THE ROLE OF PSYCHIATRISTS IN COLLEGES AND UNIVERSITIES

Formulated by the

Committee on Academic Education of the Group for the Advancement of Psychiatry

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INTRODUCTION

The association of psychiatrists with college and university health services has been of comparatively recent origin, almost all the literature on the subject having been published since 1920. The presentation of a course in mental hygiene and the establishment of a counseling system in Washburn College, Topeka, Kansas, by Dr. Karl Menninger in 1920, was one of the earliest efforts in this field. In the same year, a psychiatrist, Dr. H. M. Kerns, was appointed to the staff of the United States Military Academy at West Point. In rapid succession, Dartmouth (1921), Vassar (1923), and Yale (1925) established psychiatric services as part of their health programs. This trend has gradually increased, so that in a recent informal survey of all American Psychiatric Association members, Dr. Clements C. Fry found that 550 psychiatrists in the United States do some consulting for colleges, though only about twenty-five devote themselves full time to educational institutions.

Even with this general increase of interest in what psychiatry has to offer to the educational process, many educators are either unaware of psychiatry or not certain what role the psychiatrist may play on the college campus. It is believed that a series of suggestions of how psychiatrists may function in colleges or universities may be useful, at least for purposes of discussion and clarification, not only to college administrators but also to psychiatrists who may contemplate entering such professional activity.

It is hoped that this report will stimulate constructive criticism that will clarify the ways in which the psychiatrist may be of use to his college or university. Briefly, each college has a different situation to meet and there can be no single way to solve all the problems that arise, but it seems probable that certain general principles may be valid in all. This report is addressed to college administrators and to those psychiatrists contemplating a college affiliation. In addition, it is hoped that it will be of interest to all other persons in education working on the general problem of developing emotional stability in the individual. This Committee believes that the professional training and experience of psychiatrists should equip them to contribute to the effective improvement of the educational process. At the same time it is quite well aware that this problem is one which has long occupied the attention of many capable persons, and that the psychiatrist's approach to the problem is relatively new.

Need for Psychiatry

It is generally recognized that college graduates form a high percentage of the leaders in any community, and the more maturity they display in their leadership the better it is for the welfare of the community. The emotional health and maturity of this influential two per cent of our population who are enrolled in our colleges and universities thus becomes of prime importance. Further, there is accumulating evidence that the emotional problems of late adolescence can be reached more effectively in a relatively briefer period,—in other words, the late adolescent can often make very constructive use of treatment. As the psychiatrist becomes acquainted with those elements in the college community and in the individual student which produce disordered emotional development, he should be in a good position to aid in the understanding and promotion of those factors in the colleges which encourage the development of sound judgment, freedom from unrealistic anxiety and prejudice, sensitive appreciation of the needs and rights of others, and integrity of character.

Experience thus far indicates that whenever a college or university establishes a psychiatric unit and it becomes favorably known, legitimate demands for its services greatly exceed the facilities available. Existing student health reports show that about ten per cent of the student body requests help for handicapping emotional problems during the college year. Although these requests should be met insofar as it is possible, it is with the remaining ninety per cent of the student body that the psychiatrist should be able to make significant contributions toward emotional stability. More than half of all students who enter college do not remain long enough to obtain a degree. It is probable that many of these drop out because of circumstances which could be prevented or modified. Those who do drop out because of emotional stress may have the whole course of their lives changed in an undesirable way, causing a real loss to society in terms of educated service and citizenry. The college loses too, because often it has invested money, time, and effort in the student, which is partially wasted when his emotional disorder results in his having to give up the continuance of his college education. Investigation of the reasons for leaving college is one of the most rewarding fields in which a psychiatrist can engage, but very few such studies have been published.

Many students with emotional handicaps do not drop out but are graduated, and as a result their maladjustment is carried into their subsequent family, professional, and community life. Work with such students is desirable both for the benefit to be derived by the individual at the time and for the altering of his attitudes in later years. An understanding of the emotional life and of the wellsprings of human conduct deeply rooted in it, is rapidly and justly becoming an illuminating and broadening portion of the cultural development of the well educated person. The infusion of dynamic psychiatric attitudes into the college community should greatly contribute toward this end.

Professional Activities in the Colleges

Some of the methods of effective use of the psychiatrist's services are:

1. Integration into the academic and social life of the college or university faculty and administration as a faculty and committee member himself. With such status he can be more effective in working with the whole college community and heightening the

community's awareness of the importance of emotional maturity in successful living and constructive citizenship than if his work is narrowly limited.

2. Consultation service to the administration in personal matters such as admissions, dismissals, failures, and disciplinary problems.

3. Coordination and integration of counseling and psychotherapeutic services in the college or university.

4. Consultation with and advice to campus organizations on matters involving social tensions, morale, and behavior problems, and contribution to those factors which foster the emotional growth of the individual and the group.

5. Work with students and their families to the end that they achieve a mutual understanding of how the college experience can be most fruitful to both.

6. A contribution to the cultural development of the college community by a persistent educational effort to broaden the understanding of human conduct of both staff and students.

7. Fostering mutual understanding between the college and the community.

8. The development of suitable research activities.

9. Treatment of individuals, both students and faculty members.

Every citizen in a position of responsibility, depending on his particular background, has his own approach to human problems which is not necessarily governed by sound sociological and psychological training. Each person feels that he is exercising common sense and that this is enough. Common sense is a very complex faculty and frequently unreliable unless aided by special training to overcome its inadequacies. In the past, perhaps society could more easily afford an approach to civic problems by persons without special training. Today the hazard of such a method is too great. The lack of awareness of this need for training is not necessarily the fault of the teacher or minister, the lawyer, or physician; the fault lies in the educational program required of these students as well as in the attitudes developed during childhood. The colleges and universities have not always given the undergraduate or graduate student a full appreciation of the extent and complexity of human problems, nor the direction which would insure that all were exposed to ideas accepted as our intellectual heritage. Those who become leaders in their respective communities particularly need the mature attitudes engendered by a deep knowledge of human behavior and a sensitive awareness of the needs and rights of all persons in the community.

The factual knowledge gained by the student, whether he is going into business, teaching, medicine, law, theology, or any other pursuit, is no more important than his attitude toward the material he has learned and its relationship to the situation in which he operates. The undergraduate should become increasingly aware and informed of the large and growing body of knowledge pertaining to the nature of man and his relation to society. Ideally, therefore, undergraduate teachers should be aware of the ideas and growing insights of psychology, sociology, and allied sciences so that this can enrich the student's experience. As President Angell of Yale said, "To send men out into the world in any appreciable numbers ostensibly trained for responsible positions in life, when they actually suffer from serious defects of emotional equilibrium and character that are practically certain to cripple their success, is to fall short of meeting the reasonable obligations of the college both to the individual student and to the college itself."

The current emphasis on the interdependence of physical and emotional health has hastened the use of psychiatrists in the college setting. Their presence in this crucial area of our society should bring out still more plainly the presence of emotional maladjustment in the behavior of students and faculty in the classroom and in the many areas of group activity on the campus. It is clear that the colleges are and have been permitting emotionally ill students to go forth into the community; but if by suitable preventive measures the numbers of such students can be substantially reduced, the benefit to our society is obvious. This does not mean that an attempt should be made to resolve all the emotional variations from some theoretical norm that are encountered in the student body. The importance of the individual with all his special traits is essential to the ethics of democracy. An atmosphere of tolerance for the unusual personality should nowhere be greater than in the college community. Only the emotionally mature individual can tolerate the threat implicit in one who differs widely from him in thinking and behavior. Insofar as individuality does not infringe upon the rights of others in the group, it should be encouraged. Far more creative activity results from the bringing together of peoples with widely diverse backgrounds than is found when groups with similar backgrounds, beliefs, and behavior combine.

Prior to World War II, psychiatry had been considered largely in terms of the diagnosis and treatment of mentally sick people. The experiences of World War II, however, validated the extensive body of theoretical knowledge and ideas which is psychiatry's province and have shown that this knowledge permeates and is often essential to the adequate development of many related areas of knowledge. It seems then that well-coordinated departments of psychology, sociology, anthropology, education, biology, and a co-operating department of psychiatry will do much to increase understanding and the solution of emotional problems in the academic environment. Only through such co-operation can a sound mental hygiene program be developed, with the psychiatrist providing a degree of direction that does not involve status problems with other departments but aims toward the establishment of a healthy emotional atmosphere in the college or university.

College communities vary in their demands, their recognition of needs, and in their understanding of what the psychiatrist may have to contribute. For some time his major function may be to confer with his various colleagues concerning how his services may best be utilized. His first contribution may be in the care and treatment of troubled students, but of equal and perhaps greater importance in the long run is his assistance in the development of a sound educational process, having in mind the goals as outlined above.

The Psychiatrist Himself

The psychiatrist in charge of a service in a college or university should either be certified by the American Board of Psychiatry and Neurology, or have training and experience of an equivalent character that is so recognized by leaders in the field. He should have some experience in student health, either directly or

in an advisory capacity. One year of such work under experienced supervision should be the minimum as soon as there are enough psychiatrists in this field to make it possible. Training programs in College Psychiatry are being developed in several centers at the present time.

The psychiatrist should have an attitude toward and an approach to the field of human behavior that insists on an understanding of the causes of and motives underlying emotional disturbances rather than a static descriptive approach. He should have a thorough foundation in psychoanalytic and other current psychiatric concepts. He should be interested in and keep himself informed of developments in the immediately related fields of psychology, anthropology, education, economics, and sociology, and hence able to work with scholars in these fields toward a better understanding of the student and the society in which he lives. This, in brief, is what is meant by the term "dynamic orientation."

The psychiatrist on the campus can be considered as having an important teaching function. This usually occurs informally and in many different ways. For example, in discussion with faculty members the psychiatrist can contribute a new perspective on certain problem areas of the college. In this manner, current concepts of human behavior can be integrated with traditional academic approaches.

He should be a student of the activities, customs, manners, and peculiarities of the academic community. With the possession of an intimate knowledge of the behind-the-scene working of the institution, the psychiatrist can be more effective both in the treatment of individual students and in the resolution of social pressures or tensions that may have a disruptive effect.

It is, of course, obvious that the psychiatrist should be a good therapist. Those who are dynamically oriented are in a much better position to do good therapy than those who are not.

The psychiatrist must be aware of the degree to which his work is accepted in the college community. Mutual understanding is not likely to develop if the psychiatrist makes extensive use of technical terms. Sometimes, in the attempt to protect a patient and insure his getting adequate treatment, the psychiatrist may convey an excessively pessimistic impression. If faculty members are made to feel uncomfortable by such a gloomy prognosis each time they refer a student, they tend to limit sharply their referrals. This is a complicated area, but certainly the psychiatrist should not contribute unnecessarily to the initial anxiety of the referring teacher or referred student. Some psychiatrists whose work is largely the care of psychotic patients are likely to view each student's problem with too much pessimism. Those who deal with college students are constantly impressed at how many times a very disturbed student can be brought back to a good adjustment, in a relatively short time. The problem of furnishing adequate treatment to all students who need it is one which can not be solved immediately, and so those psychiatrists interested in student health work must be content for the time being with keeping the most acute disturbances under control while paying as much attention as possible to promoting emotional maturity in the college community.

The psychiatrist should be able to work with the many varying individuals who make up an educational institution and to understand their diverse points of view. The person who goes into student health work thinking he is escaping from the rigors of private or institutional practice is likely to be quite surprised. The work is indeed pleasant, and the opportunities for satisfying accomplishments are endless. The students comprise one of the most hopeful segments of society with which one can work, but the reverberations from disturbing situations are probably greater in a college setting than in private practice.

There may be some merit, particularly in the smaller colleges, in emphasizing some of the non-treatment aspects of the psychiatrist's role. It may be helpful to stress his function as a faculty member or physician in the student health service. However, the psychiatrist must certainly be clear in his own mind concerning his professional function and does not need to be defensive or deceitful about it.

Relation to Student and Administration

Whenever a student becomes a patient of a psychiatrist, the same care to preserve the confidential nature of the relationship should be taken as in private practice, including the assurance that no record of his psychiatric contact will be made in the registrar's office. It is always desirable to keep psychiatric records separate from the general medical records. Naturally, in individual instances the psychiatrist will be aware of the interest of the school, the family, and the community. Should a psychiatric service be made to serve as an arm of the administration, its usefulness will be lost. Within these limits the psychiatrist can tactfully cooperate with individual staff members referring students, and with the central administration. From his contacts with numerous cases, but without revealing individual confidences, the psychiatrist is in a position to help improve the emotional milieu in the college by attention to particular courses, curriculum, rules, and policies. Student problems involving morals should be handled with the same objective attitude and interest in constructive therapeutic goals as any other psychiatric symptom. If, in the opinion of the psychiatrist, a student under treatment is too ill to remain in the college, it should be his right as well as his duty to confer with the student's parents and the appropriate college officials concerning plans of management and treatment.

Although the psychiatric service should always be strictly a part of the general health service, there inevitably arise problems from time to time that are of great concern to the psychiatrist and to some member or members of the administration and yet do not involve in a direct way the head of the health service. In such instances the psychiatrist should have the privilege of consulting with any one whom he considers essential to the proper conduct of his work, but at the same time keeping his department head informed of his activities and decision.

The Problem in the Small College

The duties of a psychiatrist in a small college are nearly the same as those in a university with the exception that he may have to vary them to a larger extent. While it is true that a psychiatrist could keep himself busy in a small college, financial considerations make it impracticable as a rule to engage his services full-time. This makes it necessary for a psychiatrist contemplating work in a small college to think of various suitable combinations of professional activity. A small college is an ideal place for a psy-

chiatrist with a strong basic interest in general medicine.

The combinations that have proved adequate in various small colleges include:

1. Internal medicine and psychiatry with emphasis on the latter.
2. Psychiatry and the teaching of psychology.
3. Psychiatry plus private practice either in psychiatry, in psychoanalysis, or in psychosomatic medicine.

In a college of 1,000 students it is reasonable to expect that the psychiatrist would have around 100 students referred to him each year if he is readily available and well accepted by students and faculty. If it is assumed that he sees each student an average of five hours, then about half his time would be taken up during a school year. However, the time spent treating individual patients is probably just about matched by the time needed for conferences with faculty members, other students, parents, and relatives of the patients, and in preparing material for presentation to various groups about the campus.

Coordination of Counseling Services

There are several groups in the educational world that have developed a special interest in student counseling, and in some institutions different departments have been actually competing with one another for the care of students with emotional disturbances. This may be an undesirable situation for the student and administration if a good relationship does not exist between the various departments. Aside from counseling done in the dean's office and the professional counseling on academic matters done by faculty advisers and registration officers, this Committee is of the opinion that all counseling services should be in collaboration with the psychiatric student health service. Under this system, psychologists or psychiatric social workers with patients under psychiatric direction, but the responsibilities, diagnostic, therapeutic, and medical, will remain in the hands of the psychiatrists.

The organization of counseling services into a team with central psychiatric direction has precedence in mental hygiene clinics of varying types, and does not mean the relegation of any discipline to an inferior position. The work of the psychiatrist frequently differs from that of psychologist, sociologist, psychiatric social worker, and other counselors of students, because he alone can take medical responsibility for diagnosis and management of the disturbed student who may be contemplating suicide or action against others in the community. The diagnostic, medical, and legal responsibility must be borne by him. Those persons without medical training who work with students who are emotionally disturbed can not alone assess the medical aspects of the presenting problem, and hence they should work in close collaboration with the psychiatrist and internist, not only for their own protection but for the protection of the individual and the college. In any given institution there is so much for the representatives of each discipline to do that no one need feel restricted; proper organization and safeguarding of responsibilities should in fact make each member of the team feel more free to do his work properly than if he had to assume responsibility for which he was not trained.

The symptoms of emotional disturbance are often deceptive. The same complaint, such as inability to concentrate, may in one case be indicative of a situational problem; in another, a simple neurosis; in a third, a latent psychosis; and in a fourth, the beginning of an organic process. The sound and extensive professional training of the psychiatrist is the only existing assurance that processes of dangerous intensity will be recognized in time to safeguard the individual student, and the college community. In the course of treatment of emotional disorders, impulses may be brought to the surface and acted out by the student which are hazardous to himself and to his fellows. (Intercurrent organic disease may also develop and its significance needs evaluation.) Assurance for the best management of untoward behavior is far more likely when the patient is under supervision of the psychiatrist accustomed to assuming medical and legal responsibility rather than of persons not medically trained. However, under appropriate psychiatric supervision, non-medical therapists can make notable contributions to the efficiency of the entire counseling service. Such a counseling service is likewise most effective when it is an intimate part of the student health service. This organization of all counseling services under the psychiatric service, with it in turn being one of the divisions of the student health service, tends to avoid impractical and ill-advised ventures in therapy, and in addition allows the college administration the opportunity of knowing what "is going on" in this important field through some centralization of authority and responsibility.

Steps in Organizing a College Psychiatric Program

The organization of a college psychiatric program involves the following steps:

1. Formation of a carefully selected faculty committee to secure preliminary information as to the basic nature and objectives of such a service. This should include making contact with those who have had considerable experience in the field, especially in a college or university of comparable size. It has often proved an invaluable aid to invite an experienced college psychiatrist as a consultant to survey needs and make specific recommendations.* Pertinent literature should be secured. A preliminary study should be made of local resources that could aid in setting up a program.
2. Great care should be taken in finding the psychiatrist who in turn may assume further responsibility in securing collateral professional aid in terms of immediate assistants and help in obtaining cooperation from faculty and from outside sources.
3. The mental health program can then be further implemented by uniting the work of the faculty committee and the professional group in the service of the college administration and curriculum and in the life of the campus.
4. When a health service is already in operation, the psychiatric program should be an integral part of the service.

Responsibility for a Mental Health Program

Responsibility for the development of such a program as described above definitely lies with the college or university. It is often contended that efforts designed to develop emotional stability should begin in early childhood, which is undoubtedly true. However, by paying attention to the emotional stability and maturity of college students who will soon be-

*Such persons may be located by writing to any member of this Committee or the Committee on Academic Education of the American Psychiatric Association.

come parents as well as community leaders, the child of the future will have a chance to enter the world under more favorable circumstances. Financial considerations are, of course, formidable, but nothing like the loss from wasted lives that might be made productive and satisfying through timely treatment. An awareness of the factors that go into effective and harmonious living is no longer a luxury but a necessity in those who participate in college education today .

From a practical standpoint, the two most difficult aspects of the introduction of a psychiatric service into a college are the scarcity of psychiatrists and the necessity of paying those who are already trained a stipend considerably in excess of the standard salary of professors. Adequate numbers of psychiatrists will not become available until college administrators make the position of college psychiatrist attractive, both from the standpoint of opportunity for service and financial reward. The psychiatrist entering a career in an academic institution naturally expects much of his compensation to come to him in the form of satisfying contacts and worthwhile accomplishment, but the competition of private practice does make it necessary for the college to exert considerable effort to retain suitably trained psychiatrists. Until the prevailing level of salaries now being offered is materially increased, the psychiatrist may have to be given the privilege of supplementing his income by professional consultation or some private practice.

In summary, it is believed that colleges and universities must explicitly broaden their educational concepts to include the attainment of emotional maturity in addition to the normal goal of intellectual development. Some of the various ways that the psychiatrist may function on the college campus have been described. The need for a greater emphasis on emotional maturity in the college population has been delineated. The characteristics and duties of the individual psychiatrist have been discussed with emphasis on his educational contribution rather than on his treatment of sick students. His relationship to other counseling groups is described, indicating that all counseling services outside the dean's office should be in collaboration with the psychiatric service and it in turn to be an integral part of the student health service. The psychiatrist must assume the responsibility for diagnosis and medical and legal management of the emotionally disturbed student. By such coordinated team work each person is free to work within the limits of his training and responsibility and the interests of the student and college are safeguarded. Finally, the procedures and difficulties in setting up an effective mental health program have been outlined. The time has come when no institution of higher learning can perform its optimum service without taking psychiatric principles into consideration.

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