Mental Health Resources Readily Available for All College Students

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College Students Across the US Struggling

This explores why college students across the US are suffering with mental illness and not receiving sufficient care. The following research explores causes, solutions, current policies, and statistics regarding this issue. College students who struggle with mental illnesses need more support and resources readily available while in school to help them succeed both as students and as maturing adults. Mental health issues often first appear during the ages of 18-24, so colleges are primarily a target. Students' mental health affects their academic, social, and emotional well-being.

How Do US Colleges Compare to College Students in Other Countries?

This is hard to measure in one specific realm because much of the information is not disclosed. One way it could be examined in an extreme measure is by examining the rate of suicide for college-aged students. This does not imply that every student who struggles with mental illnesses will relate to this; but rather to see the trend as a whole (if it is increasing or decreasing). The causes of suicide are complex, though. They can include health factors, environmental factors, and historical factors.

The suicide rate increased 33% from 1999-2017 in the US. Additionally, suicide ranks as the second leading cause of death for 10-34 year-olds in the US. Other countries like Japan, China, Russia, and most of Western Europe have seen their suicide rates drop, though. What makes the US different?

Globally, suicide rates have generally decreased when living conditions have improved. In the US, people who are struggling often fail to receive interventions that could have otherwise saved their lives. There is a lack of accessible, affordable, and effective mental health care. Another factor is while the data from other countries can't explain the rising rate of American suicides, they lead to the belief that limiting legal access to means of death has promising outcomes. For example, other countries changing to less-toxic gas for heating and cooking, decreasing toxic pesticides, and adding bridge barriers to prevent people from jumping has made it harder for individuals to access a means of death in the countries listed above; and suicide rates have declined. In the US, more than half of all suicide deaths are from firearms. During the 1990s, US household gun ownership fell significantly. Also during this timespan, deaths from suicide by firearm decreased. This suggests that when access to guns goes down, so do suicide deaths from firearms (American Psychological Association "Worrying Trends in the U.S. Suicide Rates" March 2019).
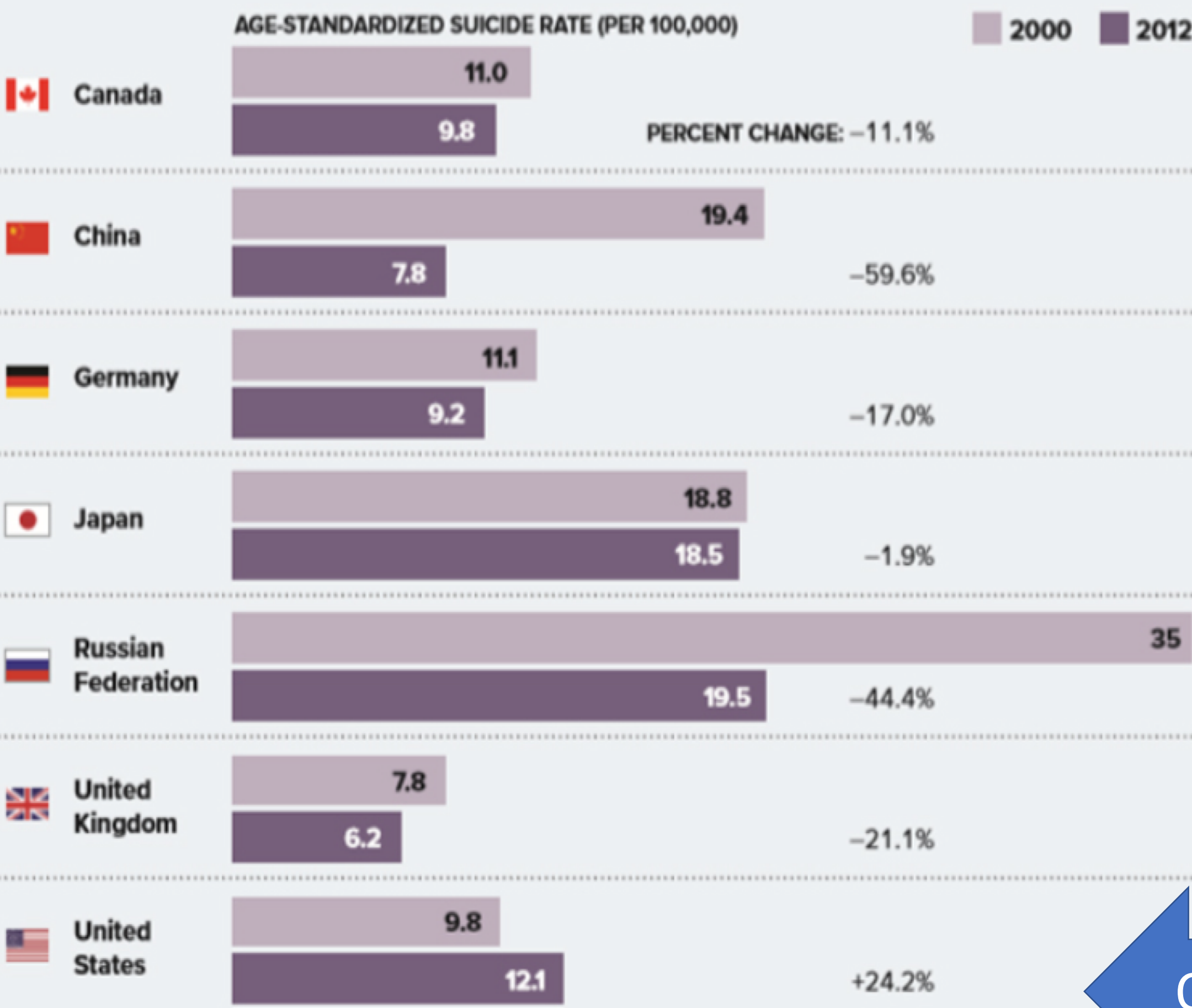
Examples of Geneseo policies/programs

Geneseo: has a Red Folder for faculty/staff meant to equip them to best help struggling students. Additionally, some resources include Pathways, Title IX, the Dean of Students, counseling services, and the RIO program.

New York State: NYS Office of Mental Health (OMH), The Suicide Prevention Center of NYS, NY's suicide prevention plan *Saving Lives in New York: Suicide Prevention and Public Health*, NY Mental Hygiene law

Suicide Trends Around the World

The most recent data available on rates of deaths by suicide reported by seven countries

AGE-STANDARDIZED SUICIDE RATE (PER 100,000)   ■ 2000 ■ 2012

Country	2000	2012	PERCENT CHANGE
Canada	11.0	9.8	−11.1%
China	19.4	7.8	−59.6%
Germany	11.1	9.2	−17.0%
Japan	18.8	18.5	−1.9%
Russian Federation	35	19.5	−44.4%
United Kingdom	7.8	6.2	−21.1%
United States	9.8	12.1	+24.2%

Source: Preventing Suicide: A Global Imperative, World Health Organization, 2014

Only listed country whose rates have increased

Suicide is the **12th leading** cause of death overall in New York.

On average, one person dies by suicide **every five hours** in the state.

Policy Proposal Part 1

Each student would receive an in-person screening their first year at SUNY Geneseo. Students would be categorized as being 'green' (not concerned), 'yellow' (watch list), 'orange' (will need mild support), or 'red' (will need intensive support). Yellow groups should receive an occasional check-in two-three times a semester, orange groups would meet four-five times a semester, and red groups would meet with a counselor every other week.

Policy Proposal Part 2

At any given time, all students would have the ability to walk into the health center to speak with a counselor during the typical school week; Monday-Friday 9am-4pm. This would prevent students from waiting days to weeks just to get an initial, triage appointment. Improved access to mental health treatment, investing in community interventions, coordination suicide prevention measures, and providing a plethora of education/resources are factors that would help decrease the amount of suicides as a result of mental health resources not being readily available.