Mental Health News Update

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Given that mental disorders result in 37 percent of all healthy life-years lost through disease, it is critical that both understanding of these conditions and resources to treat them be increased. Several ongoing initiatives are aimed at raising the availability of mental health treatment for particularly vulnerable populations.

Mental Health during Emergencies

On September 14, 2007, the Inter-Agency Standing Committee (IASC) released its first guidelines to address mental health and psychosocial well-being during emergencies and disaster response efforts. The IASC, a committee consisting of representatives from a variety of governmental and non-governmental organizations, released 25 action sheets for use by emergency responders and humanitarian agencies. The guidelines focus on the impact of disasters on pre-existing mental health conditions and the need to prevent and/or treat mental health issues that arise from the disaster and surrounding chaos. They are a first attempt to address the role humanitarian agencies should play in addressing mental illness, as the previous attempt to adopt mental health-related guidelines in 1998 was unsuccessful due to a lack of consensus. To what extent these guidelines are implemented during the next major disaster and what impact they will have is unknown, but it is a positive sign that the groups were able, for the first time, to reach a consensus on the need for humanitarian agencies to consider addressing psychosocial impacts as part of their relief efforts.

Veterans’ Mental Health Care

President Bush signed the Joshua Omvig Suicide Prevention Bill, HR 327, on November 5, 2007. The bill, named after a soldier who killed himself after returning from service in Iraq, directs the Department of Veterans Affairs to implement increased mental health training and services. Data from a May 2007 report indicating that as many as 5,000 suicides a year among living veterans demonstrates the need for such legislation.

The bill directs the Secretary of Veterans Affairs to establish a comprehensive program for suicide prevention for veterans. The program must include mandatory training for

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1 Bridget M. Kuehn, Health Agencies Update: Mental Health Care Lacking, 298 JAMA 1858 (October 24-31, 2007).
3 Lynne Jones, Joseph Asare, Mustafa Elmasri, and Andrew Mohanraj, Mental health in disaster settings, 335 BMJ 679-680 (Oct. 6, 2007).
relevant VA staff and contractors on risk factors for suicide, protocols to respond to crisis situations, and best practices for suicide prevention. Mental health assessments of veterans must be added to the overall health assessment performed when veterans seek medical care at a VA medical facility, and the facilities must have a designated suicide prevention counselor. The VA is directed to perform research on best practices for suicide prevention for veterans and research on methods of treating veterans who have been the victims of sexual trauma. The VA is also directed to ensure that 24-hour care for mental health issues is available for veterans, with implementation of a toll-free hotline being optional. Outreach and education for veterans and their families, with a key emphasis on issues involved in returning home for men and women serving in Iraq and Afghanistan, must also be included in the program. Within 90 days of the enactment of HR 327, the Secretary must submit a report on the program to Congress.5

While this bill and the resulting program should have a positive impact on the mental health of veterans, particularly those returning from active duty, it does not address the needs of the family members left behind. Spouses, children, siblings, and parents of troops often struggle with the psychological impact of their loved one being gone and the adjustment to their return. Barbara V. Romberg, a clinical psychologist in Washington, D.C. recognized this hole in service-related mental health care and founded a nonprofit group called Give an Hour. Give an Hour provides free counseling to soldiers, their families, and their unmarried partners through time volunteered by more than 720 psychologists, social workers, and counselors in 40 states. Give an Hour links patients with therapists in their area through the group’s website, http://www.giveanhour.org, which provides information about the therapists’ specialists and willingness to engage in tele-counseling.6

Particularly as the War on Terror continues and, perhaps, grows, the stress on members of the Armed Forces and their families is severe. In order to truly support the troops, effective systems must be in place to help them and their loved ones. HR 327 and Give an Hour represent two positive steps in that direction.

Mental Health on College Campuses

Following the shootings at Virginia Tech, mental health conditions at colleges have received significant attention. Questions about not only missed opportunities to provide care to Seung-Hui Cho but also about the ability of colleges and universities to contact the families of students believed to be suffering from mental illness have been raised in the aftermath of the tragedy at Virginia Tech.

The importance of open dialogue and access to care on college campus for mental health treatment is high. Nearly half of all college students reported feeling depressed at some

time during their schooling, according to a recent survey, and 15 percent of college students meet the criteria for clinical depression. Additionally, illnesses such as bipolar disorder and schizophrenia often become symptomatic for the first time during a person’s college years.\(^7\)

The Department of Education has responded to questions from colleges and findings from the review of the Virginia Tech case showing that educators and college officials do not understand applicable privacy laws by releasing pamphlets for parents and educators on the relevant provisions of the Family Educational Rights and Privacy Act (FERPA).\(^8\)

A review of the pamphlet for colleges and universities demonstrates the flexibility higher education officials do have with respect to disclosing concerns about students with their families. Education records may legally be disclosed to parents if the student is a dependent for income tax purposes, if a health or safety emergency exists involving the student, if policies regarding under-aged drinking or use of controlled substances have been violated, or if the person disclosing the information to the parents witnessed the behavior firsthand. During emergencies, school officials can also disclose pertinent student information to law enforcement officials, public health officials, and trained medical personnel. Certain disclosure allowances also exist for disciplinary records and law enforcement unit records.\(^9\)

When laid out in such a manner, FERPA appears to be a true sister to the Health Information Portability and Accountability Act (HIPAA) and its accompanying regulations, which establish more of a disclosure law than actual privacy protections. FERPA appears to allow strong support for parental rights, even after the student is legally an adult. It is unclear, however, if the underlying assumption that contacting parents is an effective means of addressing mental health issues among students is accurate.

While these brochures were released in response to concerns from parents and school officials, it remains to be seen if the impact is a positive one. Mental illness comes with an attached stigma that research has long shown leads people to hide from and/or deny mental health problems. Students may hide mental health problems due to concerns about disappointing their parents or being rejected by them and their peers. These pamphlets, which show how wide a school’s discretion in terms of disclosing information is, may in fact drive students further underground rather than risk speaking to a school official or health center provider and possible disclosure.

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This is complicated by the incident which has brought the spotlight to FERPA and mental health issues on campus – the Virginia Tech shootings. If students begin to associate or fear those around them associate mental illness with violence, actions intended to make campuses a more supportive place for mentally ill students may have the exact opposite effect. College counselors have expressed concern about exaggerations of the link between mental illness and violence and have attempted to bring attention to how rare such a link is; people with mental health problems more often engage in self-destructive acts, not outwardly violent behaviors.  

Active Minds is student-run group attempting to respond to mental health needs on college campuses. The group, founded by Alison Malmon, whose brother committed suicide when he was a college student, focuses on reducing the stigma of mental illness on college campuses and allowing people to talk more openly about the issues they and their colleagues face. Active Minds has chapters at 87 colleges nationwide, including three chapters at Texas universities.

Addressing mental illness in the public in general and particularly in vulnerable populations is a delicate balancing act. Information released needs to educate people on the potential seriousness of mental illness and the importance of seeking help upon the onset of symptoms. At the same time, the information must not feed into the stigma regarding mental illnesses by suggesting that people with mental health issues are somehow fundamentally different from other people or inherently dangerous. While this is by no means as easy feat, it must be attempted given the impact mental disorders have on people and data showing that we currently are not doing a good job at openly discussing or treating mental health conditions.

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10 Gerber, supra note 7.
11 Id.
12 Active Minds on Campus, http://www.activemindsoncampus.org (last accessed Nov. 6, 2007). Chapters currently are present at the University of Houston, Texas Christian University, and University of Texas at Brownsville and Texas Southmost College.