Suicide: Medical-leave policy among biggest changes proposed by University

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said with a growing number of students on campus, there is bound to be an increase in the proportion of those with mental issues. She said many circumstances contribute to students becoming suicidal.

"Whether it be past family circumstances, dealing with their sexual orientation, depression, many issues can bring students to being suicidal," Schoonover said. "With depression, many may be at the age when they first get diagnosed."

But many students are coming to college with previous diagnoses of mental disorders, said Scott Perfect, the clinical coordinator for Western Oregon University's counseling center.

"One of the things we're seeing is that there is an increase in the frequency and severity of mental illnesses at universities," Perfect said. "This puts a lot of strain on systems at universities."

He said reduced stigma associated with mental illnesses and better medicine have led to earlier detection of mental health problems in students.

"People with psychiatric disorders can go to school and succeed," he said. "They can also de-compensate."

Vice President for Student Affairs Anne Leavitt said the number of students enrolling at the University who are dealing with mental health issues has created a need for better education and support on campus.

"Nationally, about one in five students are presenting with some form of mental health challenge," Leavitt said. "They're coming here with success in their background, and we want to make sure they're successful here. So we begin with trying to educate the rest of our campus that students with mental health challenges are present in our campus, they're welcome in our campus and they need our support."

New task force, policies

To address the growing needs of students facing mental health issues — especially those at risk of contemplating suicide — and to avoid potential lawsuits, the University has created a suicide prevention task force, has reviewed counseling center practices and is putting the final touches on proposed changes to the school's medical-leave policy.

Under current policy, the University can force students to leave when they pose an imminent danger to others or are severely disruptive to the health of the campus community, Holmes said. A new draft of the policy, which will be looked at later this year, would include suicidal behavior as a category for medical leave and would more clearly specify involuntary leave as an option when individuals pose an imminent threat to themselves or others, Holmes said.

The proposed policy would also change which campus department makes the final decision on whether a student stays at the University. The proposal would shift the final decision from health-center professionals to the Division of Student Affairs, although the director of either the health center or counseling center would make a medical recommendation.

Holmes said the policy is needed to address a small subset of suicidal students, who she described as being in a "suicidal career" or a "suicidal trance."

"It's where the person is kind of on a mission," Holmes said. "Their thinking gets very narrowed, their problem-solving becomes very narrowed ... and they don't want to get off that path."

If students are outwardly suicidal but continue to refuse help, they are bringing harm not only to themselves but the entire campus community, Leavitt said.

"A student who is threatening suicide every night actually is creating a crisis in the community around them," she said. "It holds the community hostage."

Friends and acquaintances might stay up during the night to periodically check on suicidal students, causing them to become anxious and upset, she said.

"The next thing you know, two or three or four people's lives are completely altered by this crisis," Leavitt said, "and they can't go to class. They're scared and staying up all night."

Although the situation is uncommon — usually people who are depressed are willing to get help, Holmes said — those who refuse aid put continuous stress on the counseling center and campus community.

"I cannot tell you how time-consuming it is," Holmes said. "Let's say we do nothing even though we have all this information, and the student kills themselves. That's not good for the student because we could have intervened, and we know that intervention helps. It's not good for the University, because it appears as though we are uncaring. The parents are extremely upset that one, they didn't know, and we knew; and two, we didn't do anything and their child is dead now."

Along with growing levels of suicidal behavior, lawsuits have been popping up on college campuses. In one high-profile case, when Massachusetts Institute of Technology student Elizabeth Shin set herself on fire in her dormitory room, her parents sued the school for $27 million, claiming the school improperly handled the situation.

Holmes said avoiding litigation isn't the primary reason for the new policy, but, "We're trying to be on the front end of that before something happens, before there is a lawsuit."

Students asked by the University to leave due to a health or safety emergency could return with a doctor's note or some other evidence that they are ready to be back in school, Leavitt said.

The policy is modeled after one at the University of Illinois, which Leavitt said has been successful. The Oregon Institute of Technology is also considering one, but only Willamette University, in Salem, has a similar policy.

Clinical coordinator Scott Perfect said Western Oregon University hasn't considered such a policy.

"People's civil rights aren't suspended because they need psychological services," he said. "We don't force services upon people."

However, in cases of medical emergencies and crises, the school could rely on other grounds, such as housing contracts, to mandate a psychological assessment, he said.

"People have the right to refuse services," he said. "The community has the right to say, 'We don't want you to kill yourself' and get the police involved."

Although the decision will impact students, so far, it has only been discussed by staff, Holmes said. The policy will be subject to campus discussion when it is officially proposed, she said, but much of the background information for drafting it was best left to health professionals.

"Student input is important, but at the same time, students are not trained as professionals," Holmes said. "At the end of the day, we still need to get the job done, and we're going to be held accountable for it."

ASUO President Adam Petkun said he didn't have enough information on the drafted policy to voice an opinion, but he was concerned that making an already-stressed student leave school could be harmful. He hopes students would eventually be more involved with the formation of the policy.

"I understand the need to have experts, but who could give you better perspective on issues involving students than students?" he said.

Holmes said the need to protect the entire campus community outweighs concern for an individual who is suicidal, disruptive and refusing services.

"We need to tell those students you can't stay here, be in school and do that," Holmes said. "It's not safe. It's not good for anybody else and it's just not a solution."

Students seeking services

Although many schools in the Oregon University System are generally confident that students' needs are being met, the growing need for mental health services has also increased the need for staff, according to several counseling centers.

Holmes said the University counseling center does very well in providing individual and group counseling to the University's nearly 20,000 students, but it needs another psychologist.

Southern Oregon University offers counseling and crisis services but sets a limit of five sessions before students must pay an additional fee. For more severe problems, the school refers students off campus. Additional funding and staffing could help the school to better serve students, said Allan Weisbard, the school's director of counseling.

"Where we see a big shift in lack of resources is in the greater community," Weisbard said. "If we had more staff, we could certainly do more outreach and groups. It'd be much better."

Marianne Weaver, a clinical psychologist at Eastern Oregon University, said because of an increase in students with mental problems, the school's staff of two has faced a heavy workload.

"Both of us are being asked to do a lot more on campus," Weaver said, noting they've managed to avoid using a waiting list.

Space limitations hinder service and staff expansion at the University, Holmes said. While she'd like to hire another psychologist, there isn't enough office space. She hopes an additional 10,000 square feet from a remodel slated for upcoming years will help the center expand, although they're operating efficiently for now.

"We feel very fortunate we're well funded," Holmes said. "We're not cutting back on services, but we're not rolling in extra money. It's just exactly the way it should be."

Leavitt said she worries the increase in student needs could outpace the expansion of the University Health Center.

"If the population continues to have a growing presence of mental health issues, it may be the remodeling is not going to be good enough," she said.

New funds may come to universities through a bill recently passed by Congress. The Garrett Lee Smith Memorial Act was named for Oregon Sen. Gordon Smith's son, who committed suicide last year while at college. The bill was passed by Congress in September and authorizes $82 million over three years to fund suicide prevention programs for states, American Indian tribes, colleges and universities.

Leavitt said the bill has yet to be appropriated, but the University will eventually apply for grant money through the program. She said the bill will help give campuses the capacity to reach out to students.

"(Smith's) son's death reminded us of what we already know," she said. "Students who go to college are at less risk, but only if there are helping services."

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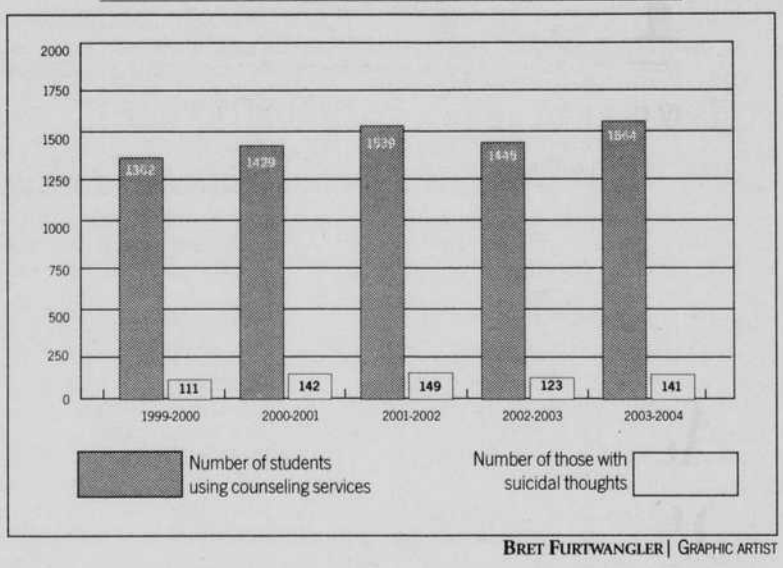
COUNSELING SERVICE USE BY STUDENTS



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