

Revising Ratios

Providing Government Accountability
for Public University Counseling
Services in Virginia

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Introduction

One Tulane student described their school environment as a “very expensive death trap.” Another spoke of “a toxic combination of substance use and abuse coupled with the crippling stress of the academics,” claiming that the student body was in “grave danger.”

In the wake of a semester marked by tragedy—five student deaths, three of which were suicides—the student body of the New Orleans university compiled their thoughts about issues of mental illness and treatment on their campus. In an online letter over 50 pages long addressed to their school president, students aired their grievances about the few resources available to the numerous students in distress. Lack of counseling services, difficulty getting an appointment, heavy use of drugs and alcohol, crippling anxiety and depression, and rigorous academics were all pieces of the toxic culture they described. This letter reveals a college landscape abundant with student struggles, and barren of support suffering students urgently need. These stories are not unique to Tulane.

Across the country, the demand for counseling among college students is high and the supply of professionally trained therapists serving students on campuses is low.^{1 2 3} A combination of biological factors, academic pressures, and financial and economic difficulties make the average college student more prone to mental illness.^{4 5} But colleges often see mentally ill students as little more than a potential legal liability, not taking action because they are ultimately fearful of lawsuits. This paper will demonstrate how to narrow the gap between supply and demand for professionally trained therapists on college campuses: by having state governments keep public universities accountable for mental health on campuses within their jurisdiction.

Mental health is a systemic issue that raises complicated questions. Many students are coming into college with serious mental health concerns, so to what extent are colleges responsible for their students’ wellbeing? College costs have risen consistently over the last few decades, so would providing more mental health services drive up costs even further? How much of a mental health burden do these high costs create? How are high sexual assault rates intertwined with the mental health crisis? How does drug and alcohol usage by young adults factor into the situation? This paper will explore the answers to these questions, and recommend a policy response that will begin to resolve some of them.

The nature of this topic is complex, and the challenge of addressing the root causes of such high rates of mental illness on college campuses is daunting. Students on many campuses have difficulty getting help because counseling centers are understaffed. Likewise, college counselors report an inability to fully serve their student body because they are underfunded and cannot hire more trained professionals. One feasible short-term solution is to fund the hire of more school-provided clinicians to address this high demand.

As a first step, state governments should require that every public university within their jurisdiction maintain a safer ratio of counselors to students. Using Virginia as a model, this paper will examine how this policy would work to demonstrate how it could also be implemented in other cities and states. To fund these improvements, this paper will also propose a \$10 excise tax on every gun sold with a background check in the state. It will advocate for a required ratio of one therapist for every 1,000 students at a public

¹ Rector, Kevin. 2013. “Colleges struggling with growing demand for mental health services,” The Baltimore Sun, March 7.

² “More stress, less stigma drives college students to mental health services.” Public Broadcasting Service. September 2, 2015.

³ “Therapy Resources are in Short Supply as Nearly 200,000 College Students Attempted Suicide Last Year.” ABC 4 News. June 23, 2015.

⁴ National Institute of Mental Health, 2005. Mental Illness Exacts Heavy Toll, Beginning In Youth.

⁵ Kadison, Richard, and Theresa Foy DiGeronimo. 2004. College of the overwhelmed: The campus mental health crisis and what to do about it. New York City: Jossey-Bass.



university, as recommended by both the American College Counseling Association and the International Association of Counseling Services.

Why College Mental Health Has No Oversight

Understanding the history of counseling on college campuses is important for understanding why there is no consistent nationwide, or even statewide, standard for mental health care.

The first college counseling center was established at Princeton in 1910, “in response to an observation that many well-qualified Princeton students were leaving school without completing their courses of study because of emotional and personality issues.”⁶ Soon, other specialists were hired to create programs at schools like the University of Wisconsin, Yale, and West Point Academy. Most of the specialists hired were psychiatrists. However, “many schools delayed establishing mental health services longer than they did physical health services, in part due to the lack of trained professionals to work in the college health setting.”⁷

This changed with the creation of the American Student Health Association in 1920, which eventually became the American College Health Association. At its first meeting, it committed to mental health as an important part of overall student health for four reasons: (1) “[t]he conservation of the student body, so that intellectually capable students may not be forced unnecessarily to withdraw, but may be retained”; (2) “[t]he forestalling of failure in the form of nervous and mental diseases, immediate or remote”; (3) “[t]he minimizing of partial failure in later mediocrity, inadequacy, inefficiency, and unhappiness”; and (4) “[t]he making possible of a large individual usefulness by giving to each a fuller use of the intellectual capacity he possesses, through widening the sphere of conscious control and thereby widening the sphere of social control.”⁸

These ideas—that mental health is important for student success, that prevention of mental illness should be a priority, and that students need to learn to effectively handle personal setbacks to survive in a stressful college environment—were discussed and supported by other groups in the following years. By the 1950s, more schools had laid the foundation for counseling services on their campuses and began using multidisciplinary staff to treat students.⁹ The different backgrounds of the people on these staffs allowed them to cover many aspects of student mental health, like therapy programs and prevention-focused outreach.

Another factor that had a large impact on the mental health services colleges provided was the G.I. Bill, which provided government funding for veterans of World War II to attend college. An increase in former soldiers and servicemen enrolling in universities meant there “was similarly an increased need for more mental health professionals trained in clinical psychology, psychiatric social work, and psychiatry to meet the demands for services.”¹⁰ The baby boomer generation, more of whom went to college in the 1960s than any previous generation, also led to the expansion of these counseling centers.

The funding for all these programs did not come from the government; it often came from the university or the student body. Initially, this came from overall school funding, but then “many campuses began charging

⁶ Kraft, David P. “One hundred years of college mental health.” *Journal of American College Health* 59, no. 6 (2011): 478.

⁷ *Ibid.*, 478

⁸ *Ibid.*, 478

⁹ *Ibid.*, 478

¹⁰ *Ibid.*, 479.



separate health fees for the student health service to support prepaid routine services that included basic mental health care.” Additionally, in an effort to consolidate services, a lot of schools found ways to “shift costs for mental health counseling to the student health fees and/or separate health insurance coverage. The result was the merger of counseling services with psychiatric and mental health services at many schools. The multidisciplinary mental health service became the norm, rather than the exception.”¹¹

This historical context is helpful for understanding why colleges today fund and run college counseling centers the way they do. Provision of services started in the 1920s, an era when few Americans received a higher education and those who did went to small private elite institutions like Princeton. These institutions recognized that many of these students could not graduate because they had psychological problems that were hindering their ability to complete their coursework. Since they were small private schools with a wealthy student body, they were able to fund counseling centers. The G.I. Bill permanently changed the demographics of the American college campus in the 1950s, with many who never would have otherwise afforded university now getting funding to do so. Unfortunately, this funding was for tuition and living costs, not counseling. That generation’s children, the baby boomers, went to college in unprecedented numbers, and those numbers have always grown for subsequent generations.

The G.I. Bill funding was and is for tuition and living costs, not counseling. However, between 6 percent and 31 percent of veterans have post-traumatic stress disorder (PTSD) after service.¹² This means that colleges must raise their own funding to create mental health resources for their significantly larger student bodies. The amount that a school spends on these resources is thus determined by what that school thinks students need, and there is no outside body, governmental or otherwise, to judge whether or not colleges are meeting the mental health needs of their student body.

The Growing Prevalence of Mental Illness on Campus

The demographics and dynamics of modern college campuses are very different than they were in either the '20s or the '50s, and today’s college students struggle with mental illness more than previous generations. Since the 1980s, numerous researchers have documented a serious shift in the need for services. For example, one study found that the demand used to be for career-based services but counselors reported a large increase in demands for serious illnesses, like eating and personality disorders.¹³ Although it is still to be determined if the severity of these illnesses themselves has increased over the past few decades, “the findings from several studies reveal a consistent trend since the 1980s in terms of the psychopathology rates in college populations.”¹⁴ For a variety of reasons, today’s college student is far more likely to struggle with mental illness than in the past.

Rates of anxiety, depression, and other mental illness are at an all-time high among college students, and 25 percent of individuals between ages 18 and 24 have a diagnosable mental illness.¹⁵ Suicide is the second

¹¹ Ibid, 479.

¹² Richardson, Lisa K., B. Christopher Frueh, and Ronald Acerno. 2010. "Prevalence Estimates Of Combat-Related Post-Traumatic Stress Disorder: Critical Review". *Aust NZ J Psychiatry* 44(1):4-19.

¹³ Robbins, S. B., May, T. M., & Corazini, J. G. (1985). Perceptions of client needs and counseling centers staff roles and functions. *Journal of Counseling Psychology*, 32, 641– 644.

¹⁴ Erdur-Baker, Ozgur, Christopher L. Aberson, John C. Barrow, and Matthew R. Draper. "Nature and severity of college students' psychological concerns: A comparison of clinical and nonclinical national samples." *Professional Psychology: Research and Practice* 37, no. 3 (2006): 317.

¹⁵ Substance Abuse and Mental Health Services Administration (n.d.). Mental health: What a difference student awareness makes. Retrieved from <http://store.samhsa.gov/shin/content/SMA12-4669/SMA12-4669.pdf>



leading cause of death for college-aged people.¹⁶ The leading cause—accidents, including accidental overdoses and drinking and driving deaths—also has strong ties to depression, anxiety and other mental health issues. Thirty percent of students have reported feeling “so depressed that it was difficult to function” at some time over the past year.¹⁷

It is important to note that rates of mental illness are undeniably increasing, with no signs of improving. The emotional health of the average freshman was at an all-time low in 2014, according to a UCLA annual survey that has been conducted since 1966: “In 2014, students’ self-rated emotional health dropped to 50.7%, its lowest level ever and 2.3 percentage points lower than the entering cohort of 2013. Additionally, the proportion of students who ‘frequently’ felt depressed rose to 9.5%, 3.4 percentage points higher than in 2009 when feeling ‘frequently’ depressed reached its lowest point.”¹⁸

One advised way to make campuses safer in this situation is to have at least one trained clinician for every 1000 students attending the school. The recommended ratio of mental health clinicians to students, agreed upon by both the American College Counseling Association and the International Association of Counseling Services (IACS), is one professional staff member to every 1,000–1,500 students.¹⁹ The IACS warns that if this ratio is not established, waiting lists will increase, treating students with more severe psychological issues will become harder, there will be larger liability risks to both the university and the counseling centers, and support for students and the campus community overall will decrease. Though this recommendation may seem self-serving coming from two associations of professional counselors, there is no research to contradict their findings.

When mental health tragedies happen at a university, the university is often compelled to take action and improve counseling resources. For example, after four suicides occurred in one year at MIT, the school provided more mental health counselors, created a drop-in center for students to talk with professionals, and made it easier for students to seek professional services off campus.²⁰ There are many additional examples of colleges improving their mental health services after a well-publicized crisis. But this is already a crisis, and we don’t need it to tragically escalate even further before taking action. Given what we know about the lack of oversight of these services, it’s clear that universities often need a large incentive—like an influx of veterans attending college, a suicide cluster, or regulations requiring them to have a safer number of clinicians available to students—to make big changes to how they operate and what resources they provide.

The Current State of the U.S. College Student

There are several other important factors to understand about today’s American college student when examining the mental health crisis.

¹⁶ U.S. Centers for Disease Control and Prevention., 2016. "Suicide Facts At A Glance". Retrieved January 22, 2016

(<http://www.cdc.gov/violenceprevention/pdf/suicide-datashet-a.pdf>).

¹⁷ American College Health Association., 2012. "American College Health Association-National College Health Assessment II: Reference Group Executive Summary Fall 2011". Retrieved January 22, 2016 (http://www.acha-ncha.org/docs/ACHA-NCHA-11_ReferenceGroup_ExecutiveSummary_Fall2011.pdf).

¹⁸ Eagan, K., Stolzenberg, E. B., Ramirez, J. J., Aragon, M. C., Suchard, M. R., & Hurtado, S. (2014). *The American freshman: National norms fall 2014*. Los Angeles: Higher Education Research Institute, UCLA. Page 13.

¹⁹ Iacsinc.org, 2015. "International Association Of Counseling Services". Retrieved January 22, 2016 (<http://www.iacsinc.org/staff-to-student-ratios.html>).

²⁰ Boston Globe, 2015, In wake of suicides, MIT bolsters mental health services, <https://www.bostonglobe.com/metro/2015/09/03/mit-bolsters-mental-health-services/26MMF8n9EbcxjZl3xVUxzI/story.html>



Young adulthood is a time where many mental illnesses develop: Around half of all mental illnesses begin at age 14, but there is often a gap of several years between the onset of such a condition and an individual's decision to seek help.²¹ Three-quarters of all mental illnesses occur before age 24.²² Late childhood is where many anxiety disorders begin, while mood disorders start at the end of the teenage years and substance abuse generally develops in the early 20s.²³ College is usually attended between the ages of 18 and 22, so campuses tend to be filled with an "at-risk" population. Since this demographic is already at risk, other factors worsen the situation.

Astronomical higher education costs are pertinent to this discussion as well. Evidence also shows that the high debt burden that comes with the rising cost of college has put a lot strain on the wellbeing of students. The cost of college has increased by 1,120 percent over the last three decades.²⁴ As a result, many are forced to borrow to receive an education, leaving the average graduate with \$29,000 in debt after receiving a degree; the country's total student debt is now around \$1.2 trillion.^{25 26} Multiple studies have linked a high debt burden to both anxiety and depression.²⁷

Stigmatization of the mentally ill still plays a fundamental role in determining whether many individuals will seek treatment or not. However, some speculate that a contributing factor to the increased demand for mental health services is that there is now less stigma surrounding mental health than there was in the past, which encourages more students to go to therapy and receive psychiatric medications.²⁸ Reduction of stigma surrounding mental health issues over time could raise the demand for counseling even higher.

Unfortunately, colleges are now more likely to see mentally ill students as a legal liability. Tragedies like the 2007 Virginia Tech shooting led universities to fear lawsuits rather than develop more comprehensive strategies to help students.²⁹ As explained in a 2006 legal brief, "Lawsuits seeking to hold colleges and universities responsible for student acts of self-harm are on the rise. Although suicide and other forms of self-harm are among the most unpredictable behavioral patterns faced by mental health practitioners and student health centers, a growing number of jurisdictions have recognized a duty to take steps to prevent student self-harm."³⁰

A larger and more diverse student population is also part of the conversation. Although college enrollment rates have declined in the past four years, the rate of Americans going to college remains much higher than in the 1950s. Additionally, college is more accessible to people of all backgrounds than it was in the past, meaning that colleges may want to focus more counseling resources on specific groups of people, like LGBT students or first-generation college students.

²¹ Perou, Ruth, Rebecca H. Bitsko, Stephen J. Blumberg, Patricia Pastor, Reem M. Ghandour, Joseph C. Gfroerer, Sarra L. Hedden et al. "Mental health surveillance among children—United States, 2005–2011." *MMWR Surveill Summ* 62, no. Suppl 2 (2013): 1-35.

²² National Institutes of Health, National Institute of Mental Health. (2005). *Mental Illness Exacts Heavy Toll, Beginning in Youth*. Retrieved March 5, 2013, from <http://www.nih.gov/news/pr/jun2005/nimh-06.htm>

²³ Ibid (NIMH Press Release).

²⁴ Jamrisko, Michelle, and Ilan Kolet. 2016. "Cost Of College Degree In U.S. Soars 12 Fold: Chart Of The Day". Bloomberg Business. Retrieved January 22, 2016 (<http://www.bloomberg.com/news/articles/2012-08-15/cost-of-college-degree-in-u-s-soars-12-fold-chart-of-the-day>).

²⁵ Ticas.org., 2016. "State By State Data | The Institute For College Access And Success". Retrieved January 22, 2016 (<http://ticas.org/posd/map-state-data>).

²⁶ Rayfield, Nicholas. 2015. "National Student Loan Debt Reaches A Bonkers \$1.2 Trillion". USA Today.

²⁷ White, Gillian. 2015. "The Mental And Physical Toll Of Student Loans". The Atlantic.

²⁸ Talbott, J.A. 2012. "Attitudes Of College Students Toward Mental Illness Stigma And The Misuse Of Psychiatric Medications". *Yearbook of Psychiatry and Applied Mental Health* 2012:255-256.

²⁹ Washington Post, 2015, 'Ask the lawyers.' College mental health after the Va. Tech shooting is costing lives.

³⁰ Carr Maloney, P.C., 2006. *Growing Trend Of Litigation Re Student Self-Harm*. Washington, DC: Carr Maloney, P.C.



At this moment, college students across America are evidently in need of far more support and funding to treat and prevent mental illness.

How State Governments Can Tackle This Issue

Demand for counselors is the most pressing issue, and all of the factors described above contribute to it. Colleges are currently unequipped to deal with the demand for mental health services. The 2014 annual report of the Center for Collegiate Mental Health (CCMH) provides an overview: high demand for services with a low amount of resources, leaving campuses unable to meet student needs. The CCMH notes that even when the treatment methods are effective, difficulties like a low number of counselors are a huge obstacle on the way to recovery. The demand for services could be met by legally mandating a safer ratio of counselors to students.

Some may argue that government intervention should not be the first solution, but there is no catalyst for colleges to take action, and their perception of students as liabilities only deeply worsens the issue. A regulation of one counselor to every 1,000 students would be a feasible way to make campuses a better environment.

In Virginia, the government can raise funds to effectively address a high demand for counseling services on college campuses by taxing the sale of guns purchased with a background check within the Commonwealth. This would generate millions of dollars annually that could be used to ameliorate the trends related to student mental health. Universities could begin using that funding to hire more counselors to serve the general student body as well as more specific groups, like veterans, LGBT students, first generation college students, and victims of sexual assault. Alongside this policy, Virginia colleges should establish a network to share resources and best practices regarding improving mental health with each other. Emotional wellbeing is an important factor in student success in any educational setting. By adopting this policy, Virginia will be at the forefront of a movement to shift the way we think about dealing with the mental health crisis on college campuses.

Why Virginia? There are 15 public four-year universities in Virginia, a manageable number in terms of finding a solution that can fit all of them.³¹ Like many other states, Virginia's colleges and universities have continuously rising costs and debt burdens that are likely to contribute to worsening student mental health.³² Additionally, the legacy of the Virginia Tech shooting makes the state a good target for a law that involves the mental wellbeing of its college population. Also, as mentioned before, those events encouraged colleges to focus more on liability than on the wellbeing of students. Additionally, there were four student suicides at one public college, William & Mary, in 2015 alone.³³

The transition to college presents many challenges, and young adulthood is a time where many struggle with their mental health. This is impacting the education of an entire generation of college students, and we should not shy away from dealing with this problem in a comprehensive and sustainable manner. The sale of guns in VA is on the rise, so taxing those sales would bring in a significant amount of revenue to fund this policy.

³¹ State Council of Higher Education for Virginia, List of Public Four Year Colleges and Universities in Virginia. Retrieved on December 12, 2015: <http://www.schev.edu/students/publications/public4year.pdf>

³² Hiltonsmith, Robert, and Mark Huelsman. 2014. Virginia's Great Cost Shift: How Higher Education Cuts Undermine The State's Future Middle Class. Demos. Retrieved December 12, 2015 (<http://www.demos.org/publication/virginia%E2%80%99s-great-cost-shift-how-higher-education-cuts-undermine-state%E2%80%99s-future-middle-cl>).

³³ Svrluga, Susan. 2015. "Ask The Lawyers.' College Mental Health After The Va. Tech Shooting Is Costing Lives". Washington Post.



Gun violence is another serious and urgent issue across the United States. Mental health and gun violence are often linked in our political discourse, despite the fact that mentally ill people are more likely to be the targets of deadly violence than the ones perpetuating it.³⁴ In the wake of every mass shooting, leaders in the Democratic Party call for gun control while Republican politicians openly oppose it, shifting the blame for gun violence from the weapons to the mental illness of the perpetrators. This policy will respond to their repeated calls for more assistance to the mentally ill.

Some background on Virginia's current relationships with guns: Firstly, the deadliest shooting with a lone gunman in U.S. history was the Virginia Tech massacre, with 33 deaths and 27 injured.³⁵ Virginia tops the U.S. in ownership of machine guns with 30,000 registered.³⁶ Gun sales in the state have seen a big boost in recent years; in 2012 alone, Virginia gun sales went up 30 percent—and that is only counting sales through licensed dealers.³⁷ On the day immediately following the Sandy Hook shooting, the number of gun purchases in the state (at least the ones with reported background checks) skyrocketed to a record 4,000.³⁸

There is no record of how many guns are sold in a year statewide, but the National Instant Criminal Background Check System (NICS), which is run by the Federal Bureau of Investigation, maintains records of how many applications there are to buy guns every year.³⁹ We can estimate the benefits of an excise tax on guns based on this NICS data, which shows that between January and November 2015, there were 390,471 firearm background checks in Virginia alone.⁴⁰ Additionally, the sale of guns increases after every mass shooting, and the United States has seen a dramatic and constant increase in mass shootings since 2000.^{41 42}

An excise tax of \$10 to accompany every background check would generate a sizable amount of revenue that could go toward hiring more professionally trained clinicians for colleges around the state. With almost 400,000 guns sold in a year, such a tax would generate roughly \$4,000,000 in new revenue. This money would be managed by the Virginia Department of Health and Department of Education, which would allocate resources to colleges based on need. The priority would be to ensure each public university in Virginia meets the ratio of one clinician to every 1,000 students. According to the American Psychological Association (APA), the salary for a licensed clinician is \$90,000.⁴³ This means that the tax revenue from gun sales could hire at least 44 counselors in the first year of this policy, and even more would be hired in the years following.

³⁴ "Mentally ill more likely to be victims, not perpetrators, of violence, study shows." Science Daily. February 25, 2014.

³⁵ "NBC News., 2009. "Fact File: Deadliest Shootings In The U.S.". Retrieved December 12, 2015 (http://www.nbcnews.com/id/18140540/ns/us_news-crime_and_courts/t/fact-file-deadliest-shootings-us/#.VqJzs51Viko). (Note: there have been several deadlier shootings in U.S. history, but not by a single gunman, and not on a school campus.)

³⁶ Hammack, Laurence. 2012. "Virginia Tops U.S. In Machine Gun Owners". The Virginian-Pilot. Retrieved December 12, 2015 (<http://hamptonroads.com/2012/10/virginia-tops-us-machine-gun-owners>).

³⁷ Kimberlin, Joanne. 2012. "With No Limit, Virginia Gun Sales Shoot Through Roof". The Virginian-Pilot. Retrieved December 12, 2015 (http://pilotonline.com/news/government/politics/virginia/with-no-limit-virginia-gun-sales-shoot-through-roof/article_c1511e06-d721-5798-acb9-fdd43d35ebf7.html).

³⁸ Davis, Chelyen. 2012. "Virginia Has Record Gun-Sale Background Checks". Free Lance Star. Retrieved December 12, 2015 (http://www.fredericksburg.com/news/virginia-has-record-gun-sale-background-checks/article_dafe2d5a-3a77-54ff-a5f3-65df1ab4acd3.html).

³⁹ Rogers, Simon. "How Many Guns Are Sold in the US?" The Guardian. December 17, 2012.

⁴⁰ Federal Bureau of Investigation., 2016. NICS Firearm Background Checks. FBI. Retrieved January 3, 2016 (https://www.fbi.gov/about-us/cjis/nics/reports/nics_firearm_checks_-_month_year_by_state_type.pdf).

⁴¹ Santos, Fernanada. 2015. "In Wake Of Shootings, A Familiar Call To Arms Drives Latest Jump In Weapon Sales". New York Times. Retrieved December 12, 2015 (<http://www.nytimes.com/2015/12/06/us/in-wake-of-shootings-a-familiar-call-to-arms-drives-latest-jump-in-weapon-sales.html>).

⁴² Schmidt, Michael. 2014. "F.B.I. Confirms A Sharp Rise In Mass Shootings Since 2000". New York Times. Retrieved December 12, 2015 (<http://www.nytimes.com/2014/09/25/us/25shooters.html>).

⁴³ Finno, Ariel, Daniel Michalski, Brittany Hart, Marlene Wicherski, and Jessica Kohout. 2010. 2009: Report Of The APA Salary Survey. American Psychological Association. Retrieved December 12, 2015 (<http://www.apa.org/workforce/publications/09-salaries/>).



In future years, the focus would be on meeting specific student needs. For example, student veterans have been proven to be at a higher risk for suicide, and as a result of these findings, the APA has “recommended expanding training to help counselors recognize and treat combat-related trauma, making training available to all student service offices ... and providing broad-based screening for student veterans.”⁴⁴ Additionally, LGBT students often struggle with discrimination and marginalization, which impacts their mental health: They are at a higher risk for suicide, anxiety and depression, and hiring more counselors who are specifically equipped to deal with their needs would be beneficial.⁴⁵ First generation college students also specifically struggle with mental health. As one in five women will be the victims of sexual assault during college, schools will also need counselors equipped to deal with PTSD and similar issues after sexual trauma. The tax revenue raised as a result of this policy should go toward providing resources for these specific student groups, as they are particularly impacted by mental health problems.

This policy would state that any publicly funded college or university within Virginia’s borders must maintain a ratio of at least one professional certified therapist for every 1,000 students, with resources generated from an excise tax on guns sold with background checks so that the financial burden will not fall on students through higher tuition costs. This would, at the very least, begin to address the high demand for these services on the state’s college campuses.

Possible Counter Arguments

One of the most predictable arguments against this policy is that millennials should toughen up and not feel entitled to such services on their campus. Many mainstream publications do their best to demonize this generation by painting us as spoiled, entitled, coddled, and unable to handle the responsibility that comes with “real life.” A quick glimpse at some articles from this year alone makes this obvious. For example, “The Coddling of the American Mind” in *The Atlantic* argues that students advocating for safe spaces and trigger warnings indicate that our generation wants to be, and is, babied. An article in the *Los Angeles Times* stated, “Millennials, you literally cannot call yourselves adults until you take this pledge,” encouraging young adults affirm statements like “I am entitled to nothing” and “If I hate my new job, I will not fake my own death. I will give a full two weeks’ notice like grown-ups usually do.” A *Psychology Today* article called “Declining Student Resilience: A Serious Problem for Colleges” accuses us of not developing coping skills and ignoring the larger socioeconomic factors we face.

If this argument is brought up, it should be refuted with facts. We punish young adults with worse economic opportunities than the previous generation. Our age group is portrayed as whiny and absorbed in our cell phones, ignoring the fact that we take on huge debts to obtain degrees that supposedly will help us join the vanishing middle class. These economic factors play a role in our mental health, and this situation should be acknowledged.

Other counterarguments will probably be made from a financial perspective. If every state were to adopt a similar policy, the costs of hiring this many counselors and other staff at every school across the country would be quite significant. However, as explained above, a simple \$10 tax accompanying every gun sold with a background check would generate millions of dollars annually to fund this policy. We can also counter this attack by asserting that mental health is a public health issue, and that if there is a mental health crisis among a specific segment of the population, it deserves our attention, resources, and action to end it.

⁴⁴ American Psychological Association,. 2011. Suicide Risk High For War Veterans In College, Study Finds. Retrieved December 12, 2015 (<http://www.apa.org/news/press/releases/2011/08/suicide-veterans.aspx>).

⁴⁵ Active Minds,. n.d. "LGBQ College Student Mental Health". Retrieved December 12, 2015 (<http://www.activeminds.org/lgbq-college-student-mental-health/>).



A Case for Action

Current rates of mental illness at colleges nationwide demonstrate a growing problem. A first step in tackling this issue is to meet the high demand for trained clinicians in on-campus counseling centers. To encourage schools to do this, state governments should require that every public university within their jurisdiction maintain a safer ratio of counselors to students. This policy would work best at a city, state, or local level. Creating a policy for all schools in Virginia could serve as a preventive measure to make students at every state school safer.

Most importantly, it would establish accountability where there is none, so schools that are allowing high rates of anxiety, depression, and other illnesses to persist without offering any solutions for their students would come under scrutiny and be required to improve their resources.

Resources

Active Minds,. n.d. "LGBQ College Student Mental Health". Retrieved December 12, 2015 (<http://www.activeminds.org/lgbq-college-student-mental-health>).

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