

Mental health on campus

Defining mental health can often be as much a problem as mental health itself. Even mental health professionals differ among themselves.

Dr. Myron Liptzin, a psychiatrist on the Medical School faculty and head of the mental health section of the Student Health Service in the infirmary, describes mental health as "allowing each individual to realize for himself or herself optimal growth, development and relationships with others in the absence of incapacitating symptoms, and the ability to deal with unexpected crises in an organized, directed growth-enhancing fashion."

Dr. Robert N. Wilson, chairman of the School of Public Health's mental health department, envisions "a state or process of competent functioning, in relation to other people and in relation to oneself."

The definitions often differ only in semantics or by subtle shades of emphasis. But the common concern of mental health professionals — psychiatrists, psychologists, different kinds of counselors — finds focus in the blunt definition of an impatient UNC freshman. "Mental health," she said, "is the absence of mental illness."

Mental health is not properly a problem on campus. In fact, mental health — signifying a more or less successful mental adjustment by students to the stresses and strains of their college environment — is taken for granted by most students, who fear instead the bogey words of mental

illness learned in elementary psychology courses — words like "schizophrenia," "manic-depressive," "psychosis," "neurosis," or "paranoia."

The small, understaffed mental health section of the student infirmary has referred some 30 seriously disturbed students to N.C. Memorial Hospital's "South Wing" for extended treatment. But emotional problems include more than the obvious forms of mental illness.

In figures quoted by Harvard Doctor Dana L. Farnsworth and applicable to UNC, "for every 10,000 students:

- 1,000 will have emotional conflicts of sufficient severity to warrant professional help.
- 300 to 400 will have feelings of depression severe enough to impair their efficiency.
- 100 to 200 will be apathetic and unable to organize their efforts — "I can't make myself want to work."
- 20 to 50 will be so adversely affected by past family experiences that they will be unable to control their impulses (character disorders).
- 5 to 20 will attempt suicide and 1 to 3 will succeed (so far none of the 20 attempted suicides at UNC this year, mostly by pills, have succeeded).
- 15 to 25 will become ill enough to require treatment in a mental hospital."

Dr. Liptzin also has his own statistics. The infirmary has seen 1,461 patients between September and March of this year, already well over the 5 percent of the

student body seen last year. But, Liptzin says, "Probably 15 percent of the students are having problems that are severe enough to require some consultation. In addition, probably 30 — 50 percent could benefit from some counseling at some time, such as during an acute crisis situation."

At least one estimate is higher. A survey of students and their health opinions and health needs, conducted last year by graduate student Lloyd Comstock, indicated "about 30 percent of the campus have moderate to severe emotional or personal problems."

The statistics sound ominous, and some of them are. But the figures can't capture all the reasons why students drop out, why coeds swallow bottles of pills and a 20-year-old boy jumps several floors from his South Campus dorm. Figures don't explain how an intelligent student from an average, middle-class family ends up freaking out on a "bum trip" one night in Memorial Hospital. Statistics also tend to blur together, unable even to distinguish adequately between the student who is merely "feeling sad" from another whose crippling depression has lasted several days.

A 1970-71 program evaluation of last year's Morrison Counseling Team does give some idea of the variety of one dorm's problems, ranging from "girl/boy problems" to depression, academic concerns, premarital worries, drug-related problems, interpersonal relations, and a "simple need to talk."

The mental health section of the infirmary, the psychiatric wing of N.C. Memorial Hospital, occasionally the Orange-Person Mental Health Center in Chapel Hill, and various local private psychiatrists attempt to treat emotional disturbances as they occur. But the role of mental health professionals — and many of the volunteer counseling services for students — is as much preventative as curative.

Groups like Switchboard, the Residential Counseling Service, the now defunct "Talking Point," and the University's Resident Advisor program provide counselors with varying degrees of training who will listen to students and help deal with their needs — trying to smooth out as much as possible the smaller problems before they can grow into larger ones.

The college student's life often seems filled with emotional as well as practical problems. Typical students not only face the emotional upsets of late adolescence, including the establishing of personal identity and direction, but also the stresses inherent in a college atmosphere.

Going to college, Liptzin says, "involves leaving a relatively stable, familiar environment — usually pretty well structured, in which there is considerable support and contact with a variety of different people — and coming to a new environment which is relatively unstructured, with considerable freedom and a marked lack of meaningful, on-going contact with adults."

"Today's student," one campus observer noted, "may attend classes as large as 300 or 400, live in a dormitory with 2,000 others, select what to study from a catalogue of courses two inches thick. His life is punctuated by queues, mobs, and forms. He stands in one line to pay his tuition, another to get his dormitory assignment, receives his grades from a computer printout, and may do more writing on application forms than in English composition."

"He can attend classes a full year and no faculty member will call him by name. For many a 17-year-old who has never been away from home before, the plunge into such icy water can be devastating."

Compounding the problem is student isolation. Liptzin notes the lack of living-learning relationships between students and faculty. "Students," he says, "have very few models for identification outside of the classroom setting, and faculty members, because of their own work loads, responsibilities, and interests, don't have the time nor many of them the training, to meet students on a personal, intimate level and assist them through this difficult time in their lives."

Students are also isolated in their dorms. Liptzin says, in "whole groups of students with virtually no one to talk to but peers — many of whom are struggling with the same problems they are."

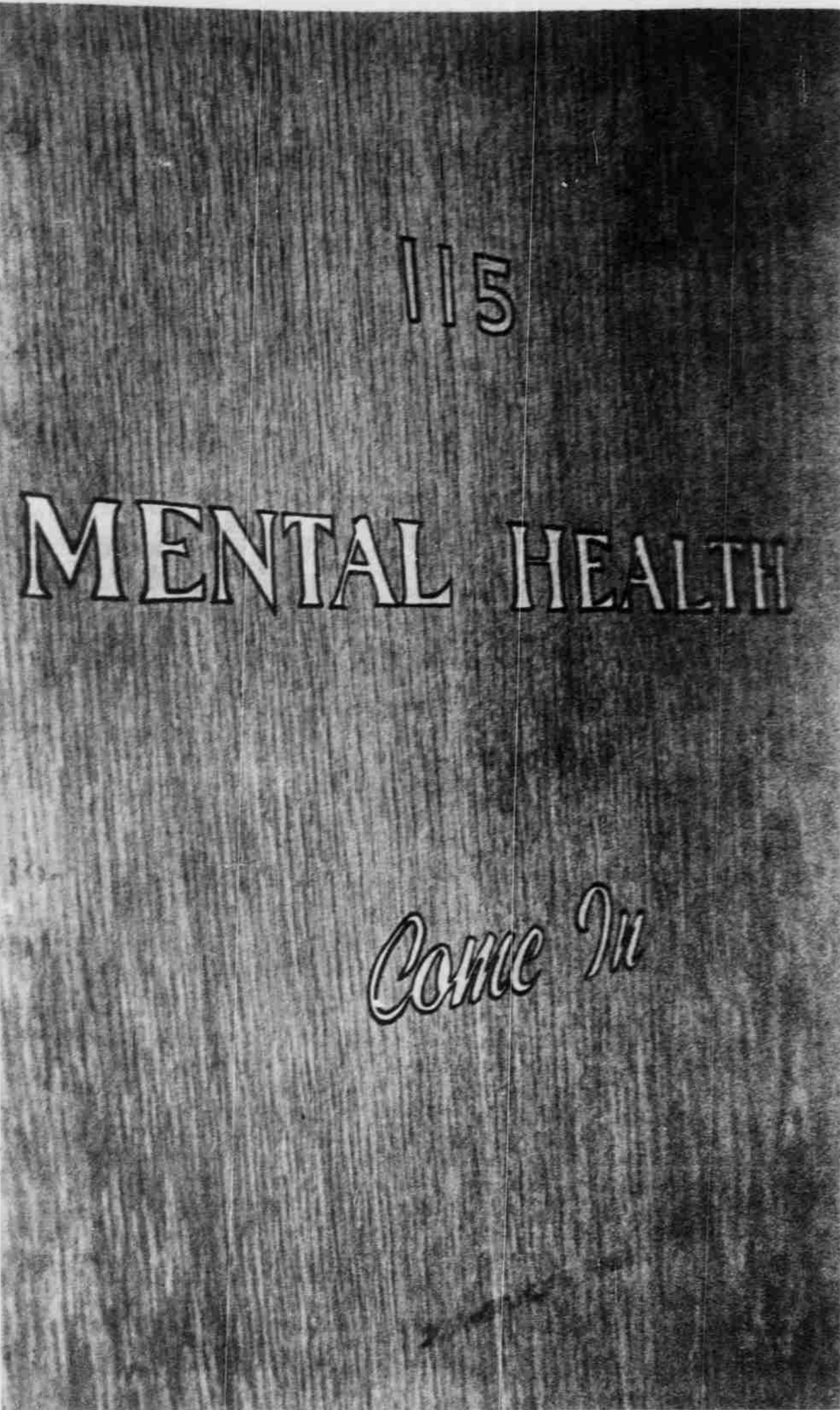
A greater opportunity for more intimacy, coupled with an adolescent drive to establish sexual identity and a "capacity for achieving closeness or sharing intimacy with other individuals," can lead to growth or to emotional problems. "While the change by putting more responsibility on the individual is generally healthy," Liptzin says, "some students aren't able to cope with this degree of freedom and change."

"College freedom can be threatening," explains Dr. Wilson in the School of Public Health, "because it leads to ambiguity."

Noting that the "task environment" inherent in University life — passing courses, taking tests, receiving grades — as well as the transitory and confusing nature of an "artificial" environment can cause unusual stresses on college students, Wilson believes that most student emotional problems are "more fairly mild and temporary kinds of upsets — more crisis-caused than long-term disorders."

"A certain amount of stress," Liptzin points out, "is beneficial. Our aim is not to eliminate stress — but to help resolve the stresses that exist. Our aim is not to make psychiatric patients of students."

Sometimes therapy begins with simply recognizing, "Life is tough."



"Sometimes life is tough"

Help is offered to the UNC student

"Sometimes life can get very tough for students with emotional problems, and it is at those times that the Office of Residence Life, the Student Health Service, and concerned fellow students offer everything from free psychiatric help to a broad and sympathetic shoulder.

But life is also tough for proponents of campus mental health, who have to face hurdles of apathy as well as "a lack of funds, a lack of space, and a lack of commitment" on the part of the institution.

Students with problems ranging from simply "no one to talk with" to severe disturbances have a good number of mental health services on campus.

According to Jane Poller, assistant director of Residence Life, the student's first resort can always be the Resident Advisor, one of 140 students who are paid a \$1,250 stipend a year to handle dorm paperwork, maintain order, and provide students with "grass roots counseling" by peers. Only 68 new resident advisors were hired from 500 applicants, and they will receive basic counseling training by next fall.

John Meeker, another assistant director of Residence Life, said the first goal of the resident advisor is "to establish a sense of rapport and trust," a crucial element in showing students he can be "a sensitive listener, a concerned someone... for normal sorts of problems."

Students can get draft, legal, sex and drug counseling from specialized groups on campus, most of them run by unpaid, volunteer students, faculty or chaplains.

The Academic Student Counselors are one such new group for next fall — unpaid "alternatives to advisors in South Building," according to Poller.

Besides specialized counselors who indirectly contribute to mental health by helping alleviate some of the more urgent stresses on students, two groups handle general counseling.

One is Switchboard, located at 408 West Rosemary Street and founded two years ago by the Chapel Hill Drug Action Committee. Originally begun to help ease the town's rising drug problem, Switchboard now also offers problem pregnancy and contraceptive counseling, draft counseling, help for young people in finding jobs as well as a place to stay in Chapel Hill, runaway counseling, a soup kitchen five days a week, and a "crash pad."

Another student counseling group, more on campus than Switchboard and staffed by eight graduate students paid a nominal stipend, is the Residential Counseling Service in the Morrison and Morehead Residence Colleges. Serving as an intermediate step between the resident advisor and the psychiatric section of the infirmary, the counselors have been praised by Poller as "people who care, who give a lot of time, a lot of themselves, to make the residence halls more human."

Funded this year by \$15,000 from the Office of Residence Life the Residential Counseling Service aroused controversy and gained a lot of supporters when the office announced this spring the unavailability of funds for next year.

The Counseling Service will now receive \$13,000 next year from a special projects fund created from increased dormitory rent. One administrator, however, called the grant a "band-aid solution," and said that funding beyond next year "will be touch-and-go."

One problem noted by both Meeker and Poller is the lack of "coordination" and "centralization" between counseling groups, with resulting duplication of effort and wasted energy.

Ken Kastleman, a graduate student in clinical psychology and a counselor with the Residential Counseling Service, is also critical of the lack of high level administration support for counseling.

"Survey reports have consistently demonstrated that there are vast and unmet mental health needs on and off campus," he charged, "needs which can be met only by the concerted interest and action of administration and students. These needs exist not only because of the inadequacy of current financial resources but because of lack of coordination of many existing mental health efforts and the very limited encouragement given to new and imaginative plans for serving students."

UNC Chancellor N. Ferebee Taylor, who has been in office only a few months, said Monday that no proposal for a counseling program "has crossed my desk." He turned down a request by RCF Chairman Steve Saunders to form a committee to study a counseling program, referring Saunders to the Dean of Student Affairs for appropriate action.

The mental health section of the

Student Health Service, the only official psychiatric help available from the University as part of student infirmary fees, is woefully understaffed and underfinanced, according to its director, Dr. Myron Liptzin.

"I'm aware of no university in the United States of this size and this quality that has as little in the way of mental health and counseling facilities for students," Liptzin criticized, saying that many administrators are aware of the mental health needs, "but in terms of funding and space, little has been done."

The American College Health Association, a group of professionals working in the area of student health, recommends a minimal staff of one mental health professional per 2,000 students and a realistic staffing of one professional per 1,000 students. Chapel Hill, Liptzin says, has a ratio of one professional per 5,000 students.

A committee of health professionals which visited the campus for a three-day tour of the infirmary in March of last year, recommended that the role of the Student Health Service be expanded and diversified, among other things, with "the increasing realization of the emotional problems and stresses faced by students in a university setting." The committee also said "there is a need for additional personnel trained in psychiatry, clinical psychology and marriage counseling."

The UNC Board of Trustees — at the Chancellor's recommendation — approved an increase in Student Health fees March 10 from \$20 to \$30 per semester in the academic year. "This I hope," Chancellor

Taylor said, "will provide resources through which the Student Health Service can improve and expand the services available to students on this campus."

Earlier, according to a DTH news article, new Director of Student Health Services, Dr. James A. Taylor, had been especially interested in using some of the money in upgrading the infirmary mental health service.

At present, Dr. Liptzin is the only psychiatrist in the mental health section and, as a member of the Department of Psychiatry in the UNC Medical School he works in the infirmary only half of the time — the rest is spent mostly in teaching and research. Two department psychologists, Dr. Michael Frombart and Dr. Bruce Baldwin, also work half-time in the infirmary, and Dr. William Eastman does marriage counseling. They are assisted by a slightly-increased staff of trainees and counselors.

The mental health service is available to all students free of charge. Although a minimal waiting period of 3-7 days is necessary for appointments, the service provides 24-hour immediate emergency coverage.

Only short-term therapy is available at the infirmary, which usually includes a flexible average of 4-5 visits. While there is no fixed number of visits allowed students, patients requiring long-term therapy are referred to private psychiatrists, the N.C. Memorial Hospital psychiatric clinic or — in some cases — advised to withdraw from the University.

Therapy usually consists of interviews, though doctors may occasionally prescribe

mild tranquilizers or anti-depressants. Students may be admitted to the infirmary if necessary at no cost, "to get them out from under the sense of pressure they are feeling."

Records are kept completely confidential, Liptzin emphasized, and are kept separate from the infirmary records. They are not released to any outside agency or person except with the patient's consent, and only to another health professional involved in the patient's treatment.

Most students are voluntary self-referrals and make direct appointments. A small number of students must be persuaded to come in by resident advisors, roommates, faculty or friends. In a therapeutic interview, Liptzin does not give advice, but tries "to help the student clarify and identify the crisis situation and to gain some understanding of how it developed." Then Liptzin helps the student "explore alternative ways of coping with the problem."

Students can get help for their problems at the infirmary mental health service, but the main problem there is the same as for counselors — mental health is a low priority on campus.

"Improved mental health gets a lower priority than a new pile of bricks," said Dr. Robert N. Wilson of the School of Public Health.

"Mental health has been on a back burner, a low priority," agreed John Meeker in the Office of Residence Life, "and it should be among the highest priorities."

The Daily Tar Heel

Insight

Stories by Ken Ripley

Mental health needs are increasing

The graph at the right represents the number of students each month who visit the mental health service in the student infirmary, according to figures over a 3-year period released by psychiatrist Myron Liptzin.

In March, 1970, for example, 119 students used the mental health facilities. Last month doctors saw 216 patients. The dip in the 1971-72 curve for December and January reflects the semester shift. March figures, Liptzin said, are unusually low because of the semester break. He expects April and May figures to soar over 300.

The graph only shows the number of students interviewed by the infirmary mental health doctors, but a graph of the total number of interviews each month would be higher because each student may have more than one interview during therapy.

The graph does not show what kind of students most typically visit the mental health service. Those least likely to use the facilities are students in fraternities and sororities, Liptzin said; those most susceptible to problems are students in high-rise dorms, followed by off-campus students and on-campus dorm students.

