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# Mental Health on College Campuses

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MENTAL HEALTH ON COLLEGE CAMPUSES

by

Izabel M. N. Liwo

B.A. Radio-Television, Southern Illinois University Carbondale, 2009

A Research Paper

Submitted in Partial Fulfillment of the Requirements for the  
Master of Science

Department of Mass Communication & Media Arts  
in the Graduate School  
Southern Illinois University Carbondale  
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RESEARCH PAPER APPROVAL  
MENTAL HEALTH ON COLLEGE CAMPUSES

By  
Izabel Liwo

A research paper submitted in Partial  
Fulfillment of the Requirements  
for the Degree of  
Master of Science  
in Professional Media and Media Management Studies

Approved by:  
Professor Dr. William Freivogel, Chair  
Professor Eileen Waldron

Graduate School  
Southern Illinois University Carbondale  
November 2, 2011

## AN ABSTRACT OF THE RESEARCH PAPER OF

Izabel Liwo, for the master of science degree in professional media and media management studies, presented on November 2, 2011, at southern Illinois university Carbondale.

TITLE: MENTAL HEALTH ON COLLEGE CAMPUSES

MAJOR PROFESSOR: Dr. William Freivogel

### ABSTRACT

According to research published by the International Association of Counseling services more students on college campuses are seeking counseling. This study takes a look at factors that may lead to an increase of counseling centers seeing more clients, factors that contribute to mental health disorders and the effects of early intervention or no psychiatric intervention at all. The paper also examines and compares the psychological services offered at two different college campuses across the state of Illinois, the University of Illinois at Urbana Champaign, and Northern Illinois University located at the city of Dekalb in comparison to Southern Illinois University Carbondale. The study stems from an increased level of concern for college students and the state of their mental health after the 2007 campus shootings at Virginia Tech and 2008 shootings a year later at Northern Illinois University. Therefore this study also examines campus safety and all-hazards prevention and preparedness plans at all three universities in accordance with the Illinois Campus Safety Task Force enacted on April 15, 2008 by former Illinois Governor Rod Blagojevich. On that note, the study should reflect where Southern Illinois University comparatively stands on a state level when it comes to the quality of their psychological health

services and crime prevention, safety, and efficient response action. The paper also discusses the pressure by higher educational facilities to offer accredited quality psychological services, campus safety, all-hazards preparedness plans, crime prevention plans, and efficient response and emergency notification systems. The paper examines the implications and roles of faculty, health care staff, campus enforcement and key campus administrators as well as key objectives to meeting the needs and demands for psychological services.

## DEDICATION

I dedicate this research project to my father, mother, siblings, family, friends, employers and professional mentors, my teachers at the College of Mass Communication & Media Arts, and staff members at Southern Illinois University Carbondale who has supported me throughout my college experience. Thank you for all your continued support and believing in me as a daughter, sister, friend, and professional with a bright future ahead.

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## PREFACE

The purpose of this research is to create awareness about the growing need of psychological services at higher educational facilities. In addition, to eradicate any stigma associated with mental health disorders. Lastly, to encourage universities to offer early intervention outreach programs, strive towards offering good quality psychological services, state of the art crime prevention, and campus safety and efficient alert notification plans to boost student's college experience.

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## CHAPTER 1

### INTRODUCTION

Mental health stigma is a universal problem that extends beyond the nation's borders and across oceans. In some cases, stigmas can cause people to be desensitized to those who are experiencing mental difficulties. The level of its severity varies from individual to individual, and comes in different degrees and forms.

Mental health is a sensitive area of discussion, but one that certainly commands attention. It is not fully understood, as illness of the brain cannot necessarily be seen like a broken arm or eye infection. An area that is not openly discussed, when it comes to mental health, it is assumed in society that one is looked down upon if they are suffering from a mental disorder.

A common error in one's thought process is that they need not be concerned with mental illness because they may not expect it will happen to them. However, certain events have forced society to discuss the need and demand for psychological services in public areas where the masses can be affected by as little as one person's current mental instability. For instance, one public area to be named is higher educational facilities. For the longest, college campuses were considered to be one of the safest places to be. Partially, because the right to carry a concealed weapon on campus or in campus buildings is prohibited. Nevertheless, over time mental illness has become a hot topic of discussion both in the medical field and in society because of education,

and the simple fact that if mental health is not treated early, it can turn into a violent event.

Thus, such information led me to ask what is the current state of mental health on campus? why are severe psychological services being sought?, what are the benefits to treatment? How can an individual's mental health affect safety? And what preventative measures that can alleviate violent situations from occurring?

### *Existing literature: Background*

A 2010 national survey of counseling center directors published by the International Association of Counseling services shows that in the year 2000, 16% of their clients (students) had severe psychological problems. Ten years later the number of students with severe psychological problems increased to 44%, reflecting a sharp increase in the last decade (APA, 2010). Therefore, this implies that numbers have more than doubled in the last 10 years. It is unclear if the rise is due to more mental health problems in today's college students, or if there are fewer stigmas associated with seeking counseling.

Researchers such as Southern Illinois University's Counseling Center Director Dr. Rosemary Simmons says (2011), 'there is a good chance that the percentage increase in students having severe psychological problems could be a combination of the simple fact that students do have more severe psychological illness, and that people don't feel it's necessarily a weird thing, or weakness to get counseling' (Personal Interview, October 24, 2011). Another

change that must be mentioned is that over the last 15 to 20 years medications for mental illness have improved (Personal Interview, October 24, 2011). For instance, if you had schizophrenia in the past you could not even dream of going to college. Now there are PhD professors who have schizophrenia, and are tenured faculty (Personal Interview, October 24, 2011). Hence, this indicates that society has more confidence in the medications prescribed to patients who are mentally ill.

In a 2010 survey by the American College Health Association it showed the toll that mental health illness can have on young individuals. The survey said that 45.6% of surveyed students reported feeling hopeless, and 30.7% reported felt so depressed that it was difficult to function during the past 12 months (ACHA, 2010).

According to researcher Derrick Williams at the Southern Illinois Wellness Center (2011), psychological illnesses tend to begin at an early age. He says it starts around middle school, and often, translates all in to an individual's college years (Personal Interview, October 24, 2011).

### *Hypotheses*

In light of the literature reviewed, due to the exploratory nature of the work four hypotheses were theorized:

More students on college campuses are seeking psychological services because:

H1: There is less of a stigma associated with seeking psychological service.

H2: More students have pre-existing illness or severe psychological disorders.

H3 Colleges are doing a better job reporting on cases.

H4 Violence becomes a concern if no help is sought.

## CHAPTER 2

### METHODOLOGY

A total of three schools were used to compare psychological services, all-hazards preparedness plans and safety measures in place at large campuses across Illinois. Data was collected in the form of percentages as it is easier to do a comparative analysis using percentages. Tables were used as pictorial data meant to describe the findings in more detail.

#### *Qualitative Research*

Qualitative research in the form of intensive interviews was conducted with campus enforcement officials, health related staff members, key university administrators and students with and without mental health illness to find out where each university stands in each area.

#### *Quantitative Research*

Quantitative research was collected in the form of secondary data from various sources. Sources include government documents, Case Studies, medical information and surveys from federal and national organizations. For this study I utilized the 2010 National Survey of Counseling Directors study to gather information on mental health on college campuses across the country. Southern Illinois University Carbondale, University of Illinois at Urbana-Champaign, and Northern Illinois University all report to this annual survey. This survey was

effective to use as, national surveys are not limited by geographic boundaries, they are cost effective for larger samples, and data is collected directly from the Counseling Center Directors who are knowledgeable about trends in mental health in college students. Hence with such data comparisons can be made more easily. Such information was utilized as a basis to determine where Southern Illinois University Carbondale stands, to determine factors that contribute to mental health disorders and safety objectives that universities in Illinois must try to follow to the best of their ability.

### *Content Analysis*

A content analysis was carried out to test my hypotheses. Additionally content analysis assisted with providing a summary of results and the reporting of accurate findings that could possibly be useful over time. Lastly, content analysis helped identify trends over time, changes in society, and an understanding of the impact of mental health of college campuses.

As content analysis alone cannot serve as a basis of making statements about the effects of mental health on college campuses qualitative data was useful in filling in the blanks.

Based on an American Psychological Association (2011) research article published on American Psychological Association website the most common mental health disorders are Anxiety, Depression, Eating disorder, substance abuse and Self-injury (APA, 2010).

*Table 1: Most common mental health disorders in college students (NSCCD, 2010)*

<b>Rank</b>	<b>Type of Mental Health Disorder</b>
1	Depression
2	Anxiety
3	Eating Disorder
4	Substance Abuse
5	Self-Injury

Dr. Simmons says (2011) at SIUC, anxiety and Depression rank the highest (Personal Interview, October 24, 2011). Nonetheless, not included in the 2010 National Survey of Counseling Directors top five most common disorders, exists other mental disorders as well. Such as, Attention Deficit Hyperactivity disorder, personality disorder, and much more that also exist among college students.

The American Psychological Association article demonstrates that although anxiety and depression usually rank highest (*Refer to Table1*), there is a rising number of students experiencing the latter three (APA, 2010). To support that, APA says eating disorders, substance abuse and Self injury are likely to go unnoticed because people dealing with such disorders are less likely to seek treatment (APA 2011).

*Findings: Reasons for Mental Health Concerns*

The aftermath of the Virginia Tech shootings and 2008 NIU shootings left people concerned about the state of mental health on college campus. This is so as both Seung-Hui Cho and Steve Kazmierczak, both were seeking psychological services prior to the shooting. In addition, they both shot themselves after taking several lives by gunshot.

In general, researchers have also found that poor mental health can have a negative (2010) effect on a student's ability to perform well academically. Last year (ACHA, 2011) a study done by the American College Health Association in collaboration with the National College Health Assessment found several factors that affect academic performance. The top 10 factors out of several that affect academic performance were stress, sleep difficulties, anxiety, cold/flu/sore throat, internet use/computer games, and concern for a troubled friend or family (ACHA, 2011).

*Table 2: Factors that impact academic performance (ACHA, 2011)*

<b>Rank</b>	<b>Factors impacting academic performance</b>	<b>Percentage (%)</b>
1	Stress	25.4
2	Sleep difficulties	17.8
3	Anxiety	16.4
4	Cold/sore throat/flu	13.8
5	Internet use/Computer games	11.6
6	Work	11.6
7	concern for a troubled friend or family member	10.1
8	Depression	10
9	Participation in extra-curricular activities	8.8
10	Finances	6.3

Due to the growing need for mental health care Southern Illinois University Carbondale, Northern Illinois University and the University of Illinois at Urbana-Champaign, have programs in place in their health centers and counseling centers, as well as across campus to assist students in all areas that may serve as a contributing factor to why they develop mental health illness in the first place.

#### *Outreach Programs & Health related workshops*

At SIUC, they have a program called *Saluki Cares*. *Saluki Cares* is chaired by the Associate Dean of Students named Dr. Katie Sermersheim who oversees all referrals that are sent to the program for assistance. *Saluki Cares* is basically a program that has been in existence for two full years now and is moving on to its third (Personal Interview, October 24, 2011). The main purpose of *Saluki Cares* is to refer students, their families, faculty and staff members to areas which they have questions or concerns. If it is a referral from someone other than the student themselves, Dr. Katie Sermersheim says (2011), 'if the person says they want to remain anonymous we don't mention their name' (Personal Interview, October 24, 2011).

Referral confidentiality is practiced in the event that *Saluki Cares* may have a faculty member that does not want to upset a student by publicly referring them. Dr. Sermersheim says (2011) faculty normally refer students at times that they are concerned that their student is failing the class, and if they continue on

that track they could possibly fail out of the major entirely (Personal Interview, October 24, 2011).

Referrals to the *Saluki Cares* program can be made in four different ways. This includes visiting their official website at [www.salukicare.siu.edu](http://www.salukicare.siu.edu) and filling out a referral application, by sending an electronic mail to [siucares@siu.edu](mailto:siucares@siu.edu), upon visitation to the *Saluki Cares* office on the third floor of the SIUC Student Center or by calling in to their office (Personal Interview, October 24, 2011).

Once a referral is made the student is matched with the right person or department on campus. Cases that *Saluki Cares* sees per semester can range from anything that deals with financial concerns to academic concerns or even socializing or adjusting to college life. For example, Dr. Sermersheim says (2011) says 'if it is a health, wellness, mental health kind of issue we'll probably give it to one of my team members in the student health center' (Personal Interview, October 24, 2011).

Just like SIUC, both NIU and U of I have extensive outreach programs ranging from counseling, trauma response programs, website coping tips, self-help brochures, crisis intervention, specialized assessments, diversity resources, and coaching for academic success. Hence, all three campuses basically have similar programs that are just honored with different titles.

In addition, Dr Sermersheim says (2011) '*Saluki Cares* contributes to the positive recruitment numbers at orientation, and retention of students at the university' (Personal Interview, October 24, 2011). She adds that the programs ability to inform students that the university cares about them, and wants to do

what is within their power to accommodate students during their stay and ensure that they excel in all areas of campus life speaks volumes (Personal Interview, October 24, 2011).

Part of what the SIUC counseling center does for faculty and staff is they offer workshops and training so that they are aware of the services on campus. The counseling center also has workshops for students, and a lot of the time these workshops are meant to be an interactive process between the workshop organizer/host and the students that attend these workshops. The main goal of interactive workshops related to health, is to raise discussion on sensitive topics and create awareness about various campus concerns and psychological issues (Personal Interview, October 24, 2011).

SIUC's Counseling director Dr. Rosemary Simmons says (2011), when it comes to depression, it is not the same experience as feeling sadness. She explains sadness as an emotion that everybody has and is temporary. Dr. Simmons says (2011), 'depression is when our emotions turns into a mood state, and so it is no longer an emotion but a state of mind, and with that comes physical issues' (Personal Interview, October 24, 2011).

Depression is one of the most common psychiatric disorders and is found to be more common in women than in males (Weissman & Weissman (2006), 01). There are three kinds of depression. They are major depressive disorder, dysthymia, and bipolar disorder (Weissman & Weissman (2006), 01). In *Mastering depression through interpersonal psychotherapy: patient workbook* by Myrna Weissman (Weissman & Weissman (2006), 01) out of the three types of

depression, major depressive disorder is the most common, and involves feeling sad or experiencing dysphoric moods and loss of interest or pleasure in activities you used to enjoy for several weeks (Weissman & Weissman(2006), 02). On the other hand, dysthymia is a constant low-grade chronic disturbance of mood, and is a mild form of depression (Weissman & Weissman (2006), 03). Bipolar disorder suggests the presence of mania as a predominant mood which is elevated, expansive or irritable in addition to depression (Weissman & Weissman (2006), 03).

According to *Diversity Issues in the Diagnosis, Treatment, and Research of Mood Disorders* (2008), the mean age of major depressive disorder is between the ages of 40 and 50 (Loue & ajatovic (2008), 60). However, rare cases can exist.

*Case 1: Gregory was diagnosed with major depressive disorder and personality disorder five years ago.*

I interviewed Gregory Smith, an SIUC student who fell in to this category and was diagnosed with major depressive disorder and personality disorder at 18 years old. Gregory Smith's diagnosis came after a relationship break up with his girlfriend. Smith said the breakup in addition to an absent Father figure for most of his childhood, was 'enough to make him lose it for a little while' (Personal Interview, October 24, 2011). Smith says to somewhat numb his pain he expressed his inner hurt outwardly by cutting himself. In addition he also says he was privately taking alcohol and drugs at the time (Personal Interview, October

24, 2011).SIUC Counseling Director Dr. Rosemary Simmons adds (2011), 'if you don't have those coping skills you can feel like your whole world is crashing down on you' (Personal Interview, October 24, 2011). Thus, for that reason Dr. Simmons says (2011) early intervention is advised (Personal Interview, October 24, 2011).

As treatment, Gregory Smith was put on medication whilst seeking group counseling. Smith was put on another medication as a result of the first prescription not having much of an effect. Smith says the medication made him act differently like he didn't want to be around people a lot of the time for a while (Personal Interview, October 24, 2011). When that time came, he notified his professors of his situation at the time to monitor his performance in class, which he says faculty members were very helpful.

To support the ACHA-NCHA II, 2010 study, smith says his situation at some point began to affect his academic performance (Personal Interview, October 24, 2011). He said he would find himself lost in thought for sometimes 15 to 20 minutes at a time. During those times he would not be aware of his thought process (Personal Interview, October 24, 2011). Dr. Simmons says (2011) 'but at times with any illness, the medications don't work all the time and need to be re-adjusted and so those students will need additional counseling or psychiatric services during those times' (Personal Interview, October 24, 2011). So she says early intervention is useful when a student is having emotional distress (Personal Interview, October 24, 2011).

The 2010 NSCCD survey also demonstrated that 59% of clients reported that counseling had helped them remain in school, and 60% felt it helped improve their academic performance (Eiser, A. 2011). One of the symptoms of having anxiety or depression is that it is harder to focus and concentrate. So, if a student with anxiety or depression is so upset, or too anxious they stop going to class and don't perform as well (Personal Interview, October 24, 2011).

Research is very clear in showing that therapy is very effective in treating both anxiety and depression and so early intervention helps in getting that person back to their normal equilibrium. Such as the research displayed In *Early intervention: the essential readings* (Feldman (2004), 228). The findings in this book indicate that 'early preventative intervention based on psychodynamic theoretical foundation (i.e., modifying relationships), can diminish psychiatric symptoms in young adulthood' (Feldman (2004), 228). The research also demonstrates that depression and anxiety were most likely to be affected by this intervention and diminishes the predictive power of the early risk factors (Feldman (2004), 228).

### *Psychological Services on Campus*

Based on the International Association of Counseling Services accreditation guidelines, all universities should offer primary therapy modes to students on campus who need psychological services. Such services include and are not limited to individual counseling, group counseling, counseling for heterosexual and homosexual couples, and also psychiatric services for students

with mental disorders such as bipolar disorder, PTSD and Schizophrenia etc. (IACS, 2010). Southern Illinois University, Northern Illinois University and University of Illinois (Urbana-Champaign), offer these primary modes.

The SIUC Counseling Center charges a \$6 fee for every counseling session. After the 12th session, the cost of each session doubles to the amount of \$12 per session. On average only 13% of the SIUC Counseling Center's clients go over 12 sessions (Personal Interview, October 24, 2011). This does not include insurance, as there are no insurance fees charged if counseling is in-house for registered SIUC students. Dr. Rosemary Simmons says (2011), for an outside private counseling facility 'the going rate in the community is a hundred and 20 dollars an hour' and even if a registered student was covered with SIUC's insurance at an outside facility insurance only covers 80%. So regardless, co-pay to see a practitioner would still be a lot more than what the SIUC Counseling Center charges (Personal Interview, October 24, 2011).

SIUC also offers walk-ins to cater to students who just want a one-time immediate session, and the student registration process at the SIUC Counseling Center is fairly easy. A student who wants ongoing counseling sessions may go through an intake process where they first answer a questionnaire regarding demographic information and availability schedule (Personal Interview, October 24, 2011). Dr. Simmons says (2011), 'the questionnaire gives the counseling center information on a client's symptoms, and about things that they have gone through in their lifetime personally and socially' (Personal Interview, October 24, 2011). For example- the experience of a death, having served in the military, use

of alcohol or drugs, or having been a victim of sexual assaults (Personal Interview, October 24, 2011). This sign in process is exactly the same for students who are diagnosed with more intensive mental health disorders such as Attention Deficit Hyperactivity Disorder (ADHD) or other sever psychological disorders.

*Case 2: Dorissa White, was diagnosed with ADHD before coming to college:*

Dorissa White was diagnosed with ADHD before coming to college. She was on medication for a while. However, just like Gregory Smith (*Refer to Case 1, 22*), she stopped taking her medication because she felt she didn't need it anymore.

*Case 3: Christopher Collins, Christopher Collins says he had two roommates that were mentally ill. Roommate 1: diagnosed with ADHD by a clinical psychologist before coming to college.*

Christopher Collins says (2011) 'some of his actions was very abnormal, and I was kind of concerned as far as sometimes how he would approach me, and the way he would stand and react to situations' (Personal Interview, October 24, 2011). Collins said there had to be a reason why he was acting the way he was and he just wanted to know what was going on to see if he needed some help. Collin adds that 'sometimes he would take his medicine and he wouldn't be normal at all. For example, he would start running around jumping, scratching his head, and beating on things or what not. On a scale of 1 to 10 Collins gave

roommate 1 a 9 because he had never experienced being around a person with a psychological disorder (Personal Interview, October 24, 2011). Roommate 1 was also using alcohol when he was on medication (Personal Interview, October 24, 2011). In general, Collins said he would act out more when he would take his medicine with alcohol, which had a negative effect on him (Personal Interview, October 24, 2011).

*Roommate 2: self-diagnosed himself as ill with ADHD.*

As for his non-diagnosed roommate who was convinced he had ADHD, Collins felt he would just take medication for clients with ADHD for social attention (Personal Interview, October 24, 2011). Collins says (2011) 'basically he was getting a high off the medicine. Like once he started taking the medicine it was like a daily norm. If he had quizzes or homework he would pop a pill or two pills when he needed something done and he would concentrate. Oddly, he says, (2011) 'it seemed like he was doing well when he would take the medicine' (Personal Interview, October 24, 2011).

Collins says (2011) 'it was like a trend that was going on at the time. There was someone supplying the medication to him for ADHD patients and he would recruit friends and other people to purchase the drug' (Personal Interview, October 24, 2011). Collins had no idea why roommate 2 was unwilling to get a diagnosis. But he says (2011), 'as far as I'm concerned he never really told me all the information but I know that he would just generalize his statements and

say I'm going to take this because I know I have it' (Personal Interview, October 24, 2011).

### *Analysis 1*

Early intervention is important as without treatment or medication, in some cases, a person with mental illness may affect the people around them (Personal Interview, October 24, 2011). For example- roommates, class mates, and a person's behavior or social interaction in general can be affected. In Case 1, Collins says he adapted to roommate 1, once he found out about his diagnosis (Personal Interview, October 24, 2011).

As for roommate 2, the fact that roommate 2 would take the medication as a drug had me wondering if he took the drug as a way to get high and fit in socially with friends who were engaging in the activity or if in fact he did not seek an experts opinion because he had a stigma?

*CASE 4: Had personal interviews with random students on campus. I asked them if they would seek counseling if they really needed someone to talk to?*

### *Analysis 2*

Responses fell in to three categories. The first category was of students that would seek counseling if they felt they needed it willingly. The second category said they would not seek counseling, as they would not want to disclose their personal information or feelings to someone they barely know. They did mention speaking to a family member or friend first. The last category was totally

against seeking counseling, as they feel they are at a point in their lives where they can deal with any difficulties they may face.

### *Accreditation of Counseling Services*

The SIUC Counseling Center sees 10% of students every year, which are roughly 2000 students (Personal Interview, October 24, 2011). As far as accreditation is concerned the SIUC Health Center is accredited by the American College Health Association, but their Counseling Center is accredited by the Accreditation Association of Ambulatory Health Care (ACHA, 2011). However, out of the three schools SIUC is the only one that did not become an institutional member of the American College health association as of march fifteenth this year (ACHA, 2011).

SIUC also has Pre-doctoral Internships that are accredited by the American Psychological Association (IACS, 2000). NIU also has a pre-doctoral internship accredited by the American Psychological Association, Association of Psychology Postdoctoral and Internship Centers, Association of Counseling Center Training Agencies and Association for University and College Counseling Center Directors (IACS, 2000).

SIUC Chancellor Rita Cheng (2011) says the quality of the university's counseling center's services are a crucial reason why students tend to do well in school and graduate despite difficulties they may face along the way (Personal Interview, October 24, 2011).

All the three schools being examined also represent schools in Illinois that are a part of the investigative journalism education consortium representing various U.S. states. The Investigative Journalism Education Consortium's efforts promote the best use of new digital tools to do broader and better public service stories such as research on mental health and campus safety, while maintaining the highest standards of precision and integrity (IJEC).

The International Association of Counseling services states that the ratio of counselor to student should be one counselor to between 1,000 and 1,500 students (IACS, 2000). However, an average ratio of counselor to students as reported by NSCCD is one counselor to 1,698 students (IACS, 2000). Currently, SIUC is at nearly double the average where the ratio is one counselor to 3000 students (Personal Interview, October 24, 2011). That exceeds even the standard ratios on the National Survey of Counseling Center Directors in 2006.

According to IACS (2000), higher education facilities with large counselor to student ratios are at risk because they may face consequences in the long run that could have a negative effect on the institution (IACS, 2000). Immediate or long-term effects on an institution that exceeds the accredited ratio include a wait list. Right now, SIUC's counseling center has a wait list. Dr. Simmons says (2011) 'what that means is that a student comes in this week but we won't have any ongoing openings for three more weeks, and given that the average student only stays for five sessions, or three weeks, they could be half way through working on what they want to work on' (Personal Interview, October 24, 2011). More consequences include a lack of psychological services for students

experiencing increasingly more severe mental health issues, a decline in support for academic success, and less availability of health center staff to help support or train faculty, graduate assistants and staff members. Last but not least, there exists a liability risk, which may raise legal concerns.

The International Association of Counseling Services states that if it's discovered that a mental student who becomes violent to themselves or others tried to seek counseling at some point before they became violent, it could be a problem if they were put on a waiting list due to heavy caseloads because they weren't seen as a sensitive case during their initial intake (IACS, 2000).

However, at least for the last 10 years the SIUC Counseling Center has had a built in triage system, where they make it a point to see every student that comes in immediately and make that initial assessment to see where they're at with their risk to themselves or others (Personal Interview, October 24, 2011).

Each program I spoke to mention a lack of resources needed to make programs as great as they can be. SIUC Chancellor says (2011) even though Illinois and the university are in debt and feeling the hurt from economic strains, the university's needs must still be made a priority (Personal Interview, October 24, 2011).

### *Prevention and Preparedness and Training Programs in place*

The nation was taken aback by the horrific 2007 shootings at Virginia Tech where Seung-Hui Cho killed 32-students in classrooms. Since then, mental health has not only been a major concern on college campus.

Another area of major concern is campus threats, campus violence, and campus safety. The possibility of gun violence becoming an issue has been a major concern across the country and the reason why Northern Illinois University was as prepared with safety, and all-hazards prevention plans in place (Blagojevich, 2008). About one year later, the 2008 NIU shooting happened where Steve Kazmierczak killed 5 students, injured many others, and then committed suicide. Both Seung-Hui Cho... and Steve Kazmierczak had a history of mental health.

As a result most higher education facilities have training and all-hazards preparedness plans in the event that a similar event occurs. U of I and SIUC are included in that group.

One example of a program that trains for all-hazards emergencies is the SIUC Building Emergency Response Team coordinated by Department of Public safety Officer Russell Thomas. The B.E.R.T. consists of campus enforcement and several active team members across the campus such as faculty and staff who are exceptions. The team performs drill exercises ranging from active shooters to preparedness plans for weather warnings (Personal Interview, October 24, 2011). There are approximately 500 members in the B.E.R.T. team. Faculty and staff members are volunteers in the program. SIUC Officer Russell Thomas says (2011) it is all voluntary because they don't want a program where faculty and staff are forced to be participate. He says it seems to be more successful when they are voluntary and willingly participate on their own (Personal Interview, October 24, 2011).

The frequent training makes participants more efficient and is the key to a successful program (Personal Interview, October 24, 2011). Campus enforcement volunteer staff and faculty train every semester. Training is inclusive to off campus enforcement within the community should the university need assistance during a major incident. The SIUC Department of Public Safety works, practices, and trains with the city of Carbondale and Jackson county officials. They generally exercise together (Personal Interview, October 24, 2011).

According to campus officials (2011), it is up to faculty and graduate assistants to inform their students on their syllabus about an all-hazards safety plan, and exit locations in case of an emergency which faculty and graduate assistants usually includes on their syllabi.

SIUC also has crime prevention unit programs and threat assessment units where they are constantly communicating and providing information about safety measures during university orientation, university graduate assistants training and 100 level university courses. All three campuses have *what to do* information available on their websites fulfilling yet another requirement on the Illinois Campus Security Task Force Report (Personal Interview, October 24, 2011).

### *Prevention and Safety on Campus*

In 2004 Congress took it upon themselves to address the growing need of mental health concerns on college campuses and campus safety across the country. Hence, the Garrett Lee Smith Memorial Act was introduced, whereby

three programs to address the behavioral and mental health needs of young people (Eiser, 2011).

Post the 2007 Virginia Tech and 2008 NIU shootings, the former Illinois Governor Rod Blagojevich enacted the Illinois Campus Safety Task Force Report on April 15, 2008. This was exactly two months after the NIU incident (Blagojevich, 2008).

The Illinois Campus Safety Task Force Report is comprised of a multi-disciplinary task force that includes the Governor's office... attorney general Lisa Madigan's office, Illinois department of Human Services, public safety, mental health and Illinois top leaders in education (Blagojevich, 2008). It has four committees, the Response committee, Prevention and mental Health Committee and legal committee that has done research on mental health and crime prevention and safety then offers recommendations in the 2008 CSTF report for universities to follow to ensure maximum security, efficient response action in case of emergencies and quality psychological services (Blagojevich, 2008). The CSTF initiative introduced by the former Governor of Illinois (2008), has four prime objectives which it aims to have universities across the state follow. The four prime objectives are for universities to have effective campus security policies and provide resources for emergencies, the provision of more guidance directly to higher education campuses to improve mental health support on campuses, steps to prevent further acts of violence on Illinois campuses, and lastly, to enhance preparedness and recovery should violent shooting acts occur (Blagojevich, 2008).

The Illinois Campus Safety Task Force actions to date include (2008), providing interoperable radios and equipment to Illinois higher education facilities, providing avenues for campus security training awareness at 6 sites funded by the Illinois terrorism task force, and providing mental health surveys on higher education in the context of fulfilling and offering recommendations on growing needs for such services on Illinois Campuses (Blagojevich, 2008).

Moreover, in a letter from the Illinois Emergency Management Agency Director Andrew Velasquez to former governor Rod Blagojevich, Velasquez says quote (Blagojevich, 2008):

‘After the Virginia Tech shootings last year, the response committee's efforts have already enhanced Illinois campus security through the distribution of interoperable radios to over 70 colleges statewide and provision of campus security awareness training courses to over 95 campuses statewide’ (Blagojevich, 2008)

NIU has been an active member of the Illinois' CSTF (2008) initiative, following all requirements to the best of their ability. They also own their own interoperable radios which were put to use during the 2008–shootings. SIUC has also purchased interoperable radios and equipment which they train with should such an event occur (Personal Interview, October 24, 2011). To be mentioned, equipment currently at use at SIUC includes starcom21 radios and Electronic Notification Systems. SIUC's Department of Public Safety conducts a test every first Tuesday of the month for their emergency notification systems (Personal Interview, October 24, 2011).

According to CSTF report (2008), it is not just campus enforcement and community enforcement that must be trained to respond in case of emergencies. Key university administrators must be trained in the National Incident Management System (NIMS) as well as, the Incident Command System Model that is outlined in NIMS as basis for command and control during emergencies (Blagojevich, 2008). SIUC meets that requirement as Officer Thomas Russell says (2011) 'SIUC is NIMS compliant' (Personal Interview, October 24, 2011).

The Prevention and mental health committee under the Illinois Campus Safety Task Force came up with a list of findings and recommendations (2008) 'targeted to all higher educational facilities in the state, that point to broad areas of improvement (Blagojevich, 2008). Such areas include preventative measures. Task force members (2008) found out that there is a need to create healthy campus cultures while promoting awareness and prevention (Blagojevich, 2008). They elaborate by saying that a social stigma exists when it comes to mental illness, and this stigma consequently creates a barrier to getting help for services that are needed such as psychological services (Blagojevich, 2008). Therefore task force members (2008) put emphasis on the need for the promoting of 'cultures of mutual respect, trust, sharing, and openness on college campuses to achieve several goals' (Blagojevich, 2008). In addition, the task force (2008) found that there is a 'need to assure access to an array of timely and appropriate mental health services' (Blagojevich, 2008) on college campuses. Hence they recommend that counseling centers on college campuses look to the International Association of Counseling Services for best practices in offering

psychological services (Blagojevich, 2008). As of 2011, Southern Illinois University Carbondale and Northern Illinois University are accredited members of the International Association of Counseling Services. The University of Illinois is the only school out of the three that is not an accredited member of the International Association of Counseling Services (Personal Interview, October 24, 2011).

The last area of importance that task force members found to be a necessity for preventative measures is (2008) the need for 'securing and managing additional clinical support services as part of the University Crisis Management Protocol' (Blagojevich, 2008). Task force members suggest that higher educational facilities mirror Northern Illinois University's immediacy in deploying large numbers of crisis counselors or mental health professionals to individuals who needed counseling after the 2008 NIU shootings took place on their campus (Blagojevich, 2008). The task force adds that (2008), in planning emergency response protocols, this area often goes unanticipated or is neglected (Blagojevich, 2008).

*Case 5: Had personal interviews with random students on campus. I asked them if what they would do in the event of a shooting, what role they would play, and if they would take leadership or look to someone else to alleviate the situation?*

*Analysis 3:*

A majority said they would look to the teacher for leadership, and only if the teacher was wounded or did not take leadership, only then would some take

the initiative. A few said they would try to handle the situation themselves, to either save themselves or bring others to safety. Only one student said he would call 911 if he was able to.

In general, CSTF guidelines in planning and training (2008) promote leadership in carrying out tasks by assigning equal footing for all partners, follow ship where there is a clear chain of command with assigned roles and delegated responsibilities, and relationships between campus enforcement and response leaders from the community (Blagojevich, 2008).

Nevertheless, in extreme cases such as a shooter in the classroom, after speaking with students, it was confirmed that there is a subtle understanding for each student, of who they should look to for leadership and control of a violent situation if it does occur.

### *Post Campus Shooting Initiatives*

SIUC Chancellor Rita Cheng says (2011) 'we have ongoing training relative to who the key individuals are on the campus, decision makers what to do in the event of a situation that should occur, and we have written materials as well as role playing that goes on' (Personal Interview, October 24, 2011). Officer Russell Thomas confirms this statement, that the role of faculty and staff is understood for such circumstances (Personal Interview, October 24, 2011). Graduate students also undergo training in their first year of teaching (Personal Interview, October 24, 2011). However, in an immediate situation one should call 911 first (Personal Interview, October 24, 2011).

### *Violent Behavior: Identifying Warning Signs*

In both the 2007 Virginia Tech shooting and NIU shooting in 2008, both shooters had undergone mental health treatment. The CSTF legal committee (2008) headed by Illinois attorney general Lisa Madigan says they have found a misconception exists when it comes to the exchange of information about a student with mental health difficulties and when it is acceptable to disclose information on a student with mental health disorders (Blagojevich, 2008). However, SIUC promotes strict confidentiality about students who utilize the Counseling Center's psychological services. SIUC does not let anyone know who comes in yet alone what they talk about during their counseling session. SIUC priority is to exercise confidentiality no matter what (Personal Interview, October 24, 2011). Exceptions still exist however, and that is when the client could be a risk to self or others only (Personal Interview, October 24, 2011). Dr. Rosemary Simmons says (2011) 'the only reason we would break confidentiality is if we knew or had strong evidence that a student is going to kill themselves in the next 72 hours... to make sure they got the help they needed' (Personal Interview, October 24, 2011).

It is apparent as human beings, it is only normal to experience ups and downs. On that note, violent behavior builds over time and there are signs to look for in a potentially violent individual. Therefore, signs to look for are in general, a change in behavior or attitude (Personal Interview, October 24, 2011).

*Responding to a Crisis*

Arrested in Jackson County, Maurice L. Wiggins of Chicago, Illinois is behind bars after threatening to bomb three dormitories and the student center at the Southern Illinois Carbondale Campus. This was in an attempt to kill 4000 students and staff (AP WIRE). Authorities alleged that the 23 year old, made the threat using the internet to send a message on August 29, 2011 from his cell phone to the 20,000 Student University Crime Watch website. A federal grand jury indicted Wiggins on a felony charge of making a bomb threat and the charge is punishable for up to 10 years in prison and 250,000 dollars in fines (AP WIRES).

SIUC Chancellor said (2011) in response to the bomb threat that 'it was determined early on that it was an issue that he had with someone affiliated with the university' (Personal Interview, October 24, 2011). However, if the threats followed through there is an emergency operation plan at SIUC in place, and the Emergency Operation Center would be deployed to that location and action would start (Personal Interview, October 24, 2011).

When it comes to preventative and safety measures the SIUC has a text alert and email system called the Wireless Emergency Notification System that people affiliated to the university can subscribe to for free. W.E.N.S. currently has 10,500 users at SIUC. In the event of an emergency, the campus is sent alert texts and alert e-mails notifying the campus of any all-hazards emergency. Anyone who subscribes to these alerts is notified. As for

alert e-mails, the university sends e-mails to anyone with an SIU e-mail account (Personal Interview, October 24, 2011).

Students featured in television news reports indicated that they had not heard about a bomb threat through the campus alert system. Some students at the SIUC campus even indicated hearing about it for the first time when they watched the news on television. But the campus was not notified of the SIUC bomb threats by Maurice L. Wiggins through the W.E.N.S. system. University officials say had it been credible the campus would have been notified of the danger. Only credible threats are issued through the alert system to the campus. (Personal Interview, October 24, 2011).

After the shootings at Virginia Tech 2007 and 2008 NIU shootings, safety on campus has become another major concern. Although, achieving safety has always been a priority for the department of public safety at U of I, NIU and SIUC, the pressure to provide state of the art security, emergency equipment, and safety on campuses at all times has been accentuated. In Illinois higher education facilities must adhere to initiatives such as the Illinois Campus Safety Task Force that provides steps to achieving such an objective as campus safety.

In the 2010 the American College Health Association (ACHA) partnered with the National College Health Assessment (ACHA, 2011), to report on the degree of safety felt by college students. The statistics offered comparisons between genders.

*Table 3: College student's reports on feeling safe (ACHA-NCHAI)*

<b>Location</b>	<b>Males (%)</b>	<b>Females (%)</b>
On their campus (daytime)	87	84
On their campus (nighttime)	47.5	22.9

<b>Location</b>	<b>Males (%)</b>	<b>Females (%)</b>
In the community surrounding their school (daytime)	54.7	45.3
In the community surrounding their school (nighttime)	25.9	11

In comparison to on-campus safety, statistics were much lower for both males and females off-campus both during daytime and at nighttime.

*Case 6: Had personal interviews with random students on campus. I asked them if they felt safe on campus, and subscribed to the alert notification systems offered through the university.*

#### *Analysis 4*

In general, what I found was that most people feel safe at the SIUC Campus for the most part. Only a few new about the W.E.N.S system and those who subscribed to it were satisfied with the service. There were only a few individuals who did not feel safe at all times. Those individuals said they felt unsafe during large events and when they do not see police patrolling across campus regularly. However, a majority felt confident that the likelihood of SIUC experiencing a shooter on campus is slim.

Overall, Officer Russell Thomas says (2011) SIUC does training for manmade or natural disasters. During that time they learn how to respond to those kinds of actions (Personal Interview, October 24, 2011).

## CHAPTER 3

### DISCUSSION

#### *Discussion of Hypotheses*

H1: More students on college campuses are seeking psychological services because there is less of a stigma associated with seeking psychological service.

#### *Discussion 1:*

In the past, a notion existed whereby young people were afraid to seek counseling even if they were experiencing problems with their mental stability. For some students it is a matter of (2011), jeopardizing their image by revealing perceived need for help, particularly in those students who hold somewhat of a celebrity status on campus' (Kissinger & Miller (2011), 95). However, research in *College students in distress* (2006) indicates that nowadays more students are more likely to take steps to seeking mental health care if they felt they needed it (Sharkin (2006), 68). Despite, the change, 'a sense of shame or embarrassment may still exist for many students' (Sharkin (2006), 68. In *College students in distress* by Bruce S. Sharkin, (2006), the existence of that feeling of shame or embarrassment is more common in males than in females (Sharkin (2006), 68).

Generally, research also suggests that

According to the book titled *Young Adult Mental health* (2009) individuals who acknowledge the fact that they may need help also avoid seeking psychological services because they are 'skeptical they can be helped or want to avoid confronting painful feelings' (Grant & Potenza, 2009). The book also

explains that young people may be more likely to give in to stigmas because they are at the point in their lives where they are in the process of establishing themselves professionally, romantically, and economically. Hence, they are more fearful of being viewed as less or devalued in the eyes of their peers or employers (Grant & Potenza, 2009).

However, research shows that (2011), perceived stigmas associated with seeking counseling are not necessarily the reason why students seeking counseling were not as high ten years ago as it is today (Kay & Schwartz (2011), 282). In fact studies show that (2011) young individuals were not seeking counseling per se because they would go to friends, family or even a significant other first if they were struggling before someone they barely knew (Kay & Schwartz (2011), 282).

**H2:** More students on college campuses are seeking psychological services because more students have pre-existing illness or severe psychological disorders.

*Discussion 2:*

In the U.S. Department of Education's Prevention update (2011), it states that 'according to a 2010 study presented at the 118th annual convention of the American Psychological Association, severe mental illness is more common among college students than it was a decade ago, with more young people arriving on campus with preexisting conditions and a willingness to seek help for emotional distress' (Higher Education Center, 2011). In addition (2011) a recent study that was carried out on 13,300 students confirmed this data (Higher

Education Center, 2011). The analysis was based on the students who were treated at campus counseling centers. Furthermore, the study revealed that those 13,300 students had severe psychological problems (Higher Education Center, 2011), with more than two-thirds clinically depressed at some level, 17% suffering from drug and alcohol problems, and roughly 20% were suicidal (Higher Education Center, 2011). This hypothesis was confirmed during an interview with researcher Derrick Williams at Southern Illinois University (2011), whereby Williams states that 'mental illness symptoms begin at a young age, normally through middle school and continue on into college years' (Personal Interview, October 24, 2011). The severity of such symptoms enhances based on the experiences an individual student faces in their general social environment (Personal Interview, October 24, 2011).

H3: More students on college campuses are seeking psychological services because Colleges are doing a better job reporting on cases.

*Discussion 3:*

Research reports from numerous psychological and mental health organizations indicate that more students on college campuses are seeking psychological services. This is majorly due to a survey that the International Association of Counseling Services, American College Health Association, and American Psychological Association among others refer to as an indicator on current statistics on the mental state on college students. This survey was introduced in 1981, and is known as the National Survey of Counseling Center

Directors, whereby information is collected from the Counseling directors at several higher educational facilities across the United States and Canada about the students they see on an annual basis and on how they are doing prior to seeking psychological services and post seeking treatment at higher educational facilities (Gallagher, 2010). The annual survey is sponsored by the American College Counseling Association (ACCA) and is published by the International Association of Counseling Services (IACS) (Gallagher, 2010). The survey is intended to serve as a means for researchers and clinical psychologists to stay up to date on clinical trends in counseling centers. The counseling center directors (2011) at Southern Illinois University Carbondale, University of Illinois at Urbana-Champaign, and Northern Illinois University all report to this annual study (Personal Interview, October 24, 2011).

Continuous efforts may also be in part (2010), due to the fact that 'the counseling service should contribute to research at the campus level as well as national data collection efforts'(IACS, 2010), and if possible 'include comparative data from other institutions in the evaluation process' in order to be accredited by the International Association of Counseling Services (IACS, 2010).

H4: More students on college campuses are seeking psychological services because it is highly encouraged to do so out of an institution's fear of violence on campus becoming a concern if no help is sought.

*Discussion 4:*

When it comes to violence and its connection with mental health in college students' two issues are raised, that is violence to self and violence towards others. The aftermath of the 2007 Virginia Tech Shootings and 2008 NIU shootings led universities and college campuses to be aware of the fact that one individual can take the lives of many in just a few minutes. Hence, state campus safety task force initiatives are a prime indicator of violence on campuses becoming a major concern for higher educational facilities. In the state of Illinois, that would be the 2008 Illinois Campus safety task force.

Due to violence being a probable concern on campus, the Illinois Campus Safety Task Force (2008), implemented two initiatives in their safety report. The first initiative is the 2008 Campus Security Enhancement Act, and the second initiative is the 2008 Campus Security Enhancement Grant Program. Both efforts encourage a comprehensive full-time campus security and prevention guideline to combat the possibility of a student to become violent to self or others (Blagojevich, 2008).

### *Summary of Discussion*

At higher educational facilities campus security and safety are essential to the success of an institution. Offering a safe and peaceful environment puts campus officials, parents and the student at ease, especially when they are being educated and notified on campus security goals and measures that have been contributed to by various groups and state initiatives. Such goals were advanced

by the Crime Awareness and Campus Security Act of 1990 (Westat, Ward & Janice, 2005).

Such programs are the reason why there has been a significant difference in the way the issue of suicides on campuses is addressed. Today, according to an article published by the American Psychological Association in a government relation update (2011), suicide is the third leading cause of death among young people between the ages of 15 and 24, and the second leading cause of death among college students (Eiser, 2011). In addition the Campus Suicide Prevention Program was enacted to offer funding to campuses to improve educational material on suicide prevention (Clay, 2008).

The U.S. Department of Education is focused on making sure those universities and colleges nationwide fully adhere to this act, and that the implementations of the act remain at the forefront of university's objectives. The act is now referred to as the Jeanne Cleary Act (Westat, Ward & Janice, 2005), whereby students, families and higher educational facilities are provided with the information need to make sound decisions (Westat, Ward & Janice, 2005). In addition to the Jeanne Cleary Act, failure to respond or notify a campus of a violent incident going on at campus has legal consequences (Westat, Ward & Janice, 2005).

The United States Department of Education has scheduled a December 7, 2011 to December 9, 2011 hearing to take up Virginia Tech's appeal of fines it was slapped with for failure to inform campus sooner during the 2007 incident, in which Seung-Hui Cho went on a shooting rampage killing 32-students and

faculty. The U.S. Department of Education's spokeswoman Sara Gast says several survivors and victims' family members will testify (AP WIRES). The state of Virginia's attorney general Kenneth Cuccinelli announced in April that Virginia Tech would appeal the \$55,000 sanction. Cuccinelli called the departments findings 'absolutely appalling' (AP WIRES). The U.S. Department of Education is accusing Virginia Tech of being in violation of the 1990 Cleary Act (USDEDU).

The 1990 Cleary Act (1990), 'is a federal mandate requiring all institutions of higher education (IHEs) that participate in the federal student financial aid program to disclose information about crime on their campuses and in the surrounding communities. The Cleary Act (1990) affects virtually all public and private IHEs and is enforced by the U.S. Department of Education. Campuses that fail to comply with the act can be penalized with large fines and may be suspended from participating in the federal financial aid program (USDEDU). Hence, under the Cleary act (1990), the agency found Virginia Tech acted in violation by waiting more than two hours after two killings before sending out a campus wide notification.

In comparison to Virginia Tech's response the 2007 campus shootings, NIU's response was timelier. NIU shares a breakdown of their response on the 2008 Illinois Campus Safety Task Force Report. According to the report, at 3:06pm the first call was made to campus police that a shooter was at Cole hall. About 30 seconds later, NIU police arrived at a parking lot by Cole hall. At 3:07pm two more police arrived at the scene. Two minutes later, Chief Donald Grady and others entered the building to find four dead, including the shooter. At

3:20pm a campus-wide notification e-mail was sent and posts were made on the website. Forty minutes later, an all-clear message was issued to campus (Blagojevich, 2008).

## CHAPTER 4

### CONCLUSION

To conclude, Southern Illinois University offers similar modes of psychological services like those offered at NIU, and U of I. They are also accredited by key accrediting organization in the area of counseling services. However, they are over the recommended counselor to student ratio, even for the standard for larger universities such as Southern Illinois University Carbondale. Essentially, what this means is that Southern Illinois University is at risk for consequences in the quality of psychological service, training of faculty, the development of workshops and outreach programs, and at risk legally should they have a student with mental illness cause harm to self or others, if they had initially tried to seek help with their difficulties at SIUC'S Counseling center prior to an incident.

As for preventative measures and guidelines, the University of Illinois at Urbana-Champaign, Northern Illinois University and Southern Illinois University abide by the guidelines presented to them in the 2008 Illinois Campus Safety Task Force to the best of their ability.

Prevention however, gets complicated when one considers confidentiality. According to SIUC Counseling Director Dr. Simmons (2011), in relation to a student's personal mental state, confidentiality cannot be breached no matter what unless the student poses an imminent harm to self or others within a 72 hour period, with proof of a plan in place (Personal Interview, October 24, 2011).

As a result, confidentiality in some sense poses as a barrier to ensuring the quality of preventative measures. Therefore, all campuses can do is exercise other arenas of prevention and safety.

A guideline to be mentioned falls under the 2008 Illinois Campus Safety Task Force Campus Security Enhancement Grant program (2008), whereby all Illinois campuses must support the development and implementation of a two or three day campus violence prevention program to assist campuses with developing violence prevention committees and threat assessment teams which all three schools have adhered to and implemented in their programs (Blagojevich, 2003).

To date, the Prevention and Mental Health Committee under the 2008 Illinois Campus Safety Task Force (2008), conduct a mental health service survey on higher educational facilities in the context of a growing need for such services (Blagojevich, 2008). According to the task force report (2008), they accomplished a response rate of 61%. Hence, the results are utilized to construct various recommendations which, when put to use can broaden the quality of services offered to individuals with suffering from emotional or mental difficulties (Blagojevich, 2008).

As of November 1, 2011, the state of Wisconsin approved the right-to-carry law in the United States Bill of Rights, which is 'the conventions of a number of the States having at the time of their adopting the Constitution, expressed a desire, in order to prevent misconstruction or abuse of its powers, that further declaratory and restrictive clauses should be added' (U.S.

Constitution). The right to carry law (U.S. Constitution) refers to the second amendment law that states 'A well-regulated Militia, being necessary to the security of a free State, the right of the people to keep and bear Arms, shall not be infringed' (U.S. Constitution). Once Wisconsin approves this law that will mean Illinois will be the last of 50 U.S. states to approve this law. As a result the 2nd Amendment rights under the U.S. Bill of Rights may be revisited by legislators. Hence, in order to live up to the country's 2<sup>nd</sup> Amendment rights, the right-to-carry could come up in discussion again at the next spring legislation meeting. If Illinois approves right to carry laws, then educational facilities will have another issue to tackle, which is can people bring weapons on campus (Personal Interview, October 24, 2011). Hence, campus administrators, staff, faculty will be forced to consider how passing right to carry will affect campus safety in the future.

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## Appendices

## APPENDIX

Attachment:

Video- Mental Health on College Campuses

Broadcast Journalism Piece by Izabel M. N. Liwo

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Research Paper Title:  
Mental Health on College Campuses

Major Professor: Dr. William Freivogel