

Mental Health & Higher Education in New York

A CALL FOR A PUBLIC POLICY RESPONSE

February, 2022



Mental Health Association in New York State, Inc.

HEALTHY MINDS FOR A HEALTHY NEW YORK

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Executive Summary

What is being referred to as the “college mental health crisis” is reflected in rising rates of anxiety, depression, substance misuse, and suicide on America’s college campuses. Responding to this crisis presents a daunting challenge to policy makers to determine if, and how, to offer remedy through public policy intervention. Such policies should seek to balance student need with the realities of strained capacity to address mental health challenges among colleges and universities.

This White Paper reveals the prevalence of mental illness at colleges and universities in the U.S., the impact of this crisis, and considers the exacerbating role of the COVID-19 pandemic. An overview is provided on the public response to this crisis, including the media’s role in the crisis and how advocates, courts, and legislatures have responded on both the state and national level. MHANYS then invites broader public policy scrutiny and input to determine if state public policy intervention is appropriate and necessary. Two broad recommendations are offered to help start a public policy conversation and possible response in New York. First, a policy focus on mental health literacy among students and college employees is offered for prevention. Second, the notion of whole health parity between mental and physical health provides a public policy framework for meeting need, responding to crisis, and addressing aftercare. Whole health parity can include: timely access to initial evaluations and care, parity in college student health insurance, mental health awareness training for college personnel, and the establishment of clear and lawful policies for leaves of absence and for reasonable accommodations.

Introduction

For most college students, the period of time engaged in higher education represents a critical stage of development in their lives and has serious implications for success later in life. Students are becoming independent adults navigating the challenges of academic life and living on their own for the first time apart from direct parental guidance. Yet, at the same time, they are entrusted to the care and supervision of colleges, which bear significant responsibility for student safety and wellbeing. In a 2017 Chronicle of Higher Education survey, college presidents and student affairs leaders listed student mental health as their number one concern.¹

Colleges are challenged to strike a balance between student safety and autonomy with little guidance from entities entrusted with regulatory oversight. The U.S. Department of Education’s Office of Civil Rights (OCR), for example, provides little guidance on how colleges should respond to students experiencing a mental health crisis involving self-harm. The ability to strike this balance is under mounting pressure as the demand for mental health resources on college campuses tests the limits of colleges’ ability to respond. Understanding what drives this demand, whether increased prevalence of mental illness among college students or changing attitudes about seeking help, has important implications for a public policy response.

Beginning in the spring of 2020, a new threat has imperiled the mental health of college students across the U.S. well beyond the mounting crisis. The COVID-19 pandemic introduced a level of fear, uncertainty, and isolation so profound that its impact has increased the incidence of moderate to severe anxiety and depression among first-year college students by 40% and 48% respectively.² The added demand for mental health services has made accessing care more challenging than ever. The pandemic has without a doubt contributed to a perfect storm of mental health challenges on college campuses.

Mental Health & Higher Education

A Brief History of College Mental Health

In an extraordinary chronicling of the history of college mental health, David P. Kraft MD provides a thorough and informative account that traces the roots and evolution of higher education and psychological intervention.³ Kraft credits Princeton University with the establishment of the first mental health service at a college in 1910, some 50 years after Amherst College instituted the first student health services. Throughout the first 50 years, as other colleges added mental health, a series of national conferences served as the forum for the exchange of ideas on the subject. The American Student Health Association, for example, identified “mental hygiene” at its annual meeting in 1920 and promoted it as “critical for college campuses to assist students to reach their highest potential.” Interestingly, this time frame coincides with the rise of the mental hygiene movement, which was launched and shepherded by MHANYS’ parent organization, now known as Mental Health America. Over the next four decades, mental health services on college and university campuses became common. Today, most higher education institutions have developed mental health and counseling programs.

The Crisis Today

Is the incidence of mental illness among college students growing or have shifting attitudes, like reduced stigma, contributed to an increase in help seeking behavior making mental illnesses that have always been present at static levels more noticeable?

A simple internet search of colleges and mental health results in a plethora of articles and reports featuring the mental health crisis on college campuses across the United States and even globally. However, many of these reports rely on upticks in students seeking counseling or other mental health help as a proxy for increased prevalence of mental illness, drawing into question whether prevalence of mental illnesses among college students is growing or instead more are seeking services. Some have argued that shifting attitudes about mental illness, namely reduced stigma, is behind the growth in help-seeking behavior. Determining the truth behind these assumptions has important implications for the development of any public policy remedies, particularly with regard to mental health literacy and the interplay between attitudes about mental health and help-seeking behavior.

The Healthy Minds Study (HMS)⁴ gathered student mental health and utilization data through a large internet-based survey that polls college and university students annually. The HMS analyzed survey responses from 2007 through 2017 of 155,026 students from 196 campuses in the United States. The study revealed some startling trends which are presented here in three categories to help illuminate the relationship between prevalence, behavior, and attitudes.

Prevalence of Mental Illness

- The proportion of students with a diagnosed mental health condition increased from 21.9% in 2007 to 35.5% in 2017.
- Rates of depression increased from 24.8% in 2009 to 29.9% in 2017.
- Rates of suicidal ideation went up from 5.8% in 2007 to 10.8% in 2017.

Behavior: Help-Seeking Trends

- Rates of past-year treatment increased from 18.7% in 2007 to 33.8% in 2017.
- Rates of services offered on campus increased from 6.6% in 2007 to 11.8% in 2017.
- Past-year treatment for depression went from 42.5% in 2009 to 53.3% in 2017.
- Rates of psychiatric emergency service use increased from 0.3% in 2007 to 1.0% by 2017.

Attitudes about Mental Illness Trends

- Rates of perceived stigma (see endnote)⁵ decreased from 64.2% in 2007 to 46.0% in 2017
- Rates of personal stigma⁶ decreased from 11.4% in 2007 to 5.7% in 2017
- Among students with depression, personal stigma decreased from 8.2% to 5.1% in 2017

Based on the data presented it would appear that the prevalence of mental illness among college students has risen. However, also shown is that help seeking behavior has increased. This could mean that prevalence has in fact risen, or increased utilization of services gives the appearance of higher prevalence. Adding to this dynamic are changing attitudes about mental health among college students. Prior research confirms the inverse relationship between treatment access and stigma levels. Reduced stigma clearly contributes to higher rates of help seeking behavior. What is the data telling us, and how can a better understanding of the interplay of these metrics help target possible public policy interventions?

Table 1:	2007	2018
Past-Year Treatment	18.7%	33.8%
Personal Stigma Level	8.2%	5.1%

The inverse relationship between treatment access and personal stigma levels

More Seeking Services

There is general consensus among clinicians that college student demand for services has dramatically outstripped the capacity and rate of growth of available mental health care systems. A study that considered college student lifetime utilization of mental health services found that, as of fall 2018, 41.2 percent of students had utilized a counselor/therapist or psychologist for mental health issues.⁷ Also, as previously cited, rates of past-year treatment increased from 18.7% in 2007 to 33.8% in 2017 and on campus service utilization increased from 6.6% in 2007 to 11.8% in 2017.⁸ The Center for Collegiate Mental Health (CCMH) claims a similar uptick in help-seeking behavior. Their report showed that between 2009 and 2015, the number of college students visiting mental health counseling services rose by over 30%.⁹ This window of time between 2009 and 2015 embodies a key inflection point in the college mental health crisis which is discussed in greater depth later in this report.

The steady increase in demand for services is negatively impacting college mental health providers' ability to respond to student need in a timely manner. Students with mental health needs are too often placed on long waiting lists for services. Community colleges are particularly ill-equipped to respond to student mental health challenges when compared to state colleges and universities despite serving the most at-risk student populations. A 2017 report from the Association for University and College Counseling Center Directors estimates that students wait an average of seven business days before their first appointment with a college counselor. This wait can be more than two months at some colleges.¹⁰ Realistically, colleges will not be able to meet every

student's mental health needs completely in the same way that it's not reasonable to expect a college to function as a hospital for all of a student's medical needs. However, a whole health parity standard demands that colleges at least be able to respond to mental health crises or a student in immediate distress in the same emergent manner that an immediate, clinic-oriented medical need would be met.

Adding to the burden of securing timely mental health services is the manner in which colleges attempt to accommodate students who, because of a mental health crisis, are unable or only partially able to fulfill their academic responsibilities. Many colleges lack clear and/or comprehensive policies for responding to the mental health needs of students and may do so in discriminatory or punitive ways. This can result in eviction from student housing, disenrollment from school, loss of financial aid packages and/or scholarships, and negative impacts on student GPA. Sadly, students are sometimes charged with disciplinary violations for suicidal or self-harm thoughts or behaviors. Such measures discourage students from seeking help at a time of crisis which further increases the risk of harm.

Impact

Higher rates of mental illness, increased demand for services, barriers to therapeutic leaves of absence, and less than reasonable accommodations have an impact on the lives and futures of tens of thousands of college students nationwide. The impact of not treating, undertreating, and inadequately accommodating college students with mental health challenges is devastating. It takes its toll through an increase in the rates of suicide, self-harm, substance misuse, academic failure, and legal troubles. The data reveals a tragic reality that's sad to report and to read.

Suicide and Self-harm: A 2015 to 2016 study found that about 20% of U.S. college students engaged in non-suicidal self-injurious behavior, 10% engaged in thoughts of suicide, 4% had a suicide plan, and 1% made a suicide attempt.¹¹ According to American College Health Association data, suicide rates among American 15-to-24-year-olds have risen 51% over the past 10 years. This can be attributed to the rising levels of depression and anxiety among this age demographic.¹² Tragically, suicide is also on the rise. Harvard Medical School researchers found that one in four students reported being diagnosed with, or treated for, a mental health disorder in the prior year. Twenty percent of all students surveyed had thought about suicide, 9 percent reported having attempted suicide, and nearly 20 percent reported self-injury.¹³ The end result is that approximately 1,100 college students die by suicide each year.¹⁴ Most of these students were not receiving mental health treatment at the time of their deaths. Less than 20% of college students who complete suicide had ever sought help from college counseling centers.

Substance Misuse: College students with unmet mental health needs can turn to using alcohol and/or other substances to help cope with their symptoms. Conversely, substance misuse among students not experiencing mental health challenges can foment new symptoms. The National Library of Medicine - National Institutes of Health reports 37% of college students have used an illicit drug (Opioids, Stimulants, Benzodiazepines, Cannabinoids, Barbiturates) and abused alcohol on a regular basis. The use of marijuana among college students is also on the rise. Forty-four percent of college students reported using marijuana in the past year in 2020, compared to 38% in 2015, and 4.9% of college students used marijuana daily in 2016 as compared to 2.8 percent in 1996. Marijuana vaping, in particular, increased from 5.2% to 10.9% among college

students while the usage by non-college students remained virtually unchanged.¹⁵ Students also misuse some of the very medicines that they, or their peers, have been prescribed for an existing mental health condition. For example, one study found that 17% of college students misuse ADHD drugs.¹⁶

Academic performance: One of the first studies to explore how mental health predicts academic success during college found that depression, particularly when comorbid with positive screens for anxiety, is a significant predictor of lower Grade Point Average (GPA) and a higher probability of dropping out of school.¹⁷ The same study also found that symptoms of an eating disorder are also associated with a lower GPA. It is encouraging, however, that most students who get help for their mental health are able to mitigate the impact of their mental health challenges on both academic performance and, ultimately, attendance absenteeism. According to the 2017 Association for University and College Counseling Center Directors annual survey, 66.8 percent of students said counseling helped their academic performance and 65.2 percent said counseling helped them stay in school.¹⁸

Absenteeism/Leaves of Absence: It's of little surprise that students with mental health challenges have higher levels of absenteeism. Students with depression in one study, for example, reported missing a significantly greater number of classes (about 15 vs. 3) than their peers. Missing classes consequently resulted in missing exams (1.36 vs. .10) as well as assignments (5.45 vs. .90). Students with depression also reported dropping a significantly greater number of courses (.74 vs. .09).¹⁹ These findings are consistent with another study that looked at the relationship between depression, substance use (cannabis and alcohol), and continuity of enrollment.²⁰ This study defined discontinuous enrollment as a gap in enrollment of one or more semesters. The researchers also differentiated "early" discontinuity (i.e., during the first two years) and "late" discontinuity (i.e., during the second two years) versus "none" (i.e., continuously enrolled throughout college). The study found that higher depression scores²¹ "predicted early discontinuity but not late discontinuity, whereas cannabis and alcohol use predicted late discontinuity but not early discontinuity. Receiving a depression diagnosis during college was associated with both early and late discontinuity." Interestingly, the study concluded that students entering college with pre-existing psychiatric diagnoses are not necessarily at risk of enrollment interruptions.

Graduation rates: Students with depression are twice as likely to drop out of college when compared to their peers without depression. In a survey that looked at students with a diagnosed mental health condition as a group, the National Alliance on Mental Illness found that 64% percent withdraw from school because of their mental health (compared to the 27% college dropout rate in the U.S. overall). The dropout rate is even higher among students with bipolar disorder, 70% of which are more likely to drop out of college compared to students with no mental health disorder.

Insult to Injury: How the COVID-19 Pandemic is Contributing to the College Mental Health Crisis

A combination of pandemic-induced financial stress, fear of contracting COVID, and uncertainty about the future of the pandemic is negatively impacting student mental health. Some 19,000 students on fourteen campuses participated in surveys conducted by The Healthy Minds Network in collaboration with the American College Health Association. The survey spanned from late March through May of 2020.²² The findings from that time period were compared to data from

the fall of 2019. Students reported an increase in depression from 35.7% to 40.9%, respectively. The perceived impact of mental health on academic performance also rose from 21.9% of students reporting that their mental health symptoms were affecting their academic performance in the fall of 2019 to 30.5% between March and May of 2020. Compounding the problem are student reports that accessing mental health services during COVID has become more difficult with roughly a quarter (23.3%) of students reporting much more difficulty and just over a third (36.8%) reporting somewhat more difficulty.

The impact of the COVID-19 pandemic on student wellness is broad based. Its impact transcends clinical diagnostic criteria, spilling over and effecting the mental wellbeing of the majority of students. For example, a survey conducted by Active Minds in April 2020 found that 91 percent of 2,086 college students surveyed reported that COVID-19 had added greater “stress and anxiety” to their lives and 81 percent said the pandemic caused them “disappointment and sadness.”

The pre-COVID-19 mental health status of our colleges and universities was aptly described as a crisis. The impact of the pandemic is making matters much worse, sounding added alarms for an immediate and even louder public response.

The Public Response: Media, Advocates, Courts and Legislatures

In a March 2020 blog post, the Imagine America Foundation makes this revealing claim: “One of the more startling aspects of the college mental health crisis is the rapidity of its onset.”²³ A retrospective glimpse at data about college student health is helpful in visualizing this timeline.

There is nothing particularly new about collecting health data on college students in the U.S. Since 1966, the Cooperative Institutional Research Program (CIRP) has conducted a survey of over 15 million incoming freshmen at almost 1,900 colleges and universities. The Freshman Survey (TFS)²⁴, is the largest consistently administered study of higher education in the United States. For the past 50 years, the TFS has collected physical health data such as drinking, smoking and exercise habits. However, in 1985 the survey began collecting mental and emotional health data through direct questions to students. For example, students were asked “how often did you feel depressed or overwhelmed during your last year in high school?” From the data collected since 1966, a decline in college freshman emotional health between 1985 and 2017 stands out. Almost 64 percent of all incoming students rated their emotional health as above average in 1985 (i.e., in the top 10 percent of people their age). By 2017, only 47.4 percent responded the same.

The most pronounced inflection point over the decades since 1985 seems to appear around 2012 or 2013, according to two large surveys by university counseling centers that gathered data between 2007 and 2018. While the media began paying earnest attention to the crisis shortly after the inflection point (around 2014), other public sectors such as mental health advocates, legislatures, and the judiciary have reacted differently and not in any coordinated manner to this crisis.

The Media

A growing media chorus of journalists that spans nearly a decade has chronicled what is frequently referred to as the “college mental health crisis”. A few of many examples of media coverage underscores the steady stream of attention paid to this distressing reality, including Psychology

Today (Feb 15, 2014), Time Magazine (Aug. 31, 2016), NBC News (Jun 28 2017), The New York Times (Aug 28, 2018), and The Wall Street Journal (Sept. 10, 2019).

In 2020 the coverage continued, but with the COVID-19 pandemic as the main focus and prime culprit in driving the incidence of mental illness among college students even higher. At least one article like this Huffington Post piece²⁵ from September 16, 2020, managed to bridge the pre-COVID-19 and post-COVID-19 state of college mental health. The article entitled: There Was a College Mental Health Crisis Before COVID-19. Now It May Be Worse, provides a fuller context and historical continuity to a crisis that continues to emerge, yet seemingly without proposed remedies. Looking back over the past decade or so, it's apparent that the media has fulfilled its role in revealing and advancing this story. But what of the public response?

The Advocates

The college mental health crisis has not fallen completely on deaf ears. Advocacy groups like the Bazelon Center, the Jed Foundation, Disability Rights Advocates, Active Minds, and the Higher Education Mental Health Alliance have made substantial contributions in response to this vast need in higher education. From legal counselors to providers of resources to conversation starters, these organizations represent a patchwork advocacy response to the college mental health crisis. Though their functions differ, they share a vision and a purpose focused on meeting the mental health needs of students and colleges.

Generally, mental health advocacy efforts on behalf of college students and colleges have centered on two broad areas of assistance; legal assistance and improvements in policies and practices. The Bazelon Center and Disability Rights Advocates (DRA) provide legal and technical assistance to colleges and students helping to assure that institutions of higher education comply with provisions of laws such as the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. They have been instrumental in landmark disability rights lawsuits (see The Courts section of this report). These organizations provide legal counseling for students that face mental health related problems at school, including difficulties obtaining reasonable accommodations, issues with taking voluntary medical leaves or being forced to take involuntary leaves of absence, and being disciplined for conduct related to their disability. Collectively, these organizations have litigated hundreds of cases, achieving dramatic improvements for people with disabilities seeking health care, employment, transportation, education, disaster preparedness planning, voting, and housing. Of particular interest in this report is a class-action lawsuit brought by DRA against Stanford University on behalf of students at the school alleging that the university repeatedly violated state and federal anti-discrimination laws. This landmark case is discussed in greater depth later in this report.

The JED Foundation and Active Minds have worked to improve how colleges and universities respond to the mental health needs of students by evaluating, developing, and customizing systems, programs, and policies that help ensure schools have comprehensive, mental health-oriented systems in place.

We owe a debt to these and other advocacy organizations who have been on the frontline of the college mental health crisis, even in the absence of public awareness. Their efforts have not been in vain. Without their combined advocacy the situation would no doubt be worse. A place at the

table should certainly be reserved for them at any future policy forums.

The Courts

Both Title III of the ADA and Section 504 prohibit colleges and universities from affording individuals with disabilities an opportunity to participate in or benefit from college and university aids, benefits, and services that is unequal to the opportunity afforded to others.²⁶ Similarly, individuals with disabilities must be provided with aids, benefits, or services that provide an equal opportunity to achieve the same result or the same level of achievement as others.²⁷ A college or university may provide an individual with a disability, or a class of individuals with disabilities, with a different or separate aid, benefit, or service only if doing so is necessary to ensure that the aid, benefit, or service is as effective as that provided to others.²⁸

These laws are the basis upon which college students with psychiatric disabilities have been able to litigate against certain policies and practices followed by colleges. Indeed, it wasn't until after the passage of Section 504 and the ADA that disability rights litigation began to trend in higher education, and even then, very few cases were brought on the basis of psychiatric disability.

The earliest court cases evoking 504 and the ADA on the basis of psychiatric disability are few among the many that have been brought on behalf of physical disabilities. Several lawsuits dating back to 1981 including *Doe v. New York University*²⁹, *Wood v. President & Trustees of Spring Hill College*³⁰, *Nott v. George Washington University*, and *Jane Doe v. Hunter*, represent legal milestones in college student mental health rights case law. Most recently, the *Mental Health & Wellness Coalition et al v. Stanford University et al* has added to this body of lawsuits and reasserted the issue of college student mental health rights in the public domain.

The Stanford University Lawsuit

In 2018, Disability Rights Advocates brought a class-action lawsuit against Stanford University on behalf of three students at the University alleging that the university repeatedly violated state and federal anti-discrimination laws in its response to students with mental health disabilities, including those who have been hospitalized for self-harm and suicide attempts. Central to the lawsuit was Stanford's involuntary leave of absence policy and procedures which were characterized in the suit as punitive and onerous. The lawsuit ended in a settlement wherein Stanford, without an admission of liability, agreed to revise its involuntary leave of absence policy, ensure sufficient staffing to support students with mental health disabilities, and increase training for anyone involved with implementing the policy. The University also agreed to pay the plaintiffs' legal fees which amounted to nearly half a million dollars.

The Stanford University lawsuit underscores a lack of parity between physical illnesses and mental illnesses in many college leaves of absence policies. The lawsuit resulted in Stanford rewriting their involuntary leave of absence and return policy, increasing staff training, and adding staff trained to assist students with mental health disabilities as well as to help structure reasonable accommodations that may enable students to avoid taking a leave of absence.

Widespread deficiencies in college mental health policies suggests that a public policy focus on increasing incentives and/or accountability is in order and may be necessary to assure substantive compliance with the ADA and other disability rights laws.

The Legislatures

Despite attention to the escalating mental health trends in colleges and universities through exposure in the media and the Stanford University lawsuit, there is an astonishing scarcity in legislative response at the national or state level. A search on Congressional legislation revealed a total of five bills introduced in 2019 and 2020, only two of which could be considered comprehensive statutory approaches while the remaining three are only tangentially relevant to the systemic and broad-based issues raised in the media's reporting. However, legislation introduced in Congress in October of 2021 provides a glimmer of hope. The Higher Education Mental Health Act of 2021 (H.R.5654)³¹ would require the Department of Education to establish an Advisory Commission on Serving and Supporting Students with Mental Health Disabilities in Institutions of Higher Education. The Commission would be tasked with reporting on a number of factors including college mental health service availability and policies and procedures related to the mental health of students.

In New York

A scan of legislation introduced in 2020 reveals no pending legislation aimed at addressing mental health policies on New York's college campuses. In fact, only four bills³² have been introduced that even marginally speak to behavioral health issues and college. If there are discussions occurring around mental health on New York's college campuses, it's not evident in the form of actively pending legislative initiatives. Surely it seems reasonable for the New York State Legislature and/or the Administration to invite public input and create a forum through which to consider the evidence of the so-called crisis. However, a review of New York State Assembly hearings involving higher education dating back to 2004 showed no hearings even remotely associated with mental health among the 22 college-oriented hearings that were convened.³³ A similar search of New York State Senate hearings about college also showed no results about mental health among the 43 hearings held by the Higher Education Committee dated back to 2009.³⁴

The College Response

A 2019 survey that over 400 college presidents responded to provides insight into the level of awareness that colleges have for the growing mental health crisis on their campuses.³⁵ According to the survey, 8 out of 10 presidents indicated that student mental health has become more of a priority on their campus than it was three years ago. Eighty-seven percent of presidents at four-year institutions were more likely to indicate mental health as more of a priority than other types of colleges and universities. 70 percent of college presidents have responded by identifying or re-allocating funding to help address the problem.

How presidents responded to one question in particular is telling. When asked what their first action would be if provided with unlimited resources for student mental health this is how they answered:

- 58% of presidents said they would hire additional staff—mostly in the counseling center.
- Over 20% of presidents would invest in more enhanced resources or programs.

- Only a little over 10% of presidents mentioned professional development for faculty and staff (the report used Mental Health First Aid as an example of the type of training that could be applied to the entire campus: faculty, staff, and students).

One more finding from the survey of presidents is worth attention. Over 80 percent of presidents indicated the mentioning of student wellbeing in their strategic plan and over 40 percent of plans specifically mention mental health (this was slightly higher – about 50 percent- at private nonprofit four-year institutions compared to public institutions). This is encouraging news as it speaks to a level of awareness in college leadership of the mental health challenges on today’s campuses. Whether recognition of the problem in strategic plans translates into greater compliance with the Rehabilitation Act and the ADA remains to be seen, although recent lawsuits may prod colleges in that direction. Clearly, colleges don’t have unlimited resources. It’s heartening to know, however, that many colleges would attempt to increase on-campus services if they could, but the relative lack of appreciation for building mental health literacy on campuses is at once a subject of concern.

College Mental Health Public Policy

MHANYS wishes to draw policy maker attention to several areas of concern that would benefit from increased awareness among legislators. We recommend two broad approaches to mental health public policies for higher education that focus on prevention and responsiveness to student need. We encourage lawmakers to: 1) explore ways to enhance mental health literacy among students and college employees with a goal of increasing knowledge about mental health, increasing help-seeking behavior, and reducing stigma and 2) encourage whole health parity in New York’s colleges and universities with a goal of establishing parity between physical and mental health in various policies and protocols.

We encourage lawmakers to create opportunities to hear from a broad and diverse field of stakeholders including students, college officials, mental health advocates, clinicians, parents, higher education stakeholders, and civil rights advocacy groups with the objective of discerning if and how public policy interventions can and should be utilized.

Prevention: Mental Health Literacy

In 2017, MHANYS White Paper *Mental Health Education in New York Schools: A review of Legislative History, Intent and Vision for Implementation*³⁶ made the case for increasing mental health literacy in New York’s primary and secondary schools through a change in the health instruction law. The argument drew upon research on mental health literacy, its’ effect on attitudes and knowledge about mental health, and its’ ability to increase help-seeking behavior in people who can benefit from mental health treatment.

Mental health literacy research strongly suggests a role for public health education in schools aimed at providing students with the information they need to protect and preserve their own mental wellness and the mental wellness of those around them. It was within this context that MHANYS sought to add mental health education to other ongoing efforts to strengthen the state’s response to the challenge of achieving mental health for all New Yorkers. MHANYS has also learned through our advocacy work with primary and secondary schools that a systemic approach to raising mental health literacy in schools should apply to the whole school community, including

not only students, but faculty, administration, support services personnel, and families/caregivers when possible. It's through this holistic approach, which can also be applied to colleges, that mental health literacy can promote a shared community culture about mental health.

Possible legislative solutions for increasing mental health literacy could include required mental health awareness training for college and university staff, measures that encourage trauma informed campuses and mental health instruction as part of first year student orientation.

Whole Health Parity

A whole health parity approach to a college's leave of absence policy for mental health reasons should be in line with leave of absence policies for medical/physical health reasons. Ideally, universities should develop a single, universal policy applicable to all students enrolled in the college when they request a leave of absence or return from absence for mental health reasons. Further, leave of absence and return policies for mental health should be no more rigorous or punitive than the leave of absence and return from absence policies for medical/physical health reasons.

The passage of Timothy's Law in New York is an important reminder of the long battle that has been fought to fundamentally instill the idea that mental health is as important as physical health. This value should apply not only to health insurance coverage, but also to the equalization of reasonable accommodation policies such as leaves of absence. This is the foundational principle undergirding whole health parity. In the same way that progress has been made in establishing parity in the private and public health insurance marketplace, the ideal of parity can be a goal for colleges to help create whole health parity in their policies on accommodating student mental health needs.

Developing and encouraging the use of model policies for college mental health, structured in part on lessons learned from lawsuits such as Stanford University, represents one possible legislative solution to building whole health parity on college campuses.

Toward Public Policy Solutions

The scarcity of legislation introduced by New York lawmakers about college mental health and an absence of any public hearings on the issue over the past decade and a half suggests that this particular crisis is not a high priority or even on policymakers' radar.

To promote a public policy response MHANYS recommends the following next steps in order to move closer to deciding on a course of action:

1. We need to hear from stakeholders that are vested in this challenge including students, parents, college representatives, mental health providers, advocates, and government officials and they need to hear one another;
2. We must distill the elements of the challenge, if any, that would respond to public policy solutions so as to determine the role of state government here in New York;
3. We should seek to better understand how colleges and the college experience are uniquely contributing to a larger youth mental health crisis as opposed to other societal factors outside of college. This is necessary to help guide broader public policy solutions.

Concluding Remarks

College represents both a cultural institution and an individual journey. It holds great promise for those fortunate enough to endeavor in its challenge. Part of the work ahead is to discern the degree to which legislative intervention would be necessary and helpful in responding to this crisis. MHANYS believes that New York should strive to assure that college is, at least, not a causal contributor to the mental health challenges of its students. And at best, college should provide an atmosphere and experience that nourishes young minds and emotions so that it's everything it's intended to be academically, socially and as preparation for future vocations.

There is some evidence that colleges are willing to partner in this endeavor. However, resources are scarce and the apparent necessity of recent court cases to correct discriminatory practices provides evidence that not all colleges are yet willing or perhaps able, to achieve this ideal.

MHANYS has contributed significantly in recent years to promote mental health literacy in New York's public schools and has worked for many years toward establishing parity for all New Yorkers in need of mental health services and advocacy. In the continuing exercise of our mission, we seek to play a role in the public response to the mental health crisis in higher education with the hope of advancing needed public policy remedies on behalf of all college students in New York.

¹Rubley, Julie Nicklin. 2017. *The Student-Centered University: Pressures and Challenges Faced by College Presidents and Student Affairs Leaders*. Washington, DC: The Chronicle of Higher Education.

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About MHANYS

The Mental Health Association in New York State, Inc. (MHANYS) is a 501 (c)(3) not-for-profit organization with 26 local affiliate MHAs serving 50 counties in New York State. MHANYS and its affiliate network serve New York State communities by offering innovative and effective programming that addresses a wide range of mental health challenges and increases mental health knowledge.

MHANYS is an agency of support, education, and advocacy for mental health issues and has been for over fifty years. As part of its mission, MHANYS advocates for change in the mental health system ensuring access for all New Yorkers, fights stigma through community-based partnership programming, and provides information on mental health issues and services.

MHANYS has led advocacy efforts in NYS resulting in such laws as Mental Health Education in Schools, the Mental Health Awareness Tax Checkoff, the Mental Health Awareness License Plate, and Timothy's Law. The Mental Health Education in Schools Law requires all elementary, middle, and high schools to begin teaching about mental health by July of 2018. The Tax Checkoff and License Plate laws raise funds to end discrimination against mental illness and Timothy's Law mandates mental health parity. These laws are part of a long, full, and varied history of advocacy, organizing, and grassroots efforts that improved the lives of all New Yorkers.

MHANYS also creates and maintains projects that, in the past and present, share the common theme of educating the public about mental illness and reducing the stigma of the illness. Such projects include the Community Business Outreach Program, the Project AWARE: Community Grant for the Capital Region, Wellness Recovery Action Plans (WRAP), MHANYS Engagement Services, Justice-Involved Initiatives, Parents with Psychiatric Disabilities Initiatives, Jail Diversion Initiative, The Empowerment Project, Families Together, Parent Support Network, the Community Mental Health Promotion Project, Mental Health First Aid, Self Help Clearinghouse, the Mental Health Information Center, Building Connections: Sexual Assault and Mental Health Project, and the CarePath Program. Several of these projects, including The Empowerment Project and Families Together, have spun off into successful freestanding organizations.