A call for help

BY MEGAN JULA

Constance Rodenbarger sank deep into depression before asking for help. She cut herself and skipped class, struggling to sleep or even leave her bedroom.

Constance had grappled with mental illness her entire life. By second grade, she was diagnosed with major depressive disorder.

Now, after years at cosmetology school and community college, she was on her way to earning a fine arts degree at IU. But the depression hit harder this time. This time, she felt like she was drowning.

“I couldn’t do it on my own anymore,” the 32-year-old said.

So last November, Constance walked into Counseling and Psychological Services, IU’s resource for students seeking psychological help.

CAPS scheduled her for the first available appointment, two weeks later.

It wasn’t soon enough.

On the night of Nov. 17, Constance stood on a chair and tied a pink scarf to her bedroom door. She put the scarf around her neck and kicked away the chair. The room went black.

She thinks maybe she fell before her roommate called 911 and an ambulance took her to Bloomington Hospital. She remembers the ride as a blur of disconnected voices and the overwhelming urge to throw up.

From her hospital bed, Constance called CAPS.

“‘Hey I’m not going to make my appointment,’ “Constance said. “‘I’m actually in the hospital from hanging myself.’”

At campus counseling centers across the U.S., an increasing number of students grappling with serious mental health problems are seeking treatment. Anxiety, suicidal thoughts, depression and diagnoses of eating disorders and alcohol abuse are at an all time high among college students, according to the American Psychological Association.

This semester, CAPS addressed students’ concern about waiting weeks to be seen by a counselor. Through a program called CAPS-Now, which began in January, students are seen within 48 hours and then schedule a follow-up appointment depending on their situation.

“If they’re suicidal, they’re not just having to wait two and a half weeks,” Nancy Stockton, director of CAPS, said. “It allows us to get them in at the appropriate time.”

Stories like Constance’s aren’t common, Stockton added. CAPS has a crisis hotline and offers walk-in emergency services.

But student group representatives say the root of the problem is an increasing number of students seeking counseling and not enough money or counselors at CAPS. It’s a concern they say CAPS is hesitant to acknowledge.

“A lot of times it will be difficult to have a CAPS representative say, we need more of this,” Andrew Braden, IU Student Association president who helped develop CAPS Now, said. “They are not demanding.”

The number of students going to CAPS grew by almost 6,000 in the last decade. Two-thirds of IU students used CAPS at least once last school year.

“There’s a higher demand on limited resources and we have to use them wisely,” Stockton said.

Since 2005,CAPS added (the equivalent of? Since they are FTE.) eight counselors. But, like many large public universities, they do not meet nationally recommended numbers. In fact, CAPS would need to hire nine more counselors to meet the minimum ratio suggested by the International Association of Counseling Services - one counselor per 1,500 students.

Once Constance was in the CAPS system after her suicide attempt, she began to see a counselor regularly.

“I’ve been able to kind of depend on her as a resource,” she said of her counselor. “I’ve been able to be open and honest with her.”

But her initial call left her frustrated that she wasn’t scheduled quickly in her time of crisis. In the moment before attempting suicide, she didn’t think to call the hotline or walk into CAPS, she said.

“Especially when having to admit to the disturbing thoughts that lead to suicide, trust is not to be taken lightly,” Constance said. “A student approaching someone to say they're in over their head is not saying "I want help" - they are saying "I want you to help me."

“Trying to get into CAPS is a nightmare,” she said. “Those people who are picking up the phone to make appointments, they need to be picking up the phone thinking it’s a crisis situation.” Keep both quotes and add transition? Or just one?

**A Big (Ten) problem**

Much of the bottleneck at campus counseling services comes down to one straightforward problem: not enough counselors.

Pete Grogg, director of the Health Center, which oversees CAPS, said he would be concerned about IU’s number of counselors if wait times were a month or more.

“At worst we are two weeks,” he said. “But, if you are that student who finally reaches out for help, no student wants to hear that. The two weeks is too long. When a student finally reaches out and they want help, they don’t want to be told that they have to wait.” I feel like I’m being unfair to CAPS in some ways- places like Centerstone have a 2-3 week wait.

History here>? There used to be a psychiatric division of the health center and a counseling center at the corner of 7th Street and Jordan Avenue. In 1978, they merged and created CAPS. I don’t know the 1978 number of counselors, I could ask.

CAPS, like similar programs at other universities, has been admonished for lack of personnel by the IACS, an accreditation body for college counseling services.

IACS recommends at least 31 counselors for IU’s current student population, but CAPS has only 22. So many acronyms!

In an October 2011 letter evaluating CAPS, the organization wrote that they were concerned about the staff to student ratio, which was “far outside the IACS recommendation…This concern has been noted in IACS reviews repeatedly since 1998.”

*Counselors are never sitting around twiddling their thumbs, CAPS counselor and outreach coordinator Chris Meno said. In addition to a 40-hour workweek, counselors often work nights and weekends on side projects or programs.* Somewhere else?

Stockton suggested the IACS target ratio was not realistic, calling it “very idealized,” and she pointed out that IACS still accredits IU’s counseling center and has given them positive feedback. CAPS argues that the number of the counselors does not have a negative impact on services, and IACS noted in its last evaluation that staffing had improved.

Three schools in the Big Ten meet the suggested ratios….

the smallest school in the Big Ten, which employs 14 full time equivalent counselors out of a recommended 14.4.

The majority of the Big Ten is in the same situation as IU, some to greater extremes; Michigan State University, the largest school in the conference, is 20 counselors short. **This is going to change as we finish speaking with each counseling center and confirm their FTE counselors and enrollment numbers**

Small, private schools are more likely to meet that ratio, Dr. Micky Sharma, head of Ohio State’s counseling and consultation services, said. Ohio State, the largest school in the Big Ten, does not meet the ratio either and is applying for IACS accreditation regardless.

“Maybe here you can say that stuff about how CAPS is a jumpin’ place.” ??

Part of the problem is there are no agreed-on standards for campus counseling services.

In the United States, there is no official accrediting body mandating a certain counselor to student ratio, explained Dr. Morton Silverman. Silverman is a senior advisor to the Jed Foundation, which promotes emotional health and suicide prevention among college students.

Rather, these standards are determined by the center itself.

“Depending on where the funding comes from and how it is dispersed often dictates how large of a staff you have, how available you are in terms of hours, etc.,” he said.

“What is the ideal? I don’t know.”

**Getting there –I dislike this entire section, but my point is it’s hard for students to even admit to needing help with mental help**

Before a student can be seen, however, they have to ask for help.

In a November survey of 868 students conducted by IUSA about CAPS, a common student complaint was the stigma associated with going to counseling.

Sophomore Rebekah Eichberg began counseling before college. She is now the vice president of Culture of Care, a campus-wide movement calling for IU students to support their peers.

“I just wanted people to know they don’t have to go through what they are going through alone, and there are a whole variety of resources on campus that they can use,” she said.

While she attended high school in Florida, her counselor connected with her a CAPS counselor so that Rebekah would feel comfortable when she came to IU.

“Normally I try to go once a week, just to keep my anxiety in check,” she said. *“Obviously, not every week I can get an appointment. That’s where it gets a little complicated. We’ll try to book two weeks out and get appointments, but they are not always available.”* Should this go up in the previous section?

Asking for help is often the hardest step for students.

“Most of them are scared because they think people will think they are ‘crazy,’” she said. “They’ll think that they have something wrong with them.”

Not every experience has been as seamless and successful as hers, she acknowledged, referencing friends who went and weren’t happy with the session.

Anxiety has over taken depression as the most common reason students go to counseling centers, Stockton said.

It’s an issue that’s both prevalent and misunderstood, Rebekah said.

“It either hits really close to home or people aren’t involved in it and they think that their hair being frizzy in the morning is a stressor,” she said. “Then you have people who are really suffering on campus. It’s a whole different spectrum of different people going through things. “

For Constance, she hopes her generation views mental health as simply health.

“I think we can get past the point where we feel ashamed and embarrassed,” she said. “I can’t tell you how many times I’ve seen a classmate on my way out from a session. They’re there in CAPS too.”

**Improvements**

Though CAPS officials defend their staffing levels and response times for appointments, the CAPS-Now program has clearly tapped into a need among students, drawing 600 patients in just January and February – more than 15 a day. (the program started January 12, and they are open Mon-Fri)

James – is there any way we can represent the options available at CAPS? They are: 1. Emergency services (formally called walk-in) Mon-Fri 8:00 am-4:30 pm 2. Calling the crisis line 24/7 3. CAPS-Now for a triage assessment within 48 hours

CAPS hired two part-time counselors to handle about half the sessions, with the remaining spread among current counselors.

Students have two free counseling sessions a semester, and the 30-minute CAPS Now assessment visit counts as one.

The idea for Caps Now began as a collaboration between IUSA and CAPS.

The student government wanted to emphasize mental health, but they weren’t sure where to begin. They asked CAPS what areas could be improved.

“We wanted to make sure students were getting seen,” former IUSA President Andrew Braden said. “The wait time for students could be up to two or three weeks. Generally, it’s just a few days, but there’s those peak periods when things spike.”

“I think it was a result of us saying we think this is a problem and them saying, ‘yeah it is.”

In the survey conducted by IUSA in November, 72 percent of student had heard of CAPS. The same survey asked how useful a program with same day, 30-minute appointments –the idea behind CAPS Now- would be for students and 97 percent responded positively.

Stockton denies that CAPS is hesitant to ask for more counselors or other resources. If the need arises, she said, CAPS will lobby for more money. Over the past decade, their budget has grown by more than $1 million.

The draft of the 2015-2016 budget proposes hiring two full time counselors for the CAPS NOW program and one full time counselor to create and lead a tele-counseling program.

When asked what other areas could be improved, Stockton did not have a specific answer.

“There’s always room for improvement,” she said. “But not I’m sure I can just whip off five things we can quickly improve.”

But could they use more counselors and money?

“Of course we could use more resources,” She said. “I think our resources are managed well.”

With the CAPS-Now program, the number of visits increased by 24 percent compared to the same period last year.

The more students coming in, the more counselors CAPS needs to have, Health Center director Pete Grogg said. He expects that demand to continue.

CAPS and the Health Center make the call if a new position is needed. Basically what happens: CAPS thinks, wow we need xyz. To do that we need more money. So they ask the Health Center for more money, and if the overall budget needs to raised (i.e. increase student fees) they have to get I approved by the trustees. There is a limit on how much the health fee can go up every year – only two percent.

“The need for the change kind of just becomes apparent,” Grogg said. Yes, this is vague. That’s the point – what does that even mean. They obviously barely take the IACS ratio,etc. into account.

**Getting help**

Cassandra O’Hara first considered counseling her freshman year.

Her initial appointment with CAPS had a long wait time and she didn’t feel she was establishing an ideal therapy relationship with her counselor.

O’Hara, a senior and psychology major, is president of the IU chapter of Active Minds, a national organization raising mental health awareness among college students.

After taking a semester off and attending counseling sessions in her hometown, O’Hara went to a Bloomington counselor when she returned to IU.

If CAPS appointments hadn’t been so difficult to schedule, she probably would have used on-campus therapy she said.

“CAPS needs to expand and hire more therapists in order to be of real benefit to students who actually need to be seeing a therapist on a weekly basis,” O’Hara said.

CAPS is funded entirely by students, with money from the student health fee, fees per session and other revenue from the health center such as prescriptions.

The health fee supplies a majority of the funding, while the user fees make up only about a tenth of CAPS’s $2.5 million budget.

The trustees will decide the next CAPS budget in May. CAPS wants to increase counseling sessions by $5, the first raise in a decade. The budget also proposes increasing the student health fee by two percent, the maximum increase CAPS can request.

A full time student pays a health fee of $220.44 for the academic year. Two counseling sessions are offered for free, with a $20 user fee charged to students for additional 50-minute long sessions. Psychiatrics visits, where a student can be prescribed medication, start at $40 and following sessions are $20. **Represented with data not text**

My points get messy starting here🡪

Rates for a private counselor are drastically higher.

“If you know anything about therapy rates in the area, that is ludicrously low,” she said.

“At home, a session is $225 an hour,” Rebekah said. It would be more powerful to compare local rates here, I’ll see if I can call some places.

Other Big Ten counseling centers vary in how they fund and charge for their sessions. Some receive general funds from the university budget and offer more free sessions for students.

“I can see in the foreseeable future a push for free services,” IUSA president Braden said.

However, adding more free sessions would require money from another source, like raising every students’ health fee.

Grogg said his decisions come to choosing the best quality of care.

“We don’t want anything that sacrifices care,” he said. “If we can afford to do it we put it in the budget.”

CAPS currently occupies about 13,000 square feet on the fourth floor of the Health Center. CAPS used to be one wing of the building; seven years ago, when the Health Center no longer need to store medical records physically, CAPS became an entire floor.

“You really get into a time now where we might need an immediate care type clinic in this building,” Grogg said. “We need office space for these counselors.”

Braden said space is a topic that CAPS hasn’t clearly addressed.

“In many ways they are at their limits in terms of physical space,” Braden said. They will kind of allude to it and allude to it, but will never say we need more space.”

Grogg is full of new ideas to improve or modify CAPS services. In the new budget he suggested new counselors working within schools, to reach students outside of the Health Center. He hopes to hire a Mandarin speaking counselor. And after hearing about its success at other univerisites, he’s proposing a telecounseling program for freshman to connect with a counselor through their computer screen.

“Those are all kinds of things we are looking at,” Grogg said. “How can we improve access, how can we make it as easy as possible and quick as possible when a patient determines they need it?”

Students should know how their money is being used within the Health Center he said.

“Every dollar we spend is your dollar,” Grogg said. “If we do add programs, we do kind of have to work together to figure out how we are going to finance them.”

“Everything is pretty much doable. If not, you’ll know why.”

Meno, the counselor in charge of CAPS outreach, said every person in the health center would welcome more staff.

“The more people the better to help when it comes to mental health,” Chris Meno said. Every university would say, yes they want more counselors.

But she added, the reality is states fund most schools and they don’t have the money or don’t think mental health is the most important area to put the money toward.

“So even though lots of people think it’s a great idea, it’s not always happening, ”she said.

At IU, no money for mental health comes from state funds. Students do not want to see their tuition increase to hire more counselors, Meno added. ~~After all, they are the ones paying for CAPS through their fees.~~

~~Receiving funding from another source, such as the university general fund, would require approval at every level, including the state.~~ **Transition**

It’s hard to say for sure. Would the majority of students want to pay an extra $50 a semester in order for CAPS to hire 9 new counselors? How significantly would this change wait times? <-

Constance is finishing another year at IU, before applying to a masters program for archival sciences, photographic preservation and collections management. She hopes to work for NASA or the Smithsonian in archival collection.

Her hospital discharge form after her suicide attempt says: “The one thing that is most important to me and worth living for: to go to the moon.”

Also included is an action plan if she feels suicidal again. Calling 911 is No.1 on the list. Contacting CAPS is No. 2.

Constance’s initial return to class was jarring. For a week and a half, internal bruising in her throat made it painful to swallow. She still feels panicky wearing a scarf or pulling her hoodie strings too tight.

But she’s excited for this fall, when she moves into a new place and focus on finishing school. CAPS is helping her set up an appointment with a psychiatrist, who can prescribe medication.

“Thankfully, CAPS became an option for me while I was in the hospital,” she said.

“Once I got in, I’m in.”

**-30-**

**Where do I put this stuff below on group sessions?**

Grogg said one way to serve students without meeting the suggested ratio is through the group counseling programs

“We may have five to ten students with a counselor in one session,” he said.

Sometimes students are a little leery of group sessions, Chris Meno said.

“Once they overcome their apprehension they tend to like them a lot,” she said. “We get really feedback, really good responses at the end of the group session.”

Groups can be helpful to both the student and center’s workload: providing a community of people dealing with the same problems while allowing more students to receive counseling.

“In part groups are seen as accommodating more people in a shorter period of time,” Silverman said. “They might say, ‘you can be seen individually in two weeks or three weeks, but we can see you this week in a group.’ Lots of people do benefit from group therapy, it may be actually the treatment of choice.”

Meno said CAPS group session aren’t about improving efficiency.

“It’s really not about supply and demand,” she said. “I know people think that.”

“That’s not the main reason we have group here,” she said. “Group is shown to be a more effective treatment for several things college students are working on. Even more ideal that they are in a group of students where they can get feedback.”

Not every student is happy to hear a group session suggested.

““Our first job is to find out what they want to work on and find out what’s going to be the best match for them to reach that goal,” Meno said. “Sometimes they don’t like what we say. Sometimes they really want to see an individual counselor and we will say that’s fine if that’s what you prefer, but that’s really not the best treatment that I can offer you. Sometimes they’ll walk away kind of mad about that, and that’s understandable. Sometimes my doctor tells me things I don’t want to hear.”

“One can not sit back and feel as though all is well and nothing needs to be done,” Silverman said. “There always should be quality improvement.” **I kinda like this, because it’s the opposite of what CAPS told me it some ways. where should it go?**