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COLLEGE STUDENTS AND MENTAL HEALTH PROGRAMS FOR CHILDREN

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THE manpower shortage in the helping professions is an old story by now, but people in high places keep reminding us of the problem. Earlier this year the Surgeon General, Dr. William Stewart, announced that 500,000 additional persons were required today in the health professions. Stewart suggested, as have others in the past several years, that the need far exceeds the national training capacity, and therefore "we must give greatly increased effort . . . to the development of meaningful technician and assistant groups. . . ."[1]

While our concern here will be with *assistant* groups, the emergence of new *technician* groups invites brief attention. The Department of the Army presently has twice as many social work specialists as it has professionally trained social workers, and the Veterans Administration plans to use one social work technician for every four social workers in its hospitals and clinics.[2] In 1954, the state of Florida introduced a new position—the Mental Health Worker. Selected college graduates give services ranging from community consultation to individual counseling. One reported value is that the mental health worker is less likely to see certain needed services as beneath his dignity. He is ready to take on unglamorous tasks such as arranging for transportation or making sympathetic visits; thus he has been able to supplement the work of others without encroaching.[3]

In contrast to the slowly developing technician categories, programs using nonprofessional assistants are rapidly proliferating. The antipoverty programs in particular have demonstrated how imaginative use can be made of persons, often regarded as "unequipped," in performing tasks previously assumed by professionals alone.[4] In the mental health field, a sizable number of college students have been working with hospitalized mental patients,[5] and even mental patients themselves have been systematically used in one state hospital as therapists for fellow inmates.[6] Mention should also be made of the colorful self-help groups which have cropped up throughout the country. These have ranged from leaderless self-exploration groups to "need" groups such as Synanon for drug addicts.[7] Nonprofessionals have also

been employed experimentally as public health aides, and recent reports are favorable. In following up x-ray call-ins for tuberculosis, these aides made odd-hour visits to bars, flophouses, and other places deemed inappropriate for public health nurses to visit.[8]

Use of the Nonprofessional Worker

Some program directors have found it easy to become enchanted with the real or imagined ability and potential of the nonprofessional helper. Frequently, indigenous aides have been able to reach out to their impoverished neighbors more effectively than have their professionally trained social work colleagues. Among the poor, nonprofessionals are often used not as aides but as direct service workers, in preference to agency personnel with full credentials. Within the public health field a report of one extreme situation, where professionals are not available, reveals that nonprofessionals can perform some rather sophisticated tasks. Minimally trained village health aides in the Kotzebue area of Alaska listen to complaints and offer medical advice, give injections, report symptoms to a physician via short wave radio and carry out the treatment plan, provide nursing care, order drugs, and otherwise serve as "medical centers." They have treated a variety of conditions including trauma and pneumonia, and when radio reception is poor, which is often, they use their own judgment. Most of these aides have not progressed beyond elementary school.[9]

I do not wish to argue that given the opportunity, nonprofessionals can do almost anything; some activities require knowledge which is not easily obtained or shared with others. My point is that nonpros can make a sizable dent in the manpower problem because they are clearly able to perform some significant tasks now handled by professionals. When assigning responsibilities to nonprofessionals, we should take care not to close too many doors too soon. Fifty years ago some nursing spokesmen argued against the training of attendants to carry out limited tasks in order to ease the nursing shortage in hospitals. Their *stated* fear was that women from an inferior class would subject patients to second-rate care.[10] Now the job hierarchy in nursing is accepted and seen as necessary if the registered nurse is to deploy her skills where they are most needed. Today in social work, the "elite" voluntary family agencies are against using nonprofessionals for fear of "watering down good professional standards."[11] Yet a recent study of several foster family agencies in New York City divulges that of the 53 nonprofessionals employed, 86 per cent were assigned the same kinds of jobs as the professional caseworkers.[12]

Thus far I have touched on the manpower problem in the health and welfare fields, and have indicated how varied types of nonprofessionals have been used with some effectiveness in alleviating the shortages. While continued attention will no doubt be given to tapping additional sources of manpower, some thought might also be given to how various "groups" of nonprofessionals can best be assigned. On a *global* level, for example, it would appear that low-income persons —keeping their heterogeneity in mind— are better suited for some programs or services than are, say, educated mature housewives with grown children. (The latter, in turn, may invite the kind of therapist training offered by Margaret Rioch, which requires verbal facility and manipulation of ideas.)[13] And, on a more *refined* level, it may be that talent and task can be matched with some specificity. I have heard that 12-year-old girls perform splendidly when given charge of nursery school children. While old enough to assume some responsibil-

ity, they still find it easy to enter into the fantasy life of toddlers, to the delight of the children.

Manpower on the College Campus

One source of manpower which deserves increased attention can be found on the ubiquitous college campus. An incomplete survey conducted about five years ago showed that 87 colleges in this country had programs involving students in mental hospitals[14]; the number may well have increased since then. College students have also been used in a few extramural mental health programs, such as working with emotionally troubled children.[15] Our own experience at the Interpersonal Relations Project[16] in pairing students with troubled boys has shown that this type of program is feasible and gives promise of becoming part of a longer-term community mental health effort.

What has been the experience of those who have used college students in mental health programs? Some advantages can be claimed.

The first advantage relates to administrative matters. Recruitment is fairly simple, for the campus offers a large pool of recruits within a small, contained geographical area. And if a student likes the program, he tells others—word spreads fast on campus. Another aspect of recruitment hinges on the general availability of college students; since most do not have family responsibilities, they can usually spare the time. Furthermore, once a student is in the program he is likely to stay with it. He will probably not leave town for "greener pastures" during enrollment, and experience has shown that he honors his commitment. The Harvard-Radcliffe program has had a drop-out rate of less than 3 per cent over a period of several years.[17] As a final administrative concern, students tend to regard the work as a learning experience and therefore welcome training sessions and supervision. They are highly motivated for such work, and frequently the program affords an opportunity for them to supplement relevant courses.

The second advantage concerns college students as therapeutic agents. Their youth, with its accompanying energy and optimism, can be therapeutic in itself; and with children, students may serve as suitable models for socialization and identification. While this last point may introduce a class bias where low-income children are involved, it should be remembered that a sizable number of college students today—particularly in the community or junior colleges—are from low-income backgrounds. And as one reviewer of a recent work on the poor in human services has astutely observed, indigenous helpers are frequently not indigent.[18] That is, one can be *of* the poor without being poor at the moment or aspiring to maintain such status.

There is some beginning evidence that college students are effective therapeutic agents with hospitalized mental patients, though it can hardly be claimed that nonstudents would have done less well. In the Harvard-Radcliffe program (which was originated by an undergraduate student), a controlled study of two comparable wards showed that in the ward with the volunteers, patients showed advances on several criteria of improvement (e.g., less conceptual disorganization).[19] A follow-up study of 120 chronic patients seen by these students revealed that 31 per cent left the hospital while working with the students. This was ten times the expected discharge rate for chronic patients. Over half of these discharged patients were considered greatly improved.[20]

Finally, since some students actually decide upon a mental health career through participation in such programs, what better group to use in helping to ease the professional manpower shortage? One study indicates that such ca-

reer choices have occurred,[21] and our own experience bears this out.

These inducements suggest our courting the wider use of college students. In particular it may be that students, with their youth and inclination toward activity, are especially suited for programs addressed to children. And it is precisely here where services are needed. In their position paper (psychology) Smith and Hobbs hold that the major emphasis in the new community health centers should go to services for children.[22] They point out that current mental health programs tend to neglect children, largely because the favored method in such programs, individual psychotherapy, is best suited to adults. Further, these spokesmen note that new patterns for the development of manpower will be required.

Some of the traditional services for children might also benefit from supplemental programs involving nonprofessional helpers. Child guidance clinics, for example, draw heavily upon professional personnel and apparently the effort often comes to naught. In the largest study of its kind to date (N=1,548 children), the over-all attrition rate in the sample clinics was found to be 59 per cent![23] Many parents and children, it seems, do not regard such conventional services as an appropriate resource. Further evidence that the conventional service model for children and youth needs to be supplemented can be inferred from a study of preventive services experimentally offered potential problem girls at "Vocational High."[24] Not only did the individual therapy (casework) program fail to have a positive effect, but until the service was modified along group work-recreation lines about half of the girls dropped out. The "individual therapy" approach also did nothing to allay the girls' fears that they were singled out for being "bad, crazy, or not studying enough."

In contrast, the attrition rate for troubled preadolescent boys in our project is about 12 per cent for a continuous school year. While a helping companionship may not replace certain diagnostic and treatment services for many children, it can represent a service they will *use*. Children seem to enjoy the company of an interested nondemanding adult who will *do* things with them and provide an atmosphere wherein feelings can be shared and new responses can be risked without penalty.

While children and their college student companions may relate to each other, the question remains, of course, as to whether these children actually experience therapeutic gains. No claim can yet be made. The problem of evaluating the effectiveness of students is fraught with the same methodological difficulties inherent in all evaluation studies. Our own study (using a relatively large sample with matched-pair controls and multiple instruments and observers) will be analyzed shortly, and we hope to produce findings which others will find useful for similar programs. Reinherz[25] has reported improvement in a small sample of disturbed children assigned to college student volunteers; the results from other studies known to us are not clear-cut.

Summary

The shortage of professional personnel has led to novel and effective uses of nonprofessional helpers, and college students have shown themselves to be an attractive source of such manpower, particularly for children. On the program side, some observers have urged that the major emphasis of community mental health programs should be on services to children. Thus it appears that the desirability of using college students as helpers and the requisites of expanded services for children can be joined in a felicitous union.

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