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<center>One Too Many Times</center>

For many of us, college is an important, almost necessary step towards securing a better future. While many of us are preparing for this next step in our lives, most of us have not considered the non-academic side of things. For example, you may know your major, what clubs you want to be a part of, and even classes you might want to take. But have you thought about the changes that happen at college? With all the excitement, many people forget college is a big step into adulthood and also a big step towards independence. For some, the transition may be harder to make, as the emergence of mental illness most often appears during a person's late teens and early twenties (Kessler). The JED Foundation, one of the leaders in progressing mental health on campuses, states that "suicide is the second leading cause of death for college students" ("Campus Mental Health"). A survey done by the American College Health Association across 92 schools showed that 61% of students felt "overwhelming anxiety" (Auerbach). So how are colleges equipped to support students during this crucial time of development? With an already alarming number of students with mood disorders on the rise, what policies has our government enacted to progress student mental health? ("Colleges and Universities").

While the stigmatization of mental health is decreasing as a whole, there is still a remaining stigma against getting proper help (Iarovoci pg. 205). On top of the lack of policy and the harmful social perspective, colleges' current practices lack preventative measures. These

three factors complicate one another and hurt the progress of bettering mental health practices. To explore this issue locally, I interviewed two current college students whose names I have changed to keep their anonymity: Noah Smith, a first-year at UC Berkeley, and Emma Williams, a sophomore at Foothill-De Anza College. I chose to interview students who may have not used mental health services on campus to help us understand what the general education and view on mental health is. According to the College Board, students can seek counselors at their college to receive help ("Campus Services"). They say that colleges usually offer a free set number of sessions or semesters. Besides this unwritten social contract, there are no national laws that require colleges to provide these services. Current mental health systems in colleges include counselors and suicide prevention protocol. Only in one state, Massachusetts, are they required to take action if a staff member or anyone who works for the college becomes aware of a student's threat or attempted suicide (Press). The main way colleges' prevent suicide is through the JED foundation's guide ("Campus Mental Health"). It mainly consists of treatment methods once the student is known to be at risk, and only has one preventative measure (before knowing if a student is at risk), which is "creating a sense of community" ("Campus Mental Health").

Wendy Ingram, a woman who is currently pursuing her postdoctoral degree in psychiatric epidemiology, believes that as a society, we need to have a different approach to mental health. Ingram would like to see a "creation of a culture that is about prevention and intervention, not crisis response and stigma" (Pain). Citing her personal experience at UC Berkeley, where her close friend took her own life, she talks about how UC Berkeley only instituted preventative measures after the incident. Specifically, Ingram talks about their Satellite Offices program which was opened around two years after the suicide (Pain). According to UC Berkeley's

website, Satellite Offices are for students who feel uncomfortable going to the Tang Center (where the main counseling office is) and so they can "help demystify the services provided at Counseling and Psychology Services and University Health Services ("Satellite Offices"). Wanting to know how aware students were of Berkley's Satellite Offices, I asked Smith if he knew what Satellite Offices were and got a concise "nope." To gain more insight to Ingram's claims, I asked both my interviewees if they felt if their college's current mental health policies are preventative or "end game" measures, meaning that their measures respond to more crisis-based situations then less drastic ones. Williams said, "..I guess [the mental health programs] would be somewhat preventative, and they do… give hotlines and everything, so I guess there's both. But I think, more publicly, it would be end-game ones" (Williams). Smith from UC Berkeley responded, " The non-academic counseling is definitely an end-game sort of deal" (Smith). This testimony supports Ingram's belief that colleges should have more preventative measures, and that if student suicide happens even once, it is one too many times.

According to a cross-temporal study of college students in a 40-year span, "compared with students from 1990-1992, (18-24) to students from 2001-2003, (18-24), the newer generation felt more positive about seeking mental health services" (Mackenzie, C.S, et al). A cross-temporal study is a study that compares two generations or age groups over time. From the 20.3% of students who sought mental health services in the 1990s, there has been a 12.6% increase in students who seek mental health services in the 2000s (Mackenzie, C.S, et al). Even so, the American Foundation for Suicide Prevention's screening project at Emory University showed that out of 11% of students feeling suicidal, 84% did not receive help (Garlow, S J, et al.). Even though the conversation around mental health is increasing, as seen through new

media representation of mental illnesses in Hollywood, Youtube, and social media, the stigma around getting the proper support such as counseling and proper medication, is not (Hartstein).

While both the interviewees from UC Berkeley and Foothill College felt comfortable seeking help, when asked if either they or friends of theirs have taken unprescribed substances such as marijuana to treat mood disorders or stress, both Smith and Williams replied "yes." There is still much stigmatization of prescribed medication for mental illnesses. According to Doris Iaravoci, a psychiatrist at Harvard University and author of the book *Mental Health Issues and the University Student*, "It's not uncommon for college students to self-treat their emotional concerns with herbal medication. Studies suggest that about a quarter to half of the college students use herbal remedies, a higher rate than the generation population; that over a third use these to treat a mood or emotional problem" (Iaravoci pg.). Some of the reasons include the fear of side effects, becoming dependent on them, and/or having watched a friend or family member have a bad reaction. In summary, the best way to help battle this stigma is communication with students and the individuals seeking help and debunking their fears; "It's always good practice to review alternative treatments and to avoid authoritarian stance or power struggles over the exact treatment" (Iaravoci pg. 206). In other words, the lack of communication between prescribers and their clients aides the stigma and mystification of medication for mental disorders. I asked Smith if he would go to a therapist if he knew he might be prescribed medication. Smith answered, "To be honest I probably don't know enough about it to have an informed stance, um, like, off the top of my head, I think it seems fine in moderation, but this seems like a fake response, it's kind of like a cop-out." Smith's hesitant response helps confirm the lack of information and education of prescribed medicine for mood disorders.

The only national policies that encourage students to seek mental health services are FERPA and HIPAA, also known as the Family Educational Rights and Privacy Act and the Health Insurance Portability and Accountability Act (Iarovoci pg. 210). These are meant to keep confidentiality between the patient and the medical professional, and this is told to college students to encourage them to seek mental health services by making them feel safe and that their information is secure. Besides that, there are no other laws that deal with college mental health (Press). It is up to the state courts to decide when a school is liable for a suicide/mental health-related issues (Press). This means that schools may not be able to act in the best interest of their students; sometimes, trying harder and defining their relationship with the student as special and more caring can make them liable for these tragic events (Iarovoci pg. 213). There are no national laws that protect schools from this liability. Thus, sometimes schools will "request" students to take an educational leave, rather than support the student to their full extent. This can be seen in the recent Stanford case, where the student Harrison Fowler was forced to take a leave from the school after reaching out to the counseling department about his depressive thoughts (Hartocollis). According to Fowler, it did not help his condition, but instead made him feel "'suffocated'" and "'angry'" (Hartocollis). This is not a Stanford-specific problem, as many other schools have taken this approach with the fear that if something does happen to the student, they will face a lawsuit, bad publicity, and lose money (Iarovoci pg. 213). Iaravoci further summarizes this issue in regards to how it inhibits students from seeking help; "Stigma is already such a barrier to students' seeking mental health treatment; if they were to fear to lose their

student status as a result of depressive or suicidal thoughts, how many more might avoid treatment?"

Today's stigma, current national policies, and current mental health practices in college all hinder the progress of student mental health. To better ensure students can and will have the necessary help on campus, colleges, on some grounds, should be protected from liability and follow in the steps of the Massachusetts courts, where if any staff member knows of a student's threat or attempted suicide, the college must intervene. If we want to help stop the problem before it reaches "end game" procedures or crisis management mode, colleges should have more preventative measures and dedicate some mandatory time to mental health. If we want to help battle the stigma of medication and the culture of self-medicating, students should be more educated about mood disorders and doctors should be more transparent and open about the treatment of them.

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Research Paper Rubric:

	Level 1	Level 2	Level 3	Level 4
Focus	There is little or no sense of argument, and the paper wanders as a result. Generalizations and inconsistencies disorient the reader.	Central question(s) and thesis statement are present but fairly obvious. Argumentative focus is not consistently maintained or suffers from generalizations. The purpose and relevance of the discussion are not consistently clear for the audience.	Writer establishes central question(s) about the topic and a clear thesis (although it could be more complex). Writer typically maintains this argumentative focus throughout the paper. The audience gets a sense of purpose and relevance, although the argumentative structure could be better defined.	Writer establishes compelling central question(s) about the topic and a clear, argumentative thesis; this argumentative focus is honed throughout the paper. Writer communicates a clear purpose, making the relevance of the argument distinct for the audience.
Content / Organization	Introduction neither hooks the reader nor establishes appropriate context for the thesis. Body paragraphs are underdeveloped or lacking. Conclusion is missing or does not clearly bring closure to the paper. Transitions are incorrect or missing. Quotations are missing or are	A hook is attempted, but ineffective. Context for the thesis is either thin or overdone. Body paragraphs might show some of the writer's original thinking about the topic, but they are underdeveloped or inconsistent. Conclusion basically restates the main argument but does not bring a meaningful sense of closure to the	Introduction hooks the reader and establishes context for the thesis, although these elements could work more effectively. Body paragraphs develop the writer's thinking about the topic, but discussion lacks some depth. Conclusion makes clear how the central question has been resolved, but could do more to add closure to the	Introduction hooks the reader powerfully and efficiently establishes context for the thesis. Body paragraphs demonstrate depth of thought about the research topic. Conclusion is memorable, leaving the reader with a distinct sense of how the central question has been resolved. Transitions link

	dropped into the text. Sentence structure and vocabulary are in need of serious improvement.	discussion or leave a lasting impression. Transitions are effective sometimes, but in other places they are incorrect or missing. Quotations are mostly dropped into the text or are not integrated smoothly. Sentence structure and vocabulary clearly need more development.	discussion and leave a lasting impression. Transitions are used effectively most of the time and most quotations are integrated smoothly into the text. Sentences tend to demonstrate sophistication in a couple of the following areas: variation, flow, creativity, mature vocabulary.	sentences and paragraphs smoothly and quotations are smoothly integrated into the text. Sentences are consistently sophisticated (varied, smooth, creative, mature vocabulary).
Use of Sources / MLA Citation	Research sources are lacking or off-topic. Writer may string together quotations without taking time to paraphrase, comment, or analyze. MLA in-text citation is not followed, or there are inaccuracies in citations or missing citations. Works Cited page is missing or shows no attention to MLA format.	Research sources are fairly one-dimensional, focusing on a single perspective. Writer's own words are not consistently balanced with quoted material. MLA in-text citation has multiple errors. Works Cited does not include all required sources and/or it has multiple errors in MLA format.	Research sources establish a couple of perspectives on the topic, but could be more thorough/varied. Writer does a good job of maintaining a balance of own words and quoted material. MLA in-text citation is nearly perfect. Works Cited page includes all required sources and is close to meeting MLA standards, with only a few errors.	Research sources are thorough and varied, establishing different perspectives on the topic. Writer balances own words (paraphrasing, commentary, analysis) and quoted material compellingly. MLA in-text citation is perfect. Works Cited page includes all required sources and is perfect by MLA standards.
Mechanics	Writing is seriously obscured by spelling, grammar, and punctuation	Writing contains many errors. Errors affect reader's understanding.	Writing contains some errors, but not at the expense of understanding.	Writing is polished, free of spelling, grammar, and punctuation errors.

	errors.			

Grade: <mark>**B+**</mark>