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and

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Mental Health

**Mental Health Needs of Students at Institutions
of Higher Education**

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HEALTHY MINDS FOR A HEALTHY NEW YORK

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Thank you Assemblymembers Glick and Gunther and committee members for holding this hearing today and especially for conducting this as a joint hearing of the Mental Health Committee and the Higher Education Committee. Whatever course of action we may take to address the mental health needs of colleges we'll need to bridge these two issue areas within the Legislature, possibly at the regulatory level, and also as mental health and higher education advocates and interest groups.

My name is John Richter and I've been the Director of Public Policy at the Mental Health Association in New York State, Inc. (MHANYS) for the past 15 years. MHANYS is a private, not-for-profit mental health advocacy association that exists to improve the lives of individuals, families, and all communities in New York State by raising mental health awareness, ending stigma and discrimination, and promoting wellness and recovery. We are the New York State affiliate of Mental Health America, and we have 26 MHA affiliates who provide community-based mental health services in 50 New York counties. Our members provide advocacy, education and support in their communities, many also provide community based mental health services.

The Mental Health Crisis in Higher Education is Real

There is substantial evidence dating back to at least 2007 to support the claim of a college mental health crisis in our nation and in New York. A Healthy Minds Study showed that the proportion of college students with a diagnosed mental health condition increased from 21.9% in 2007 to 35.5% in 2017. During the same period, rates of past-year treatment of college students increased from 18.7% to 33.8%. Two more recent studies, both conducted by Active Minds, show significant increases in the prevalence of mental illness among college students both before and during the COVID Pandemic. Data from the most recent study released in April of 2022, showed a 135% increase in depression and 110% increase in anxiety among college students between 2013 and 2021 and in 2021 60% of college students met the criteria for one or more mental health condition, double 2013.

I do want to offer one caveat before I continue. We often talk in terms of a college mental health crisis being just about student mental health and the evidence certainly supports that we should be concerned about student mental health. But MHANYS respectfully encourages lawmakers to approach this problem in terms of

the mental health and wellness of the whole college, including faculty, staff and students. After all, more than half of college faculty report signs of professional burnout with 40% considering leaving their current jobs as a result of COVID changes. It's important to acknowledge this reality because it speaks to a need for a holistic approach that can help colleges develop a culture and climate of wellness.

The Crisis Has Been Building for Nearly Two Decades

There are a number of publications that document just how long this crisis has been developing, including: *College of the Overwhelmed: The Campus Mental Health Crisis and What to Do About It*, published in 2004, *The Crisis in College and University Mental Health*, which appeared in PsychiatricTimes.com in 2009, and *College Quarterly published A Suffering Generation: Six factors contributing to the mental health crisis in North American higher education*, which was published in 2013. In addition, media attention over the years is noteworthy. A few examples include 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).

What Has Been the Public's Response to the Crisis?

In February of 2022 MHANYS' released its [White Paper: Mental Health & Higher Education in New York: A CALL FOR A PUBLIC POLICY RESPONSE](#). In the report we considered what the public response has been to this crisis and we concluded that the media, advocates and even the courts (notably *Mental Health & Wellness Coalition v. Stanford*, *Nott v. George Washington University*, and *Jane Doe v. Hunter*), have all responded to varying degrees. With regard to the courts, I don't mean to imply that the grievances that led to these lawsuits reflect the state or condition of colleges in New York. Nor should it be inferred that we can, or should, litigate our way out of this crisis. However, the points of contention brought to bear in these lawsuits can be instructive for evaluating the condition of, and possible vulnerability of, individual college policies and behaviors relative to the mental health of students.

And although the media, advocates and courts have to varying degrees responded to the college mental health crisis, **MHANYS believes more can be done through public policy and that possible legislative solutions are worth exploring.**

Recommendations

The complexities associated with addressing the college mental health crisis at the legislative level is, no doubt, a daunting task. This is especially true considering the constraints of mental health workforce limitations. Coming out of the COVID pandemic, we are experiencing a 30-40% shortage in the mental health workforce. Forty counties are considered work force shortage areas, and it's estimated that 411 mental health practitioners would be needed to remove this designation. Colleges of course have their own shortage of mental health professionals. Proposals to increase this number would be beholden to the overall shortage of clinicians, not to mention a significant fiscal impact. Therefore, we simply need creative and cost-effective alternative solutions.

Notwithstanding these challenges we can set a goal of helping colleges and universities to adopt a climate and culture of wellness on campuses. MHANYS recommends two broad components of reform that would help colleges move in this direction, including: 1) fostering mental health literacy across all participants in campus life, and 2) resourcing colleges toward the achievement of whole health parity.

Mental health literacy is an extension of health literacy and is defined as "knowledge and beliefs about mental disorders which aid their recognition, management or prevention". Raising mental health literacy across all members of the college community, we believe, would help normalize the conversation around mental health, reduce stigma, increase help-seeking behavior and generally foster a culture and climate of wellness on campuses. As part of a legislative proposal this could translate into more training opportunities for students, faculty and staff. However, mental health literacy as a goal transcends the college campus and its students. It also must include future students. Many first year college students know little about mental health, especially the type of knowledge needed to recognize the signs and

symptoms of mental illness, not to mention how to seek and obtain help. Thankfully, New York passed a law in 2016 (effective in 2018) requiring mental health instruction in K-12 schools. Assuring that our schools have the resources they need to implement the law is critical so that students have some basic mental health literacy well before they enter college life. This is significant because 75 percent of college students in New York come from New York.

We owe a thank you to Assemblymember Gunther for being the first to help fund the [School Mental Health Resource and Training Center](#), which provides schools with resources to build mental health curricula and to train educators. The Executive has also included funding in the past three budgets dedicated to continuing to fund the Resource Center. Continued funding is needed to assure that schools are equipped to comply with the law and more importantly to fulfill the goal of preparing students for their futures. There is still significant work that needs to be done. A 2022 State Comptroller audit covering the period July 2018 through August 2021 raised concerns about the degree to which schools are providing mental health instruction consistent with the law, and recommended that SED develop a mechanism to determine if school districts are providing mental health education.

Continuing to promote mental health literacy in colleges is also crucial. New York schools are still working to implement the mental health education law and it will take more time before we approach 100 percent compliance. Also, some 25 percent of New York's college students are from out of state and many will not have the benefit of learning about mental health in primary and secondary school. It is also imperative that college faculty and staff have access to mental health training. This way, the level of mental health awareness and knowledge permeates the entire campus body, which contributes to a shared value about mental wellness. We need to move away from the notion that the mental health crisis in higher education is purely a student problem. The traditional approach has been focused not only on just students, but more specifically on "tier three" students (i.e., just those students who are in crisis). A recognition by all members of the college body that everyone has mental health is a much preferred attitude that is fertile ground for a climate and culture shift.

The use of student peers is another way to advance mental health literacy while bolstering certain aspects of college counseling capacity. Peer education programs—defined as trained students providing mental health information, resources and referrals to their peers—can help advance mental health literacy. There is widespread support among college counseling centers for this type of peer program. Peer support can also be a “bridge” to professional counseling services and may help to bring reluctant students into a community of care. According to the [Ruderman Family Foundation](#), peer support in a college setting has the potential to help students with subclinical issues and may be an appropriate alternative to professional counseling for some subset of students.

Whole Health Parity seeks to treat mental health and physical health on the same footing. When applied to colleges and universities this might include realigned leave of absence policies, crisis prevention, intervention and post-vention policies, and mental health days for students, faculty and staff. It would be helpful if colleges had access to best practice resources for revamping policies consistent with the tenets of parity. The Stanford University lawsuit stands as a sober cautionary tale, where plaintiffs described the university’s policies on leaves of absence and return to college as “punitive and onerous”. At the center of the complaint was the allegation 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. Best practice resources exist (such as model policies) that should be made available to colleges with encouragement to reinvent their mental health related policies and procedures. When colleges strive for whole health parity it signals to students and staff an appreciation for mental wellness and helps to shift the climate and culture on campuses.

There’s at least one example of proposed legislation that incorporates elements of both mental health literacy and whole health parity. I’d like to refer you to legislation introduced last year by Senator Kaplan (i.e., S.7659—A) because it included some key provisions worth considering in any future legislation, including:

- Student mental health surveys of freshman and juniors (participation is voluntary), to inform the Chancellor, presidents, mental health practitioners and an oversight council;
- Five-member committee responsible for engaging with and disseminating mental health resources to faculty, staff and students;
- Mental health wellness days and excused absences;
- Annual mental health training for faculty and staff with a focus on identifying or recognizing signs of mental distress among students;
- The review of enrollment and re-enrollment policies regarding extended mental health leave;
- The creation of opportunities for telehealth and virtual counseling options; and,
- A mental health seminar as part of orientation programs for newly enrolled students.

I'd also like to note that this legislation only pertained to SUNY and CUNY schools, which represent only approximately 54 percent of student enrollment in the state. Ideally, MHANYS believes that policy reform efforts should include all colleges and universities in the state.

These are our basic recommendations at this point in time for responding to the college mental health crisis. MHANYS is being careful not to get too far ahead of ourselves with specific policy proposals until we've had the opportunity to dialogue more with higher education groups and policy makers. What's needed now is a process for advancing the conversation toward policy formation.

Process for developing consensus

We need a process to help us reach consensus on possible legislative solutions. And that process should include engaging all of the relevant thought leaders in the state, as well as individuals with lived experience. MHANYS has already convened a Summit on mental health and higher education 6 weeks ago and we had very good participation including New York State Legislators, The Office of Mental Health, NYS/SED Office of Higher Education, SUNY Chancellor's Office, 8 statewide higher education associations, 11 national, state and local mental health associations, and 7

Capital District-area Colleges. We were very appreciative that Higher Education Committee Chair Glick and Assembly Committee Members McDonald and Fahy presented at the Summit. It can be said that the Summit included all of the right people and interests critical for launching this conversation. The high participation level in the Summit, and a general atmosphere of unanimity and cooperation witnessed at the Summit, is encouraging. This bodes well for the prospect of public policy solutions. It's also notable that since the Summit was held, three of the college advocacy groups that participated in the Summit featured mental health as the focus of their annuals conferences. MHANYS had the privilege of participating in all three conferences. Our hope is that this type of collaboration will be ongoing. MHANYS is committed to continuing the conversation and building consensus among the Summit participants in how we collectively respond to the college mental health crisis.

MHANYS' ideas for a collaborative process moving forward include: statewide regional forums or town hall type meetings designed to develop consensus, taking into account regional differences as well as statewide need. Another potential pathway is a legislatively appointed advisory council that could be tasked with developing a legislative proposal and/or making recommendations to the Legislature and the Governor.

Thank you again for holding this hearing today and for your leadership and initiative on behalf of this critical issue in our state. MHANYS is committed to helping in any way we can to bring about much needed solutions to address this crisis.