

INSTITUTIONAL PRIORITIES
AROUND MENTAL HEALTH
CARE:
“Pay Me Later” is Never The Best
Choice

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ASSUMPTIONS

- YOU CANNOT HAVE ACADEMIC EXCELLENCE WITHOUT PHYSICAL AND MENTAL HEALTH & WELLNESS
- MENTAL HEALTH SERVICES SUPPORT THE ACADEMIC MISSION OF ANY INSTITUTION
- MENTAL HEALTH CARE CANNOT BE AN AFTER THOUGHT WHEN A CRISIS DEMANDS IMMEDIATE ATTENTION
- INTRAPSYCHIC INTERVENTIONS CANNOT BE THE ONLY THERAPEUTIC STRATEGIES EMPLOYED IN MENTAL HEALTH CARE

CONTEXT OF SERVICE DELIVERY

- “The student’s mental health and the student’s academic experience and performance exert a profound reciprocal influence, such that efficacy in one area facilitates efficacy in the other...the primary reason for support of a university mental health delivery service is to reduce impediments to the student’s academic performance.” (UCLA, 1980).

- Students come to our campus in developmentally vulnerable spaces, having been touched by life events which challenge their sense of identity, levels of confidence, ability to trust and willingness to take risks and expose themselves to further vulnerability. (Parham, 2001).

COUNSELING ISSUES: HISTORICAL TRENDS

- ADJUSTMENT TO NEW ENVIRONMENTS
- EXPLORATION OF IDENTITY AND IDENTITY CRYSTALLIZATION
- RELATIONSHIP ISSUES
- CAREER ISSUES IN CONTEXT OF ACADEMIC MAJOR
- MANAGING STRESS ASSOCIATED WITH ACADEMIC RIGORS

NATIONAL TRENDS

- More students come to campus psychologically impaired
- Both frequency of occurrence and degree of debilitation among students are increasing
- More students arrive on campus taking psychotropic medications
- Incidents place major strain on campus resources

PSYCHOLOGICAL DEBILITIATIONS THAT ARE SEVERE

- Psychosis
 - Delusions
 - hallucinations
- Self abuse
 - Mutilation
- Suicidal
- Paranoia
- Anorexia
- Bi-polar
- Depression
- Stalkers
- High anxiety
- Substance addictive

MISSION POSSIBLE:

Critical Roles for Counseling Centers

- **SUPPORT THE PERSONAL ADJUSTMENT OF STUDENTS.**
- **ADDRESS THE NEED OF STUDENTS AND THE CAMPUS IN A PROACTIVE AND DEVELOPMENTAL WAY.**
- **ENHANCE HEALTHY GROWTH AND DEVELOPMENT OF STUDENTS THROUGH LEARNING EXPERIENCES.**
- **PROVIDE CONSULTATION AND OUTREACH TO CAMPUS COMMUNITY .**

CORE SERVICES

- INTAKE/TIMELY ACCESS

 - ASSESSMENT

 - CLINICAL INTERVIEW

 - TESTING

 - CASE DISPOSITION

 - TRIAGE

- CLINICAL/COUNSELING SERVICES

 - INDIVIDUAL COUNSELING/THERAPY

 - GROUP COUNSELING/THERAPY

 - TESTING

 - REFERRAL

 - CRISIS INTERVENTION

- PSYCHOEDUCATIONAL ACTIVITIES

 - WORKSHOPS

 - OUTREACH

 - PROGRAM DEVELOPMENT

- CONSULTATION

 - RISK MANAGEMENT FOR THE CAMPUS

CHALLENGES

- Students with moderate to severe symptoms often resistant to seeking treatment.
 - Notion of invincibility
 - Fear of vulnerability
- Counseling Center required to do more outreach and consultation.
 - Student community
 - Faculty, administration, staff
- Some students have severe psychological issues, but do not meet criteria which allows for intervention against their will.
- Students whose behavior becomes a serious disruption.
- How to seek administrative sanctions for students who are behavior disruptions

INSTITUTIONAL BARRIERS

- DENIAL

Denial is a posture institutions engage in where they fail to recognize that the students they are admitting to colleges and universities across the nation have varying degrees of psychological and emotional problems. These institutions seem to believe that academic genius, academic achievement, and academic promise insulates a student from mental illness that so ravages communities and families everywhere. Their concern centers around attracting the best and brightest students as predicted by GPA and SAT scores, without regard for the life experiences that create residual baggage students bring along with them that manifest once they begin to actively engage the university environment.

INSTITUTIONAL BARRIERS

- DELUSION
- Delusion is a posture institutions engage in when they recognize that students have mental health challenges they bring with them, but assume that the institution is not responsible for attending to the psychological needs of their student body in a serious way. While some administrators and even faculty argue that debilitated students do not belong in college and university environments, others appear to believe that advertising our limited availability of services will magically make problems disappear and perhaps insulate the institution from any legal liability should a tragedy occur.

INSTITUTIONAL BARRIERS

- BUDGET REDUCTION

A third barrier includes budget reductions, and the degree to which psychological and counseling services have been subject to financial shortfalls over the past 10-15 years. Counseling and Psychological Services Centers have sustained budget cuts equal to if not greater than many of their student affairs and academic support services counterparts.

SUMMARY OF PHILOSOPHICAL ASSUMPTIONS

- MOST SERVICES ARE PROACTIVE/DEVELOPMENTAL IN SCOPE.
- MENTAL HEALTH AND ACADEMIC PERFORMANCE INFLUENCES BEHAVIOR RECIPROCALLY.
- MODELS AND METHODS OF SERVICE DELIVERY MUST REFLECT CULTURE AND DEMOGRAPHICS OF THE INSTITUTION.
- INSTITUTIONAL BARRIERS MUST BE ADDRESSED.
- COLLEGE ENVIRONMENTS ARE STRESSFUL:
 - ACADEMIC WORKLOAD
 - ACADEMIC COMPETITION
 - PEER RELATIONS
- VULNERABILITY INDEX IS PHENOMENOLOGICAL.
 - PSYCHOLOGICAL EGO-STRENGTH VARIES.
 - INDIVIDUAL TOLERANCE LEVELS VARY.
 - WAYS OF COPING DIFFER.

VISION

- CRITICAL QUESTION:

WHAT IS YOUR VISION FOR THE MENTAL HEALTH CARE OF OUR STUDENTS

HOW SHOULD THAT VISION BE OPERATIONALIZED WITHIN THE CONTEXT OF UNIVERSITY MENTAL HEALTH SERVICES

WHAT ARE THE MENTAL HEALTH CHALLENGES STUDENTS IN THIS GENERATION FACE

WHAT SERVICES ARE NECESSARY TO ADAQUATELY ADDRESS THOSE ISSUES AND CONCERNS