

Current Trends in College Health Medicine*

PHILIP B. CHASE

*Tufts University Health Service,
Tufts University,
Medford, Massachusetts 02155*

Introduction and Background

One might well ask the question, "What is a talk on College Health doing in a conference on Adolescence?" This is not so strange when one realizes that some of the most enthusiastic college health professionals are leaders in the specialty of pediatrics: I mention a few of them, Henry Bruyn of Stanford University, Ross Johnson of Brown and Sprague Hazard of Brandeis. These and others have found their greatest challenge in caring for those older teen-agers who, though they may have attained the stature and physique of adults, still retain the thinking and behavior of juveniles. Each physician has his reason for entering this relatively new specialty of College Health. For some it is the fascination with the problems of the late adolescent; for others it is the opportunity to work in the college community; and some may have a penchant for teaching, or administration. Some may desire emancipation from the mother figure that dominates so much of pediatrics so that they may at last enjoy the man-to-man, one-to-one relationship between college student and his physician. But when all is said and done, the student when he enters college is very much an adolescent, and remains so throughout most of his college career; hence he and his problems and the organization which takes care of his health are of concern to us here today.

All of us have our own preconceived ideas of college medicine, some not very flattering. My own thoughts go back to my college days. I recall the aging, balding Doc, whose office was in the Phys Ed building, running heavily from the bench onto the football field between plays to administer to one of the players stretched out on the field. Or I think back about the small Infirmary, with few beds, supervised by a nurse of the old school who ran the show while the doctor took care of what was to him his much more important general practice. Most of us as students rarely visited the Health Service, even

though we knew we should; we thought that there was some sort of a nefarious collusion between the Health Service and the Dean's office and, well, we could buy aspirin and take it on our own. The truth was that most of the health services of 25 years ago deserved the suspicion and the lack of respect shown them by the students.

But there has been a vast change in the past two decades as the College Health field has grown in prestige and influence, under such outstanding leaders as Dana Farnsworth of Harvard University who, incidentally, is to retire next June after 16 years of meritorious service as director of the Health Service. At present the College Health Service has attained a salient place in the life of most college campuses. From a facility for purely episodic medical treatment, it has become the important center for education in health matters for all members of the college community, and a work-shop where group medicine in its broadest sense receives as much emphasis as individual medical care. Of course, there are those college health services which have not yet attained this ideal of comprehensive service, and the need for new leaders with vision and fresh ideas is very great. However, as the vital importance of a good college health service is recognized as of first priority by the students, administration and trustees, changes will be inexorably made no matter what the monetary cost.

Student Participation in College Health Services

What are some of the trends in College Health Medicine in the current scene, in the 70's? First, we must be reminded of the phenomenal growth in the number of colleges and college students in the 60's; according to the present rate of expansion, by the year 1975 in America there will be 10 million young adults, adolescents if you will, in higher education. This will mean a rapid increase in the overall number of colleges, especially in the state-controlled colleges and universities as the trend seems to be, and the smaller private 2 year colleges. This growth is occurring synonymously with an unprecedented wave of

* Presented at the 24th Annual Stoneburner Lecture Series, February 25, 1971, at the Medical College of Virginia, Richmond.

COLLEGE HEALTH MEDICINE

campus unrest, where the very foundations of the American College System are under severe student criticism and sometimes open attack. No longer are students passive receivers of educational processes promulgated by their elders. They are, more and more, demanding to be heard and made partners in the serious business of getting an education. As their numbers increase and their voices become louder, college administrations are beginning to listen and to find in student ideas and opinions much forward thinking, common sense, ideas and opinions not as far-out or revolutionary as was first thought. What would most of us have thought 10 years ago, even 5 years ago, of co-educational dormitories, abolishment of parietal rules in girls' dorms, or birth control counseling centers on campus? We could go on to list many other innovations and changes brought about in college life by student pressure and intervention. But getting back now to my original question, "What are the trends in College Health Medicine at the present time?" I would say, and you have probably anticipated my next remark, that student intervention and participation in the College Health Service is the number one trend in this area today, both officially and unofficially. I quote from a paper drawn up by students who were for the first time last April officially represented as a group at the Fifth National Conference on Health in College Communities in Boston: "We believe that students should be involved in policy making for college health services because (1) students represent student interest best, (2) students, as people, have good ideas which would be valuable to college health services, and (3) it would be educational for students to be involved in policy-making for the college health services. Furthermore, students should be *fairly* represented with full speaking and voting rights for the committees on which they serve. ANY OTHER STATUS IS SECOND CLASS, AND SECOND CLASS STATUS INSURES SECOND CLASS PARTICIPATION!"

This is a far cry from the old doctrine of *in loco parentis* in which the college assumed the role of parent; this doctrine has been virtually abandoned. No longer does the college, or the Health Service, seek to control students' lives—but gives them a new freedom of action that they did not know 10 years ago. As consumers in the Health Program they have at last begun to question policies and are demanding a voice in them. In a set of interviews at a large western university, students said that they desired the following: a board of students making recommendations and voting on policies of the health service; a combination of mental and physical health services in the same building; specialists in the health service and provisions for seeing specialists in the community; a doctor on duty 24 hours a day; reduced rates and care for husbands, wives and children of students;

birth control clinics; supplemental insurance programs; health care for university employees at reduced rates; group therapy programs on smoking, drugs, and weight reduction; dental clinics; and better orientation programs for the health services. Quite an order. If only we all had unlimited budgets! For all their good intent sometimes student demands are made with more enthusiasm than wisdom. I recall one morning last fall I was faced first by a petition signed by 300 members of the Women's Liberation Movement demanding services of a gynecologist at the College Infirmary, then a little later by five representatives of this group who were not to be talked out of their demand. The fact that the Health Service general physicians were handling four out of five gynecological problems of the female students successfully, and that a gynecologist at the Health Service would be restricted by Massachusetts laws from giving out birth control devices, did not deter them from their fixation on the need for a "specialist." I quote what one student representative at last year's conference said about college health services in general: "The college health service as it exists on many campuses is an anachronism. Not only is it inefficient and ineffective from both a clinical and an economic perspective, but its inherent ambiguity about its own goals and philosophy coupled with its ignorance and lack of responsiveness to student health concerns have all been reflected in student ambivalence, distrust, and animosity toward the health center." Quite a criticism. Okay—let's get students in and listen to them air their gripes; let's see if they are as willing to work as well as to criticize, to listen as well as to expostulate, to learn as well as to dictate. On the whole, student participation in the workings of the Health Service has been a salutary experience, though not without its rough moments—young people want quick results and are not ready to sacrifice present gratification for delayed rewards in the future. The majority of students, however, are eminently reasonable people. I have had a Health Liaison Committee made up of students working for me on a regular basis for 2 years, and their enthusiasm and ideas have been invaluable in pointing out weaknesses in the Infirmary routine and suggesting new thrusts and new emphases in the College Health Program. This group, working with me, organized a program for sex education, securing resource people on their own and running the program of sessions themselves. This same group at present is setting up a course in sex education which will be given in the Experimental College at our school next fall. At the University of Nebraska selected undergraduates living in residency halls act as "student health aids." These students, trained by the Health Service, are in ready contact with it, thus serving as go-betweens or advocates for the Health Service and the student body. Students have

played a major role in drug education on campuses as well as in the treatment of drug abuse cases; on our campus, whenever we have a student on a "bad trip," a victim of drug abuse, we call on several student volunteers who have indicated their willingness to sit with the patient and administer psychological support to him during his bad hours. These students have been through a course on drugs and drug management; many of them have been through the drug mill themselves and are willing to help out their peers. They man a 24 hour drug crisis hot-line to help out their fellow students who go overboard with drugs and need immediate help. Though this organization is generally not formally allied with the Health Service, for several reasons, it does work closely with the physicians. Even in the delivery of actual medical care in the Clinic, medical students in training and residents in various specialties are being employed under supervision. In all this student participation in the work of the Student Health Center, the Center is assuming its rightful role in the educational process.

In summary, we could say that the creation and modification of health programs are most successful when there is increased responsible student participation, when those who are receiving the services are involved continually in clarifying their needs and in creating and supporting their services. Consumers need not have the commanding voice in professional decisions, but they can make valuable contributions in planning a program and in encouraging both understanding and support for the program.

From College Health Service to Community Health Center

The trend which we will all see expanding in the next 10 years is the development of the College Health Service into a Community Health Center. Thus we will see a blending of a wide variety of health resources for the entire University, not just for the student body. And the coverage may not stop here but in some cases may spread to include the surrounding community. Such is the case at the present time of Berea College in the community of Berea, Kentucky; a health facility was created to administer not only to the college population but also to the citizens of the town, each group sharing equally in the expense of the medical care. The rising costs of medical care plus the lack of satisfactory medical resources on the outside have made it seem more practical and less expensive to have a prepaid plan for the entire college community, with the college infirmary and staff performing the services. In the 70's it is highly likely that a program of comprehensive national health insurance will be inaugurated in the United States. Such a program will make the financing of the college health services around the country more uniform. And whether or not you approve of the trend,

some form of pre-paid national insurance is in the offing, and college health services will have to adapt to the new system. This will mean radical changes in the structure of the health services, probably to the benefit of most of them that have been struggling along on poor equipment and insufficient funds. We do not know yet how this will all work out. But we can project a bit and envision the individual Health Service more active in the field of preventive medicine—accident prevention, environmental safety, pollution control, sanitation, disaster planning. There will be a steady increase in the use of computers in health services. The college community is a unique dynamic ecological system with specific health needs and goals, and what we will be creating in each college community is a microcosm of community health. As one student has put it, "Health Services have a moral and professional obligation to be as responsive as their competency allows to the needs and demands of the community." And, in this community of medical services, what a marvelous opportunity to train future doctors, health educators, public health professionals, nurses, to say nothing of the ordinary 4 year college students who will work in many of these projects as part of their courses. The activities will be heavily oriented toward health education and preventive care. Far from concerning itself solely with episodic medical treatment as in the past, the Health Service will promote, among other things, health work-shops. Here health hazards can be appraised by students and faculty, information on specific university health problems can be accumulated, college administrators can get advice on health related problems, environmental hazards and problems can be evaluated, pilot programs demonstrating how behavior and attitudes can be changed can be set up. These are but a few of the specific activities with which the health services of the 70's will concern themselves as they move outwards to encompass the college community.

Coming of Age of the Mental Health Division

The third trend that one sees in the current college health scene is the marked increase in and demand for psychiatric services, for the creation of a Mental Health Division. This trend has closely paralleled the current unrest among college students: their questioning of the value and relevance of a college education; their disenchantment with the world of poverty in the midst of plenty; their hatred of the expanding Vietnam War, riots versus civil rights legislation, urban blight versus space travel. All these concerns—plus the knowledge boom, the paradox of creativity, the impersonality of the University, frequently faulty teaching, and a myriad of personal problems—form a shaky ground upon which to expect late adolescents to build their lives. Let's face it: this is a rough time in which to grow up. And as has been said so cor-

rectly, youth often faces these problems with more feelings and emotions than with facts or reason. And to whom does the perplexed student turn for help? Where formerly students sought out their clergymen, parents or peer leaders, they are now seeking out psychiatric help—psychiatrists, psychologists, counselors. No longer does a visit to the psychiatrist carry the stigma of weakness or shame. On the contrary, the demand for psychiatric help usually far exceeds the supply on most campuses; the creation of departments of mental health under the college health umbrella is almost a necessity today, with counselors trained in psychotherapy and case workers working along with the psychiatrists. At Tufts we are currently experimenting with a unique counseling service run by third year medical students, under supervision, who may choose this project as an elective in their junior year. Undergraduate students may consult them anonymously if they do not wish to reveal their names, and no formal records are kept. Medical students are learning to be psychotherapists by treating. The modern college student is certainly more sophisticated than the student of former years in his awareness of the value of psychiatry; the popularity of courses in psychology and sociology as well as interest in group dynamics and such activities as sensitivity sessions is evidence of a growing fascination for the general field of psychiatry and psychodynamics. This does not imply that we are having an upsurge of mental illness. It means, rather, that students are seeing the value of psychiatry, and that psychiatric services, where confidentiality is scrupulously observed, are becoming more available with personnel that is far better trained. Not just the students seek these services—members of the college administration and faculty often meet with the mental health professionals to get help with college policies, practices, and at times college crises. Could not we call this “community psychiatry” one of the trends of the future?

Summary

All the complex factors which are bringing about changes in college education—economic, social, political and cultural—are profoundly affecting college health medicine. These changes are occurring with unusual rapidity, and are certainly causing strains to the old establishment thought to be so secure and unassailable a few years ago. However, in the new trends—student participation in the work of the Health Service, expansion of the work of the Health Service to include the entire college community, and the coming age of the Mental Health Program—we recognize new and more effective ways to deliver health care to our college youth and their community, and to make the health service an integral part of the educational process.