

PROFESSIONAL NEWS

College Students Explain Decisions About Getting MH Care

To decrease stigma and the number of college dropouts due to mental health problems, colleges need to provide and promote support to students.

BY CHRISTOPHER WHITE

Each year millions of students enter college, and for many this will be the first time they will be living on their own. For some students, the dual pressures of independent living and demanding school work can lead to mental health problems. Other students come to college with mental health problems.

The National Alliance on Mental Illness (NAMI) conducted a nationwide online survey asking college students with mental health conditions about their experiences in college. NAMI sought opinions on ease of access to mental health services and resources and on factors that would keep students from dropping out due to mental health issues. NAMI released the report last month.

Responses were collected from August 2011 to November 2011. NAMI received 765 responses from students who were currently enrolled in college or had been within the previous five years. Each section of the report included response breakdowns with corresponding tips on how to increase awareness of mental health services and reduce the number of dropouts. The authors of the report added that while some colleges will see these tips as confirmation of their efforts, others can use the tips as guidelines for improving their services and outreach to students with mental health problems.

The survey showed that 64 percent of the respondents who experienced a mental health problem during college ended up dropping out. Of that group, 50 percent did not seek any mental health services or support. Students cited not knowing whether they were qualified to receive accommodations, their lack of knowledge about campus mental health resources, fear of stigma, and burdensome applications for accommodations as reasons why they did not pursue mental health services.

However, the students did indicate that receiving accommodations (such as tutoring, lighter course loads, or communication with professors) or accessing the mental health services and support

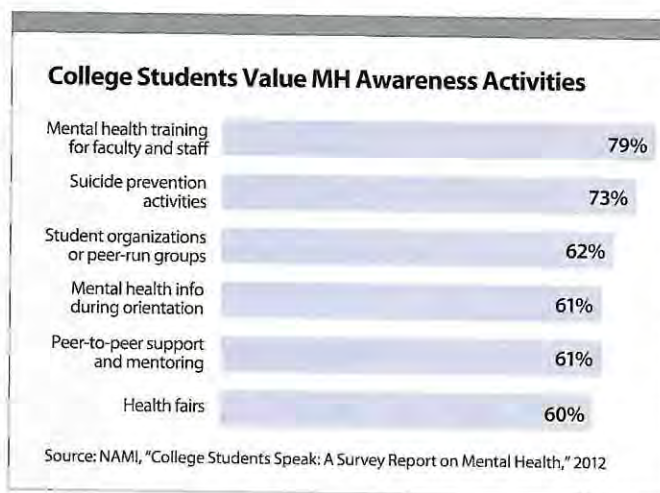
on campus would have helped them to stay in school.

"The numbers are dramatic. They point to a 'shadow' mental health crisis that colleges and universities need to address," said NAMI Executive Director Michael Fitzpatrick.

There was a wide range of ratings by the students of their schools' mental health services and resources, with some schools rated as excellent while others were lacking in key areas that would benefit students with mental health problems.

In the report, NAMI leaders suggested promoting and publicizing mental health services and accommodations to all students, reducing paperwork needed to receive help, and

encouraging peer-support groups and clubs as ways to reduce the number of dropouts. In another section of the report, the authors also underscored the importance of educating students and faculty about mental health and



creating support programs to eradicate the stigma that so often attaches to mental illness.

"Mental illness can be treated and successfully managed, but too many students are forced to abandon their promise and talent when they confront mental health issues in their college careers," said Fitzpatrick.

Disclosure was found to be a significant factor among those students who chose not to access mental health resources. To obtain accommodations from their college, the law requires students to disclose their diagnosis. The researchers found that half of the students disclosed their mental health issue to receive accommodations and

support. The other half reported being fearful of disclosure due to stigma or not disclosing because their problem did not have an impact on academic performance.

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E-Communication Speeds Access, But Proceed With Caution

Teaching trainees how to create and maintain a professional online persona should be an essential objective for psychiatric educators.

BY CHRISTOPHER WHITE

When it comes to Internet usage and social media, the boundary defining professionalism for physicians is not always clear. Many patients expect to be able to e-mail their

physicians about medical information, and relationships among physicians now have the ability to cross new boundaries via social media.

Sandra DeJong, M.D., Sheldon Benjamin, M.D., Joan Meyer Anzia, M.D., and their colleagues addressed the liabilities, safety issues, academic issues, boundaries and "netiquette," and potential conflicts of interest that can arise when physicians use the Internet, and social media in particular, in the September *Academic Psychiatry*.

"The evidence of unprofessional online behavior among physicians and

the complexity of the potential issues raised with Internet use in psychiatry suggest that psychiatric residents, educators, and administrators need explicit teaching about potential clinical, ethical, and legal pitfalls of Internet use," the authors noted.

In 2010, the American Association of Directors of Psychiatric Residency Training (AADPRT) established the Task Force on Professionalism and the Internet to review information on the issue and create a curriculum to teach psychiatric trainees the basics of online professionalism. The task force's workshop, held during AADPRT's 2010 annual meeting, asked participants to describe concerns about topics ranging from social-media use to academic issues associated with online professionalism.

DeJong and colleagues used several participant vignettes from that workshop in their report to help illustrate relevant issues that participants raised.

One such issue concerns e-mail. Psychiatrists often communicate with patients via e-mail, which raises issues about liability with regard to response time. For example, a psychiatrist on vacation received an urgent e-mail from his patient and could not respond quickly enough before the patient attempted suicide. Even though the psychiatrist set up voicemail and an on-call beeper with instructions to

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