

Position Statement on College and University Mental Health

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“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

Issue:

The need for mental health services on college and university campuses is increasingly recognized. Many students enter college already taking psychiatric medications and most colleges report that the number of prescriptions written at their student health and counseling centers has grown in recent years (National Survey of College Counseling Centers, 2015). Mental health visits are among the most frequent types of healthcare visits among college students (Turner and Keller, 2015). Further, most colleges report increasing numbers of students with histories of binge drinking, substance abuse, and severe psychopathology (Center for Collegiate Mental Health, 2015). Suicide is the second leading cause of death in college students (Blanco et al, 2008). Attending college is often very stressful for young adults, especially when faced with intense academic pressure to perform. Stressors also include separation from parents and other family members and the ongoing process of forming one’s personal identity. In addition, several psychiatric disorders begin during late adolescence and early adulthood, highlighting the importance of early identification and treatment during this time.

Strong evidence shows that mental health problems adversely affect rates of graduation among college students (Hunt et al., 2010). Unfortunately, however, utilization of mental health services varies greatly among colleges (Lipson, et al, 2015). Many college students do not have ready access to psychiatric services or do not take advantage of the services that are available to them. Most community colleges do not have student health or counseling services at all. Many college students continue to lack health insurance. Moreover, students who leave home for college typically also leave their adolescent health care providers and do not successfully negotiate a transition to new providers who understand the special needs and vulnerabilities of young adults. (IOM, 2014)

It is the position of the APA that:

1. All colleges and universities, including community colleges, should have an established arrangement for timely access to psychiatric evaluation and treatment and other necessary and appropriate mental health services for all students in need of them. All colleges without student health programs should have the capacity to provide screening and referral for mental health services. Every student health program should make arrangements for access to an employed or consulting psychiatrist or for referral to a local private psychiatric practitioner or community clinic. Arrangements should be in place for psychiatric care to be coordinated in an appropriate manner with care delivered by the student health service or counseling center. Psychiatrists should have the opportunity to participate in assessment and treatment planning to a degree commensurate with their clinical responsibility.

2. A treating psychiatrist should not serve as a decision-maker regarding academic matters, including withdrawal from classes or from school, due to the potential conflict of interest between the academic mission of the university and fidelity to the welfare of the student. A treating psychiatrist should serve in a consultative capacity in academic decisions, but the final decisions should rest with those not involved in the direct health care of students.

3. All colleges and universities should either require or strongly encourage students to have comprehensive health insurance coverage, especially for mental health and substance abuse treatment, and should assist students to obtain coverage if they are not insured. Psychiatric problems arising while students are enrolled should be treated on or off campus adequately and at parity with any other health problems.

4. Colleges and universities should provide students, parents and staff with easily accessible and culturally sensitive orientation, and ongoing education, regarding health and wellness. Particular attention should be paid to mental health literacy, including recognizing mental health problems and understanding appropriate interventions, including how to respond to disturbing behavior or apparent distress, whom to contact and how to access services both for routine care and for urgent and emergency interventions. Colleges should implement comprehensive programs to reduce suicide risk, prevent alcohol and substance use problems, and reduce sexual assault and respond compassionately to its victims.

5. Colleges and universities should work with community partners and state, federal agencies (such as NIMH, NIDA, SAMHSA) and college MH focused non-profits (such as JED Foundation and Active Minds) to educate the public regarding challenges and risks related to young adulthood, the prevalence of mental disorders among young adults, the importance of recognizing and responding to signs of distress and strategies for stress management and resiliency.

6. Protection of confidentiality and trust in the treatment relationship are especially important for college students. Colleges are relatively self-contained communities and college students transitioning from adolescence to adulthood are growing into their sense of themselves as independent individuals. At the same time, parents also have a strong interest in being involved in their children's health care -- even when their child has become an adult, legally speaking. In rare cases involving students who present a risk of harm to themselves or others, the university administration also has a strong interest in being aware of the student's status. The primary regulations governing privacy in college mental health settings are FERPA, HIPAA, state confidentiality statutes, and codes of professional practice. Clinicians and college officials should encourage young students who may be still dependent on their parents emotionally and financially to share appropriate information with them and seek their support when clinically indicated. Even in case of student's refusal to contact the parent, the perceived impediments to disclosures by college officials in situations in which the health or safety of students may be endangered seem often to be the result of a misunderstanding of FERPA and other relevant laws and regulations. The federal laws and regulations, including updated guidance on FERPA, generally provide an adequate framework for thoughtful clinical decision-making and allow disclosure to university officials and parents when there is genuine concern about the students' safety or the safety of others.

7. Indiscriminately requiring students with mental health problems to take a medical leave can exacerbate students' mental health conditions and adversely affect their self-esteem, and it also violates the American with Disabilities Act. Mandated withdrawals or leaves of absence can be

appropriate in dangerous situations where the risk of violence to self or others cannot be managed safely in the school environment, but students should have appropriate due process protections in these determinations. Students' safety prior to returning to college should be determined by a mental health care provider on a case-by-case basis.

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