

BACK TO SCHOOL: HOW ACADEMIC DEPARTMENTS AT UNIVERSITIES CAN BEST ASSIST STUDENT VETERANS' TRANSITIONS INTO DEGREE PROGRAMS POST-SERVICE

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ABSTRACT

Veterans comprise an increasing percentage of the student body at four-year colleges and universities, owing to advancements made in access to funding, comprehensive financial aid packages, and robust outreach programs seeking to diversify college campuses. Unfortunately, veterans face unique challenges transitioning to four-year colleges and universities in terms of retention and degree completion, financial insecurity, and mental health needs. A usual source of relief is the Post 9/11 GI Bill, which provides government funding to veterans returning to school, but which also imposes restrictions on when and how such funds may be used. Consequently, a student veteran who has been away from the schooling environment for an extended period may feel pressured to finish a degree program at an accelerated pace for financial reasons. Next, research has shown that student veterans experience a high prevalence of symptoms of mental health problems, which, without adequate resources and support, can detract from academic performance. This Article explores the barriers

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that existing campus programs face in terms of serving a student veteran's best interests. This Article argues that academic departments must be acutely aware of the financial and social circumstances of student veterans, and proposes that colleges and universities offer transition courses, tailored academic plans, and flexible re-enrollment policies. By acknowledging the unique challenges faced by student veterans and facilitating their pursuit of post-secondary education, academic departments can boost retention and degree completion rates among a talented and qualified segment of the student population.

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“Most college kids are thinking about the fraternity party they didn’t get into last weekend. I’m down to my last \$19 for the month, could possibly get evicted, struggling with anxiety and depression, and have four midterms coming up. I’m in over my head.”

I. INTRODUCTION

Like many of his undergraduate peers, Michael,¹ a senior at the University of Southern California, enjoys spending weekends with friends, catching up with his siblings, watching football, staying active, and, on occasion, revisiting his favorite television shows. Michael’s college experience, however, is largely colored by four years of service in the

¹ Name changed to protect student’s identity. Interview conducted November 25, 2014 in Los Angeles, CA.

United States Marine Corps, providing him with a different perspective than his peers. Michael chose to enlist in the Marines, being without the financial resources to pursue college at eighteen. Today, the successful completion of his service allows him to activate his Post 9/11 GI Bill benefits, which pay for a large part of his tuition and living expenses. However, having no other source of funds, Michael finds himself constantly strapped for cash at the end of each month, having to choose between paying for extra groceries or setting aside funds for the next month's rent.

These are not the only choices Michael has to make. Every week, he considers attending extra office hours for classes he struggles with instead of seeing the campus counselor for the feelings of depression that emerged following his discharge from service. He has contemplated talking to his professors about some of his roadblocks, but simultaneously believes that, as a Marine, he ought to handle personal issues with grit. He has thought about requesting an alternate midterm date so he can attend his brother's funeral, but he reels at the thought of making that request.

Michael's challenges are not wholly unique. Hundreds of thousands of combat veterans have transitioned from military service to institutions of higher education since the GI Bill was introduced in 1944, followed by the Post 9/11 GI Bill in 2008.² The GI Bill initially enabled veterans to pursue higher education at institutions of their choice—a notion that would have been unthinkable to many who would not have been able to attend otherwise.³ Nevertheless, access to financial resources is one of many stresses veterans encounter when returning to school. The transition is difficult from multiple perspectives, including, but not limited to: academic preparedness, mental health issues, confidence gaps, the inability to relate to students and professors, and the attitude adjustment required from combat to classroom.⁴ These stressors can inhibit veterans from performing their best academically and, ultimately, interfere with retention or degree completion.⁵

² Sharon L. Young, *Transitioning from Combat to College: The Impact of Risk and Resilience Factors on Student Veterans*, DIGITALCOMMONSFORDHAM 1, ii (2012), <http://fordham.bepress.com/dissertations/AA13544993>.

³ See *id.*

⁴ Lesley McBain et al., *From Soldier to Student II: Assessing Campus Programs for Veterans and Service Members*, AMERICAN COUNCIL ON EDUCATION 1, 11 (2012), <http://www.acenet.edu/news-room/Documents/From-Soldier-to-Student-II-Assessing-Campus-Programs.pdf>.

⁵ See *id.*

Easing a veteran's transition from service to school requires the cooperation of multiple parties. Inarguably, a student is responsible for understanding academic program requirements and using available resources to complete the degree in a timely manner. The academic department, however, is responsible for facilitating and evaluating the student's progress toward degree completion. Even the U.S. Department of Veterans Affairs (the "VA") is implicated in its role of overseeing and evaluating student veterans' needs on a case-by-case basis regarding the disbursement of educational benefits toward degree programs. A collaborative effort by all three parties is paramount in promoting the student veteran's ability to succeed academically.

In this Note, I discuss three challenges faced by veterans transitioning to four-year colleges and universities: (1) retention and degree completion considerations; (2) financial insecurity; and (3) mental health needs. Both the second and third challenges are inextricably tied to whether the student veteran will complete his or her program. Therefore, the discussion emphasizes solutions that are likely to improve student veterans' retention and degree completion rates. Further, because the Post 9/11 GI Bill now makes it possible for more veterans to go directly to four-year colleges and universities without attending community college first, this paper focuses on veterans' experiences at these institutions.⁶ Part II discusses student veterans' transition experiences in the context of the Post 9/11 GI Bill and the education benefits the Bill offers college-bound veterans. Part III describes mental health needs as an important concern to student veterans and the institutions that serve them. Part IV then considers how academic departments of universities can better assist student veterans in three separate cases. It additionally explores how the institution can collaborate with the VA to ease retention and degree completion concerns. Part V addresses the merits and challenges of implementing these solutions. Part VI concludes.

II. THE STUDENT VETERAN EXPERIENCE

In 1944, President Franklin D. Roosevelt introduced the Servicemen's Readjustment Act, commonly known as the GI Bill of Rights (the "GI Bill").⁷ Acknowledging that newly discharged veterans

⁶ Alexa Smith-Osborne, *Supported Education for Veterans with PTSD*, 78 J. REHAB. 4, 7 (2012) [hereinafter *Supported Education*].

⁷ Murray Levine & Adeline Gordon Levine, *Who Said the Government Can't Do Anything Right? The World War II GI Bill, the Growth of Science, and American Prosperity*, 81 AM. J.

would need to transition to the workforce, the GI Bill provided the twelve million men and women in active service with access to broad, nondiscriminatory provisions.⁸ These provisions included full tuition toward an educational program, an additional stipend for veterans while in school, and a dependency allowance for those who were married and/or had children.⁹ Veterans were also eligible for VA benefits for the first year after being discharged.¹⁰ Legislators were pleasantly surprised to find that many veterans took advantage of the educational opportunities.¹¹ In fact, the GI Bill had substantial positive impacts on veteran education and for society at large. After World War II, 50 percent of college students were veterans.¹² These veterans proved to be students who were older, more mature, and eager to learn.¹³ Moreover, the education benefits were not oppressively bureaucratic.¹⁴ Once a veteran was accepted into an institution, administrative officials would apply for tuition payments for the enrolled veteran, which were timely disbursed by the VA.¹⁵ Stipends would arrive directly to the veterans themselves.¹⁶ Veterans overall reported that, other than cash benefits, their education led to upward social mobility, greater social engagement, and better lives for their children.¹⁷

Today, veterans continue to utilize the GI Bill's education benefits on degree programs or vocational training programs. In 2008, Congress enacted the Post-9/11 Veterans Educational Assistance Act ("Post 9/11 GI Bill") to assist nearly two million active duty personnel and veterans from the Iraq and Afghanistan conflicts to pursue higher education.¹⁸ The Post 9/11 GI Bill disburses educational benefits commensurate to the number of months an individual was deployed in a post 9/11 warzone, provided he or she served at least ninety aggregate days on active duty.¹⁹ Those with

ORTHOPSYCHIATRY 149, 150 (2011).

⁸ *Id.*

⁹ *Id.*

¹⁰ *Id.*

¹¹ *Id.*

¹² *Id.* at 151.

¹³ *Id.*

¹⁴ *See id.*

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ *Id.* at 152.

¹⁸ Lesley McBain et al., *supra* note 4, at 5.

¹⁹ *Post 9/11 GI Bill VA Pamphlet 22-09-11*, DEP'T OF VETERANS AFFAIRS, (2012), http://www.benefits.va.gov/gibill/docs/pamphlets/ch33_pamphlet.pdf [hereinafter *VA Pamphlet*].

at least thirty-six months of active duty service or those who have been honorably discharged from active duty for a service-connected disability with at least thirty continuous days of service are eligible to receive 100 percent of the maximum benefit payable of the tuition and fee payment, a monthly housing allowance, and a books and supplies stipend.²⁰ Others are eligible to receive a percentage of the maximum benefit payable proportional to their time in service.²¹ However, the monthly housing allowance is not payable to individuals enrolled at half time or less.²² The VA determines eligibility for the housing allowance by calculating the rate of pursuit, which is expressed as a percentage calculated by dividing the number of credits in which the student is enrolled by the number of credits considered by the school to be full time.²³ A student with a rate of pursuit greater than 50 percent can qualify for the housing allowance.²⁴ Once the rate of pursuit is determined, the monthly housing allowance is paid at the nearest 10 percent level.²⁵ Once benefits are appropriately disbursed, veterans are free to pursue an academic program and have the same degree requirements as non-veteran students.

The picture painted above is often far from the reality of what veteran students experience. The veterans consider financial insecurity to be one of the biggest roadblocks to successful performance in school. By recent measures, 43 percent of veterans attend two-year community colleges as opposed to 32 percent of non-veteran undergraduates, and nearly half are pursuing an associate degree compared to one third of non-veterans.²⁶ Though veterans have several reasons for choosing to attend community college, a major reason is that community colleges still offer ample financial advantages over four-year institutions. The only type of institutions Post 9/11 GI Bill benefits pay for in full is community colleges.²⁷ Accordingly, the average recipient attends college for less than

²⁰ *Id.*

²¹ *Id.*

²² *Id.*

²³ *How is My Housing Allowance Paid if I'm Not a Full-Time Student?*, U.S. DEP'T OF VETERANS AFFAIRS (Nov. 12, 2013), https://gibill.custhelp.com/app/answers/detail/a_id/1480.

²⁴ *Id.*

²⁵ *Id.* For instance, if an individual's training time is 56 percent, he or she will be paid 60 percent of the applicable housing allowance.

²⁶ Kaye Horne Whitley & Paul F. Tschudi, *Life Beyond War: Supporting the Mental Health Needs of Student Veterans*, 30 CAREER PLANNING & ADULT DEV. J. 163 (2014).

²⁷ Kelly Field, *Cost, Convenience Drive Veterans' College Choices*, CHRON. OF HIGHER EDUC. (Jul. 25, 2008), <http://www.csun.edu/pubrels/clips/clips08-09/July08/07-21-08M.pdf>.

half the available time and only 6 percent use the full thirty-six months.²⁸ Thus, although the Post 9/11 GI Bill makes it easier to begin a degree program directly at a four-year institution, the shift from community colleges to four-year institutions is still emerging.

Additionally, tuition payment delays and the pressure to enroll full time pose financial challenges upon student veterans. Tuition payments are often not transferred in time by the VA to the school before the semester or quarter begins.²⁹ Student veterans may also misappropriate funds toward classes that do not count toward their degree if they do not understand academic planning and the structure of their benefits.³⁰ Finally, to receive the full amount of the monthly housing allowance, student veterans need to be enrolled full-time. As such, irrespective of whether the veteran is prepared for a full course load when starting a degree program, there is an incentive to enroll as a full-time student simply to access the stipend or to finish a degree in thirty-six academic months.

Student veterans' needs are also distinct from non-veteran students as regards mental health needs and social acculturation challenges. Researchers have acknowledged that student veterans experience high prevalence of symptoms of mental health problems.³¹ Rudd, Goulding, and Bryan conclude that "the 'average' student veteran participant reported experiencing moderate anxiety, moderately severe depression, significant symptoms of PTSD, and evidencing at least some noticeable suicide risk."³² Student veterans and service members continue to stress the importance of connecting with other students who share similar military experiences.³³ Accordingly, student veterans' social acculturation to civilian campus life is a prominent concern.³⁴ Further, raising faculty and staff sensitivity to military and veteran student issues has been

²⁸ *Id.*

²⁹ David T. Vacchi, *Considering Student Veterans on the Twenty-First-Century College Campus*, 17 ABOUT CAMPUS 15, 20 (2012), <http://onlinelibrary.wiley.com/doi/10.1002/abc.21075/pdf>.

³⁰ Interview with a student veteran conducted in person in Los Angeles, CA (Feb. 9, 2015).

³¹ John R. Blosnich et al., *Mental Health and Self-Directed Violence Among Student Service Members/Veterans in Postsecondary Education*, 63 J. AM. COLL. HEALTH 418 (2015); M. David Rudd et al., *Student Veterans: A National Survey Exploring Psychological Symptoms and Suicide Risk*, 42 PROF. PSYCH.: RES. & PRAC. 354, 354–60 (2011).

³² Rudd et al., *supra* note 31, at 358.

³³ McBain et al., *supra* note 4, at 22.

³⁴ *Id.* at 24.

identified as a priority.³⁵ Finally, ensuring that there is sufficient staff to oversee military services and programs is another challenge for institutions.³⁶

For the past decade, colleges have been trying to provide more and better services for the student veterans to address each of these concerns. In fact, the American Council on Education (“ACE”) contends that educational institutions have an *obligation* to “provide meaningful information to service members, veterans, spouses, and other family members . . . [and] ensure that [they] provide high-quality academic and student support services to active-duty service members, reservists, members of the National Guard, veterans, and military families.”³⁷ ACE conducted a survey in 2012 to examine possible changes in institutional policies “based on both legislative changes to the Post-9/11 Bill in 2010 and increased veteran enrollment in higher education since 2009.”³⁸ It found that 62 percent of responding institutions currently provide programs and services specifically designed for service members and veterans and 71 percent responded that providing programs and services for veterans is a part of their long-term strategic plan.³⁹ Many institutions also provide financial assistance in the form of discounts and scholarships to veterans (33 percent).⁴⁰ Further, almost all campuses that have services for veterans offer some type of academic support or student service designed specifically for veterans.⁴¹

The good news, however, ends there. There is great diversity as to how institutions serve veterans; in fact, many veterans prefer community colleges as they tend to be more convenient and cater to student veteran needs.⁴² In addressing student veterans’ mental health needs, 84 percent of all institutions that offer services for veterans provide counseling to assist students with PTSD, yet only 35 percent have staff trained to assist with brain injuries or other less severe but highly important mental health issues such as anxiety, depression, or substance abuse.⁴³ Respondents from every institutional sector, regardless of the presence or absence of an

³⁵ *Id.*

³⁶ *Id.* at 25.

³⁷ *Id.* at 5.

³⁸ *Id.*

³⁹ *Id.* at 7.

⁴⁰ *Id.* at 8.

⁴¹ *Id.*

⁴² Field, *supra* note 27.

⁴³ McBain et al., *supra* note 4, at 5.

office dedicated to veterans, reported tuition payment delays by the VA.⁴⁴ Additionally, although providing professional development for faculty members on handling student veterans is a top priority for institutions,⁴⁵ they have not particularly focused on other issues equally pertinent for student veterans, such as financial insecurity, retention, and degree completion.⁴⁶

Institutions have programs and policies available to address some of these issues. For instance, they are often cognizant of student veterans' financial challenges and often offer grants, scholarships, and tuition counseling.⁴⁷ Institutions have also started implementing support services for student veterans' integration and transition into universities through arranging orientations and providing access to mentors, veterans' offices, and counseling, among other social acculturation services.⁴⁸ Yet retention and degree completion challenges are often met with reinforced counseling and disability services that do not address the core issue. Student veterans' challenges merit unique solutions that consider financial insecurity and mental health needs and their corresponding impacts on academic performance.

Ultimately, this paper mainly considers challenges to retention and degree completion as experienced by student veterans, noting that veterans' mental health needs and financial insecurity are inextricably involved as part of these challenges.⁴⁹ Further, mental health needs and financial insecurity can be argued as obstacles not only to retention and degree completion, but also as obstacles to student well-being and success beyond academic requirements. Accordingly, this paper suggests means of improving retention and degree completion rates keeping in mind mental health concerns and financial insecurity. This paper also considers the probability that service-connected mental health issues may require a student veteran to take a leave of absence and considers the financial repercussions of doing so. Finally, this paper suggests means of minimizing the negative financial and social repercussions of taking a leave of absence in a collaborative effort between an academic department, the institution at large, and the VA.

⁴⁴ *Id.* at 10.

⁴⁵ *Id.* at 8.

⁴⁶ *Id.*

⁴⁷ *Id.*

⁴⁸ *Id.* at 11.

⁴⁹ *Id.* at 24.

Existing academic and co-curricular services provide valuable support to the student veteran population. ACE notes that military service members' and veterans' access to educational opportunities continue to be positively influenced by institutions' abilities to offer various delivery methods.⁵⁰ In 2012, an overwhelming majority of all responding institutions with services for veterans reported offering some type of alternative curriculum delivery format, such as evening courses and online education.⁵¹ Many colleges also award credit for evaluated military training and occupational experience.⁵² Almost all campuses that have services for veterans and service members offer some type of student service or academic support designed specifically for veterans.⁵³ These services include education benefits counseling, financial aid and tuition assistance counseling, special campus social and/or cultural events, and employment assistance.⁵⁴ Fifty percent of colleges that have services for veterans and service members now also offer academic advising.⁵⁵ More institutions today also offer a veteran-specific orientation, a veteran student lounge, and assistance with the transition to college.⁵⁶ Conspicuously absent, however, are initiatives to help student veterans get up to speed with non-veteran students in the realm of academic preparedness.

Institutions do not, as a rule, offer expedited reenrollment for student veterans who choose to take leave of absences for mental health or stress-related reasons. Expedited reenrollment, which corresponds to actions taken by the school to promptly reinstate the individual after a leave of absence, is crucial to veterans continuing a course of study without burdensome delay. Consider, however, that active-duty service members may be deployed during the academic year, which means their academic progress could be disrupted or temporarily put on hold.⁵⁷ A majority of institutions have developed policies that recognized the potential academic and financial hardships that military service can create for service members.⁵⁸ Further, the reauthorization of the Higher Education Act of

⁵⁰ *Id.* at 19.

⁵¹ *Id.*

⁵² *Id.*

⁵³ *Id.* at 20.

⁵⁴ *Id.*

⁵⁵ *Id.*

⁵⁶ *Id.*

⁵⁷ *Id.* at 19.

⁵⁸ *Id.*

1965 requires institutions of higher education to readmit service members without a change in academic status if the service-related absence does not exceed five years and if the service member notifies the institution of intent to re-enroll within a prescribed time frame.⁵⁹ Even so, it is unclear how the service-related injury provision should be handled for service members whose service-related injuries do not have a clearly defined recovery period, such as is the case with traumatic brain injury.⁶⁰ Additionally, only 28 percent of institutions with programs and services for military personnel have developed an expedited re-enrollment process.⁶¹ How do these institutions handle service-connected mental health illnesses for their student veteran population? Do service-connected mental health illnesses count as a “service-related injury”? If so, given that mental health illnesses often do not have a clearly defined recovery period, how should colleges handle reenrollment? Are student veterans who take health leaves of absence also eligible for expedited re-enrollment? The following section explores why further inquiry is warranted for how institutions should address student veterans’ service-connected mental health issues for the purpose of designing academic policies.

III. MENTAL HEALTH, STUDENT VETERANS, AND ACADEMIC PROGRESS

Research has indicated that mental health concerns play a substantial role in student veterans’ academic performance. It is generally understood that students with untreated or unresolved mental health issues are at risk for poor academic performance as compared to their counterparts.⁶² Though scholars have extensively studied post-traumatic stress disorder (“PTSD”) and traumatic brain injury (“TBI”) in veterans, student veterans

⁵⁹ *Id.* at 20.

⁶⁰ *Id.*

⁶¹ *Id.*

⁶² Shannon E. McCaslin et al., *Overcoming Barriers to Care for Returning Veterans: Expanding Services to College Campuses*, 50 REHABILITATION RES. & DEV. viii (2013) [hereinafter *Overcoming Barriers*] (both PTSD and TBI can impair concentration and memory, placing veterans at higher risk for academic problems. Student veterans have also generally had lower graduation rates than their civilian counterparts); *What Are Common Adjustment Experiences?*, DEP’T OF VETERANS AFFAIRS, <http://www.mentalhealth.va.gov/studentveteran/adjustment.asp#sthash.z1xMYGI5.dpbs> (last accessed Feb. 5, 2015) (noting “Up to one-third of student ‘[v]eterans’ may be struggling with ‘invisible wounds’ of war: traumatic brain injury, posttraumatic stress disorder, or major depression. These conditions can also impact school performance.”).

are also at risk for anxiety, depression, and substance abuse.⁶³ These issues can compound and reveal other mental health concerns beyond those immediately apparent.⁶⁴ This section will explore student veterans' mental health issues, their impact on academic performance, and how institutions have addressed these mental health needs.

In recent years, institutions have focused on psychological and emotional issues faced by student veterans because estimates of those affected by these issues are staggering and require special attention. It is estimated that over 900,000 Afghanistan and Iraq War veterans have been discharged or released from active duty, with approximately 42 percent seeking care from the VA.⁶⁵ Of those seeking care, an estimated 45 percent have received an initial diagnosis of PTSD.⁶⁶ Additionally, it is estimated that over 20 percent of recent veterans have struggled with PTSD or depression and 19 percent have experienced some form of traumatic brain injury.⁶⁷ Though the true number of veterans suffering from mental illness, and of those the number that will eventually pursue post-secondary education, are unknown, scholars expect an escalating number to transition to college given the availability and attractiveness of the Post 9/11 GI Bill benefits.⁶⁸ The prevalence of anxiety, depression, and substance abuse is of special concern among this population.⁶⁹

As veterans increasingly transition to colleges and universities, one must recognize why and how mental health issues have an impact on student veterans' academic performance. Understanding not only the prevalence of mental health issues but also the impact those issues may

⁶³ Rudd, *supra* note 31, at 354.

⁶⁴ *Id.* at 355. For example, PTSD has been found to be associated with increased risk for suicidal thinking and suicide attempts. PTSD commonly co-occurs with other psychiatric problems, most often with major depression and substance abuse. Thomas E. Church, *Returning Veterans on Campus with War Related Injuries and the Long Road Back Home*, 22 J. POSTSECONDARY EDUC. & DISABILITY 43, 45 (2009) (noting the rate of comorbidity is high among anxiety disorders such as PTSD—55 percent of the patients with the principal diagnosis of an anxiety or depressive disorder had at least one additional depressive or anxiety disorder at the time of assessment).

⁶⁵ Rudd et al., *supra* note 31, at 355.

⁶⁶ *Id.*

⁶⁷ *Id.* at 354.

⁶⁸ *Id.* at 355.

⁶⁹ *Id.* at 354. Rudd et al. note escalating rates of PTSD, substance abuse, anxiety, depression, and suicide among recent veterans. Authors concurrently acknowledge the increasing numbers of Post 9/11 (OIF/OEF) veterans using their education benefits to transition to college and university campuses. It is likely that student veterans will be entering colleges and universities with these mental health concerns.

have on performance may help academic departments plan better to accommodate the needs of student veterans. Servicemen's experience in a war zone, namely witnessing violence and death, has been demonstrated to increase risk for anger and aggressive behavior, anxiety, somatic complaints, and PTSD.⁷⁰ Further, characteristics of PTSD and anxiety-related issues include irritability, depression, hopelessness, hypervigilance, social withdrawals, and problems concentrating.⁷¹ Manifestations of psychiatric disabilities can interfere with cognitive skills, judgments, memory, concentration, organizational skills and motivation.⁷² Individuals may also have difficulty coping or performing under pressure, experience side effects from medication, and may have difficulty retaining verbal directions, managing assignments, and performing multiple tasks with time pressures and prioritizing tasks.⁷³ These individuals may also have problems with authority figures and approaching instructors, problems with negative feedback and interpreting criticism, problems with unexpected changes in coursework, and unpredictable absences.⁷⁴ These symptoms can pose considerable challenges for a veteran's ability to succeed in the classroom.

Generally, the severity and chronicity of college students' problems with mental health can be measured in five domains: academic concerns, relationship/adjustment issues, depression/romantic relationships, sexual issues, and eating concerns.⁷⁵ Scholars such as Ozgur Erdur-Baker emphasize the need for specialized counseling centers, regular staff development, trainings addressing the complexity of students' psychological difficulties, flexible intake and emergency response systems, and funds for private healthcare when warranted.⁷⁶ These measures can be useful primarily to address relationship/adjustment issues and depression/romantic relationships, and secondarily to address sexual issues and eating concerns. When those domains are tackled, it may become considerably easier to address academic concerns. However, improving retention and degree completion rates among student veterans

⁷⁰ Church, *supra* note 64, at 44.

⁷¹ *Id.* at 48.

⁷² *Id.* at 49.

⁷³ *Id.*

⁷⁴ *Id.*

⁷⁵ Ozgur Erdur-Baker et al., *Nature and Severity of College Students' Psychological Concerns: A Comparison of Clinical and Nonclinical National Samples*, 37 PROF. PSYCHOL. 317, 320 (2006).

⁷⁶ *Id.* at 322–23.

requires collaboration between the institution's administration, its onsite disability services office, and the academic department to which the student belongs. Counseling, staff development, and administrative training can help address students' mental health needs, but an academic department's cooperation is essential to alleviate some of the time and resource constraints present when resolving mental health issues.

Though few studies have been conducted specifically on the prevalence of mental health issues among the student veteran population (as opposed to college students alone or veterans alone), researchers have concluded that student veterans indeed are at a higher risk for encountering anxiety, depression, and substance abuse, among other mental health issues.⁷⁷ To better understand student veterans' emotional adjustment, psychological symptoms, and suicide risk on college and university campuses, Rudd et al. conducted a national survey targeting demographic information, college experience, military service history, and mental health problems unique to student veterans.⁷⁸ Because the survey targeted student veterans at large in lieu of individuals at large requesting clinical services from the VA or students in general on college and university campuses,⁷⁹ the results were far more relevant to this paper. The "average" student veteran reported experiencing "moderate anxiety, moderately severe depression, significant symptoms of PTSD, and manifested noticeable suicide risk."⁸⁰ Authors also concluded that their

⁷⁷ McClaslin et al., *supra* note 62, at viii (noting student veterans who have deployed to Iraq and Afghanistan are at higher risk for a number of adverse medical, psychiatric, and social outcomes); Rachel Widome et al., *Health Risk Behaviors of Afghanistan and Iraq War Veterans Attending College*, 26 AM. J. HEALTH PROMOTION 101, 102 (2011). Authors surveyed the health of a random sample of college students attending public and private, two- and four-year colleges, including U.S. military veterans. Being an OEF/OIF veteran was associated with recent high-risk drinking, more safety and tobacco-related risk behaviors, and riskier than nonveterans to behave in ways that jeopardize their health. Though the overall study discusses risk behaviors in lieu of specific mental health issues, the authors conclude that student veterans are also at risk for PTSD. *See, e.g.*, Rudd et al., *supra* note 31 for the first national survey targeting student veterans' emotional adjustment, psychological symptoms, and suicide risk on college and university campuses. *See also* Robert Ackerman et al., *Transitions: Combat Veterans as College Students*, 126 NEW DIRECTIONS FOR STUDENT SERVICES 5, 13 (2009) (noting that while mental health issues were not the study's focus, the authors interviewed student veterans specifically and understood some of the qualitative mental health issues being faced—namely depression and PTSD).

⁷⁸ Rudd et al., *supra* note 31, at 355.

⁷⁹ *Id.*

⁸⁰ *Id.* at 358. Almost 35 percent of the sample experienced severe anxiety, 24 percent experienced severe depression, and almost 46 percent evidenced significant symptoms of PTSD. Forty-six percent of participants were thinking about suicide, with 20 percent having a plan, 10.4 percent thinking about it "often or very often," and 7.7 percent making an attempt.

results appeared to indicate that large numbers of student veterans are experiencing significant psychiatric symptoms.⁸¹ In fact, survey data indicated that mental health problems among student veterans were comparable to or more severe than those of veterans generally seeking mental health services from the VA or the university student population at large.⁸²

Student veterans may have exacerbated mental health problems as a result of having to manage several concurrent sources of stress, although research specifically on the mental health needs of the student veteran population is lacking. Bearing both the after-effects of military service and the stresses of returning to an academic environment can create deep-seated consequences for the hundreds of thousands of Afghanistan and Iraq War veterans who may eventually pursue post-secondary education. However, it must be acknowledged that Rudd et al. studied the student veteran population without comparing the results to a student non-veteran group. Accordingly, Blosnich et al. examined “prevalence of psychiatric diagnoses, . . . self-harm, . . . suicidal ideation and suicide attempt among a large national sample of students with and without a history of military service” involving hazardous duty.⁸³ Here, a significantly larger proportion of veterans with hazardous duty experience reported a psychiatric diagnosis than their peers without hazardous duty and significantly more student service members and veterans reported seeking mental health services from four different types of service providers, though there was *no significant difference* between student veterans and non-veterans in their use of campus mental health services.⁸⁴ Colleges and universities can use this information to shift their emphasis from *providing* mental health services to *connecting* their student veterans to outside resources and assisting the “women and men working to integrate the roles of students into their identities as service members/veterans.”⁸⁵

Scholarship in the last decade has asked whether institutions are prepared to handle student veterans’ mental health needs; however, more emphasis ought to be placed on *how* institutions plan on weaving mental health considerations particular to student veterans into academic planning. Few scholars, critics, and policymakers have considered

⁸¹ *Id.*

⁸² *Id.*

⁸³ George Soule, *The Scholar in Practical Affairs*, in *THE OBLIGATION OF UNIVERSITIES TO THE SOCIAL ORDER* (Henry Pratt Fairchild, ed., 1933); Blosnich et al., *supra* note 31, at 419.

⁸⁴ *Id.* at 422.

⁸⁵ *Id.* at 424.

changing academic policies as a means of improving retention and degree completion rates among veterans. Alexa Smith-Osborne considers the effect of mental health status on post-secondary educational attainment in her research on young veterans of the first Gulf War.⁸⁶ The positive association between mental illness treatment and sources of funding outside the Post 9/11 GI Bill and educational attainment underscored the importance of timely intervention for the relief of mental illness symptoms and also for increasing resources (financial and otherwise) available to the veteran.⁸⁷ Fortunately, the Post 9/11 GI Bill's generous benefits lower the use of non-VA financial aid as a relevant factor in educational attainment.⁸⁸ Additionally, acknowledging escalating rates of psychological problems among veterans of the Afghanistan and Iraq Wars, the Department of Defense and the Department of Veterans Affairs have expended considerable resources examining and responding to these problems.⁸⁹ Despite these efforts, there appears to be escalating rates of PTSD, substance abuse, depression, and suicide among veterans.⁹⁰ These departments have also not expanded services for veterans with mental health needs to excel academically.⁹¹

Institutions are currently not properly equipped to deliver a full range of supported education services in response to student veterans' mental health needs. "Supported education" refers to educational programs for individuals with psychiatric disabilities.⁹² Psychiatric disabilities can be defined as "a mental impairment that limits one or more major life activities."⁹³ Psychiatric disabilities include, but are not limited to, depression, anxiety, and schizophrenia.⁹⁴ "Disability," however, does not have to refer to severe and persistent mental illness; in fact, some schools have inaugurated new programs or enhanced existing ones to serve student

⁸⁶ Alexa Smith-Osborne, *Mental Health Risk and Social Ecological Variables Associated with Educational Attainment for Gulf War Veterans: Implications for Veterans Returning to Civilian Life*, 44 AM. J. CMTY. PSYCHOL. 327, 329 (2009) [hereinafter *Mental Health Risk*].

⁸⁷ *Id.* at 333.

⁸⁸ *Id.*

⁸⁹ Rudd et al., *supra* note 31, at 354.

⁹⁰ *Id.*

⁹¹ Smith-Osborne, *Mental Health Risk*, *supra* note 86, at 334.

⁹² Carol T. Mowbray, *The Benefits and Challenges of Supported Education: A Personal Perspective*, 22 PSYCHIATRIC REHABILITATION J. 248, 250 (1999).

⁹³ Mary Elizabeth Collins & Carol T. Mowbray, *Higher Education and Psychiatric Disabilities: National Survey of Campus Disability Services*, 75 AM. J. ORTHOPSYCHIATRY 304, 307 (2005).

⁹⁴ *Id.*

veterans who exhibit symptoms of a mental health problem.⁹⁵ Supported education provides assistance, preparation, and support to persons with mental illnesses who are enrolling in and completing postsecondary schooling.⁹⁶ Although each university where these programs are in use handles them differently, many are designed to assist individuals in making academic choices and achieving their goals at the institution.⁹⁷ Some of the services offered include career planning, academic survival skills, time and stress management, social support, and outreach to resources on campus, among others.⁹⁸ Supported education services, if executed well, can potentially help considerable numbers of student veterans with mental health needs.

In practice, however, there is a gap in coordination between the university's academic departments and the on-campus disability office that offers supported education services. A survey of nationwide campus disability services further revealed that, although a majority of schools reported having policies regarding documentation requirements for disabilities, very few had outreach, leave of absence, or dismissal policies.⁹⁹ Though the most commonly reported services were giving individual support, writing accommodation letters, providing off-campus referrals to mental health providers, and assisting students in obtaining disability documentation, the least commonly reported services included presenting or distributing information to faculty and staff on psychiatric disability issues.¹⁰⁰ Further, most of the supported education programs were reported to be located off campus and academic departments were not extensively involved in those programs.¹⁰¹ Only a quarter of respondents reported that someone in the disability services office had formal supported education training.¹⁰² Faculty and staff in academic departments should be apprised of psychiatric disabilities and their impact on students' academic performance, such that alternate education formats may be individually tailored to students' needs.

Often creating supportive educational environments for students with psychiatric disabilities is impeded by the facts that students fear disclosing

⁹⁵ *Id.* at 309.

⁹⁶ *Id.* at 305.

⁹⁷ *Id.*

⁹⁸ *Id.*

⁹⁹ *Id.* at 309.

¹⁰⁰ *Id.* at 310.

¹⁰¹ *Id.*

¹⁰² *Id.*

their disability, they lack knowledge about their disability and the services available, they have fears of being stigmatized, or that they do not have access to appropriate resources.¹⁰³ Of the barriers to accessing disability services, some that appear most relevant to veterans include funding and other personal financial issues and not seeing themselves as having a disability or not wanting help.¹⁰⁴ There are a few speculated reasons as to why veterans are reluctant to seek assistance for mental health issues. When transitioning out of service, mentioning symptoms of a mental health issue can get a veteran held up from exiting as planned.¹⁰⁵ Student veterans may also be financially constrained before their term starts if the academic program begins within days of the student veteran leaving military service and before the student veteran has full access to his or her benefits.¹⁰⁶ Finally, student veterans may feel pressured to take on a heavy course load to finish their degree as soon as possible, fearing that any benefits will run out.¹⁰⁷ Therefore, student veterans need to be incentivized to seek both assistance and access to supported education services that will help them reach their goals.

Scholars offer a few solutions to increase the reach of supported education services to student veterans.¹⁰⁸ Rudd et al. advocate for training and supervision specific to these problems and urge that universities train not only their clinical staff but also anyone who has significant contact with student veterans to recognize the unique experiences of veterans and signs of mental health needs.¹⁰⁹ Smith-Osborne suggests adding more specialized supported education programs tailored to the needs of veterans, whether they exhibit cognitive and psychiatric symptoms or have severe and persistent mental illness.¹¹⁰ An ideal supported education program, according to Smith-Osborne, could “provide and coordinate services . . . and ‘act as a personal trainer’ to optimize levels of student

¹⁰³ *Id.* at 308. Other barriers included not seeing themselves as having a disability or not wanting help, insufficient documentation, lack of motivation, funding issues or other personal financial issues, not being able to manage a full course load, lack of family support, and faculty attitudes. Some of these barriers are likely to apply more to the student veteran population than the student population at large.

¹⁰⁴ Consensus gathered through interviews of several student veterans at three four-year institutions.

¹⁰⁵ Interview conducted November 24, 2014 via phone (identity kept confidential).

¹⁰⁶ Interview conducted November 24, 2014 via phone (identity kept confidential).

¹⁰⁷ Interviews conducted February 4, 2015 in Los Angeles, CA (identities kept confidential).

¹⁰⁸ See, e.g., Smith-Osborne, *Mental Health Risk*, *supra* note 86, at 334.

¹⁰⁹ Rudd et al., *supra* note 31, at 359.

¹¹⁰ Smith-Osborne, *Mental Health Risk*, *supra* note 86, at 334.

veteran performance and success.”¹¹¹ The specifics of such programs are yet to be determined.

Ultimately, creating a supported education service program will largely be a collaborative effort between the university’s disability office and onsite academic departments. Though scholars touch upon possible ways the VA, administration, disability office, and on-campus mental health services can help, very little is said regarding how academic departments can contribute towards this effort. This is unsettling as the program concerns the student’s education and being able to provide him or her adequate support, which absolutely requires the input of the faculty and staff belonging to the academic department serving the student. The following section provides recommendations for three cases: (1) student veterans at large; (2) student veterans with identified mental health needs; and (3) student veterans with severe and persistent mental illnesses. All recommendations will consider financial security as a priority.

IV. ACADEMIC PLANNING AS A SOLUTION

Thus far, it has become apparent that the generous provisions of the Post 9/11 GI Bill have created and will continue to create a large influx of veterans entering the postsecondary education system.¹¹² Ultimately, retention and degree completion hinge on veterans’ financial security and successfully addressing mental health needs. With more expansive education benefits available, student veterans may transition from service directly to a four-year institution without necessarily attending community college beforehand. It must be noted that in these cases, student veterans are returning to school after considerable time in a non-academic environment and do not have the transition experience available to them at community colleges. The stresses from the perceived lack of preparation prior to enrolling in a degree program are compounded with the stress of being bound by financial constraints for those who depend largely on educational benefits and the housing allowance. Lastly, consider student veterans that have been documented with PTSD, TBI, and possibly other related issues such as anxiety, depression, and substance abuse.¹¹³ Any solution intended to increase retention and degree completion rates among student veterans must be mindful of these challenges. Further, any solution intended to increase retention and degree completion rates must be

¹¹¹ *Id.* at 335.

¹¹² *Id.* at 328.

¹¹³ *Id.*; see Rudd et al., *supra* note 31, at 354.

mindful that these are academic goals, and must seek the academic departments' support.

Currently, the vast majority of colleges are unprepared to address the large influx of veterans entering the postsecondary education system.¹¹⁴ Many colleges "learn as [they] go" when creating systems and resources unique to veterans.¹¹⁵ However, evidence suggests that universities that provide comprehensive support programs also have the highest graduation rates of student veterans.¹¹⁶ As such, many institutions have been advised to develop, and some have adopted methods to destigmatize support services, provide welcome initial environments, provide learning specialists to teach study skills, provide accommodations for veterans with [serious] mental health challenges, provide experienced and trained counselors, provide mentors, establish support groups, establish a drop-in center, establish a central information resource, and offer a comprehensive student veteran orientation.¹¹⁷ Many of these approaches reveal a wholly legitimate connection between mental health and academic performance; that by supporting student veterans' mental health, schools can achieve higher graduation rates. My approach, however, discusses the role academic departments can play to address both financial security and mental health needs. The recommendations provided in this section will consider three separate cases: (1) all student veterans; (2) student veterans experiencing mental health challenges; and (3) student veterans with severe and persistent mental illnesses that warrant taking a leave of absence.

A. CREATING TRANSITION COURSES FOR STUDENT VETERANS AT LARGE

Kaye Whitley and Paul Schudi briefly discuss the benefits of creating a class for veterans that teaches study skills, time management, stress management, and self-awareness, among other "life skills."¹¹⁸ As an extension, I advocate advising student veterans to enroll in optional transition classes covering some of these topics and other degree-specific classes, such as advanced writing or accelerated math. Such classes are

¹¹⁴ Shawn D. Whiteman & Adam E. Barry, *The Development and Implications of Peer Emotional Support for Student Service Members/Veterans and Civilian College Students*, 60 J. COUNSELING PSYCHOL. 265, 265 (2013).

¹¹⁵ Whitley & Tschudi, *supra* note 26, at 164.

¹¹⁶ *Id.*

¹¹⁷ *See, e.g., id.*

¹¹⁸ *Id.* at 165.

very helpful for the student veteran population to reorient to a college environment and to also ease some of the stress associated with being a full-time student and taking on a full course load.

Thus far, several colleges have introduced veteran-only introductory classes or cohort classes for credit that are similar to study skills-focused classes.¹¹⁹ Though these classes fall under the “supportive services” model and have traditionally been used for “probationary freshmen,” I recommend their implementation at colleges and universities nationwide—not as a “remedial” program but as a transition program. Another existing model is Project SERV, a pilot supported education project undertaken by local VA medical centers with colleges and universities.¹²⁰ This program has developed a non-residential learning community of full-time, general education (for credit), self-contained cohort classes for the first semester, followed by phased-in mainstream classes thereafter.¹²¹ The program has also reported increased retention in college and increased grade point averages among participants.¹²² Though many other programs fall under rehabilitation,¹²³ Project SERV’s model, which student veterans should be able to opt into, could have sustainable effects on their academic performance throughout college. Academic departments at universities can design a veteran-specific first semester curriculum of “general education” classes that count towards degree completion.

B. CREATING ALTERNATIVE EDUCATION PLANS FOR STUDENT VETERANS UNDER SPECIAL CIRCUMSTANCES

Though the Post 9/11 GI Bill covers the full tuition cost of the most expensive in-state public school, there are two issues with the program that are most stressful to student veterans enrolled at any four-year institution. First, the Bill covers up to thirty-six academic months of tuition, or roughly nine semesters or twelve quarters. Those who attend community college before transferring to a four-year college or university

¹¹⁹ Smith-Osborne, *Supported Education*, *supra* note 6, at 7 (listing the Combat2Classes program at Montgomery College, Maryland as an example).

¹²⁰ *Id.* at 8.

¹²¹ *Id.* This program has now expanded to a few different schools such as Cleveland University, Youngstown State College, and the University of Arizona.

¹²² *Id.*

¹²³ *Id.* These rehabilitation programs include the Wounded Warrior Project, the Vets in College Program, and other research pilot projects for adults with physical injuries or mental illnesses that interfere with participation in traditional classroom environments.

may be unable to transfer all of the credits completed in community college, thereby wasting benefits that could have been applied to classes that actually count toward a degree. Those who also use the majority of their benefits in community college find themselves short of funds when completing their degrees at four-year institutions. Finally, student veterans are pressured to take additional units to maximize the use of their benefits and graduate before they run out of benefits. For instance, consider a student who only needs to complete twelve units to retain his or her full-time status, yet to actually graduate in thirty-six academic months, needs to average fifteen units a semester. This student would be pressured to take additional units for financial reasons irrespective whether he or she can successfully handle it.

Although many schools offer student veterans grants and scholarships, veterans may choose to activate their Post 9/11 GI Bill benefits for access to the housing allowance. Living stipends are provided commensurate to whether a student is part-time or full-time, where full-time students are eligible to receive the full amount.¹²⁴ The temptation to enroll full-time is high just to be able to access these funds. Veterans who are using their benefits often enroll as full-time students hoping to graduate within thirty-six academic months.¹²⁵ Though this is the norm for non-veteran students, student veterans' with learning disabilities or mental health needs may find it difficult to adhere to the same timeline. Additionally, slowing down the pace or taking a leave of absence can considerably affect one's financial security. As such, students strive to push through at any cost; yet when doing so, academic performance often falls behind.¹²⁶

Campus-based supported education programs for veterans, regardless of disability status, are proliferating¹²⁷ and need not only be useful to those with documented mental illnesses. Campus disability offices evaluate each student on a case-by-case basis and offer supported education programs such as group support, classroom support, and individual support.¹²⁸ However, curriculum support from an academic

¹²⁴ *VA Pamphlet*, *supra* note 19.

¹²⁵ Consensus gathered through interviews of several student veterans at three four-year institutions.

¹²⁶ Interview conducted February 4, 2015 in Los Angeles, CA.

¹²⁷ *VA Pamphlet*, *supra* note 19.

¹²⁸ Smith-Osborne, *Supported Education*, *supra* note 6, at 6. Services can include flexibility in scheduling exams, time allotted to take exams, note taking, peer tutoring, and more. They are intended to compensate for difficulties in attention, memory, and concentration. Arkansas State

adviser who is well aware of veteran issues and benefit constraints is also needed. Those with mental health needs should be able to utilize existing benefits and also the opportunity to create an individualized education plan to meet degree completion requirements. The institution can still qualify the individual as a full-time student taking the appropriate number of units to graduate on time but allow for internships, independent study, and other creative means of fulfilling requirements. The plan need not substitute out all required classes toward the degree but should provide some leeway for a student whose mental health needs requires him or her to take a less structured course load and whose financial situation reveals an inability to space out the degree. Further, academic advisers should be trained on the basics of veteran benefits such that they understand the context when helping student veterans create their plan. Broad academic policies are outside the purview of a veterans' services office and academic departments ought to understand veterans' needs as part of gearing them toward academic success.¹²⁹

C. CREATING FLEXIBLE REENROLLMENT POLICIES FOR STUDENTS TAKING A LEAVE OF ABSENCE

Student veterans with severe and persistent mental health issues are at a steep disadvantage if the illness interferes with their ability to function safely or successfully as a student. A university may recommend seeking treatment or taking time off from school in order to resolve these issues. Unfortunately, as addressed before, being unable to function successfully may translate into an inability to handle full-time student responsibility, which is necessary in order to receive the maximum living stipend. The challenge for the institution becomes having to address student veterans' mental health issues in a comprehensive way that allows them to seek the help they need while not creating additional financial burdens that they are unprepared to handle. Where it becomes absolutely imperative for the student to take a leave of absence, an institution could possibly arrange for emergency funds to cover the cost of living expenses during this time or connect the student to emergency resources at the Veterans Affairs department.

First, the academic department can ensure that leaves of absences do

University, for example, provides personal rehabilitation, advocacy, financial assistance, socialization, career counseling, and educational support for individuals injured in combat. Syracuse University established a training and mentorship boot camp, which has carried over to other universities in the country.

¹²⁹ Lesley McBain et al., *supra* note 4, at 37.

not affect the student veteran's academic status and an expedited reenrollment is possible. Student mental health issues may be defined as disabling, rather than developmental, and if students want to reenter the institution after taking a medical leave or experiencing academic failure, students with documented disabilities must prove that their disability played a role in any academic or social problems they experience.¹³⁰ This itself can create interruptions to a veteran's education and hurdles to his or her return. Through the Higher Education Opportunity Act, the readmission of service members must be processed without a change in academic status if the absence does not exceed five years and if the service member notifies the institution of intent to re-enroll within a prescribed time frame.¹³¹ Service members are also protected by the service-related injury provision, which allows one to reenroll within two years after recovery, though it is unclear how the service-related injury provision should be handled for mental health problems that do not have a clearly defined recovery period.¹³² Schools should adopt similar policies for veterans where mental health issues stem from service-related injuries. Further, student veterans should be readmitted with the same tuition and fees that would have been assessed for the academic year the student veteran took a leave of absence. Similarly, the student veteran should be allowed to re-enroll with the same enrollment status, number of units, and academic standing prior to taking a leave of absence. Lastly, an expedited reenrollment should be in place not just for service members, but also for student veterans who take leaves of absences due to service-connected mental health issues.

Because the VA disburses funds applied to student veterans' tuition and living stipends, it should also evaluate extenuating circumstances unique to each student that may require additional funds. Due to resource constraints, it would be unreasonable to request the VA to oversee each and every student veteran's degree plan if he or she intends on receiving tuition benefits. However, if a student has to enroll part-time or requests a leave of absence due to mental health needs, the VA should support the student veteran during this time with a living stipend and connect him/her to financial and health resources until the veteran is able to return to school. This would substantially remove any incentive to "push through" school for fear of not being able to receive living stipends beyond the number of academic months guaranteed by the Post 9/11 GI Bill. Financial

¹³⁰ Smith-Osborne, *Mental Health Risk*, *supra* note 86, at 328.

¹³¹ Lesley McBain et al., *supra* note 4, at 19–20.

¹³² *Id.*

security may thereby give student veterans the space to address mental health needs interfering with their academic progress.

V. RISKS AND ALTERNATIVES

All three recommendations described herein are not without risks. In this section, I address criticisms expected from student veterans, the university's administration, and the VA. These recommendations require considerable resources from all three parties involved; thus, the benefits must overwhelmingly justify the costs. There are several administrative hurdles associated with introducing veteran-specific transition courses, research, logistic and policy considerations with individualized degree plans, and coordination costs of securing funded leaves of absence for those with severe and persistent mental illness. Though not all recommendations are equally defensible, for the financially constrained student veteran, the benefits of properly implemented programs for each of these recommendations are likely to outweigh the costs.

Introducing a veteran-specific academic transition program requires considerable financial resources and the approval of larger university review committees; thus, one may ask why it is necessary to go through the trouble to address issues affecting this particular population. An obvious answer is incurring goodwill; student veterans enter an institution after years of service and add to the diversity of the campus in many beneficial ways. An institution may feel a duty to educate these individuals as best possible. A school may also increase its academic reputation as transition programs have been proven to increase retention rates and GPAs among student veterans. Most importantly, the Post 9/11 GI Bill has made higher education more accessible to veterans and the upward trend of veterans transitioning into four-year schools is likely to continue. Because these students will largely be coming in with a guarantee that their tuition will be paid, they become lucrative targets for institutions that would benefit from additional enrollment. Offering transition programs may also induce student veterans to choose one institution over another four-year institution or community college.

Though veteran-specific transition classes have been shown to increase retention rates and GPAs among student veterans, it has also been highly researched that any type of transition course proves beneficial to students regardless of their respective demographic. Student veterans may not, after all, need a *veteran-specific* program. This recommendation presumes, however, that student veterans are coming in after a long separation from high school and that a transition would be beneficial in

reintegrating to the school environment. In designing this program, it may be useful to look into how many veteran students did well in college preparatory classes before joining the military. Many student veterans also transition to a four-year university after spending time at a community college, where they are often required to participate in a learning skills course or workshop. These students, too, will not be in need of a transition program. Although my recommendation applies wholly to student veterans who begin immediately at four-year institutions after an extended break due to military service, it will be helpful for university review committees to review qualifications to get into the school, the student's high school performance, and other stipulations about being out of high school for extended periods. To ensure that the program is administered only to those who need it and thereby not wasting the university's resources, institutions that have large populations of student veterans starting college after an extended break from an educational environment can administer a placement test to this group. Those who score lower than the school's standard for incoming freshmen may be recommended to enroll in this program. The program can be entirely voluntary, yet helpful for those in need of a refresher.

At the same time, an institution may feel that in order to maintain its academic reputation, this program would have to be nonacademic, perhaps in the form of a not-for-credit workshop series. Many institutions do not have freshman or first-year "101" courses for the reason that they may believe it will detract from the academic rigor provided and expected by the university. Though a not-for-credit workshop may prove to be just as effective, perhaps more student veterans would be incentivized to enroll in this voluntary program if it were offered for credit. Several institutions offer preparatory classes for students in subjects where their high school education may be lacking and this concept would not be much different. Further, if the program was designed to be rigorous and offered for a grade, it may meet an institution's standards for maintaining academic reputation and not be seen as a "remedial" course.

Institutions may argue against individualized degree plans, suggesting that student veterans should not be seen as a protected or "special" class of students with privileges above other students. Mental health issues such as anxiety, depression, or PTSD are also prevalent among nonveteran students. Should these students not be able to avail of the same benefits? Were an institution to make these exceptions for student veterans, would the floodgates open to *all* students with a mental health issue? How would a campus disability office or academic department be able to justify making exceptions for one student's needs

but not another?

If an institution is to make an exception for one student over another on account of a certain demographic characteristic (here, military service), it must be conclusively proven that student veterans report higher incidences of mental health issues than non-veterans at a statistically significant level. Thus far, there have not been many studies that directly examine whether a history of military service is associated with an increased risk for mental health issues in university settings when matched on key demographic characteristics.¹³³ Though the studies referenced in this paper suggest that student veterans are uniquely susceptible to mental health issues connected to their service, different timeframes, a lack of matching on demographic characteristics, and measurement of variables across the studies “make it difficult to directly ascertain whether these differences are, in fact, due to veteran status or other variables.”¹³⁴ Along this vein, Cleveland et al. investigate if and to what extent student service members and veterans differ from non-service member and non-veteran students in the prevalence of self-reported symptoms of poor mental health, accounting for certain demographic characteristics.¹³⁵ They found that after matching student service members and veterans to demographically similar non-service member and non-veteran students, military service was not a significant predictor of a number of symptoms of poor mental health.¹³⁶ Though previous studies have concluded that student service members and veterans present mental health needs that are unique from nonveteran students, Cleveland et al. demonstrate that perhaps there are other reasons for why this may be the case.¹³⁷ They

¹³³ James L. Pease, et al., *Military Service and Suicidal Thoughts and Behaviors in a National Sample of College Students*, 1 CRISIS: J. CRISIS INTERVENTION & SUICIDE PREVENTION 1, 2 (2015). Following the Rudd study, Pease et al. examined whether history of military service was related to suicidal thoughts and behaviors in the past year among a national sample of college students at four-year universities. Individuals with a history of military service were compared against individuals without a history of military service matched with the military sample on gender and age, such that each sample maintained similar distributions of these two key demographic variables, as the full nonmilitary sample was “vastly different.” Participants with a history of military service reported higher percentages of suicidal ideation and plan, but not at a statistically significant level. In fact, participants without a history of military service reported higher percentages of suicide attempt, non-suicidal self-injury, and depression, relative to individuals with a history of military service (though not statistically significant).

¹³⁴ *Id.*

¹³⁵ Sandi D. Cleveland, et al., *Mental Health Symptoms Among Student Service Members/Veterans and Civilian College Students*, J. AMER. C. HEALTH 1, 9 (2014).

¹³⁶ *Id.* at 2.

¹³⁷ *Id.* at 9.

conclude that current veterans may not be disproportionately affected by poor psychological functioning and that student veterans may have the same broad range of health concerns as the nonveteran student population at large.¹³⁸ Scholars may argue that this being the case, perhaps *all* students with mental health concerns ought to be treated equally in terms of academic privileges bestowed. Before these conclusions can be drawn, however, further research should match a greater sample of student veterans and nonveterans on demographic characteristics to prove that student veterans are indeed not disproportionately affected by mental health issues.

Another criticism brought against the use of individualized degree plans for veterans facing mental health issues involves wanting to further student veterans' military experience as a positive contribution to the educational environment instead of viewing it as a handicap. Cleveland et al. recognize that military servicemen and servicewomen, particularly those who have had exposure to hazardous duty, could "possess qualities or skills that allow them to better manage feelings of being overwhelmed or stressed."¹³⁹ Researchers have described a "healthy soldier effect," similar to the "healthy worker bias," in highlighting the positives of military service on an individual's social development.¹⁴⁰ The "healthy soldier effect" presumes that student veterans may appear healthier than the general population because of the requirements for service and presumes that those with hazardous duty exposure may be more resilient or psychologically robust than civilian or non-deployed peers.¹⁴¹ Combat veterans attending college may also differ from those not attending college as regards successful reintegration as veterans struggling with mental health issues may not even be using educational benefits.¹⁴² Regardless of the explanation, the positives derived from military experience benefit student veterans in and out of the classroom; through their service, veterans at large have had ample leadership experiences, confronted difficult challenges, and have achieved high levels of emotional maturity.¹⁴³ These students may have also already achieved a high level of

¹³⁸ *Id.* at 16.

¹³⁹ *Id.* at 17.

¹⁴⁰ See Han K. Kang & Tim A. Bullman, *Mortality Among U.S. Veterans of the Persian Gulf War*, 335 NEW ENGL. J. MED. 1498 (1996).

¹⁴¹ Cleveland et al., *supra* note 135, at 17.

¹⁴² See Widome, *supra* note 77, at 101.

¹⁴³ Ackerman et al., *supra* note 77, at 12.

responsibility and knowledge through their service.¹⁴⁴ These experiences benefit not only them, but also their peers, faculty, and institution at large.

It is possible for institutions to focus on channeling student veterans' strengths in positive collaborations within the university while retaining special accommodations for those having financial and mental health needs. Institutions should ensure that student veterans are valued for their military experiences and that they are made aware of how these experiences can contribute to the learning environment. Orientation programs championed by administrators and scholars would encourage student veterans to assume leadership positions in student groups and participate in mentorship initiatives. At the same time, it is an incomplete solution for integrating and aiding students with mental health issues. Cleveland et al. stress that "it may fall to university administrators and program managers to walk a fine line of maintaining sensitivity to the effects of combat trauma, which can manifest in mental health conditions, while also not viewing all student service members/veterans as psychologically broken."¹⁴⁵ Institutions should focus on both empowering student veterans to channel military experience into positive contributions to the campus and accommodating the needs of a select few in achieving degree completion goals. The recommendation explored in this paper furthers sensitivity to the mental health needs of student veterans and offering individualized degree plans *only* to those who are undergoing both financial and mental health stresses. Financial insecurity is a necessary condition for seeking an individualized degree plan because financial constraints may not allow an individual to simply obtain a disability accommodation and spread the degree requirements beyond the time frame benefits are available. Student veterans need not be the only eligible demographic for this program; a similar accommodation could actually be used for any student, veteran or nonveteran, undergoing mental health issues and financial hardship simultaneously.

Allowing individualized degree plans among this population also runs the risk of diluting the academic integrity and rigor of an institution. Assuming that student veterans or nonveterans with mental health needs automatically require a less strenuous course can achieve an inequitable effect. Institutions do extensive due diligence ensuring that the quality of an education, and its resulting degree, are the same for all students. However, allowing students with learning or physical disabilities to avail

¹⁴⁴ Vacchi, *supra* note 29, at 15–21.

¹⁴⁵ Cleveland et al., *supra* note 135, at 18–19.

of these accommodations is generally accepted as providing access to the same education that students without disabilities receive. University disability offices may also consider mental health issues relevant to obtaining accommodations.

An individualized degree program may additionally duplicate efforts already undertaken by institutions in offering academic accommodations for students. Students with learning or physical disabilities are often eligible for and have access to campus disability offices or academic support services. These offices work closely with professors and academic departments to make sure reasonable accommodations are granted. Campus disability offices will often weigh an individual's functional limitations with what accommodations would support the individual. For many veterans, a campus disability office may review and suggest accommodations for various sensory impairments, other physical pain, PTSD, TBI, and mental health issues such as anxiety or depression. Popular accommodations include assistance with technology, modified testing conditions, and note-taking assistance, among others intended to make access to classroom material comparable to those without disabilities. Notably missing are individualized degree plans, mostly because of the concerns raised above—that accommodations should be “fair and reasonable” to all students.

In response to criticism that accommodations be fair and reasonable, I propose creating two levels of individual accommodations: those that are mandatory and designed to provide access to course material (a fixture at most universities), and those that are permissive, which may seek to alter the experience of a course. Neither needs substantially alter the requirements for completing a degree program, but may take into consideration creative and alternate ways of fulfilling those requirements. Permissive accommodations may be suggested to academic departments through a letter of support detailing the needs of a student, letting the instructor or the department chair ultimately decide how those needs will be addressed. For instance, participation is key to the experience of a language course but a student with PTSD may undergo severe symptoms of anxiety when asked to present. The instructor may, if possible, create an alternative way to satisfy the participation requirement. An individualized degree plan would then allow course substitutions in the form of internships or individual study to satisfy degree requirements—the material would be the same as offered to other students but the method in which the student approaches the material would be sensitive to the student's needs.

Ultimately, if an institution elects to create an alternate degree plan

with the student, it can only be on a case-to-case basis based on careful consideration of the student's circumstances. Allowing substitutions of degree-specific courses should involve careful oversight of the student's needs and whether the internship or individual study would be an appropriate response to those needs. Without being overly paternalistic, the institution must insist on the fine balance between the student being challenged in a fair manner commensurate to his or her peers and the student having the space to address mental health issues while still attending school full-time. Thus, an individualized degree plan is possible; however, it will take careful analysis of an individual's situation whether such a plan is warranted and whether it is in the best interests of the student. In order to achieve this, both the school and the student veteran have to engage in open dialogue about the student's needs.

The challenges of implementing a flexible, funded leave of absence policy that coordinates the institution, academic department, and the VA are many. Immediately it comes to mind that where three players are working together on an individual case, any lack of coordination can have drastic outcomes. Maintaining status quo requires immense cooperation between schools, the VA, and student veterans. Interactions between schools and the VA are somewhat standardized; tuition disbursement paperwork is fairly straightforward and the responses from the VA tend to be uniform, entailing processing, approval, and disbursements of funds. Yet, inefficiencies and delays still occur. Consider the amount of coordination needed to secure additional living stipend benefits for extenuating circumstances. What information is the student required to provide the school and the VA? How does the school communicate these circumstances and advocate for extending the degree program beyond thirty-six academic months? Finally, by what measure would the VA gauge each situation without an objective standard?

Access to financial resources is often a time-sensitive matter. With the VA's current dearth of resources, it is unlikely that it can fast track individual cases such as these that do not involve the routine tasks of processing, approving, and disbursing tuition funds.¹⁴⁶ Moreover, a student veteran who is undergoing severe and persistent mental health issues often does not have the luxury of time to wait for funds. Ideally, a separate group within the VA should promptly review "emergencies" and issue living stipends in a timely manner to student veterans whose cases

¹⁴⁶ Matthew Daly, *Veteran Affairs Says Agency Faces \$2.5 Billion Budget Shortfall*, PUBLIC BROADCASTING SERVICE NEWS HOUR (June 25, 2015), <http://www.pbs.org/newshour/rundown/veterans-affairs-says-agency-faces-2-5-billion-budget-shortfall/>.

they approve.

Further, what does it mean to institute an “expedited” reenrollment process? As discussed above, institutions are required to readmit service members without a change in academic status if the service-related absence does not exceed five years and if the service member notifies the institution of intent to re-enroll within a prescribed time frame.¹⁴⁷ Such policies should apply to student veterans as well; in fact, many schools offer a reasonable reenrollment process for students who take such leaves. Yet a “change in academic status” is bound to happen at an unofficial level; if a student takes a leave of absence during the fall semester, he or she may not be able to reenroll in the same class in the spring. Academic requirements may change, a required class may have to be repeated, and accordingly, the student will still be inevitably delayed in completing his or her degree. As such, “expedited reenrollment” here would only assure that the process of reenrolling is not made cumbersome through the request of excessive documentation that prevents the student from regaining access to his or her education.

Also tricky is determining when a student should reduce his or her course load and when a student should take a leave of absence. Although the decision is rightfully the student’s, where the student is dependent on a living stipend and tuition funds provided by the VA, it also becomes the VA’s prerogative to validate those circumstances. Requiring students to procure a mental health diagnosis that reveals the need to take time off for health assistance or treatment would additionally incentivize students to seek assistance when ordinarily out of a need to conserve funds, they might not do so. This also incentivizes students to be open with any issues with the school’s academic department such that the department can better help them prepare and track progress of their degree plans. At the same time, requiring a diagnosis to switch to part-time status or take time off while receiving a living stipend may feel paternalistic to student veterans who believe they should be in complete control of their degree progress, leaves of absence, and other academic choices traditionally left to the student.

For each of these recommendations, student veterans may feel singled out among their peers for arguably no reason. Veterans may believe that they are not affected by financial or mental health needs, and even those who believe they are affected may think that it will not have the potential to hinder their academic performance. Being treated as a

¹⁴⁷ McBain et al., *supra* note 4.

separate class of students with isolated guidelines and accommodations may seem like a micromanaging effort by the university to coddle each student veteran. Many veterans with mental health needs have a smooth, if not seamless transition back to school.¹⁴⁸ Even if student veterans seek help for their mental health needs, being coerced into action by the institution or the VA is less than ideal. The solution may communicate, “We are prepared to support you financially and academically so long as you do it in a way we believe to be appropriate.”

Regardless of how paternalistic these policies may be, these recommendations apply to those who fall through the cracks in a system that often fails to recognize the unique challenges student veterans face trying to transition into post-secondary education. Community colleges can provide a bridge from the moment a student leaves service to the moment he or she transfers to a four-year institution. Without that bridge, students may feel underprepared and overwhelmed. Four-year institutions ought to treat each student veteran on a case-by-case basis keeping in mind the unique challenges he or she faces. Giving each student veteran the attention and support he or she needs is certain to make a rewarding impact on retention and degree completion rates.

VI. CONCLUSION

The introduction of the Post 9/11 GI Bill has enabled far more veterans in the last decade to access higher education, many of whom are pursuing degrees at four-year colleges and universities. Though the student veteran population is a huge asset to institutions, bringing a wealth of knowledge and experience to campuses, many individuals also face unique challenges that can impact academic performance upon transition.¹⁴⁹ The three challenges most encountered include retention and degree completion, financial insecurity, and mental health issues. Because financial insecurity and mental health needs can impair retention and degree completion,¹⁵⁰ any recommendation must take all three into

¹⁴⁸ Sandra G. Boodman, *Veterans Find that Their Transition from Combat to College Can Be Difficult*, WASH. POST (Nov. 28, 2011), https://www.washingtonpost.com/national/health-science/veterans-find-that-their-transition-from-combat-to-college-can-be-difficult/2011/10/20/gIQAUGW54N_story.html.

¹⁴⁹ McCaslin et al., *supra* note 62 (arguing that PTSD and TBI injuries impair concentration and memory, and as a result, increase the risk of academic problems for student veterans).

¹⁵⁰ Carly Stockwell, *All Public Colleges Will Soon Offer Veterans In-State Tuition*, USA TODAY (Mar. 9, 2015), <http://college.usatoday.com/2015/03/09/all-public-colleges-will-soon-offer-veterans-in-state-tuition/>.

consideration. Institutions have shown a positive trajectory responding to student veterans' needs, predominantly in the area of mental health. Many resources and services are offered that are intended to orient and transition veterans into the academic environment. However, though retention and degree completion are academic matters, the involvement of academic departments is remarkably lacking. The recommendations explored in this paper suggest means by which academic departments can acknowledge student veterans' unique challenges and facilitate pursuit of post-secondary education.

Considering the scope of this paper—student veterans' success at four-year institutions given financial insecurity and mental health needs, I explored three different scenarios. I contemplated a more general recommendation of making transition courses accessible to student veterans on a voluntary basis. Students who were not up to par with the skills required of an entering freshman could elect to take these courses. Of the three recommendations, this has the highest upfront cost to the institution but is also the most straightforward to implement and may be incredibly rewarding to both the institution and the student veteran. The second recommendation, offering an alternative degree plan to students with financial insecurity and mental health needs, is slightly thornier. The degree requirements would remain the same, but the academic department would work with the student to derive a flexible or creative arrangement of meeting those requirements. Because these "flexible and creative" arrangements are at the discretion of the professor, there will likely be backlash from faculty, the department, or other students as to whether the arrangement is equitable and appropriately satisfies the requirement. It remains to be seen how individuals are able to address those questions in designing such a program. Finally, an academic department need only allow for expedited reenrollment when a student veteran takes a leave of absence, ensuring that their plan of study is not disrupted and that once he or she returns, steps are taken to ensure the student is able to get back on track. The challenge lies with the VA in providing continuing financial and healthcare assistance for students facing this extenuating circumstance in a timely manner; the department will have to assess, process, and address the student's needs in a fair and reasonable manner.

Institutions have begun to accept and appreciate student veterans for the incredible and diverse insight they bring to campuses. It is time that academic departments play an active role in furthering these students' academic needs. With further research on the impact financial and mental health stresses play on student veterans' performance and with policies and programs adopted to adequately address those challenges, student

veterans will have the opportunities they deserve to succeed far beyond their service.