

Welcome to Ridgeview

The Technique found that in the span of twelve months, Tech's mental health resources sent at least nineteen students to receive involuntary mental health evaulations off-campus. Primarily, these students went to the Ridgeview Institute, a for-proftit psychiatric hospital located in Smyrna. When students come out of Ridgeview, they often have the same story. They were made to feel like criminals, dehumanized, and feel that the hospitalization only made their initial condition worse.

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In high school, Anna R.* had a mantra that she repeated to herself whenever things got bad. Everything will be better in college, she told herself. Just get through this and then in college you'll have friends and you'll be happy. It was her constant prayer, and those words pushed her through.

And things did get better. She joined a sorority and found close friends. But soon, Anna realized that, though she loved her sisters, she only saw them when they were drinking. She began to feel isolated. And so, in her sophomore year, she quit.

Then her depression came back. Her sorority had left a hole in her life, and she felt alone and empty. "I lashed out and pushed friends away," Anna recalls, "I became toxic to be around."

That's when she turned to the counseling center.

Over a year later, she found herself trying and failing to fall asleep on a top sheet at Ridgeview Institute, a mental health facility in Smyrna. Laying in that room was the culmination of a chain of events that began in the counseling center at Georgia Tech. She would spend the next five days there.

So she lay there, crying, wishing she was at home in her bed, cuddling with her dog. She had cried on the way to Ridgeview and now, alone, the tears came flooding back.

When the staff at Ridgeview told Anna they were involuntarily committing her, they cited Georgia code 1013. Created in 2013, 1013 allows licensed professional counselors in Georgia to authorize the transportation of a person that "appears to be mentally ill... requiring involuntary treatment". Once the individual is transferred, they are reassessed by the admitting facility to determine whether they meet the criteria to be involuntarily committed. This form, 1014, must be completed within 48 hours of arrival. The patient must be judged to either present a substantial risk of imminent harm to self or others (based on overt acts or threats of violence) or so unable to care for their own physical health and safety it presents a life-endangering crisis. This is the criteria the Ridgeview staff determined Anna met.

The next morning, after a breakfast of eggs and toast, Anna couldn't stop thinking about how she needed to be studying. It all seemed so surreal-yesterday had been a normal day at school.

"My parents didn't understand a lot about mental health," Anna says, "They're really religious, and basically they would tell me that my depression and anxiety was happening because I wasn't going to church enough. They told me to stop feeling sorry for myself. And so I went into college thinking that I brought these problems on myself." In high school, when Anna began to show signs of depression or anxiety, friends would cut her off because they didn't know how to deal with it. A thick stigma surrounding mental illness. And being a person of color in a predominantly white high school only increased her anxiety.

"It was really alienating," she says. But instead of getting better in college, that alienation worsened in the sorority environment. "I developed a lot of unhealthy habits like binge drinking and not valuing myself unless a fraternity boy asked me to an event." She withdrew from all her hobbies and became disconnected from herself.

When she left her sorority, her depression returned. "It got to the point where I was always very unstable." She ideated suicide, but never made any plans. She just felt it would be easier if she were dead.

"I just felt really alone," Anna says.

She started counseling at Georgia Tech and saw a student physician regularly for a month. But one particular day, her counselor noticed that things seemed really bad. She asked Anna if she wanted to die.

Anna thought for a moment. She wanted to die, she said,

"It felt less like a hospital and more like a prison. You feel like you're different. You feel dehumanized immediately. The staff members treat you like a psycho, not like a person."

but she clarified that she didn't have any intent or plan to commit suicide. The counselor grew quiet and left the room. When she returned, she told her that she had talked to her supervisors, and they had decided that Anna needed to go to the hospital.

It was a Wednesday at 6:00 P.M., and Anna was tired and sweaty from walking around all day. She insisted again that she wasn't feeling suicidal. She told her counselor that she didn't want to go. Her counselor told her that that wasn't an option.

"I froze. I didn't know what to do. She told me that GTPD would be arriving soon to take me to the hospital. And I just started balling, hyperventilating. I begged her not to make me go."

The counselor's supervisor came in and told her that there was nothing she could do and that she needed to calm down.

"I remember crying so much and one of the older women came up to me. She said to me, 'It's okay baby. I can feel your sadness.'

They didn't give Anna an option of hospitals, or ask her what her insurance could pay for. As GTPD lead her away, Anna couldn't help feeling like some sort of criminal. Though she wasn't handcuffed, they told her that they would handcuff her if she became uncooperative. Over the long drive, Anna frantically texted people telling them what was happening, and someone in a group chat mentioned that she was probably headed to a place called Ridgeview.

She waited for five hours before being admitted, during which two friends came and brought her sweatpants and a sweatshirt. Her friend had been involuntarily hospitalized before, and knew what Anna would need. They told her she would be there for three days, which at the time seemed way too long.

They didn't give Anna an estimate of cost and just asked her for her insurance information. After signing all the forms, it was time to say goodbye.

"I said goodbye to my friends, which was the hardest thing I've ever done. I was just crying and telling my friends that I was just really scared."

The counseling center defines a crisis broadly as anything that requires immediate attention. "Crises can cover just about anything," says Mack Bowers, one of two associate directors of the counseling center. He served as interim director from July 2017 through June 2018, longer than anticipated, after the previous director left for another job."It may be that somebody broke up with their boyfriend or girlfriend. Or somebody had a panic attack while they were taking a calculus test. A lot of them are mental health crises, but then there are things that might be more situational."

Each hour, a staff member is on triage duty all 40 hours the counseling center is open per week. At 4, there are two on duty, due to the high volume of students at that time. From 5:00 to 8:00 AM the next day, there are after hours phone consultations available.

When asked about the more dangerous crises, when a student is thinking of harming themselves, Bowers says that the counselor will perform a risk assessment. They ask about past suicide attempts and if they have a plan in place.

Then, the staff will consider a range of options from group therapy to intensive outpatient programs to impatient programs like Ridgeview.

From the 16 or 1700 students they saw in 2018, Bowers estimates 2-5% were sent to intensive inpatient or outpatient centers.

"We try to get the lowest level of intrusion," Bowers says.
"We do have several facilities that we typically work with
just because they know our students better. They wouldn't
necessarily mix college students with other people that
might not be in the same stage of life." Ridgeview Institute
is one of those facilities.

Bowers was clear that the counseling center doesn't have a fiduciary agreement with any of them and does not endorse those facilities.

When deciding which facility to send students to, Bowers stresses the comfort of the student. It has to be the right fit. "I'll usually talk with the students about the different places and offer them a choice. Sometimes, because of insurance, there's a limit to how many choices they have. There might be only one facility in the city that actually accepts their insurance."

During the interview, Bowers stated that insurance information is the most salient factor. But he emailed me later to say that "While insurance is one factor we consider, we also attempt to refer to the most appropriate setting. Generally treatment can be costly so insurance is an important consideration." This information is collected either by asking the student directly or from the initial

intake form the student filled out.

The year before Anna, in the fall of 2017, Tyler M.* was also committed to Ridgeview. He had been in search of a specific SSRI, a depression medication that he had taken before and knew worked for him. He understood, on a logical level, that the pain he was experiencing was only chemical. All he had to do was get to Stamps and get a prescription. He wanted to feel better.

In high school Tyler regularly saw a psychologist to treat his depression. "I was actively suicidal, not necessarily to the point of planning, but it was something that was on my mind." Seeing the psychologist helped Tyler, and his suicidal thoughts disappeared.

But the intensity of Georgia Tech became overwhelming, and his depression returned. That's when he decided to go to Stamps, but the earliest appointment they could make was in two weeks.

"At the time I was dealing with such excruciating pain and I wanted these thoughts to go away," Tyler says. He thought that by speaking to a crisis counselor, he'd be able to get the medicine much faster. And for him, that was a powerful decision. He knew that he thoughts and feelings he was having could go away, that they weren't part of him. "I'm proud that I decided to get myself help that day, despite the consequences that happened."

Tyler had gone to the counseling center the year before as a freshman, but they had told him that they were at capacity and couldn't help him.

Now, the counselor told Tyler she was sending him to a place where he could get the medication. If he went in and told them exactly what he told her, he would have his medication within a few hours and would be able to go home. He doesn't remember being told that he would be going to a psychiatric hospital. "I felt betrayed, honestly. I felt lied to."

Like Anna, Tyler had suicidal ideation, meaning he experienced intrusive thoughts of dying. But he had no intention to commit suicide. He had no plans, and didn't want to die.

After waiting for hours in the Ridgeview lobby, Tyler was told he should voluntarily commit himself. If he didn't, they would involuntarily commit him. They gave him an estimate of three days.

"I joked in the waiting room that I was going to be locked up in a psycho ward." Tyler says, "But it wasn't real until that moment. And I told them I couldn't take three days off of school. I had so much work to do. But they said something like 'too bad'."

Anna was taken to what she says looked like a rundown retirement home. This was a girls only cottage where Anna would stay for the next five days.

All Anna could think about was how she needed to be studying.

There were group therapy sessions every other hour. They were decently helpful, says Anna. But in one of the she remembers a girl started having a schizophrenic episode. "I was thinking to myself, why am I here. I'm just a college student."

When she first called her parents, they were angry. They hadn't known where she was and had called the police, the physics department, and her law professor. Now, they were disappointed in her. They told her she should've known what would happen if she reached out for help. They worried about how much it would all cost.

Anna couldn't sleep because of her anxiety, so the psychiatrist prescribed her a sedative. And they had to be within eyesight of the nurses at all times. She couldn't go to her room to lie down during the day, because that was considered avoidant behavior.

The nurses made her feel crazy. "They were taling to us like we were dumb and incapable of communicating," Anna says.

"I remember crying so much and one of the older women came up to me. She said to me, ``It's okay baby. I can feel your sadness.' It's weird because for the first time I was around people who understood my feelings."

"It got more bearable each day because I had started to become a bit closer with the people there. It's kind of like a sense of unity among everyone."

Each patient is assigned to one of the psychiatrists, who becomes in charge of that patient's care. They are the ones who make the decision to release a patient. Anna saw her psychiatrist a total of three times, and was told by other patients that she was lucky. He was known to release people early. The third day she was there, her psychiatrist told her that he saw a lot of GT students come through Ridgeview. They all told him they shouldn't be there. They just had suicidal ideations but the school sent them there involuntarily. He agreed that Anna shouldn't be there.

On her fourth day, Anna found out she would be discharged the next day. They told her the average was 7 days.

Tyler was also there for five days, which he spent watching TV and attending group therapy.

"I didn't even want to be there for more than three hours, but thank G-d I was able to get out of there as soon as I could," Tyler says, "It felt less like a hospital and more like a prison. You feel like you're different. You feel dehumanized immediately. The staff members treat you like a psycho, not like a person."

He felt threatened by the amount of control the staff had over him. "As a Jew, it's one of the worst things I can experience because all I learned growing up was how my grandparents and great grandparents were dehumanized."

Worst of all, Tyler says, he didn't feel safe. "There were people banging their heads against the wall," he says. One patient in his cottage said he was suicidal. Tyler couldn't stop thinking about how their doors were unlocked, and that if the man wanted to, he could've walked into his room and killed him. He began to experience extreme anxiety, something he had never felt before.

Anna remembers that at one point she just started walking from one end of the cottage to the other because she felt so trapped. "I felt like I was actually mentally unstable because they acted like I was a criminal," she says.

One of her worst memories is being verbally harassed by male patients as she waited in line in the cafeteria. The staff didn't do anything to stop them.

Tyler had initially been quoted \$800 a day for 3 days. But he as he soon found out, being released within 3 days was extremely rare. 5 days seemed to be the standard minimum.

When Tyler came out he was no longer depressed or ideating sucide, but he attributes that to one thing only: sertraline. The medication he sought in the first place.

But he did come out angry. "It was an unnecessary traumatic event, a waste of time and money," Tyler says. He feels lucky that he had such a strong support system and so was able to keep his head above the water.

In Ridgeview, he didn't even dare think about his

school work. It took all his energy to not let his mental health slide. Thanks to accommodating teachers, it took him about a month to catch up on all his schoolwork.

"I tried to keep away the memories of what I had just experienced because every single time I thought about it I just became excruciatingly angry. But you can't hold on to anger like that."

Tyler still strongly feels he didn't deserve to be there. "I wasn't a threat to myself and I wasn't a threat to others."

"It made me less trusting, honestly," Tyler explains, "That's a really sad thing to lose. It was really hard after that. I was lied to so well that I just didn't know any better. I felt so naive. Now, I just have to remember and deal with the reality of what occurred."

For Anna, the only positive thing to come out of her experience was a list of resources for dialectical behavioral therapy that Ridgeview provided. But she says this is something Georgia Tech should have provided to her from the start. "They knew they weren't providing me the help I needed but instead of directing me to a place I could get help, like an outpatient program, they sent me to Ridgeview."

But while she was in Ridgeview she found she couldn't improve. "It was such a negative, toxic environment that it was hard to accept help from people," she explains.

"It worsened my condition. When I left, I felt like I had no control over my life. I couldn't even reach out to a counselor without risking this happening again. I felt like I couldn't ask for help, like I had no options."

The adjustment period was difficult. Anna frequently had panic attacks and woke up screaming from nightmares. It was almost always the same. She would be anywhere- in class, her dorm, or on the street, and officers would show up and take her back to Ridgeview.

"I was living in so much fear and for a while my mental health got worse because I was too scared to talk about it," Like Tyler, she says she was traumatized, "My trust was completely broken."

"This school needs to do something more than just help people with academic stress," she says, "More people need to know about what happened."