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Inconsistent Mental Healthcare at Community Colleges Harms a Vulnerable Student Population

By
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In August 2017, just as the Houston Community College System's 20 campuses were poised to start the fall semester, Hurricane Harvey dumped more than 60 inches of rain in four days over southeastern Texas. More than 200,000 Houston-area homes and apartment buildings were destroyed along with up to a million cars. Many students as well as faculty and staff suddenly were displaced from their homes, had lost their possessions, and had no way to get to classes.

“It was a wake-up call,” says Frances Villagran-Glover, who was then associate vice chancellor for special programs and success, of the hurricane’s impact on students’ anxiety levels. “Not only were they worried about basic housing and food, [but] because of challenges with their vehicles and road closures, it might take up to four hours to get to class.”

After delaying the start of classes by a week, HCC sent students a survey. It had just one question: How are you doing? The response was overwhelming – more than 16,000 responses poured in, ranging from those who reported feeling suicidal and overwhelmed to those who passionately declared they’d keep up their studies no matter what.

“We implemented what’s called a ‘culture of care,’ which is something a lot of community colleges are adopting,” Villagran-Glover says. “It helped us erase the stigma in Houston of students asking for support.”

HCC students were lucky. Licensed counselors are always available on campus, and students were able to tap public and private agencies in the Houston area that offered hurricane-related assistance.

But how can community colleges, whose students rarely live on campus, offer mental health services on an ongoing basis?

Historically, most don’t.

A 2016 study by the University of Michigan and the University of Madison-Wisconsin found 49 percent of the community college students surveyed reported “at least one mental health condition,” with depression and anxiety the most common issues at 36 percent and 29 percent, respectively. Yet day-to-day help remains limited on most campuses nationwide, leaving students on their own to locate and pay for mental health services in their communities.

Community college students have as many or more risk factors for behavioral and mental health issues as those at four-year universities.

“Community colleges serve the majority of first-generation and under-represented students in the United States,” says Martha Parham, senior vice president of public relations for the American Association of Community Colleges. “Our students tend to be a little older as well. The average age is 28.” Most students – 65 percent of full-time and 72 percent of part-time enrollees – juggle school with jobs to support themselves and families, Parham says.

In addition to the ongoing issues including anxiety, depression and substance abuse, community colleges are not immune from traumatic events such as mass shootings and weather-related catastrophes.

Within the past decade, there has been a “groundswell around recognizing and addressing the need for early intervention so students don’t develop long-term mental illness,” says Colleen Ganley, student services marketing coordinator at California Community Colleges.

California authorized \$4.5 million in its 2017-2018 state budget specifically to help its 115 community colleges provide mental health services and training; it more than doubled that allocation to \$10 million for the 2018-2019 fiscal year.

But not every campus received equal amounts of money. Funds ultimately were distributed to 90 schools through a competitive grant process.

And despite this historic “incredible investment” from California lawmakers, Ganley says, “Both of those appropriations were designated as one-time funding and do not provide ongoing funding for this kind of service.”

An effective use of the money has been initiating Kognito online training, which has helped almost 90,000 students and faculty to recognize signs of mental illness, Ganley says.

Most California community colleges now offer one to three free counseling sessions as well as screenings for depression and substance abuse. The Center for Wellness and Well-Being at Santa Monica Community College has office hours five days a week. Four psychologists and two postdoctoral interns are on staff, and at least 12 and as many as 30 students seek their services on a given day, says Martha Whitfield, a student services assistant.

As an alternative to on-campus services, other community colleges rely on memorandums of understanding (MOUs) with area mental health service providers. But there appears to be little if any data on what typical MOUs contain beyond a list of phone numbers as a resource.

In Virginia, community colleges nearly always refer students to outside sources for counseling. In 2013, Virginia lawmakers mandated that these schools designate someone at each campus to refer students to mental health services in emergency situations. For less urgent needs, they allowed them to create MOUs with local mental health providers. A proposed 2014 Senate bill that would have mandated community colleges to create a plan to coordinate mental health services for uninsured students never passed.

John Downey, president of Blue Ridge Community College in Weyers Cave, Va., testified before state lawmakers at the time, arguing that community college students are better served by mental health providers off campus.

Downey, who has a master's degree in psychology, says, "The growth of mental health issues is significant. I don't think there's any doubt that the need is there for people to have access to good mental health counseling."

But a staff counselor at a small, rural school like Blue Ridge would be less likely to have the breadth of experience that could be found at an established outside practice, Downey argues, adding that continuity of care is also unlikely at community colleges, which have a high turnover rate among students.

“When life circumstances and stress get in the way, often a student stops coming to a community college, and then there would be no [further] connection with the counseling center at that point, whereas if we’ve already referred that person to a community services board (CSB) for an assessment, there’s at least that connection where they figure out if they need more services,” Downey says.

CSBs are local government agencies that coordinate a broad range of health and human services, which technically can be accessed by anyone, says Jennifer Faison, executive director, Virginia Association of Community Services Boards.

Elizabeth “Beth” Harper, associate vice president for student services and enrollment management at Northern Virginia Community College (NOVA), says its CSB has been “very, very helpful” in providing emergency crisis counseling. For example, the college offered counseling after a student opened fire in a classroom in 2009 and following another incident when a faculty member died in an off-campus shooting.

“But they’ve been clear that they are not resourced to do anything else, so that leaves us trying to come up with other avenues for our students,” said Harper, adding that NOVA is looking at alternative funding models and options, such as online cognitive behavior therapy and collaborating with nearby George Mason University.

In practice, an MOU is more lip service than real help for students, especially if the community college doesn’t offer student health insurance, says Ron Manderscheid, executive director of the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD).

“I used to run the national mental health data system for the U.S., and I’ve talked to many community colleges who had MOUs. In my opinion, most MOUs weren’t worth the paper they’re written on. It was just window-dressing, ... a way to get out of obligations.”

And there’s another catch: In many U.S. communities, long waiting lists exist for mental health services.

For example, in 2018 the Texas Health and Human Services Commission estimated an average wait time of more than 110 days for both adults and children seeking mental health services.

Medically underserved areas have access to federally funded Community Health Centers, which must base their fees for services on a sliding scale.

These scales can include “a full discount to individuals and families with annual incomes at or below 100 percent of the federal poverty guidelines,” according to the Health Resources and Services Administration (HRSA). Nearly 90 percent offer mental health services along with regular primary care.

But the growing need for mental health services is straining those centers as well. According to HRSA data, mental health patients increased by 14.6 percent from 2016 (1,788,577) to 2017 (2,049,194), and depression screenings and follow-up measure for patients increased by nearly 7 percent from 2016 (60.3 percent) to 2017 (66 percent).

In New Mexico, Janelle Johnson, one of two licensed clinical psychologists on staff at Santa Fe Community College, says students shouldn't have to wait for help. Johnson is also president of the American College Counseling Association.

After a 2012 survey by the American Psychological Association found less than 13 percent of community colleges offer psychiatric services, Johnson says they've noticed “an uptick” in the number that no longer rely on MOUs.

Santa Fe Community College provides on-campus services by earning state and federal grants geared for educational institutions, perhaps for suicide prevention or student wellness. Interns also help manage the caseload, which can include several students a day out of an enrollment of approximately 6,500 full-time students.

Having services on campus “really works because the students are already here, and generally speaking, there's no additional charge, as it's part of student fees,” Johnson

says. "They don't have to tell other members of the family," whereas they might if they had to travel to an off-campus provider.

"This is the peak age when some diagnosable, treatable psychiatric disorders tend to develop," Johnson says, making it critical to treat students as soon as possible, whether on or off campus.

Kay Nolan is a contributing writer for *INSIGHT Into Diversity*. This article ran in the July/August 2019 issue.