
TREATING COLLEGE STUDENTS: AN OVERVIEW OF THE RISKS

The need for college mental health services has dramatically increased since 1910, when Princeton University created the first campus mental health center. Today's colleges and universities are dealing with more students with more psychiatric illness, many of whom need more services than campus mental health services are able to provide.

There are several factors contributing to college students' increased need for mental health services. The first is that the transition to college life – living away from family and old friends – can be stressful for all students. This stress may be increased with the pressure to achieve academically and develop new social relationships. This is true even for those students without any history of psychiatric symptoms. A second factor is that serious mental health disorders often start to emerge during adolescence and early adulthood. Also, more young people with mental illness are able to attend college than in the past. And finally, recent tragic and high-profile events have increased awareness of mental health issues resulting in more students being referred or self-referred for care.

As the need for mental health services at colleges and universities continues to grow, the demand for psychiatric services is also expected to increase. Those psychiatrists who are considering treating college students, either on a full- or part-time basis at a campus health center or in private practice off campus, should be aware of the unique characteristics of this patient population and the professional liability risks associated with treating college students.

Clinical Issues for College Students

College students may face a wide variety of mental health issues including:

- Anxiety
- Depression
- Eating Disorders
- Addiction
- Suicidality

While a low frequency event, homicidal behavior by college students is worth mentioning. The consequences may be quite devastating and high profile, such as the Virginia Tech massacre. Two court cases involving students with homicidal behavior should be well known to the psychiatric/behavioral health community: *Tarasoff v. University of California* and *Williamson v. Liptzin*. As indicated by the *Tarasoff* decisions, and subsequently by most state legislatures and courts, when treating patients with homicidal behavior, the possible duty to warn or otherwise protect an identifiable victim must be addressed.

In *Williamson v. Liptzin*, a law student went on a shooting rampage in January 1995 on the streets of Chapel Hill, killing two people and injuring others. The student, Williamson, was found not guilty by reason of insanity. He later sued his former Student Health Service psychiatrist, Dr. Liptzin, seeking compensation for being shot by the police, and for the loss of his freedom in incarceration. The jury returned a \$500,000 verdict against the psychiatrist. Dr. Liptzin appealed the verdict and prevailed; the appellate court held that the alleged negligence of the psychiatrist was not the proximate cause of the student's alleged injuries.

Confidentiality.

Once students have reached the age of majority, they are entitled to make their own decisions under the law, including deciding to whom their confidential medical information is to be released. As stated in the APA's *Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry, 2013*: "A psychiatrist may release confidential information only with the authorization of the patient or under proper legal compulsion...[For example,] information gained in confidence about patients seen in [college] student health services should not be released without the students' explicit permission." This can create tension on at least two levels. On the first level, parents of adult students often feel that they should have control over, or at least be involved in, their child's healthcare. And on the second level, school administration officials may also have expectations regarding accessing student health information.

Following the tragedy at Virginia Tech in 2007, where a student killed 32 people and wounded many others before killing himself, a review panel found confusion related to the Family Educational Rights and Privacy Act (FERPA). FERPA is a federal law protecting the confidentiality of educational records. Psychiatrists treating college students can refer to the APA Resource Document – *College Mental Health and Confidentiality, 2009* for further information on this issue.

Special Points for Psychiatrists Treating at College Mental Health Centers

Because the need for services has increased, resources are limited, treatment is usually short term, and the patient may be seen by multiple providers, the tried and true risk management strategies can be utilized to maintain quality care and decrease professional liability.

Communicate with patients. Students and parents should be made aware of the specific types of services offered by the campus mental health center. If the patient's clinical needs cannot be met on campus, the patient may require referral to off-campus resources. In addition, the patient should be familiar with resources available should he or she be in crisis; for example, what the patient should do if he or she is suicidal, whom they should call, etc. Also, if medications are prescribed, patients should know what to watch for in terms of side effects and what to do if the side effects do develop.

Address confidentiality issues. Confidentiality, and exceptions to confidentiality, should be discussed at the outset of treatment and as necessary during treatment. One such exception to confidentiality is when the patient is in imminent danger of harming himself/herself or others.

Document appropriately. Appropriate documentation is crucial for continuity of care; another provider should be able to determine from the record what happened and why. This of course also includes documenting what options were considered but rejected and why.

Coordinate care. Because it is not uncommon for several providers to be involved in a college student's care, both within the college mental health centers well as in the outside community, clinical care needs to be coordinated.

Follow up with patients. While this may be difficult in campus clinics with limited resources and care provided by many providers, it is an important part of treating patients. One important aspect is monitoring patients on medication. If any testing is required, all tests ordered should be tracked and the results reviewed.

Supervise appropriately. Psychiatrists responsible for supervising other providers should ensure proper supervision, including open lines of communication with the supervisee.

Terminate appropriately. Once care has ended, regardless of the reason, the psychiatrist-patient relationship should be properly terminated. For example, in the *Williamson* case, one aspect of the trial involved the psychiatrist's termination with the patient. This case highlights the importance of discussing with the patient the implications of discontinuing therapy and/or prescribed medications. The termination issue was not addressed by the appellate court.

Special Points for Psychiatrists Treating Patients Away at College

Distance issues. If a psychiatrist decides to continue to treat a patient who leaves the area to attend college, there are at least two issues to consider. First, is the psychiatrist is licensed where the patient will be attending school? If the patient has not left the state, this is not an issue; however, if the patient attends college out-of-state, this becomes an important consideration. If the patient will be attending school in a state in which the psychiatrist is not licensed, the psychiatrist should contact both his or her own licensing board and that of the other state to determine if treating the patient remotely would be considered practicing without a license, if a limited license is available, etc.

Regardless of whether the patient leaves the state, the psychiatrist must also consider whether he or she can meet the standard of care remotely. For example, will the psychiatrist be able to examine the patient before prescribing or refilling a prescription? What would he or she do in an emergency? Remember, the standard of care remains the same regardless of whether a patient is in your office or at a remote location and thus you are expected to meet the patient's needs EXACTLY as you would were he or she across town as opposed to across the state or across the country.

If patient is in treatment with a local psychiatrist. Patients are often reluctant to end their treatment relationship with their current psychiatrists when they leave for college. Often a good way to ensure that they connect with a psychiatrist while they are at school is to agree to be in contact with the remote psychiatrist and to meet with the patient when he or she is back in the area on breaks. Communication between each psychiatrist is necessary for effective treatment and continuity of care, thus the patient should authorize the two psychiatrists to exchange information. Communication will enable patient care to be coordinated. The transfer of care to the other psychiatrist, for instance, during the summer, needs to be made clear to all parties, so all involved know which psychiatrist is responsible for patient care. Medication prescriptions should also be coordinated so the patient is not receiving excess medication.



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