



Policy Brief on Mental Health on U.S. College Campuses

Following the American Psychological Association's Guidelines

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Executive Summary

This policy brief's intended audience is the United States Department of Health and Human Services. This brief aims to address the failing state of college counseling centers in the United States. While college counseling centers are receiving a surge in demand for mental health services, they are unable to provide an equivalent amount of resources to treat every student. The following brief will outline in detail the shortcomings of current mental health policies while providing the framework for future reform, which will increase accessibility and equitable treatment. With existing infrastructures in place, U.S. colleges are failing to provide adequate services to every student. Given as such, U.S. colleges need assistance from the U.S. Department of Health and Human Services and its councils in meeting the increased need for mental health services and supporting structures for students.

Statement of the Issue/Problem:

How should the United States Department of Health and Human Services respond to the growing demand for adequate mental health services on United States college campuses?

Background:

In the past decade, the number of students who visited campus counseling centers grew by 30 percent, while the average enrollment at U.S. colleges only increased by a mere 5 percent. This 25-percentage-point difference reveals why the nation has reached what could be called a “campus mental health crisis.”¹ Colleges in the U.S. have also seen an increase in the number of LGBTQ students on campus, who are more likely to experience issues with their mental health due to various stressors.² For many students, college is their first time living independently, and combined with the high expectations of academic achievement and difficulties faced when acclimating to a new environment, students are likely to experience a range of mental health issues.

The Healthy Minds Study³, conducted by the American Psychiatric Association in 2016, found that 61 percent of students who were officially diagnosed with a mental illness did not receive treatment, and the National Survey of College Counseling Centers⁴ conducted in 2014 found that 86 percent of students who committed suicide never

received treatment from their college’s counseling center. Several other similar studies found that over half of all college students who reported considering or attempting suicide had also not received treatment from their respective colleges.

The United States Department of Health and Human Services Interests in this Issue:

The United States Department of Health and Human Services’ mission is to “enhance and protect the health and well-being of all Americans.”⁵ Considering U.S. college students are included in this definition, the current failing state of college counseling centers in the U.S should be a paramount concern to the department. As Secretary of the United States Department of Health and Human Services, you, Alex M. Azar II, should see the consequences of keeping these current and outdated policies in place. It is evident that mental health reform is not a prioritized policy on the department’s agenda, but it is necessary in order to speak true to your mission. According to the National Alliance on Mental Illness⁶, approximately 1 in 5 adults in the U.S. is affected by a form of serious mental illness. Pushing for greater mental health services on U.S. college campuses would be an early form of prevention and would lead to less reports of serious mental illness in the nation. It is in the departments best wishes to address this issue and work towards a

1 Terry, C. (2017, July 21). Mental Health on College Campuses(Rep.). Retrieved November 6, 2018, from National Council on Disability website: https://diversity.ucsf.edu/sites/diversity.ucsf.edu/files/NCD_Mental_Health_Report_508.pdf

2 NAMI. (n.d.). Retrieved from <https://www.nami.org/find-support/lgbtq>

3 Eisenberg, D., & Lipson, S. K. (2016). Home. Retrieved November 10, 2018, from <http://healthymindsnetwork.org/>

4 Reetz, D. R., Ph.D., Bershad, C., Ph.D., LeViness, P., Ph.D., & Whitlock, M., Ph.D. (n.d.). National Survey on College Counseling Directors(Rep.).

5 U.S. Department of Health and Human Services. (n.d.). HHS.gov. Retrieved from <https://www.hhs.gov/>

6 NAMI. (n.d.). Retrieved from <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>

more sustainable and effective mental health program, which would in turn save the United States \$193.2 billion a year in lost work due to mental illness⁷. Providing U.S. colleges with the adequate resources to meet this surge in demand is beneficial to not only public health, but to our economy as well.

Pre-Existing Policies:

The United States government has previously implemented policies to address issues concerning mental health, but while the federal government is currently acting to reform mental health services on U.S. college campuses, nothing has been passed. The Mental Health in Schools Act of 2015⁸ intends to revise eligibility requirements and make it easier for U.S. colleges to receive grants or contracts that provide for comprehensive trauma and mental illness treatment. The Saving Our Next Generation Act proposes to direct the United States Department of Health and Human Services to award grants to eligible colleges; these grants fully cover and provide resources for mandatory mental health screenings. The intended revisions under this act would result in proper mental health care for every diagnosed student. On the larger scale, the Americans with Disabilities Act⁹ is precedent in mental health reform because it defines mental illnesses as a valid health condition, and provides legal protections to those with a mental health condition and grants them workplace rights. For U.S. college students, this means they can register their mental health condition with their school and receive adequate services. The Mental Health Parity and Addiction Equity Act of 2008 and the Affordable Care Act¹⁰ require individual and large-group health plans to cover mental

health treatment and include it as a benefit. For many students at colleges that require them to pay for treatment, this makes services more financially accessible.

Policy Options:

The United States Department of Health and Human Services has a number of different routes it can take when addressing this issue. The first policy option is to not act and continue to collect data from U.S. college counseling centers to see if and/or how the states respond. This gives the department the chance to examine policy measures taken by state governments. By this measure, the department can analyze policy efficiency, develop evaluative criteria, and assess the need for further policy in mental health reform.

The second policy option is to improve access to mental health services on U.S. college campuses. Federal, state, and college funding limitations for counseling centers are the number one problem impeding students with mental health illnesses from receiving proper treatment and support. By mandating that U.S. colleges allocate more funding towards their on-campus counseling centers, they can afford to hire and train more staff members. This decreases and ultimately eliminates waiting lists for counseling appointments, creates better support strategies, and increases accessibility. With this policy option, U.S. colleges could meet the surge in demand for mental health services with an appropriate amount of resources for every student.

Lastly, the third policy option for the United

7 NAMI. (n.d.). Retrieved from <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>

8 Current Mental Health Legislation. (2018, October 03). Retrieved from <http://www.mentalhealthamerica.net/issues/current-mental-health-legislation>

9 Mental Health Conditions in the Workplace and the ADA. (2018, November 14). Retrieved from <https://adata.org/factsheet/health>

10 How Obamacare improved mental health coverage. (2018, November 04). Retrieved from <https://www.healthinsurance.org/obamacare/how-obamacare-improved-mental-health-coverage/>

States Department of Health and Human Services is to allow mentally ill students to take reduced course loads. Current federal guidelines for financial aid, categorical programs, and other services discriminate¹¹ against students who are mentally impaired and seek assistance, and revoke their support and eligibility. With this policy, students are able to take less credits in order to manage their symptoms and get back on their feet. They can maintain their financial aid eligibility if they do so, and they are at less risk of becoming seriously mentally ill.

Advantages and Disadvantages of Each Policy Option:

First Policy Option: Leave it to the States

Advantages:

- No immediate cost.
- Time to assess policy capacity.
- Can evaluate effectiveness of State-policy.

Disadvantages:

- Need for reform will still be present.
- States may not respond.
- States may have ineffective policy.
- States may require more funding or federal loans or grants.
- May worsen the problem or create more.

Second Policy Option: Increase Funding

Advantages:

- Directly addresses underlying cause of problem.
- Colleges can hire and train more counseling staff.
- Increased accessibility to students.

- Enhances and protects the health and well-being of American college students.

Disadvantages:

- Costs money.
- Could decrease funding in other areas.

Third Policy Option: Credit Reduction

Advantages:

- Greater symptom management for students.
- Students retain financial aid eligibility.¹²
- Reduced course loads become more commonly accepted.
- Decreased student drop-out rates.

Disadvantages:

- Extended times for degree completion.
- Loss of tuition money.
- Creates need for distinct definition of mental illness to avoid malpractice.
- Financial aid would require more funding.

Recommendation:

When evaluating the benefits and shortcomings of the listed policy options, it is evident that increasing funding for college counseling centers is the best approach. Doing this at the federal level will increase the amount of adequate mental health services on U.S. college campuses, and will prove to be the most effective, efficient, equitable, and feasible approach for the United States Department of Health and Human Services: it is financially possible, addresses the needs of every student, and is supported by many in Congress. This course of action fits in with the department's mission and is the most socially

11 Vecchio, P. D. (2017, March 20). Meeting the Growing Need for Behavioral Health Services on Campus. Retrieved from <https://blog.samhsa.gov/2017/03/20/meeting-the-growing-need-for-behavioral-health-services-on-campus>

12 Financial Aid & Mental Health Disabilities. (n.d.). Retrieved from <https://namisantaclara.org/resources/financial-help/>

feasible when compared to the other alternatives. Leaving this issue up to state governments will potentially lead to greater disparities and may result in a greater need for federal oversight. Reducing course loads for mentally ill students is a step in the right direction for mental health policy, but does not solve the root cause of this issue. Therefore, it is evident that increasing funding is the best way for the United States Department of Health and Human Services to respond to the growing demand for adequate mental health services on United States college campuses.

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