

Troubled Minds

By Kathleen Holder

A sharp rise in students with psychological problems is stretching the resources of UC Davis and university campuses across the country.

Calvin Vu isn't letting bipolar disorder get in the way of his dreams. The third-year student from Orinda is double-majoring in history and neurobiology, physiology and behavior, with hopes of attending medical school and becoming a psychiatrist someday.

Medications keep his mood swings in check so well that classmates are often surprised to learn that he has the illness also known as manic depression. "It's something that I keep under wraps more than I should," Vu said. "It's not something to be afraid of. It's treatable."

UC Davis, like other campuses nationwide, has seen an increase in students with psychological troubles, primarily clinical depression, bipolar disorder and anxiety disorders, resulting in a growing demand for counseling and disability services.

Roughly one in 10 students at UC Davis uses Counseling and Psychological Services (CAPS), formerly the Counseling Center, according to CAPS Director Emil Rodolfa. Last academic year, CAPS professionals saw close to 3,000 students, a 60 percent increase from 2000–01.

Moreover, Rodolfa and other health and student service professionals said, the severity of student mental problems has also increased. "The calls from faculty and staff are up," Rodolfa said. "We had more staff members walk students over. We've had more contact with students in crisis."

Similar trends have been seen at other UC campuses. Use of campus counseling centers across the UC system is growing faster than student populations, according to a report submitted last fall to the UC regents—up 23 percent over a five-year period ending in academic year 2004–05, compared with 15.5 percent enrollment growth at eight campuses. (UC San Francisco health professions and graduate schools and newly opened UC Merced were not included in those figures.)

Systemwide, one in four students who seek counseling services at UC Davis and other UC campuses are already taking antidepressants, anxiety medication or other psychotropic drugs, according to the report. Requests for disability services by students with psychological disabilities are also up.

A health survey by the American College Health Association found that about 16 percent of college students nationwide reported they had been diagnosed with depression sometime in their lives—with more than a quarter of those students in therapy and more than a third taking antidepressants. About 1.5 percent reported attempting



Illustration: Jay Leek

The Most Vulnerable

One of the questions foremost in the minds of UC Davis mental health, health and other campus leaders is how to better reach out to students least likely to seek help for psychological or emotional distress: men. Seventy percent of students who use the campus Counseling and Psychological Services are women, said CAPS Director Emil Rodolfa, up from a 60–40 ratio of female to male clients in 1988. "We need to figure out ways to help men come in when they're feeling depressed," Rodolfa said.

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suicide in the previous year, and 10 percent said they had seriously considered killing themselves. About 6.5 out of every 100,000 college students do commit suicide, for a total of 1,404 deaths over a 14-year period, according to a national survey of more than 300 campus counseling center directors. (Alarming figures, but college students are still less likely to kill themselves than are non-students in that age bracket, according to a counseling director survey reported in the May/June 2006 issue of the *Journal of American College Health*.)

Rodolfa and other campus officials believe the rise in student mental problems is due to a variety of factors. Among them are greater acceptance of psychotherapy, better diagnoses and improved medications and a decline in the stigma of mental illness. These allow students who couldn't have managed college in the past to attend. Depression and anxiety rates are also up due to the very real stresses of modern life: more people, pollution, academic and financial pressures, and worries about terrorism, war, natural disasters and other world events.

Newer medications, in particular, enable more students to make it to college than before. "They are very, very safe medicines for the most part compared with the last generation of antidepressants and anti-anxiety medicines," said Michelle Famula, director of the Student Health Center. "Valium, Librium—all of those [older] medications made people sluggish, made people complain that it was hard for them to think."

Newer drugs, such as Prozac or Zoloft, have fewer side effects, Famula said. "Physicians are a lot more comfortable writing a prescription for them." In fact, antidepressants and anti-anxiety medications are some of the most common prescriptions filled at the Student Health Center pharmacy.

In addition, Famula said mental disorders are more likely to be recognized and diagnosed. "In the past, it would be rare to identify an adolescent as bipolar," she said. Instead, they were viewed as being antisocial or having behavior problems.

Factors particular to college itself also play a role. Sometimes students with diagnosed mental disorders go off their medications or experiment with alcohol once they are on their own for first time. Others, after they arrive on campus, experience their first episodes of mental illnesses that typically develop in the late teens or early 20s, such as schizophrenia and bipolar disorder.

"We'll hospitalize students maybe once a month," Rodolfa said. "Most of them eventually return to school. They're in this hole, and they can't figure out how to get out of it. They're just stuck. Just having somebody take care of them for a few days gives them an opportunity to gain a different view of the world."

Counselors work to persuade students who are experiencing severe psychological symptoms and cannot take care of themselves, or are a danger to themselves or others, to seek hospitalization voluntarily. State law allows people to be held involuntarily for evaluation and treatment up to 72 hours if they present a danger to themselves or others. Rodolfa said involuntary commitment happens "at most, a couple times a year."

The growing complexity of student mental-health needs poses new challenges for campus services, particularly for Counseling and Psychological Services, for the Student Disability Center and for Student Judicial Affairs.

CAPS, which in the past focused more on helping with relationship, academic and career issues, now increasingly sees students who cut themselves, have eating disorders, are clinically depressed or suffer from anxiety. About 30 percent of students who seek help at CAPS are battling depression, while about 40 percent struggle with anxiety, Rodolfa said.

The goal of campus counselors is to help students develop coping skills. "Everybody is distressed at some point," said Rodolfa. "Something happens, and it causes pain. When students run out of personal resources—either mental resources or the support of friends—they seek our services."

"The myth about college is that it's the best time of your life, but that view doesn't take into account how stressful it is. Students have to come to terms with the tension and pressure."

The Student Disability Center not only helps students with physical and learning disabilities get the accommodations they need but assists an increasing number of students with mental problems, too. Well over 100 students seek accommodations for psychological disorders under state and federal disability rights laws, said

Joseph Silva, psychologist at the Student Disability Center. The campus works with faculty members to ensure those students have equal access, without altering the basic requirements of a course or program.

"All academic accommodations are determined on a case-by-case basis with reference to the documented limitations of a disability, the university's legal obligation to provide equal access and the fundamental requirements of participation in a given course or program," Silva said.

"For example, while the Student Disability Center may approve extended time on an in-class exam for a student with a disability limiting concentration, we would not approve exempting a student from an exam."

Students with disabilities are protected from discrimination by state and federal civil rights laws, but are still subject to the same admission requirements, academic progress standards and rules of conduct as other students, Silva said.

If students with psychological problems violate the student code of conduct, Student Judicial Affairs—the campus conduct office—may get involved. Serious cases are few but have been increasing since the early 1990s, said Jeanne Wilson, director of Student Judicial Affairs. And they are time-consuming for Wilson and other Judicial Affairs officers. "These few cases easily eat up 10 or 20 percent of the time you spend in one year. In one week, it may take 30 hours."

The campus can intervene when students fail academically, disrupt a classroom or other business of the university, or threaten the safety of themselves or others. In cases involving immediate threat of harm, campus police are called in. Serious violations can lead to interim suspensions and even dismissal. The campus has a policy in place for involuntary medical withdrawal, but Wilson said that in 23 years it has been used only once in a case where a student was incompetent and incapable of understanding the disciplinary process.

The campus does what it can to help the students succeed, but they can't be allowed to negatively impact a class or the campus community. "What it comes down to is the student's behavior and the impact of that behavior," Wilson said.

Student Judicial Affairs also gets involved when a student talks of suicide, sometimes using its disciplinary authority as leverage to get the student into counseling, Wilson said.

"We have students get very upset: 'Why is Student Judicial Affairs contacting me when I'm saying I hurt and I want to hurt myself?'" she said. "We're very conscious that it's hard for them. It's not a knee-jerk reaction—the goal is to work with the student. We say, 'There are resources here. We want you to get help, the right kind of help.' But they need to use it.

"My heart goes out to them," she added. "If they're willing to get help, and they recognize there's a problem, there's hope. In the meantime, we hold them to student behavioral standards."

Students in distress are fortunate that UC Davis has adopted a team approach to providing assistance—allowing the campus to stretch its limited resources and provide a greater level of service than it could with units working independently. In the early 1990s, the campus formed a Student Crisis Response Team that includes representatives of Student Judicial Affairs, Counseling and Psychological Services, the UC Davis Police, Student Disability Services, Campus Counsel, Student Housing and the Campus Violence Prevention Program. Crisis Response Team meetings provide the campus an opportunity to develop a coordinated response to high-risk and disruptive students.

"There aren't any big walls between us, or at least where there are walls, they are permeable," Famula said. "That's worked really pretty well for us."

And more assistance may be coming.

The UC regents, in recognition of the systemwide problem, are scheduled to consider increasing the student registration fee to enable campuses to hire more psychologists and psychiatrists. At press time, they were planning to take up the proposal in March.

That was the top recommendation of the three-tier plan presented to the UC regents in last fall's report. The report was prepared by a committee of administrators, faculty experts, mental health professionals and students representing all 10 campuses. It had been prompted by a growing concern about the mental health of UC

students, limited availability of services and the suicide of UC Davis student Adam Ojakian, who killed himself in December 2004. His parents, Victor and Mary Ojakian of Palo Alto, appealed to UC officials to take steps to prevent more suicides.

In the report, UC Davis documented more student suicides than any other UC campus, with nine from 2000–01 to 2004–05. (Davis' higher figure may have been partly a reflection of the aggressive collection of data here; CAPS Director Rodolfa noted that UC Davis took steps to ensure that all student deaths—on campus and off—were reviewed and possible suicides confirmed with coroners.) During 2005–06, two more UC students died in coroner-confirmed suicides. So far this academic year, one more had been confirmed by the time the magazine went to press.

The report's recommended staffing increase would be welcome news for UC Davis' counseling services. With record enrollment this year, the campus recently allocated funds to hire another 10-month half-time psychologist and, for the first time, a 10-month full-time case manager. CAPS current staffing is similar to the staffing levels in 1988, operating with 11 psychologist and 1.5 psychiatrist positions—or one psychologist for every 2,796 students, which is well below the rate of one for every 1,000–1,500 students recommended by the International Association of Counseling Services.

The center has also relied on six Ph.D. interns, six postdoctoral fellows and three practicum students to address the need. Students in crisis are still seen quickly, but many students experience delays in scheduling follow-up appointments.

The UC report, in its second-tier recommendations, calls for additional staff for disability centers, judicial affairs and other key student services. And it recommends expanding suicide prevention, stress management and outreach programs for students at greatest risk for distress, including graduate, international, minority and gay students.

A third-tier proposal calls for a "comprehensive approach to creating healthier learning communities" on the UC campuses. UC Davis officials say such an approach would reach far beyond counseling services and involve faculty and staff in identifying ways to enhance student life. "It's really a campus issue," Rodolfa said.

Faculty are already becoming involved in increasing numbers. Three years ago, CAPS began offering workshops, on request, for faculty members on responding to distressed and distressing students. CAPS conducted 10 workshops the first year, 30 last year and expects to do even more this year, Rodolfa said.

At UC Davis, students, too, are stepping up to help.

Vu, who suffered his first major depressive episode when he was 15, has joined with other students to form a UC Davis chapter of Active Minds on Campus this year. The goal of the group is to help reduce the stigma and educate people about mental illness. About eight members meet weekly, though the group has an e-mail list of about 70 students.

Vu said he picked UC Davis, in part, so he could be close to home and the support of his family and therapist. He encouraged the wide promotion of campus psychological services to students.

"I think the bigger issue is people not feeling safe enough to seek out those types of resources because of stigmas," he said. "A lot of mental health disorders are underreported because people don't want to be labeled as crazy."

The group passes out information about mental illness and suicide prevention and plans to work with other clubs to sponsor a "stomp out stigma" event and set up a table offering free hugs to anyone who wants one.

"I have a pretty good social network here," Vu said. "I formed a close support system, people who care about me. That's why I like the dorms. I made most of my friends there. For some people it's hard to create that social network. Those are the people who fall through the cracks."

He said he and other Active Minds members are working to ensure that the campus chapter continues after they graduate. "What we want to do



Calvin Vu (Photo: Karin Higgins/UC Davis)

is make sure that stigma doesn't exist and build interconnections—to make sure the student body is healthy.”



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