

# Curing campus blues

By Anne McGrath, from U.S. News & World Report, 11/1/04

*Nearly 1 in 2 undergraduates will become severely depressed at some time during college, according to surveys by the American College Health Association. And recent research suggests that a much higher proportion than in past years will contemplate suicide. Shocked by the rapid rise in mental illness on campus, psychiatrist **Richard Kadison**, chief of Harvard's mental health service, wrote *College of the Overwhelmed: The Campus Mental Health Crisis and What to Do About It* (Jossey-Bass, \$24.95). The new book, coauthored by Theresa Foy DiGeronimo, helps parents understand what stresses cause kids to descend into darkness--and how to lend a hand.*

## **What explains the surge in depression among college students?**

For one thing, a lot of people come to college on psychotropic medications now who probably wouldn't have been able to come in the past. Certainly, when there's a trauma like 9/11, it stirs up whatever losses and fears we've had in our own lives. Also, families are incurring higher debt, which adds to the pressure. And what's happening in high school and society creates stress: Kids are being raised in a culture of high expectations and have very structured activities and less family time.

Another interesting piece of this is sleep. In 1980, students were sleeping between 7 and 7.5 hours. In 2002, it was between 6 and 6.9 hours. Eighty percent of people who have depression have sleep problems.

## **Are the recent deaths at New York University and other schools a sign that there's also a campus suicide epidemic?**

About 10 percent of students report having seriously considered suicide. But the actual suicide rate is very low: 7.5 per 100,000 students, which is half of the rate for kids who aren't in college. So actually there's something protective about being in college--students have the social supports, and they have adults keeping an eye on things.

## **What can parents do to inoculate their kids at a younger age?**

Our tendency is to be Mr. and Mrs. Fix-it. We want to solve the problems and help our kids avoid pain. But that robs them of the opportunity to solve problems. Parents can help by listening, weighing, agreeing to disagree--and by talking about good and bad things, so students learn that people struggle, feel sad at times, feel angry at times, that it's part of life.

## **What about protecting them later, once they've left for freshman year?**

There's this old AA expression: "Take the cotton out of your ears, and stick it in your mouth." The key is active listening. When kids are having a hard time, they most need to know that their parents are going to listen, even if they disagree or are angry. You want to speak in "I" language--"this is what I'm observing, this is what I'm concerned about"; avoid being judgmental. If parents are too rigid, conversation shuts down.

Students should expect to feel insecure and frightened about what the adjustment will be like. If you were a star student in high school, you're probably not going to stand out among 500 other students who were at the top of their class. It's an exploration process, and those who are connected--with peers, family, professors--find ways to establish a new identity.

## **What should families ask about mental health services?**

Do you provide therapy on campus? What about emergency care? Are there wellness activities to educate students about the need to sleep, about nutrition? If a school doesn't have very robust resources, it's not a very good sign in terms of the school seeing a connection between emotional well-being and academic success.

There's a window of opportunity when students are feeling really rotten, so you have to have very rapid access to care. Harvard has a triage system, borrowed from the University of Massachusetts. We have 75 appointments a week for 20 minutes--quick phone visits usually--to get a snapshot of what's going on. If someone's acutely suicidal or completely overwhelmed, we bring him right in. If someone has broken up with her 18th boyfriend and wants to talk about chronic problems with relationships, she'll be seen soon, usually within a week.

## **When parents see a student slip, what steps should they take?**

If it's an emergency, call the local police and say, "I think my child may be at risk to hurt himself." The police will take the person to the nearest emergency room. Otherwise, it's important to be forthright and say, "I'm really concerned about you, and I'm 500 miles away. I want to check in with your proctor or resident assistant to find out how they think you're doing. If you've got worries about how that's going to affect you, let's figure out what I can say." There's a message that goes across to the student: "I'm treating you as an adult now. I want your input, but I'm not going to stand back and do nothing. That's not going to happen. When you're 60 years old, it's not going to happen."