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## Caring for Vets in College

The data released recently by the US government regarding the alarming rate of suicide among active members of our armed forces is cause for serious concern. For the past two years, the rate was nearly double that of age matched civilians and, in 2009, more soldiers died as result of suicide and related high risk behaviors than in combat.

As startling as these numbers are, they could have been far worse. US Army Vice Chief of Staff General Peter Chiarelli has reported that last year over 100,000 soldiers received three-week prescriptions for anti-anxiety or antidepressant medications. It is abundantly clear that the members of our military are experiencing significant stress and suffering caused by their repeated deployments, family and job disruptions, physical injuries, including brain trauma, and other painful and taxing situations while serving our country. It is equally evident that as these forces leave military service and return to civilian life they, not to mention the inadequate number of medical and mental health clinicians specially trained to work with veterans, will be grappling with the consequences of these stresses for many years to come.

For those of us working in mental health services at institutions of higher education across the country, these challenges are likely to be particularly acute, as well as imminent, as thousands have now been ordered home from Iraq. We know that many young people who enlisted in the armed forces did so as a gateway to a college education. Already, colleges are experiencing a sharp increase in applications and enrollment among veterans, and the numbers will continue to rise as more returning service members take advantage of the new G.I. Bill to fund their education. In the last year alone, some 270,000 veterans used their GI benefits to attend college, while many others enrolled paying their own way or through other financial assistance programs.

At the same time, we know that far too many returning service personnel are loath to seek out counseling and support while at school. A recent survey conducted under the auspices of Penn State's Center for the Study of Collegiate Mental Health found that even among veterans who had direct exposure to traumatic experiences while on active duty, a surprisingly small portion availed themselves of their college counseling services for psychological help and support. Only two percent of students seen at on-campus counseling service offices identified themselves as having served in the military. Many of these young men and women have been also reluctant to seek assistance from their local Veterans Administration programs, which is unfortunately not unexpected given all the attention that has been focused on the challenges with which the VA is confronted.

We know also that social and psychological functioning is directly correlated with school performance. People who feel uneasy or out of place and disconnected from their college environment tend to have greater likelihood of academic failure. While other factors, including family and job responsibilities, must be considered, it is a fact that only three percent of veterans who are enrolled in bachelor's degree-granting institutions graduate within five years as compared to 40 percent of non-veterans.

Of course, it is not surprising that students who are typically older than their peers, who are most often living off campus, who have spent several years out of an academic setting, and who have a vastly different set of recent experiences and challenges will not immediately feel at home among their student-peers. Veterans who have been injured or are now disabled in any way may feel resentful or ashamed. Far too often, they are marginalized and ostracized by fellow students, as well as society at large. Many have spoken about feeling alone, that no one can possibly understand or relate to what they have gone through in theater and in combat. Those who have seen friends injured or killed or those who have killed others often experience some degree of residual symptoms of Post Traumatic Stress Disorder, anxiety, and depression. It is already estimated that one in three of the 1.6 million Americans who fought in either the Iraq or Afghanistan conflicts may seek health benefits for PTSD, Traumatic Brain Injury or other neurological problems. And, it is established fact that in addition to suicide, returning veterans are victims are alarmingly high rates of substance abuse, relationship strife and divorce, homelessness, unemployment, and job failure. Academic difficulties are often the least of their issues.

In our recently published book *Mental Health Care in the College Community*, we emphasized the need to view college mental health as a community enterprise. There is no group for whom this is more true than our veterans. Given their unique stresses and challenges, it is imperative that we consider their support and care in a strategic, proactive and community-wide manner. College counselors must learn from VA mental health experts about the distinct vulnerabilities of this group and the best practices for management of PTSD and other related problems, while military counselors must learn from the college experts about the special psychological and developmental challenges of college life.

Within the university itself, various offices must be particularly alert and supportive of the needs of veterans. Counseling, disabilities services, chaplaincies, and academic and career advisement must be prepared to work together to identify and make needed referrals for support and therapy. They must take steps to be veteran friendly in as many palpable ways as possible. Schools with significant veteran populations would be well advised to create offices or clubs that deal with support and advocacy for veterans and these programs must interface with the others noted above. A number of colleges and universities have already undertaken such endeavors, including Rutgers, Texas State, and Kent State.

Collaborative efforts with existing VA programs are also vital. Student groups such as Active Minds on Campus, and college mental health advocacy organizations, such as the Jed Foundation, need to promote connections with veterans' groups on campus. And it is essential that the relevant professional organizations, such as the Association of University and College Counseling Centers Directors and NASPA-Student Affairs Administrators in Higher Education communicate with their constituents, as well as find effective programs and become clearinghouses to disseminate the most current information on these programs. Working closely with leaders of grassroots veteran groups, like the Student Veterans of America and the Iraq and Afghanistan Veterans of America, we must work to break down the trepidations and barriers to care and support those who are at-risk.

What is instantly recognizable is that we college mental health professionals, as well as administrators and other campus leaders cannot wait for veteran-students to present themselves for help. With the 2010 Fall semester upon us, we must ready ourselves with our own basic training. We must strategically plan for their needs and educate those who are likely to come into contact with them to provide aid, support and counsel before they begin to falter in their academic careers and perhaps their lives. At the very least, we owe them this much.

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