

The Expanding Safety Net

A year after Virginia Tech, colleges step up efforts to identify students at risk of suicide, and of murder.

By Elizabeth Stone

IT was just before dawn, and the Salt Lake City campus of the University of Utah was deserted except for a silent squad of workers, four dozen strong. They carried 6,000 handwritten notes that had taken three weeks to prepare. By sunrise, the notes were scattered on tables, under chairs, in hallways — like seeds they hoped would take root.

A few hours later, Bonnie Owens happened on one missive as she made her way through the student union. “I had this voyeuristic moment,” says Ms. Owens, a senior. “Though I could see the writing, I couldn’t read it, so I moved closer. The note said something like, ‘Sometimes, it’s all too much — maybe I should just get it over with.’ It was about suicide!”

Others were also unnerved, wondering whom to call. One administrator told the counseling center’s director, Lauren Weitzman, that he had considered ordering a building lockdown. (This is the state, after all,

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where concealed weapons are permitted on public campuses.)

But the notes were pure fiction, part of a campaign to reinforce the idea that emotional aches and pains are part of living and to increase awareness of the counseling center. It worked for Ms. Owens, who spotted the Web address, bighingslittlethings.com, scribbled at the bottom of her note. “I thought, ‘Wait, what’s this?’” The counseling center is just a click away.

Nationally, the suicide rate for college students has remained doggedly constant, though several campus murder-suicides last year have intensified efforts to find troubled students before the little things become too big. A year ago last Wednesday, Seung-Hui Cho killed 32 people and then himself at Virginia Polytechnic Institute, in Blacksburg; on Feb. 8, Latina Williams, a student at Louisiana Technical College in Baton Rouge, killed two and then herself. Six days later, Steven P. Kazmierczak, a graduate student at the University of Illinois, Urbana, took his own life after shooting five at Northern Illinois University, where he had graduated the previous spring.



JOSH MELTZER/ROANOKE TIMES, VIA ASSOCIATED PRESS

College counselors say they are seeing more students arrive on campus with serious mental health problems, and some campuses report twice as many in treatment as a decade ago. According to the Association for University and College Counseling Center Directors, 63 percent of colleges, including Virginia Tech, now have psychiatrists on staff at least part time, because so many students are on psychotropic medications. Overburdened counseling centers are adding clinicians: Virginia Tech hired three this year and will add three more in the fall.

At the same time, some of the most troubled students are not seeking help. Recent surveys of counseling directors indicate that about four of five students who commit suicide are not in treatment at counseling centers. This was true of Mr. Cho. Ms. Williams’s college did not have a counseling facility. The Illinois universities have declined to say if Mr. Kazmierczak had come to their attention for mental health issues.

Difficult as it is to identify students who might be suicidal, it’s even more complicated to find those who



JEFFREY FEHDER FOR THE NEW YORK TIMES

HELP NEARBY Cornell has opened 10 drop-in centers around campus to draw students reluctant to visit the counseling center. Top, a vigil at Virginia Tech.

might be contemplating murder as well.

An investigation into the events of April 16, 2007 (or, as it's referred to at Virginia Tech, 4/16), blamed a failure by the university to "connect the dots," as well as confusion over what could be shared about a student's mental health under federal privacy law. Mr. Cho's menacing prose had alarmed his professors, but their e-mail alerts to administrators received no response. Virginia Tech's Care Team, long responsible for setting up plans for dealing with students at risk, now meets weekly instead of "as needed," and a campus police representative and faculty members have been added to the group.

But an incident in November underscores the complexities in identifying suicidal students — and keeping firearms out of their hands. This time, the e-mail warning — sent about Daniel Kim, a senior, by one of his online gaming buddies — prompted a response from the newly retooled Care Team. The friend said that Mr. Kim had bought a gun and was suicidal. A Blacksburg police officer, sent to Mr. Kim's home, reported back that Mr. Kim was not a threat to himself, according to Larry Hincker, a university spokesman, and a background check found that no gun had been bought. "Given what we knew, we saw no need to go further," says Mr. Hincker.

In December, Mr. Kim got in his car, drove five miles to a deserted mall parking lot and shot himself in the head, using a gun bought after the background check.

Gregory Eells, director of Cornell's counseling service and president of the counseling center directors' association, acknowledges: "There are so many contextual factors. In some cases, it's obvious what to do, but most of the time, it's a judgment call."

Since last April, the federal government has sought to resolve confusion over privacy laws, including proposing regulations last month clarifying when a student's health information can be released and when parents can be called. Virginia Tech had the right to contact Daniel Kim's parents. It chose not to. Another university might have.

NEW YORK UNIVERSITY and seven other campuses have been working in concert to identify students suffering from depression who are not getting help. Dr. Henry Chung, associate vice president for student health at N.Y.U., says males and members of minority groups, particularly Asians and Asian-Americans, are less likely to seek treatment because they see a stigma associated with therapy. And, he says, they are less likely to speak candidly about their feelings when asked.

So Dr. Chung is making an end run around their reluctance by using the campus health center as a resource. "Ten to 15 percent of students will use a well-functioning counseling center," he says, "but 50 to 80 percent will come to a well-functioning health center."

At the participating universities, every single student who visited the health center over 18 months, even for the sniffles, was screened for depression. Among the 40,000 evaluated, 800 were at least moderately depressed and reported not functioning well academically or socially. These students were given the option of either getting help at the counseling center or remaining with their primary care doctors at the health center.

The burden was on the colleges to keep the students coming back, and not all were equally successful. Dr. Chung, a psychiatrist, says that 45 percent of the depressed students had improved by the end of eight weeks. In June, Dr. Chung will begin a similar project, this time with 30 colleges participating and a grant to improve follow-up.

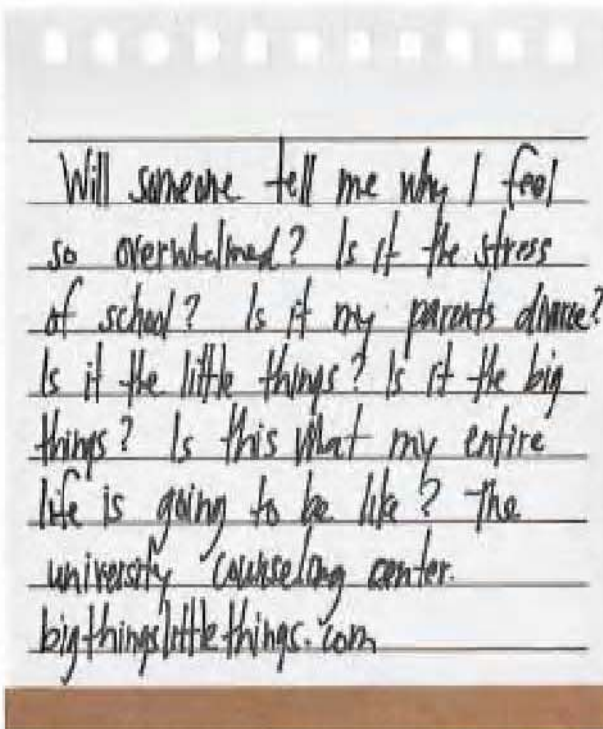
According to Dr. Chung, men were still underrepresented among the 800. "We haven't done a very good job to get males to utilize health care of any sort," he says. But ethnic and racial minorities were slightly overrepresented. That was good news to Dr. Chung, because those

students' problems would otherwise have gone undetected. With minority and immigrant students now accounting for 30 percent of all students, Dr. Chung's concerns are increasingly shared by other colleges.

National data does not distinguish among minority groups, but a study by Cornell of its own students found that 63 percent of those who attempted suicide from 2003 to 2005 were foreign-born, and half were Asian or Asian-American. Asian women were five times more likely to attempt suicide than white women.

At Cornell, if troubled students won't come to treatment, then treatment will meet them halfway: the university has strategically placed 10 drop-in centers so students it wants to reach can't miss them. One is near the office for International Students and the Latino Studies Program. In 2006-7, 58 percent of those who dropped in to talk were members of minorities, while the counseling center's share is only 34 percent, says Matt Boone, the coordinator of the program, called Let's Talk.

The treatment that Cornell makes available beyond



REACHING OUT The University of Utah's counseling center scattered faux notes to call attention to life's shared stresses.

the counseling center is not psychotherapy but troubleshooting, in all aspects of a student's life.

"Stress in someone's life can become a trigger for depression," Mr. Boone explains. "If we identify the stress — financial aid, visa problems, problems with a professor, poor grades — then we can nip it in the bud."

If students don't drop into the first safety net, there is a second, called Community Consultation and Intervention. Its two clinicians devote their days to advising professors, resident advisers and anyone else who alerts them to a student in trouble. The two help 300 or so students a year, most of whom they never meet; they solve their practical problems behind the scenes.

This could mean intervening when a student has a "dysfunctional" relationship with a graduate professor with a big say in the student's future, or when a foreign student is having trouble adapting to a new culture, or when a student is unable to get housing.

Anecdotally, at least, the program has succeeded, says Sharon Mier, one of the clinicians.

Not too long ago, she says, she was called about a student whose graduation was in peril because his father was ill and unable to pay the final semester's tuition. The student had begun selling his possessions to pay his bill, but on the day the final payment was due, the sale of a

major item fell through.

"We were able to work with a number of people to help him develop a plan to make payments over time," she says. "When we gave him the news that we had a solution, he broke down and told us that he had planned to kill himself later in the day."

WHILE campuses have expanded their efforts to discover students who might hurt themselves, they are simultaneously on the alert for students like Mr. Cho and Mr. Kazmierczak. These students are psychologically distinct from the simply suicidal and are harder to identify, says Dr. Peter M. Marzuk, a professor of psychiatry at Cornell Medical College whose research interest is mass murderers who commit suicide.

"They are not impulsive," he says. "They are aggrieved brooders, possibly with a history of violence or paranoia, and they plan their attack. Most of all, what distinguishes these people is they want to be in control. Killing others makes them feel in control, and the final act of killing themselves before they can be apprehended is also a way of being in control." He adds: "I want to stress that this group is very, very rare, but it is also the case that there is no way of predicting who will be a murder-suicide, because so many people with this brooding, aggrieved profile do not."

Paradoxically, the University of Illinois, where Mr. Kazmierczak had begun his studies in September, has long been recognized for its suicide prevention program. Since the program began, in 1984, the university's suicide rate has been cut in half. Now it is refining its approach to discover students who have the potential to commit violence.

"In the year since Virginia Tech, the university has intensified efforts to find students who display what we call excessive 'in charginess,'" says Paul Joffe, a psychologist and director of the program. "That might be someone who is too vehement in pursuing a romantic partner who declines contact," or someone who makes a threat of violence that leaves "a reasonable person in fear of his safety."

Mr. Joffe will not discuss details but says this: "When we identify a student with such a difficulty, we see if we can address that behavior. If the student can live with the limits we set, fine. If the student persists in the behavior, we get doubly concerned." Sanctions, including suspension, are policy here, an approach that meets with approval from the university's lawyers. George Washington University lost a lawsuit in 2006 for suspending a student because he had sought treatment for depression. Increasingly, though, suicidal students are required to take medical leaves of absence until they can document that they're better, says Dr. Eells of Cornell.

Illinois is also grappling with how to respond to a student whose creative works suggest violence. Previously, a piece of violent fiction passed on to the counseling center by a teacher would be followed up only if it included a named target, says Mr. Joffe. This policy changed when it became apparent that they would never have had the chance to evaluate Mr. Cho. "His writing was homicidal, but it was often fantasy, divorced from his present-day community," Mr. Joffe says. Now a student who writes anything focused on killing should be called in.

Asking a counseling center to examine a creative writing assignment for its pathology was never part of the role most college counselors envisioned when they got into the field.

As Richard J. Ferraro, assistant vice president for student affairs at Virginia Tech, says, "The original mission of the counseling centers had been to support the academic mission," helping those struggling academically as they dealt with the usual problems of growing up. Today, that's no longer enough. "Increasingly," he says, "counseling centers on college campuses will need to deal with long-term and grave cases as well." ■