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ABSTRACT

University and college mental health services have historically modeled themselves after a traditional clinic model. Few delivery systems have been influenced by the community mental health model. The major reason for this lack of influence appears to be the "in loco parentis" stance of colleges and universities. A campus mental health service stemming from a community model would have as its cornerstones community participation and the development, delivery, and evaluation of services, intervention at both community and individual levels and focus upon preventive intervention strategies. Fundamental questions that must be raised when adopting the community model are: what is the counseling services or mental health services role in relation to other systems operating on campus and its role in relation to its largest constituency--students. The paper discusses these last questions in some depth. (Author)

COMMUNITY MENTAL HEALTH MODEL FOR CAMPUS MENTAL HEALTH SERVICES

by

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> "What is it all about? 'Mental health's third revolution,' 'a new therapeutic bandwagon,' and 'a movement in search of a theory' are among the expressions of excitment, uncertainty, or disenchantment that have been used to characterize that combination of concepts, practice, and research sometimes called community mental health." (Golann, 1969, p. 1)

The range of reactions was captured by Stuart Golann in the opening paragraph of his recent reference guide on community mental health. It would seem a concept that generates such reactions would make an overwhelming impact on the entire field of mental health. For some segments of the field this has been true. Stemming from John F. Kennedy's message to Congress in February of 1963 and the Community Mental Health Centers Act of 1963 plus subsequent legislation, significant changes have occurred in the organization and delivery of mental health services in our community and state hospital systems.

Despite the revolutionary quality of the community mental health movement in these segments of our society, the organization and delivery of mental health services on college and university campuses appear to have been untouched. Recent surveys in the West (Bloom 1970) indicate except for the numerical increase of identifiable mental health programs, few changes have occurred over the past 15 years. It is rather astonishing and puzzling that developments of revolutionary proportion can occur just outside university walls,

but only the faintest ripples of the wave have emerged into the university community.

Much time could be given in seeking solutions to this puzzle of isolation. Key components to the solution would no doubt be the general stature of aloofness of which universities have historically been accused, at least, by those desiring rapid social change. And of equal importance, if not more so, is the traditional concept of *in loco parentis* the university has held so firm in years past but is now eager to give up. As parents we seldom look upon our offspring as groups or communities and are more likely to focus on interpersonal relationships where intrapsychic functioning and the dyad relationships become paramount. Perhaps acting *in loco parentis* our universities have taken on a similar attitude, with the result very few community mental health approaches have permeated into our systems of higher education.

Is, in fact, the campus a community? Certainly the average tourist driving past one of our college campuses would not recognize it as a community. The usual landmarks of a business section ringed by patterns of residential dwellings, shopping centers, and parks are not visible. The homogeneous exterior of the campus masks the fact that a community with centers of business, living, shopping, and recreation is thriving amid the clipped lawns, stately trees, and carefully planned complex of buildings.

More importantly, the traditional sociological elements of a community--territorial entity, functional unity, and sense of a shared common

destiny as it applies to education--are present (Howe, 1964). And like communities everywhere the campus community evolves its systems by which to accomplish various functions. Admission systems, registration systems, living systems, and administrative systems are only a few which exist in this community (Pervin, 1967).

Nor is the campus community immune to the conflicts and stresses common to other communities. The sources of problems are many. Some problems originate with individual community members, some from groups within the community, some from the community and its operational systems, and some from the frictions of each component interacting upon the others. To cope successfully with a problem, all these elements of the community must be examined to learn how each interrelates and affects the other.

If campus mental health services are to intervene at points of stress and be successful in identifying and correcting problems they must view the campus as a community. They should look beyond the individual or group and study problems in a community context to learn how each component of the community is functioning and affecting another. The community mental health model provides an excellent vehicle to accomplish the goal.

The cornerstones of this model include community participation in the development, delivery, and evaluation of services; intervention at both community and individual levels; and focus upon preventive intervention strategies.

The community mental health model is responsive to a number of current themes on today's campuses as well. Because it uses community participation, students, as well as all the other university members, will become involved in the making of mental health program policy and in the delivery and evaluation of services. Environment and human ecology are of increasing concern generally, and a community approach is directly responsive to how these factors influence mental health. With the more traditional models it is difficult to view environments and systems as patients. The need for personal growth is taking on greater significance as more people feel that the complexities of society rob them of individualism. The prevention component of the model is aimed principally at producing conditions which will enhance personal growth and maintain integrity on campus.

When community mental health concepts and principles are applied to the campus mental health center two major questions arise. First, what role, position, or systemic function does the mental health center perform or maintain on campus? Second, in a more concrete sense, what programmatic thrusts result from employing the community mental health model?

Judging from the literature, programming has received the greater attention (Barger et al, 1966, Larson et al, 1969, Reifler, 1967, Havens, 1970, Nidorf, 1970, Bloom, 1970, and Reid, 1970). Among the types of program efforts discussed, most focus on a comprehensive prevention model including primary, secondary, and tertiary prevention.

Specifically they include the establishment of crisis programming, to which Dr. Boyd will be speaking, anticipatory guidance, to which Dr. Bloom will be speaking, and special outreach and educational programs to which Dr. Moore will speak.

Less attention has been directed toward the first question--the mental health center's role on campus as it assumes a greater community orientation. Therefore, I would like to explore this issue in more detail.

At least two elements are fundamental in considering the campus mental health center's role or function: its role in relation to other systems operating on campus and its role in relation to its largest constituency. the students. David Falk will be speaking specifically to the element of student involvement, so I will focus on the systemic function of the campus mental health center.

Among the myriad of systems functioning on campuses the role of pacification and maintenance of the status quo generally has been relegated to the mental health center. The center has responded to the assignment by focusing its activities on working with individuals so that they can return to the educational community and make the necessary adjustments. In short, by assuming this role mental health centers accommodate an uneducational environment. Little activity, or perhaps even little thought, is given to applying the behavioral science skills housed in the center to bring about constructive environmental change. By declining to use its skill and knowledge in this manner the center, in fact, allows an uneducational environment to continue. But to incorporate the community mental health model's concern for social and environmental

well being evokes emotions from both the center's personnel and other campus administrators. It is at this point that feelings become tender and efforts hesitant. The issue becomes embroiled in a discussion of the validity and appropriateness of campus mental health centers as agents of change within their communities.

Some respected and renown people in the field have begun to speak out on the issue. Their ideas lend reason to the debate and spur the cloistered campus mental health centers to break from tradition and become active participants in their community's life. Nidorf has urged campus centers to go beyond individual care and start treating the community's dysfunctions noting:

> "to prevent personal and social ills requires social change of a qualitative nature--not just quantitative treatment additions. Unfortunately, in any social institution, qualitative changes are hard to come by. The change agent, by its very nature, must be political. It must be able to influence the many dimensions of vested interest maintaining the status quo. An ideal model for such an agent--a model that has been tested and proven effective--is the comprehensive mental health agency" (1970, p. 21).

Farnsworth has challenged psychiatrists to bite the political bullet and become true to the principles of their profession. In his words,:

> "accusations of exhibiting political bias, having a moral point of view, or being a social engineer must be expected. Psychiatrists generally, and college psychiatrists particularly, must have *some* point of view if their efforts are not to be futile. (Farnsworth continues) Maeserman has stated that non-directive psychiatry is no better than non-directive surgery. The bias of the college psychiatrist is explicitly toward freedom, independence, integrity, sincerity, humane attitudes, and the development of sound and effective methods for coping with the conflicts and ambiguities common to all who strive to improve the human situation. To sit idly by without attempting to direct social change in the direction of improvement rather than disintegration of good human relations is an abduction of wisdom and common sense and unworthy of the traditions of psychiatry so ably upheld by Dr. Menninger" (1970, p. 471-2).

These gentlemen have eloquently stated that the urgent need for campus mental health centers to become agents of change within their community is worth the troubles that will be encountered.

Mr. Falk will be speaking directly to community involvement, but I would like to make a few remarks.

Following the path of the community mental health model will also bring about changes in the traditional role campus centers have had in relation to students as well as other members of the community such as faculty and administrators. This will occur because of the model's emphasis on community participation, Bolman (1967) states three principles guiding this function of the model.

> "Each person in the community has an equal right to good care...good care implies a reasonable fit with the needs of the person or people involved...the people in need must be involved in and have some control over determining what is needed and how the needs are met." (1967, p. 10)

Smith and Hobbs give a similar point of view.

> "For the comprehensive community mental health center to become an effective agency of the community, community control of center policy is essential." (p. 3 in Golann, 1970)

Thus it is necessary to incorporate input and feedback from students and others on the campus mental health center's function. But so few campus mental health centers make any provision for student or other community participation that many students are unaware of the service and centers become a secret service on campus (Campus Community Mental Health Services Newsletter, February 1971). Thomas Scheff's (1966)

research has underscored that even the users of campus mental health centers tend to be members of a student "psychiatric public" with their propensity to seek help resting more in social variables such as class, religion, and educational background than in the severity of their problem. Therefore, there remain many students experiencing greater need who do not make use of services, and a much larger number who have no effective input into the program designed to serve them.

The need to involve students and other community members in the activities of campus mental health centers is as important as involving the center in the community's activities. The community mental health model provides a means to accomplish both goals. The center would by design become an active part of the educational system opting for constructive educational change and serving as the mental health conscience of the community. Barriers between the service and community would be broken down. Equally as important in the area of programming the barriers between professional and recipient, between vendor and consumer, between campus mental health worker and students would be broken down.

The point in time when traditional authority relationships can be allowed to continue has passed. The campus mental health center must have an effective voice within its community and the community's members must have an effective voice within the mental health center.

REFERENCES

Barger, B. et.al., Preventive Action in College Mental Health. Journal of the American College Health Association, 1966, 15, 80-93.

Bloom, B. L. "Characteristics of Campus Community Mental Health Programs in Western United States--1969." Journal of the American College Health Association 18 (1970): 196-200.

Bolman, William. Theoretical and Empirical Bases of Community Mental Health. American J. Psychiat. 124:4, Oct. 1967 supp.

Farnsworth, Dana L. "College Mental Health and Social Change." Annals of Internal Medicine 73: 467-473, 1970.

Golann, Stuart E. Coordinate Index Reference Guide to Community Mental Health. Behavioral Publications Inc., New York, New York. 1969.

Havers, Joseph. Beyond the Clinical Cocoon: Community Mental Health in the University. Journal of the American College Health Association, Vol. 19, December, 1970: 101-104.

Howe, L. P. "The Concept of the Community: Some Implications for the Development of Community Psychiatry" in Bellak, L. Handbook of Community Psychiatry, Grune and Stratton, New York 1964: 16-46.

Larson, Barger, et.al., College Mental Health Programs: A Paradigm for Comprehensive Community Mental Health Centers. Community Mental Health Journal, Vol. 5, December, 1969, #6, 461.

Nidorf, Louis J. Community Mental Health Model Applied to Student Personnel Work. Journal College Student Personnel. Vol. 11, #1, January, 1970: 19-27.

Pervin, Lawrence. The College as a Social System. Journal of Higher Education. June, 1967, Vol. 37, #6: 317-322.

Reid, Kenneth. Community Mental Health on the College Campus. Hospital and Community Psychiatry, December, 1970: 23-25.

REFERENCES continued

Reifler, Clifford, et.al. College Psychiatry as Public Health Psychiatry. American Journal of Psychiatry, 1967, 124, 662-671.

Scheff, T. J. "Users and Non-users of a Student Psychiatric Clinic." Journal of Health and Human Behavior 7 (1966): 114-121.

Smith, M.B. and Hobbs, N. The Community and the Community Mental Health Center. Washington, D. C. American Psychological Association, 1966 in Golann, Coordinate Index Reference Guide to Community Mental Health, Behavioral Publications, Inc., New York 1969.

"The Secret Service on Campus." In Campus Community Mental Health Services, a newsletter. February 1971, p.2. Boulder, Colorado: Improving Mental Health Services on Western Campuses Program, Western Interstate Commission for Higher Education.