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.

Last October, the Joint Commission on Health Care agreed to undertake a study of mental health issues in the Commonwealth’s colleges and universities. The study is being conducted by two task forces – one to assess students’ access to mental health services and the other to analyze legal issues surrounding colleges’ responses to students’ mental health needs. In the spring of 2010, the Joint Commission, in coordination with the Commission on Mental Health Law Reform, conducted a survey of Virginia’s public and private colleges to collect relevant data bearing on these issues. Data was requested for the 2008-09 academic year. The survey response rate was a remarkable 98%. The study’s task forces are now reviewing and analyzing the data and will report their conclusions and recommendations to the Joint Commission next spring. However, I am pleased to report the key findings of the survey to the Joint Commission today.

Access to Services

The survey indicates that counseling centers in the private colleges have about 70% more staff capacity than counseling centers in the 4-year public colleges. Similarly, about 70% more students are served by counseling centers in the private colleges than in the 4-year public colleges. While these findings may not be surprising, they highlight the challenge of addressing mental health needs of students in the 4-year public universities.

One of the most important issues being considered in our deliberations concerns the mental health needs of students enrolled in the Commonwealth’s 23 community colleges. While access to on-campus mental health services may seem less important in non-residential colleges than in residential ones, students attending community colleges often face mental and emotional challenges equivalent to those faced by students in traditional 4-year colleges, and may be even less able to cope with them without professional assistance. Nonetheless, Virginia’s community colleges are prevented by official policy from providing mental health services on their campuses.

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 this survey, 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 4-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 adequate health insurance.
health insurance; instead, community colleges rely heavily on the services provided by the Commonwealth’s community services boards (CSBs) to assist troubled students.

Frequency of Hospitalization and Withdrawal for Mental Health Problems

The survey data indicate that four-year colleges rarely initiated either an ECO or a TDO to detain students for emergency mental health evaluation in 2008-09, doing so for only 2 out of every 10,000 students. However, the initiation of involuntary commitment proceedings is meant to be a last resort. Better indications of the frequency of severe distress experienced by Virginia’s college students are the rates of medical withdrawal for mental health reasons and psychiatric hospitalization. An average of 56 students per 4-year public college and 6 students per private college withdrew from school in 2008-09 for mental health reasons. The average number of students admitted to a psychiatric hospital in 2008-09, regardless of legal status, was about 10 per 4-year public college and 3 per private college. Overall rates of medical withdrawal and psychiatric hospitalization in Virginia’s 4-year colleges in 2008-09 were 35 per 10,000 students and 12 per 10,000 students respectively.

Student Suicides and Attempts

During 2008-09, at least 11 Virginia college students committed suicide and at least 86 more attempted suicide. One-third of all public colleges experienced a student suicide, and about three-quarters experienced a student suicide attempt. The numbers of suicide attempts were lower at private colleges (an average of 1 attempt per college) than at public colleges (an average of 6 attempts per college) because of the smaller average size of the private colleges. All public 4-year colleges, 80% of private colleges, and almost 40% of community colleges, have guidelines for identifying and addressing the needs of students exhibiting suicidal ideation or behavior. This is an example of how policies and practices required for public 4-year colleges by law, have been embraced by private colleges and even by community colleges.

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 changes in the Code of Virginia. Public colleges notified a student’s parents because they were concerned about the student’s becoming harmful to him or herself or others a total of 68 times in 2008-09. Private colleges did so 70 times, and community colleges 6 times. Public colleges notified a student’s parents because they were concerned about the student’s mental health more broadly, even without a concern that the student would harm him or herself or others, a total of 4 times in 2008-09. Private colleges did so 80 times, and community colleges once.

Threat Assessment Teams

All public colleges, as well as three-fourths of private colleges and community colleges, have established threat assessment teams charged with assessing individuals whose behavior may pose a threat to campus safety and to recommend appropriate interventions. The average number of active cases considered by threat assessment teams in 2008-09 was about 20 at public colleges,
9 at private colleges, and 5 at community colleges. Mental health issues were believed to be a significant factor in most of these cases.

**College Requests for Mental Health Information**

One issue raised in the wake of the tragic shootings at Virginia Tech was whether colleges should seek, and have access to, information about the mental health histories of students prior to or after enrollment. The General Assembly authorized Virginia’s colleges to require admitted or enrolled students to provide mental health records from the originating school. This authority has been used by only eight colleges (four 4-year public colleges, two private colleges, and two community colleges), who indicated that they sometimes request information about selected students. In addition, about half of the 4-year colleges administer health surveys to enrolled students that include questions regarding mental health and share the information with the counseling center. The legal issues task force is attempting to ascertain why the authority to seek school records is not being used more often.

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

Working agreements with local CSBs have been established by two-thirds of public 4-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 4-year colleges and one-third of private colleges. Our study task forces have identified a number of major concerns about the sharing of information between colleges, CSBs and hospitals about students needing or receiving acute mental health services. For example, most colleges report that they are not notified when a commitment proceeding involving a student is initiated by someone other than the college or when their students are admitted to or discharged from a hospital. The task forces are attempting to identify solutions to allow for improved communication in these situations.

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1 The survey data indicate that an average of 4 students per community college withdrew for mental health reasons and about one person per community college required psychiatric hospitalization. However, most of the colleges were unable to provide the requested data and these figures are probably not reliable indicators of the prevalence of substantial mental health distress among community college students.

2 Only 2 colleges reported that one of their students was arrested for killing someone else during 2008-09 (in one of these cases the victim was another student).

3 See Virginia Code § 23-9.2:8: “The governing boards of each public institution of higher education shall develop and implement policies that advise students, faculty, and staff, including residence hall staff, of the proper procedures for identifying and addressing the needs of students exhibiting suicidal tendencies or behavior.”

4 This was the first academic year following the 2008 General Assembly’s adoption of Virginia Code § 23-9.2:3.C, which requires Virginia public institutions to notify parents of tax-dependent students whenever students who receive mental health treatment at the institution’s student health or counseling center meet state commitment criteria.

5 This was the first academic year following the 2008 General Assembly’s adoption of Virginia Code § 23-9.2:10, which requires Virginia public institutions to establish threat assessment teams to include members of law
enforcement, mental health professionals, representatives of student affairs and human resources, and, if applicable, college or university counsel.

6 Only one community college reported having such an agreement.