With the economy expected to get worse before it gets better, many students will struggle more than ever to pay for college. The additional stress of poor job prospects and increased financial strain is likely to place a heavy burden on campus mental-health resources. Add all that to the fact that college students are a vulnerable population, since many mental illnesses manifest during early adulthood. With no end in sight to the recession, we must come up with new, cost-effective ways to meet the growing mental-health needs of our students.

Recent research on the mental health of college students conducted by Daniel Eisenberg, principal investigator in the multiyear Healthy Minds study, indicates that as many as half of all college students may suffer from mental-health problems. Although it's too early to assess the effect of the economic crisis on students, evidence suggests that financial issues are having an impact. The study's preliminary data from 2007, which included more than 5,600 students at 13 colleges and universities, found symptoms of depression among nearly one-third of those who reported financial struggles at the time of the study.

Given the prevalence of the onset of mental illness during the college years, colleges are in an optimal position to intervene and prevent the worsening of feelings of sadness, anxiety, and social isolation that have the potential to deteriorate into full-blown disorders requiring a higher level of care.

Campus counseling services, however, are already unable to meet the needs of all students with mental-health problems. And those services are unlikely to see any increases in their budgets or staff in the next few years. In a recent survey by the Association for University and College Counseling Center Directors, only 20 percent of the centers reported being "about where" they should be in terms of the number of hours of psychiatric services they are able to provide. As many as 42 percent said they could use more hours. Ten percent of the directors said their budgets had been cut during the past academic year, while half said their budgets had stayed the same. Further complicating matters, even when colleges do expand their mental-heath services, many students who need those services are unlikely to use them because of the stigma surrounding mental illness.

Identifying mental illness, reducing the stigma that keeps students from getting help, and increasing the capacity of mental-health services are all essential—and are inextricably linked. Tackling all three issues requires an educational approach.

The first step is to increase college students' understanding of mental illnesses as well as awareness of the available resources. Fortunately, colleges are ideally suited to do that because many students are willing and able to learn and use their knowledge to help others. Harnessing that willingness and ability can take the form of training students, as well as staff and faculty members, to become "gatekeepers" who can recognize the early signs of emotional problems in their classmates, and refer them to appropriate professionals before those problems escalate.

Last year the National Council for Community Behavioral Healthcare began certifying instructors around the country to teach mental-health first aid in their communities. The program, developed in Australia by a professor of mental-health literacy and a nurse specializing in health education, offers a 12-hour course that trains people who do not work in the mental-health professions how to help someone who is developing a mental-health problem or experiencing a crisis.

Participants learn the risk factors and warning signs of specific illnesses, like anxiety, depression, psychosis, and addiction. The first-aid program teaches participants a five-step strategy that includes assessing risk of harm to the self or others, respectfully listening to and supporting the person, and identifying appropriate professional help and other support.

For more-acute situations, the program also trains people to apply the five-step strategy to crisis intervention. As the national council notes, mental-health first aid is analogous to cardiopulmonary resuscitation. Just as CPR training teaches a nonmedical professional how to help someone who's suffered a heart attack, mental-health first aid trains people with no clinical training to assist someone experiencing a mental-health crisis, such as contemplating suicide. In both situations, the goal is to offer support until trained, professional help arrives.

Mental-health first aid has recently gained recognition within underserved communities, state mental-health organizations and higher-education systems, and mental-health advocacy groups in the United States as a means of increasing knowledge and awareness of the most common mental illnesses, and of reducing the associated stigma. Initial evidence from the Australia program suggests that it builds mental-health literacy and helps the public identify, understand, and respond to signs of mental illness. Participants in that program, who were surveyed along with members of a control group that did not receive the training, showed greater confidence and willingness to help a person with a mental-health problem, fewer stigmatizing attitudes toward individuals with mental illnesses—and, in one study, improved mental health themselves.

Logistically speaking, mental-health first aid could be easily taught to students and faculty and staff members. Other obvious candidates for such training are peer advisers, residence-life staff members, and campus-security officers. More-advanced training could be given to faculty members, student-service staff members, and student leaders. Eventually, incorporating the first-aid curriculum into introductory-level psychology courses (often among the most popular courses on campuses) would ensure that a range of people are ready to provide support and referrals to troubled peers, before a problem grows into a crisis ending in violence.

To maximize the positive effects of such an education program, the number of people involved in the campus "mental-health work force" must be increased to include not only counselors but also nonprofessionals in student-support positions on campuses, such as student affairs and residence life. Colleges could also expand that more broadly defined group by adopting a

“grow your own” approach of educating and training members of the campus community to serve as the basis of the work force.

A “grow your own” mental-health work force is also an innovative solution to meeting local needs. Capitalizing on students’ existing interest in majors like psychology could help colleges meet the demand for mental-health service providers and provide psychology and other mental-health majors (social work, for example) with valuable clinical skills that would assist them in pursuing related careers.

Training students to provide basic mental-health services to their peers would be a novel approach for many colleges. The practice of using nonprofessional community members to provide basic mental-health services within underserved communities, however, is already being used with great success in some areas of the country. The Rural Human Services Program in the College of Rural and Community Development at the University of Alaska at Fairbanks, for example, offers a model of how colleges might train their own students to complement the mental-health work force on their campuses. The 32-credit certification program teaches village residents with no prior training in mental health how to provide basic crisis intervention and counseling services in mental health and substance abuse. With additional course work, the certificate leads to a bachelor’s degree, and then into three graduate-level social-service degrees.

Once a standardized mental-health services curriculum has been developed, students with an interest in psychology, social work, or related majors could follow it during their second and third years of college, then provide supervised basic counseling services to their peers during their fourth year (as is common in graduate-level counseling programs). The credits earned could count toward their majors and result in formal certificates.

Such a program would allow students to work toward careers in mental health by gaining hands-on experience, a higher level of education, and basic certification. Colleges would be able to provide better support to students in need of basic services. And once the students graduate and enter the work force, society would benefit as well. A certification program might lead to major improvements in community mental-health services in underserved parts of the country, such as rural areas, where severe shortages of service providers are commonplace. Even if students stopped at the certificate level, they would still have basic knowledge and counseling skills, which they could use with their future employers, families, churches, and community organizations.

Colleges need a new approach to serving students with mental-health problems, whose numbers are likely to rise as a result of the economic crisis. Programs that reduce stigma and increase general awareness and early detection of mental-health problems, paired with a “grow your own” work-force model, could provide a solution.

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