Max can look uninterested when he is depressed. If he is feeling anxious, he may leave in the middle of a class. Should he fall behind academically, his academic adviser would need to notify us early on — before he is feeling too overwhelmed to catch up.

Kids with mental illness often have low self-esteem and delayed social skills, and Max is no exception. That's why we prefer a college that has a student-led mental-health-advocacy group, like Active Minds, or a NAMI on Campus club, created by the National Alliance on Mental Illness, so Max will have a ready-made peer group. Colleges that put a high priority on freshman-orientation programs get an extra point in our score book, too.

THE TAKEAWAY

Parents of prospective students scrutinize colleges' willingness and ability to support students' psychological health.

Under the Americans With Disabilities Act, colleges must make academic adjustments based on students' individual needs. With a little research, we will identify schools with a reputation for closely following the ADA. For example, Max takes medication that makes him groggy early in the morning. Allowing him to register early to guarantee placement in midmorning and afternoon classes would address that issue. To ease the transition to college, he should carry a reduced course load in his freshman year. Having a single room would give him space to de-stress.

As parents, we also have our job to do to prepare Max for the academic and social challenges that await him. He has grown accustomed to being waited on, so I am rolling back my waitress services. His list of chores has grown, and he's now expected to take his medication without a reminder. We have also been encouraging Max to keep regular sleep hours, eat healthfully, and exercise.

Once Max decides on a school, we will meet with whoever handles disability rights to request academic and living accommodations to ensure his greatest possible success in college. That will include reviewing the school's mental-health-leave policy. Before he leaves for college, we will obtain our 18-year-old's signed permission to access his health and academic records. We will encourage Max to start off with the lowest course load possible.

What we want for Max is what all parents want for their collegebound children: to find his passion and his calling over the next four years; to be happy, to make friends, to be challenged intellectually and personally; to become an independent, functioning adult who can make his way in the world.

For that to happen, Max will need a college that will be supportive and understanding of the fact that he has a significant mental illness.

**Max is a pseudonym. While I fully support the growing movement to disclose mental-health diagnoses, I chose not to use my son's real name here. He is young and not fully able to weigh the consequences of my telling his story here. The stigma of mental illness still exists, and I did not want to jeopardize his entry into and success at the college of his choice.*

Colleges Are Hard Put to Help Students in Crisis

By KATHLEEN BAKER

I once wrote a suicide note. I was in college, at the peak of what turned out to be a lifelong battle with depression. It was the 1980s, a time when mental-health resources were available on many campuses, but also when colleges were only beginning to understand the immensity and complexity of the need. I was fortunate: A counselor, the hall director, and the resident assistant were all there to get me the help I desperately needed.

Now, nearly 30 years later, I am an administrator, on the other end of the problem — and it seems to have increased tenfold.

According to the National Alliance on Mental Illness, one in four college-aged young adults lives with a diagnosable mental illness. And suicide is the second-leading cause of death for college students, after traffic accidents.

Mental illness does not necessarily lead to thoughts of suicide, but academic pressures and the need to fit in with peers certainly can push in that direction. As a college administrator who is involved in crisis response, I see it far too often.

Colleges are at a crucial point in their ability to attract, retain, and graduate students. Many programs and services have been affected by budget cuts, and mental-health services have not been immune. At my own institution, an additional therapist was approved after many years of requests; unfortunately, the position fell to budget cuts before hiring was completed, even though assessment data showed a strong need, and enrollment continues to increase.

College officials are faced with students in crisis every single day. I'm not talking just about the counseling center on campus. I'm talking about emergency personnel, residence-life staff, even faculty. Colleges maintain crisis teams that are trained and ready to respond to any sort of incident. That makes sense, as anything that can happen in life can happen on a campus. But what about the students diagnosed with mental illness who don't yet have a full understanding of their condition? The National Institute of Mental Health reports that 75 percent of mental-health issues have begun by the age of 24. That means traditional-age college students are in their prime years for these diagnoses.

Many times parents have told me during orientation events that their child was just diagnosed with a mental-health condition. Their expectation is that the college will have the services on campus to fully support their child's success while dealing with this new diagnosis.

Well, we don't.

We do not have nurses assigned to check students' rooms to make sure meds have been taken. We do not have doctors and psychiatrists who can adjust medications and assist students when they have adverse reactions. Some campuses are fortunate to be located near hospitals and physicians, but those colleges are responsible for getting the student there in time — and safely.

What do most colleges provide? They have a limited number of counselors and physicians (most likely nurse practitioners) on campus. They have people who respond to students in crisis — most often hall directors or resident assistants who are not mental-health professionals but who have training in suicide prevention, mental illness, depression, and so on. Colleges place high expectations on those individuals to respond to things that people in the “real world” would be dealing with in a medical setting.

What can colleges do differently? Require disclosure of mental-health conditions at application or admission? Weed out students who do not meet certain expectations of mental-health stability? Require those students to live with family? Pour more and

THE TAKEAWAY

One in four college-age young adults lives with a diagnosable mental illness. Parents expect colleges to have adequate support services, but many don't. More students need to advocate for themselves.

more institutional dollars into mental-health services on campus?

I don't have the answers, but I know we have a problem.

I have played devil's advocate here — I don't believe we should weed out students with mental-health problems. After all, under such a policy, I might well have been one of those weeded out. There are so many successful students and professionals who live with mental illness and lead productive, happy lives. Unfortunately, society still has such a negative view of these things that we are forced to live in secrecy — which makes the problem worse.

If more students with mental-health issues were to speak up and state that we live with these challenges, colleges might better connect with and meet the needs of their students. As both an administrator and a student, I'm speaking up — and I am hopeful for change.

Kathleen Baker is a doctoral student in the educational-leadership program and director of housing and residence life at Seattle University.

After 6 Suicides, U. of Pennsylvania Takes a Tough Look at Its Campus Culture

By CASEY FABRIS

A cluster of suicides at the University of Pennsylvania has the campus facing tough questions about whether its culture discourages some students from getting the help they need.

Last month the university, where six students have taken their lives in a 15-month period, released a report by a task force that recommended addressing what it described as a perfectionist culture among students. Members of the task force said that many students feel pressure to put on a “Penn Face”—a perfect front to hide the emotions, stress, or sadness that they might be feeling.

“It was very concerning to me that people sort of see it as ‘This is what we do here, we’re good at hiding our pain,’ ” said Anthony L. Rostain, a co-chair of the task force who is also a professor of psychiatry and pediatrics.

While the university has made some changes in its mental-health resources—such as reducing the wait times for noncrisis counseling and creating a 24/7 help hotline—the task force argued that the bigger problem is persuading students to use them.

The report has also drawn some campus critics, who say that the eight-page document does not go far enough to suggest specific reforms in health resources and that it does not provide a clear timeline for carrying them out. Other critics say the idea of changing the campus culture is vague and hard to measure.

Of course, Penn is not alone in dealing with students under pressure to excel, and a focus on success isn’t unique to Penn. It’s an element of many similarly competitive colleges, which have tried various approaches in recent years to intervene.

Show People You’re Amazing

Jack Park, a senior urban-studies major, knows the pressure to wear a Penn Face, which he describes as “Facebook in real life.” On Facebook, he said, you post pictures of yourself only when you’re having an amazing time or eating amazing food or visiting an amazing place. At Penn, it’s the same way: You only show people that you’re amazing.

Last February he wrote about his own experience of attempting suicide. The post appeared on the blog Pennsive, which provides a place for Penn students to talk about mental health.

In his post, Mr. Park shared his phone number and email address, and invited responses from anyone who wanted to talk about what they were going through. Mr. Park didn’t think anyone would contact him. But in the year since then, he has heard from about 100 Penn students. Half of them were people he already knew, though he was hearing about their struggles for the first time, and half were strangers.

Rebecca W. Bushnell, the other co-chair of the task force and an English professor who is a former dean of the School of Arts and Sciences, said students should openly discuss the reality behind their Penn Faces.

Though some students may think they can’t change the culture, Ms. Bushnell said, she believes they can. She cited as an example a student who had organized a panel of student leaders—“people with the perfect Penn Faces”—to talk about their vulnerabilities, failures, and disappointments. Events like that one, where students can talk about the challenges they face and see that the people around them are not as perfect as they seem, Ms. Bushnell said, have the power to drive change.

Fostering such discussions is key, said Alison K. Malmon, founder and executive director of Active Minds, a nonprofit organization that encourages college students to

THE TAKEAWAY

Students at elite colleges, who are under tremendous pressure to excel, say administrators must do more to change the campus climate.

discuss mental health. Ms. Malmon started Active Minds when she was a student at Penn, after her brother committed suicide.

It's important to show students there isn't one perfect path to success, she said, suggesting that a college invite successful graduates who didn't take a traditional route to show students that, even if they break the mold, there's still hope for their future.

Ms. Malmon cited her brother as someone who could've benefited from that conversation. He had to take a leave of absence from his Ivy League university. The idea of needing to take time off, of not graduating in four years, was "devastating" to him, she said. Students need to be told that it's OK to not graduate in four years or not take as many courses as everyone else, she said. Mental health is more important than achieving elusive perfection.

"We need to show students that perfection is not the only thing and that success looks like a lot of different things," Ms. Malmon said. "Schools like Penn need to show their students what a typical course load should look like, what a typical night of sleep should look like, and what a typical Penn student looks like."

Changing a Campus Culture

Penn isn't the only college seeking to improve its mental-health offerings. In fact, there's a program dedicated to helping colleges do so.

In its report, the task force indicated that Penn would work with the Jed Foundation, a nonprofit suicide-prevention group. Penn is one of several colleges that are part of the Jed & Clinton Health Matters Campus Program, in which Jed consults with the colleges over four years on mental-health issues and policies. Penn is starting the process, said Victor Schwartz, medical director of the Jed Foundation.

Mr. Schwartz said the Campus Program helps to hold colleges accountable. As a participant, Penn will conduct self-assessments and create an oversight committee to track progress.

Culture plays an important role in discussions about improving mental health on campuses, Mr. Schwartz said. A college needs to create a culture where students feel competitive with one another, but also responsible for one another.

Cornell University, another Ivy League institution with an enrollment of high achievers, is also part of Jed's Campus Program.

Cornell too has sought to change its campus culture. Although it has worked to promote mental health on its campus for years, the issue received renewed focus when six students committed suicide in 2009-10. Clusters of suicides like those at Penn and Cornell are not uncommon due to suicidal contagion, meaning students at risk may be more likely to commit suicide after others have done so.

MASKS OF PERFECTION

In response to the cluster of suicides, Cornell increased funding for mental health—something it had previously discussed reducing due to financial constraints—and expanded hours for counseling, said Gregory T. Eells, director of counseling and psychological services at Cornell.

The university worked to signal that asking for help is not a sign of weakness. The president, David J. Skorton, responded to the suicides with the message, "If you learn anything at Cornell, please learn to ask for help," Mr. Eells said.

Changing the culture doesn't mean making the college less competitive or eliminating the fear of failure—that's not going to happen at universities like Cornell or Penn—but rather getting students to understand that asking for help is the smart thing to do, Mr. Eells said.

It's important to connect with students who feel as if they're a burden, as if they don't belong, as if "somebody at admissions made a huge mistake," a feeling Mr. Eells said is common in the Ivy League.

Culture change isn't all abstract. Programming can send those messages too. Mr. Eells cited Cornell's Let's Talk program, started in 2002, as an example. The program offers informal walk-in counseling at locations around the campus, without any paperwork or appointment. It gives the college a chance to reach students who are reluctant to seek counseling, he said.

At Penn, Mr. Park said, students are beginning to cast aside their masks of perfection. It seems as if there have been more open discussions about mental health on the campus, he said.

"Real campus reform could happen if Penn students individually realized that, OK, I don't have to have a Penn Face. The society I'm in has a Penn Face, but it doesn't mean I have to have a Penn Face," he said.

He still feels as if Penn should do more, but he acknowledges that it's a college, not a mental hospital. It's important, he said, that students chip away at the negative aspects of the Penn culture by working on themselves and their own mental health.

Campus Counseling Centers Face a Question: Where Are All the Men?

By JARED MISNER

Male college students are far less likely to use campus mental-health services than female students are. In fact, campus counseling centers treat almost two women for every man, according to a recent study.

To Jon A. Davies, who was a senior staff psychologist at the University of Oregon for 20 years, that is a statistic colleges should pay far more attention to. He links it to the biggest challenges colleges face today: Fewer men than women are attending college. Most sexual assaults are committed by men. All of the recent high-profile shootings at campuses have been committed by male students. But Mr. Davies worries that many colleges are not prepared to help male students—or to convince them that they need help in the first place.

“Because of men’s socialization, they come to college making the biggest transition of their lives with the message that you’re not supposed to ask for help from anyone and you’re not supposed to show any deep emotions,” says Mr. Davies. “It’s a recipe for disaster.”

Boys, from an early age, are told to “be a man,” handle problems on their own, and hide their emotions, says Mr. Davies. And popular culture sends messages that successful masculinity looks like the Marlboro Man, the Lone Ranger, and National Football League players. And certainly the Marlboro Man doesn’t need counseling, right?

The result, he and other experts argue, is that too few college-age men seek the counseling they need, which Mr. Davies argues may translate into high rates of untreated anxiety, depression, substance abuse, or larger problems.

“There’s so much research out there that details the barriers to men seeking help and the struggles they face. I think the problem is that college campuses, for some reason, aren’t recognizing it as a health crisis,” Anthony J. Isacco, an assistant professor of counseling psychology at Chatham University, says. “There’s still that adage that ‘boys will be boys,’ and ‘they’ll pull themselves up by their bootstraps,’ and all that thinking.”

But when college counseling centers are swamped, often with waiting lists that stretch two to four weeks out, no one has time to think about why they’re not talking with more men.

“When there’s a great demand for their services, it’s hard to look at who’s not coming in,” Mr. Davies says.

Charlie Malwitz is one of those students who isn’t coming in for help.

During his first month at Clark University this fall, his first month of being away from his Ridgefield, Conn., home, his first month of being apart from friends and family members, Mr. Malwitz had already withdrawn from a biology class, suffering, he says, from anxiety.

“In the labs for biology, my heart started to race, I started to sweat as I looked down on the work I had to complete. I was just trying to ask a bunch of people what was going on, and they seemed irritated, and that made me really worried,” Mr. Malwitz says. “I was just sitting there, and I wanted to shut down, but I knew I couldn’t. I just kept running to the bathroom this one time because I was just trying to keep everything under control. I was just trying to keep myself in a better mental state. I was trying not to hyperventilate.”

In high school, things were different, Mr. Malwitz says. He could talk to the teacher instead of a teacher’s assistant, there were no classes or labs full of strangers.

In high school he managed, earning B’s the whole way through. College, though? That was a whole other ball game.

He had learned from his dad to “hide his feelings,” Mr. Malwitz says, so he didn’t think about going to the college’s counseling center to ask for help.

THE TAKEAWAY

Men are less likely than women to seek help from campus counseling, and counselors may not be prepared to help them.

"It's a lot of effort. I could just stay here, mope around, and get better," Mr. Malwitz says. "I mope a lot, and then my attention gets diverted, and that sort of makes it go away."

REACHING OUT

Experts say more needs to be done to help male students like Mr. Malwitz realize that asking for help isn't such a bad thing.

"As a society, we're not encouraged to look at men's emotional vulnerability," says Michael E. Addis, a professor of psychology at Clark University. "We're much more prepared to see it in women. We've sort of feminized mental health in some ways. When men are suffering from mental-health issues, we have to make an extra-special effort to realize it."

Mr. Davies and Mr. Isacco recommend that college counseling centers, as part of their mental-health services, use a "men's center" approach to counseling. The key ingredient: outreach. Men are not going to come to counseling, the logic goes. The counselors have to go to them.

At least one college is doing just that,

The University of Nebraska at Lincoln often stations its "Man Box," an eight-foot-tall, metal-framed, phone-booth-style kiosk, at high-traffic areas around the campus to get men to talk about what it means to be a man.

"It's inviting them to critically think about the way they express their gender," says Claire T. Houser, the university's counseling coordinator. "The Man Box asks men, 'How do I express masculinity in my life?' and 'Are there other ways to be a man?'"

Ms. Houser says men running the Man Box give pamphlets to passers-by that explain, among other things, about the dangers of traditional masculinity's "don't be a sissy" mentality.

Nebraska also offers a men's group, saying its Man Box is just one strategy it uses to reach men.

Oregon is another institution that goes outside the counseling center to reach men, says Mr. Davies.

"Since men don't participate in standard counseling activities, we wanted to create therapeutic environments in nontherapeutic centers," he says. To get men to talk about their feelings, the university offered a credit-based class on leadership skills. "They're not going to just come into the counseling center," he says.

But colleges should look for more ways to get male students to talk about their problems, he and other experts say.

"A community has to recognize that male students are going to have difficulty recognizing emotional distress," says Mr. Addis, of Clark University. "Counseling is asking for help. To do so is to admit powerlessness. Admitting powerlessness is not congruent with the masculinity in which boys are raised."

College Counseling Centers Turn to Teletherapy to Treat Students for Anxiety

By JARED MISNER

James D. Herbert tells one of his patients to go into the bathroom—with a laptop. Although his request may seem odd, Mr. Herbert, chair of Drexel University's psychology department, in Philadelphia, is with a client.

Sort of.

Mr. Herbert is one of many mental-health professionals across the country who use teletherapy to counsel patients online. With this particular patient, Mr. Herbert is treating obsessive compulsive disorder, which results in frequent handwashing. Through teletherapy, Mr. Herbert can interact with the patient while he is in the actual area where the behavior manifests itself.

The trend of treating patients online is spreading rapidly at the nation's colleges, especially to deal with anxiety, one of the leading reasons students turn to counseling centers.

According to a 2013 survey by the Association for University and College Counseling Center Directors, nearly 6 percent of the 380 colleges participating in the study now use some form of teletherapy. While that number might not seem high, it's up from less than 0.5 percent in 2012.

Mr. Herbert predicts more colleges will be trying the approach soon. "It's growing by leaps and bounds," he says.

'BEING AT HOME'

At the University of Florida, students struggling with anxiety can visit its counseling center and, after an initial, in-person consultation with a counselor, can elect to start a seven-week program called Therapist Assisted Online. The program works like an online course, complete with videos and online activities. Once a week, students meet with their specific counselor, one on one, through a videoconference for 10 to 15 minutes to discuss their anxiety.

That means students visit the counseling center only once and can do the rest from the comfort of their dormitory room. "They like the idea of being at home," Brian C. Ess, a counselor at Florida's Counseling and Wellness Center, says.

Last year about 100 students enrolled in the online program. At least two other colleges—Loyola Marymount University and the University of Kentucky—are testing Therapist Assisted Online for possible adoption.

Things work a bit differently at the Savannah College of Art and Design, where counselors offer weekly group webinars to help students manage stress.

During an eight-week program, counselors teach a different stress-management tool each week, and students may attend as many or as few of the sessions as they like. As students learn to meditate and relax, they can choose to use a webcam for two-way viewing or simply use audio or chat features to talk with counselors.

"We're really trying to make connections with students," says Tamara S. Grosz, the Georgia college's director of counseling and student accommodations. "Because if we connect with students, we can destigmatize the services so students can seek access earlier."

In the stress-management group, which the college has offered for four years, participation varies from three students to 12 students each week, Ms. Grosz says.

Privacy Concerns

The technology brings convenience, but it also comes with new challenges for coun-

THE TAKEAWAY

Strapped for resources, more colleges are treating patients online, especially to deal with anxiety.

seling centers—and their patients.

Chief among them: Could hackers gain access to online counseling sessions?

"We can never 100-percent guarantee that won't happen," Mr. Herbert says, but he does use software, called VSee, that is certified as compliant with the Health Insurance Portability and Accountability Act, the federal law requiring patient privacy. "The thing you have to remember is that people can tap your office," he says. "There's never a 100-percent-secure environment."

Jed Magen, chair of Michigan State University's department of psychiatry, says one concern for such online-counseling services is whether the online environment is as effective as in-person counseling for maintaining personal connections between therapists and patients, but the fear disappears quickly.

"Over time, people kind of forget about the screen," says Dr. Magen, who has used teletherapy to see patients across Michigan for nearly a decade. "When they come on the screen, it's still, 'Hi, how are you?' It's still a connection."

College counselors have faced new legal issues as well. Current laws require therapists to be licensed in the state in which they practice, so they may not be able to provide mental-health services to students in different states.

That is especially relevant to students who may be in a different state for holidays or vacations, officials say.

But Mr. Ess says that, despite the challenges, the online approach is a good fit for today's students.

"I can't drive by a bus stop and not see students looking at their phones," he says. "There's a comfort now that wasn't there before that allows us to do this."

Resources

Jed Foundation

A nonprofit suicide-prevention group
<http://www.jedfoundation.org./professionals>

Jed and Clinton Health Matters Campus Program

Designed to help colleges promote mental health, reduce substance abuse, and prevent suicide among their students.
<http://www.thecampusprogram.org/>

Active Minds

Develops and supports student-run campus chapters devoted to mental-health awareness and advocacy.
<http://www.activeminds.org/>

Bacchus Initiatives of NASPA-Student Affairs Administrators in Higher Education

Helps students and student affairs administrators create campus environments that are healthy and safe.
<http://www.naspa.org/constituent-groups/groups/bacchus-initiatives>

Resilience Consortium

An association of college and university faculty, learning services, and counseling services interested in understanding and encouraging resilience in students
<http://resilienceconsortium.bsc.harvard.edu/home>

National Alliance on Mental Illness

A grassroots mental-health organization
<https://www.nami.org/>

Association for University and College Counseling Center Directors

Publishes an annual survey of directors:
<http://www.aucccd.org/assets/documents/2014%20aucccd%20monograph%20-%20public%20pdf.pdf>

American College Counseling Association

<http://www.collegecounseling.org/>
Resources include the National Survey of College Counseling Centers
http://www.collegecounseling.org/wp-content/uploads/NCCCS2014_v2.pdf

Center for Collegiate Mental Health

Multidisciplinary practice and research network providing information on the mental health of today's college students.

<http://ccmh.psu.edu/>
Publishes an annual report: <http://ccmh.psu.edu/wp-content/uploads/sites/3058/2015/02/2014-CCMH-Annual-Report.pdf>