

Statement of Richard J. Bonnie
Accompanying Submission of Virginia College Mental
Health Study to the Joint Commission on Health Care,
General Assembly of Virginia
November 22, 2011

We are submitting today the report of the Virginia College Mental Health Study approved by the Joint Commission in September 2009. The historical context for this study obviously begins with the tragedy on April 16, 2007, the Virginia Tech Review Panel's superb report in August, 2007, the December, 2007 Report of the Commission on Mental Health Law Reform and the comprehensive package of reform legislation enacted by the General Assembly in 2008.

The central aim of the College Mental Health Study is to take stock, four years later, of access to mental health services by college students and the effectiveness of the legal framework for preventing and responding to mental health crises that was created by the 2008 legislation. The Task Force on Access to Services was chaired by Christopher Flynn, Director of the Cook Counseling Center at Virginia Tech. The Task Force on Legal Issues was chaired by Susan M. Davis, Associate Vice President for Student Affairs at the University of Virginia. I am deeply grateful to them both.

You have in your binders the Executive Summary and a list of the 10 consensus recommendations arising from the Study. Rather than go over them point by point, I will try to highlight

what I regard as the key messages and I will then turn it over to Susan Davis to summarize in more detail the portion of the report dealing with the finding and recommendations relating to the legislation enacted in 2008.

Let me begin with a core finding of the Virginia Tech panel report. The tragic deaths that day -- and in other sentinel cases of violence by persons with mental illness -- typically have two features in common -- a person with untreated mental illness -- often a young adult -- and a sequence of system failures in recognizing and responding to evident clinical deterioration that culminated in violence. And for every case of mass violence, there are thousands of avoidable suicides. And for every suicide, there are thousands of people, especially young people, who are struggling with the first signs of mental illness and whose lives and futures are slipping out of control.

This is the context for our study and our report.

I want to highlight four key points in the report.

First:

Counseling centers in residential colleges are providing an essential range of services to students in both public and private institutions and it is important for those services to be sustained and strengthened. The importance of the college counseling center seems to be noticed only when someone slips through the cracks, but it should be remembered that they serve a critical preventive role.

Not surprisingly, our counseling centers in Virginia's public residential colleges are understaffed by national standards and in comparison with Virginia's private colleges. Austerity affects all budgets, but we should be careful not to cut into the bone.

Second:

All colleges, both residential and non-residential should actively seek to involve students and faculty in mental health awareness and suicide prevention activities. Changing the culture can prevent tragedy. With support from the Campus Suicide Prevention Center at JMU, every college can create a climate for reaching out to students who are struggling and channel the helping inclinations of their peers safely and effectively.

Third:

Our task forces were deeply concerned that many students enrolled in community colleges may lack access to affordable mental health services even when they are feeling severely distressed. We say this for three reasons: First the colleges themselves do not offer direct mental health counseling services as a matter of policy. Second, although we were not able to provide specific numbers, we suspect that many community college students are uninsured or underinsured and cannot access services in the private sector. Finally, the capacity of community services boards to provide timely outpatient services to college students is severely constrained even though they are the referral agency of first resort for the community colleges.

What should be done? The Commonwealth's community colleges play an increasingly important role in the system of higher education in Virginia and they are being asked to absorb many more students with shrinking resources. And we can understand that there may be reluctance to take on yet another responsibility.

The task force therefore recommends that the Commonwealth commit itself, as soon as the economic climate permits, to strengthen the capacity of the community colleges to provide outreach, case identification, screening and referral services to troubled students. What we mean is that every community college should have on staff or under contact a clinically trained professional who can provide these services.

In addition, we think that community colleges who decide to do so should be permitted by state policy to offer direct counseling services.

Meanwhile, as the economy improves, the Commonwealth should also increase the capacity of community services boards to serve college students who need urgent care but lack access to the private sector.

Fourth:

Our task forces identified a number of major concerns about the sharing of information between colleges, community services boards and hospitals regarding students needing or receiving acute mental health services. For example, most colleges reported that they were not notified when a commitment

proceeding involving a student was initiated by someone other than the college or when their students were admitted to or discharged from a hospital. We think the necessary improvements can be accomplished without legislation and we have taken the first step by providing model MOUs, contact lists, protocols for coordination and recommendations for collaborative training.

As I mentioned at the outset, the task force on legal issues reviewed experience under each of the statutes enacted in 2008 to assess their utility and effectiveness and has recommended some modifications. Those changes are described in the Executive Summary and will be explained by Susan Davis.