

# **Virginia College Mental Health Study**

## **Executive Summary**

### **November, 2011**

Almost half a million students attend Virginia's colleges and universities. About 45% attend one of the 15 four-year public colleges, 17% attend one of the 25 four-year private colleges, and 38% attend one of the 24 public two-year colleges (including the 23 community colleges). It is well known that young adulthood is the period of onset for major mental disorders and is often characterized by intensive use of alcohol and other drugs. Based on national data as well as the data available in Virginia, it is likely that at least 46,000 of Virginia's college students are experiencing significant mental health concerns and are in need of psychological assistance at any given time. According to the Virginia College Mental Health Survey (VCMHS), at least 11 Virginia college students committed suicide and at least 86 more attempted suicide during 2008-09. However, based on national data, we estimate that there were approximately 2300 attempted suicides and approximately 30 completed suicides among college students during that year.

### **Prevention**

Each college and university that has not already done so should establish a planning group for involving and guiding students in clinically, culturally, ethically and legally appropriate roles in campus-based mental health awareness and suicide prevention.

### **Access to Services in Residential Colleges**

The best way of preventing mental health crises is to assure that people experiencing mental or emotional stresses or disturbances have expeditious access to mental health services before events spiral out of control. This challenge is no less important in a college environment than it is in the community at large. Research shows that participation in college counseling services increases student retention and graduation rates.

All of the 15 four-year public colleges and 22 of the 25 private colleges offered mental health counseling services to enrolled students (generally full-time students). Using the International Association of Counseling Services standards as a guide, the majority of private colleges in Virginia meet the minimum requirement of one counselor per 1,500 students while the majority of counseling centers in the public colleges do not meet the requirement. Most counseling center directors report that they lack adequate psychiatric coverage. The percentage of the student body served by Virginia's college counseling centers parallels the staffing pattern. In the public colleges and universities, 6.3% of the student body utilized services in the counseling center during academic year 2008-09, compared with 11.1% of the student body in the private colleges and universities.

### **Health Insurance**

Health insurance, including adequate behavioral health benefits, is an important part of the equation for assuring adequate access to mental health services for college students.

Although the proportion of students covered by insurance could not be ascertained in the VCMHS, most private colleges (about 60%) and about one-quarter of 4-year public colleges require all of their students to have health insurance. As a result, counseling centers at the four-year colleges customarily refer their students to private providers when they are unable to meet the students' mental health needs. By contrast, none of the community colleges requires its students to have health insurance; instead, community colleges rely mainly on the services provided by the Commonwealth's community services boards (CSBs) to assist troubled students.

### **Access to Services for Community College Students**

One of the most important issues considered in our deliberations concerned the mental health needs of students enrolled in the Commonwealth's 23 community colleges. National survey data suggest that at least a quarter of all the country's community colleges offer full or part-time services by clinically trained providers. However, according to official policy, Virginia's community colleges do not currently provide mental health counseling services. Moreover, it appears that very few community colleges in Virginia have clinically trained counselors on their staff.

Unfortunately, there is reason to believe that a significant portion of community college students do not have access to off-campus mental health services because they are more likely than students in the 4-year colleges to be uninsured or under-insured and because most community services boards lack capacity to provide timely counseling and psychiatric assistance to college students. Task Force members regard the current gap in accessible mental health services to community college students as a serious problem. Failure to respond to this problem aggravates the already substantial disparities in educational achievement among people of color.

Although community colleges do not currently offer mental health counseling services, their governing policy does require them to develop "proper procedures for addressing the needs of a student who may pose a threat to him/herself or to others." However, task force members believe that capacity to prevent and respond successfully to mental health crises depends on timely access to clinically trained professionals who are able to screen and refer troubled students and to facilitate adequate crisis response. In our judgment, current capacity to do this among the community colleges is uneven at best.

The task forces recommend that the Commonwealth embark on a sequential plan, as resources permit, to assure that every community college has the capacity to provide brief screening and referral services for students who appear in need of mental health intervention; to maintain fully staffed threat assessment teams; to conduct risk assessment screenings in cases that may pose a risk of harm to campus safety; and to coordinate with CSBs, law enforcement agencies and families to carry out emergency interventions and other types of crisis response when necessary.

This recommendation is meant to declare a goal without prescribing a one-size-fits-all approach for achieving it. It envisions flexible responses in what services are provided and in the staffing needed to deliver them, depending on the size, financial capacity, and location of the

particular community college. The immediate aim of this recommendation is to establish a minimum capacity for screening and referral in every community college

It is not necessary for every community college to provide direct counseling services. However, community colleges that are able to provide direct counseling services should be encouraged to do so (and should not be precluded from doing so as a matter of policy).

For the foreseeable future, CSBs will likely be the primary providers of safety net services for uninsured college students. It is hoped, however, that economic recovery will eventually allow the Commonwealth to fund CSB services at a sufficient level to increase their capacity to provide timely outpatient services.

### **Review of 2008 Legislation in Operation**

The Task Force on Legal Issues was charged with ascertaining how the legislation enacted in 2008 in the wake of the Virginia Tech tragedy has been operating in practice. Although most of the new policies and procedures have had positive effects, the Task Force concluded that several clarifications and adjustments would be helpful.

### **Sharing of Information in Admission/Enrollment Process**

Va. Code § 23-2.1:3 permits colleges to seek mental health records of applicants or admitted students from originating schools. The survey data indicated that no institution in Virginia currently requests mental health records for all its incoming students and that only a handful of colleges have requested such records. Although the task force proposes no significant legislative change, it recommends clarification of the meaning of “originating school” to ensure it includes transferring institutions of higher education, and not only high schools.

### **Interventions for Suicidal Students**

All of Virginia’s four-year public institutions have developed and implemented policies for identifying and addressing the needs of suicidal students as required by the first sentence of Va. Code § 23-9.2:8. This is a welcome mandate as these policies are a critically important aspect of protecting the mental and emotional well-being of Virginia college students. However, only 38.1 percent of community colleges reported in the survey that they have such policies, reflecting the current reality that community colleges do not provide mental health services to their students and that most of them do not have the expertise to implement suicide prevention policies. Until these circumstances change, the Task Force recommends revising the first sentence of Va. Code § 23-9.2:8 to release community colleges from this legislative mandate.

In addition, the Task Force recommends legislative clarification or repeal of the two remaining sentences in the provision because they are contradictory, simultaneously directing colleges not to penalize students for being suicidal while also permitting them to deal “appropriately” with students who pose a danger to themselves or others. If the intention was to protect students with disabilities, federal law (ADA and Rehabilitation Act) already provides this protection. In terms of clarity, it would be best to leave this to federal disability discrimination

standards. The added sentences to state law, while well intentioned, create added confusion for student affairs officials in these complicated cases.

### **Parental Notification**

The perceived legal impediments to parental notification described in the Virginia Tech Panel's report in 2007 appear to have been lessened by clarification of federal law and by Virginia Code § 23-9.2:3.C, which requires colleges to establish policies and practices regarding notification of parents of dependent students when the student receives mental health treatment at the student health or counseling center and certain criteria are met. Although an exception is provided if the treating physician or clinical psychologist believes notification would be harmful, there is some lingering concern that this notification requirement could deter students from accessing care at the campus counseling center and uncertainty whether the General Assembly intended for community colleges to be subject to this notification requirement. It may be advisable to amend the statute to make it clear that the provision is permissive, not mandatory, for community colleges. Also many smaller schools do not have a physician or clinical psychologist on staff. Accordingly, Va. Code § 23-9.2:3.C should be amended to permit any available school health professional to authorize the exception not to notify a parent. This can be accomplished by changing the phrase "physician or treating clinical psychologist" to "health care professional."

### **Threat Assessment Teams**

Virginia Code § 23-9.2:10 provides a good framework for establishing and operating threat assessment teams. It does not dictate how schools should run their teams. It gives them flexibility to design their own mission statement and operations. In 2010, the General Assembly authorized threat assessment teams to receive health and criminal history records of students for the purposes of assessment and intervention, and largely exempted records of threat assessment teams from the Freedom of Information Act.

Virginia's public four-year institutions have all implemented threat assessment teams on their campuses. Despite the absence of a statutory mandate, the majority of Virginia private institutions have also done so. Implementation of the requirements of § 23-9.2:10 among community colleges appears to be uneven, however, largely due the lack of clinically trained staff and other personnel needed for a fully staffed team. It seems likely that the General Assembly was focusing primarily on four-year colleges when it enacted § 23-9.2:10. The Task Force recommends that the staffing requirements prescribed by § 23-9.2:10 be loosened to take account of the wide variation in staffing capabilities among community colleges. However, the Task Force hopes it will be possible within a few years for all colleges, including community colleges, to employ or retain the necessary clinically trained personnel to maintain a fully staffed threat assessment team and carry out risk assessments in appropriate cases.

### **Cooperation by Colleges, CSBs and Hospitals in Emergencies**

Working agreements with local CSBs have been established by two-thirds of public four-year colleges, about half of private colleges, and about 70% of community colleges. In addition,

working agreements with local psychiatric hospitals have been established by about half of public four-year colleges, one-third of private colleges and one community college. The task forces identified a number of major concerns about the sharing of information between colleges, CSBs 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. The task forces recommended solutions to allow for improved communication in these situations.

The Task Force identified significant information gaps between college and university officials, CSBs, and psychiatric hospitals during the processes of emergency evaluation (ECOs & TDOs) and commitment of students. This issue requires priority attention. Colleges and universities are key stakeholders whenever their students are subject to these state processes. They often have significant mental health and behavioral information that would aid state officials involved in these proceedings. Residential colleges are also the homes to which many discharged students return. Accordingly, colleges and universities should be notified and involved in these proceedings to ensure community safety and appropriate continuity of care when a discharged student returns to campus.

The Task Force recognized that CSBs have limited resources at their disposal and limited time to act during the ECO and TDO stages. Colleges and universities do not wish to burden CSBs with additional responsibilities. On the contrary, the Task Force believes that colleges and universities could become a helpful partner to CSBs throughout these proceedings. To that end, the Task Force recommends pursuing each of the steps below: :

- Each college should establish a written MOU with its respective CSB to ensure both parties have the same understanding of the scope and terms of their operational relationship.
- Each college should establish a written memorandum of understanding for use with local psychiatric hospitals to assure inclusion of colleges, where appropriate, in the post-discharge planning of student patients, whether admitted voluntarily or involuntarily.
- Working together with the colleges in their catchment areas, Virginia's CSBs should establish a reliable system for assuring that a designated contact person at each Virginia institution is notified whenever one of its students is the subject of commitment proceedings and for assuring exchange of information among institutions, providers and the legal system in a timely fashion.
- The Office of the Executive Secretary of the Supreme Court, the Department of Behavioral Health and Developmental Services, the Virginia Association of Community Services Boards, the Office of the Attorney General and Virginia's colleges and universities should conduct collaborative training activities to assure that all participants in commitment proceedings are familiar with special issues arising in cases involving college and university students.