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**Joint Commission on Health Care**

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***REPORT ON THE VIRGINIA COLLEGE MENTAL HEALTH SURVEY***

*Conducted by*

***THE JOINT COMMISSION ON HEALTH CARE***

*In coordination with*

***THE COMMISSION ON MENTAL HEALTH LAW REFORM***

*September 7, 2010*

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## EXECUTIVE SUMMARY

**Background:** In the spring of 2010, the Joint Commission on Health Care of the Virginia General Assembly, in coordination with the Commission on Mental Health Reform, conducted a survey “to gather—for the first time—comprehensive empirical information from each public and private college in the Commonwealth regarding the adequacy of students’ access to mental health services and the ways in which colleges respond to students’ mental health crises. Findings from this survey will be reported to the Joint Commission and may inform recommendations for legislative or other policy changes to improve both student access to mental health services and institutional responses to mental health crises.” The complete survey instrument is appended to this report. Information was requested for the 2008-2009 academic year. The response rate from Virginia’s 64 colleges was a remarkable 98 percent.

**Size of the College Student Population:** Close to half a million students (460,211) attended one of Virginia’s 64 colleges in 2008-09. This number—larger than the population of Virginia Beach, the largest city in the state—consisted of 206,338 students in one of the 15 four-year public colleges, 76,752 students in one of the 25 four-year private colleges, and 177,121 students in one of the 24 public two-year colleges. The college student population is projected to grow substantially over the next five years. Northern Virginia Community College alone projects its student body to grow from 72,000 today to 84,000 by 2015.

**Staffing Levels:** The number of Student Affairs professional staff who are engaged in direct support or outreach to students is higher in private colleges (12.6 staff members per 1,000 students) than in public four-year colleges (3.6 staff members per 1,000 students), or in public two-year colleges (1.9 staff members per 1,000 students). The number of mental health professionals who are engaged in providing treatment at campus counseling centers is higher in private colleges (1.2 mental health professionals per 1,000 students) than in public four-year colleges (0.7 mental health professionals per 1,000 students).<sup>1</sup> The Virginia Community College System (VCCS) Policy Manual states that “VCCS colleges do not provide mental health services.”

**Student Health Insurance:** Most (58.3 percent) private colleges and about one-quarter of public colleges (26.7 percent) require all of their students to have health insurance. Only international students are required to have health insurance at 13.3 percent of public colleges and 4.2 percent of private colleges. None of the community colleges require any of their students to have health insurance.

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<sup>1</sup> The International Association of Counseling Services offers the following standards: "Every effort should be made to maintain minimum staffing ratios in the range of one F.T.E. professional staff member (excluding trainees) to every 1,000 to 1,500 students [i.e., from 0.7 to 1.0 F.T.E. professional staff member per 1,000 students] depending on services offered and other campus mental health agencies."

## Information Requested from Originating Schools

Mental health records from a student's originating school were requested prior to enrollment by 26.7 percent of public colleges, by 8.7 percent of private colleges, and by 9.1 percent of community colleges. Such requests were made only for a small number of selected students.

**Access to Services:** Overall, 8.9 percent of all four-year college students—6.3 percent of students at public colleges, and 11.1 percent of students at private colleges—accessed services at campus counseling centers during 2008-09. Students who accessed care at counseling centers varied little by race or ethnicity from the general composition of the student body. For example, at public colleges, white students constituted 62.2 percent of the student body and 63 percent of the students who were treated at counseling centers. At public Historically Black Colleges and Universities (HBCUs), African American students constituted 89.7 percent of the student body and 89.6 percent of the students who were treated at counseling centers. At public non-HBCU colleges, African American students constituted 8.1 percent of the student body, and 9.7 percent of the students who were treated at counseling centers. Women, however, were somewhat overrepresented among students who accessed care at counseling centers. For example, at public non-women's colleges, women constituted 54.9 percent of the student body and 61.7 percent of the students who were treated at counseling centers.<sup>2</sup> The findings for private colleges on both race/ethnicity and gender are similar to those for public colleges.

**Back-Up Services:** Colleges vary in terms of where they first look for assistance when their own mental health resources are exhausted. Public and private four-year colleges are much more likely to look first to private providers (33.3 and 58.3 percent of the time, respectively), while community colleges look to the local community service boards (CSBs) (83.3 percent of the time).

**Relationships with Community Service Boards:** The availability of mental health services for college students at local CSBs was rated as adequate or better by 33.3 percent of the respondents from public colleges, 38.1 percent of the respondents from private colleges, and 63.6 percent of the respondents from community colleges. Working agreements with their local CSBs have been established by 66.7 percent of public colleges, 45.8 percent of private colleges, and 70.8 percent of community colleges. These working agreements—only one-third of which are written—usually address issues of emergency services, including pre-screening for a Temporary Detention Order (TDO), and may also cover the provision of outpatient services and procedures for exchanging information about CSB clients who are college students. In addition, working agreements with local psychiatric hospitals have been established by 46.7 percent of public colleges, 33.3 percent of private colleges, and 4.2 percent of community colleges.

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<sup>2</sup> According to the 2009 Annual Survey of the Association for University and College Counseling Center Directors, nationally 64.2 percent of campus Counseling Center clients are female. See [http://aucccd.org/img/pdfs/directors\\_survey\\_2009\\_nm.pdf](http://aucccd.org/img/pdfs/directors_survey_2009_nm.pdf)

**Student Suicide or 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 rates 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—in large part because of the smaller average size of the private colleges. All public colleges,<sup>3</sup> 82.6 percent of private colleges, and 38.1 percent of community colleges, have guidelines for identifying and addressing the needs of students exhibiting suicidal ideation or behavior. Mandated follow-up procedures after a student’s suicide attempt or expression of suicidal ideation are in place at 57.1 percent of public colleges, 79.2 percent of private colleges, and 9.1 percent of community colleges.

**Student Violence to Others:** Only 2 colleges reported that one of their students was arrested for killing someone during 2008-09 (in one of these cases the victim was another student). Less than half of the counseling centers recorded the reasons for student referrals. Among those that did record such information, public colleges reported that an average of 9 students accessing care had been referred due to aggressive or violent behavior toward others; private colleges reported that an average of 3 students were referred for this reason. These figures represent 0.5 and 1.8 percent of the students accessing services at public and private colleges, respectively. At public colleges, half of the students referred to counseling centers due to aggressive or violent behavior toward others were required to participate in outpatient treatment as a condition of remaining a student in good standing. The corresponding figure for private colleges was 5.9 percent.

**Parental Notification:** 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.<sup>4</sup> 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, independent of a concern about the student’s becoming harmful to him or herself or others, a total of 4 times in 2008-09. Private colleges did so 80 times, and community colleges once.

**Civil Commitment and Hospitalization:** Forty percent of public colleges, 14.3 percent of private colleges, and no community college reported that they initiated at least one Emergency Custody Order (ECO) to hold a student in 2008-09. Seventy percent of public colleges, 9.5 percent of private colleges, and 7.1 percent of community colleges initiated at least one Temporary Detention Order (TDO) to detain a student. These differences between public and

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<sup>3</sup> 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.”

<sup>4</sup> 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.

private colleges were strongly related to size of enrollment. For example, larger colleges (over 5,000 students) were twice as likely to have initiated at least one ECO, and six times as likely to have initiated at least one TDO, as were smaller colleges (fewer than 2,000 students). The number of students for whom colleges initiated either an ECO or a TDO represents 0.02 percent of the students in both public and private colleges. Most colleges report that they are not notified when a commitment proceeding involving a student is initiated by others; notification is reported by 33.3 percent of public colleges, 25 percent of private colleges, and 15 percent of community colleges. The average number of students admitted to a psychiatric hospital in 2008-09, regardless of legal status, was 9.7 per public college, 3.0 per private college, and 0.7 per community college. The average length of hospitalization was approximately 5 days. Outpatient mental health services required by a court as a part of a mandatory outpatient treatment (MOT) order were provided by campus counseling centers at 38.5 percent of public colleges and at 20 percent of private colleges. Of those colleges providing treatment under MOT orders in 2008-09, the average number of cases per college was approximately 2.

**Medical Withdrawal from College:** *Voluntary medical withdrawal* from college for mental health reasons was given to an average of 55.6 students per public college, 5.5 students per private college, and 3.8 students per community college in 2008-09. *Involuntary medical withdrawal* from college for mental health reasons was allowed in 46.7 percent of public colleges, 90.9 percent of private colleges, and 27.3 percent of community colleges. On average, only one student per college was subject to an involuntary medical withdrawal. The readmission to college of a student who had medically withdrawn for mental health reasons—voluntarily or involuntarily—was contingent on the student participating in recommended inpatient or outpatient mental health treatment before returning to college for 91.7 percent of the public colleges, 87 percent of the private colleges, and 58.8 percent of the community colleges. Readmission to college could be made contingent on the student's agreeing to continue in outpatient treatment after returning to college for 85.7 percent of the public colleges, 78.3 percent of the private colleges, and 42.1 percent of the community colleges.

**Disciplinary Violations:** If a student is charged with engaging in a disciplinary violation that could lead to suspension or expulsion, and there is reason to believe that the disciplinary violation is related to a mental health condition, a formal mental health evaluation can be sought to aid in reaching a decision on the case at 78.6 percent of public colleges, 69.5 percent of private colleges, and 39.1 percent of community colleges. If a student has engaged in a disciplinary violation that could lead to suspension or expulsion, and the disciplinary violation is determined to be related to a mental health condition, the student can be required to participate in mental health treatment as part of a disciplinary sanction at 85.7 percent of public colleges, 87 percent of private colleges, and 69.6 percent of community colleges.

**Threat Assessment Teams.** All public colleges, 77.3 percent of private colleges, and 75 percent of community colleges have established Threat Assessment Teams. The average number of

active cases considered by Threat Assessment Teams in 2008-09<sup>5</sup> was 20.4 at public colleges, 9.2 at private colleges, and 5.5 at community colleges. Mental health issues were believed to be a significant factor in 59.8 percent of the cases dealt with by the Threat Assessment Team at public colleges, 48.2 percent of the cases dealt with at private colleges, and 33.3 percent of the cases dealt with at community colleges.

**Responses to Open-Ended Questions:** Several themes emerged in response to open-ended questions regarding improving the manner in which Virginia's colleges deal with distressed or distressing students, including the need for students to have health insurance, the need for colleges to be notified when a student is hospitalized, and the need for clarity on the liability of college staff for student violence to self or others.

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<sup>5</sup> 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.



Publically-available descriptive information on Virginia's colleges, from the State Council of Higher Education for Virginia (SCHEV), is contained in Appendix A to this report. The Virginia College Mental Health Survey instrument is contained in Appendix B.

**TABLE A- TOTAL NUMBER OF STUDENTS IN VIRGINIA COLLEGES (2008-2009)**

	Total number of students
4-year Publics (15)	206,338
4-year Privates (25)	76,752
Community Colleges (24)	177,121
Total (64)	460,211

### SECTION I. ELIGIBILITY FOR SERVICES ON CAMPUS<sup>6</sup>

1. Number of students eligible for services at the student health center (SHC):

	Total N students eligible	Mean % of students per college who are eligible	S.D.	Range	DK <sup>7</sup>	DNA <sup>8</sup>
4-year Publics (13) <sup>9</sup>	138,708	93.8	12.1	58.6-100	2	0
4-year Privates (21)	44,001	83.0	24.3	25.4-100	1	2

<sup>6</sup> According to Virginia Community College System Policy 6.4.0, found at [www.vccs.edu/Portals/0/ContentAreas/PolicyManual/Sec6.pdf](http://www.vccs.edu/Portals/0/ContentAreas/PolicyManual/Sec6.pdf), "VCCS colleges do not provide mental health services." Therefore, questions involving mental health counseling on-campus will not display data from community colleges.

<sup>7</sup> DK refers to the number of colleges for which the person responding to the survey did not know the answer to the given question. These colleges are not included in the calculation of means or percents.

<sup>8</sup> DNA refers to the number of colleges that did not answer the question. These colleges are not included in the calculation of means or percents.

<sup>9</sup> The number in parenthesis after each college grouping is the number of colleges in that group responding to the given question. The size of the total sample for each group is: 4-year publics (15; 100% of colleges surveyed); 4-year privates (24; 96% of colleges surveyed); and community colleges (24; 100% of colleges surveyed). The overall response rate for all 64 Virginia colleges was 98%.

2. Number of students eligible for services at the counseling center (CC):

	Total N students eligible	Mean % of students per college who are eligible	S.D.	Range	DK	DNA
4-year Publics (15)	191,890	94.5	7.9	78.1-100	0	0
4-year Privates (23)	48,537	87.9	20.0	35.1-100	1	0

## 3. Does your institution require that students have health insurance?

	N colleges requiring insurance for all	% of colleges requiring insurance for all	N colleges requiring insurance only for international	% colleges requiring insurance only for international	DK	DNA
4-year Publics (15)	4	26.7	2	13.3	0	0
4-year Privates (24)	14	58.3	1	4.2	0	0
Community Colleges (24)	0	0	0	0	0	0

4. *If Yes to Question 3[for either all students or only international students]:* Do you require specific coverage levels, including for mental health coverage?

	N colleges requiring coverage levels	% of colleges requiring coverage levels	DK	DNA
4-year Publics (6)	1	16.7	0	0
4-year Privates (14)	2	14.3	0	1
Community Colleges (0)	-	-	-	-

## 5. How many students at your institution are veterans?

	Total N veterans	Mean % of students per college who are veterans	S.D.	Range	DK	DNA
4-year Publics (8)	3,096	2.0	2.2	.16-6.5	7	0
4-year Privates (15)	472	1.3	1.5	0-4.8	8	1
Community Colleges (19)	7,392	3.5	2.8	1.13-12.7	5	0

**Comments from Survey Respondents<sup>10</sup>**

- 04: Health insurance is “strongly encouraged” but not required.
- 10: It would be my sincere hope that the Commonwealth would require all students to be covered by health insurance.
- 9: All enrolled students are eligible for both services.
- 38: Enrolled as a [university] student full or part time, undergrad or grad.
- 13: Veteran status is disclosed on a voluntary basis.
- 05: Students who pay the comprehensive student fee are eligible to receive care at the Student Health Center. Non-degree-seeking students and students on non-resident leave are not eligible for Student Health services. Students enrolled in [certain certificate and graduate programs] are also not eligible for Student Health services.
- All students are required to have health insurance pursuant to a [Board] resolution. Incoming students are required to provide information regarding their health insurance coverage as part of their Pre-Entrance Health Form. Returning students are [required] to continue to comply with the University’s requirement that all students carry health insurance. All incoming and returning international students are subject to a hard waiver program in an effort to ensure they have adequate coverage. The specific coverage requirements for the hard-waiver program are posted here: [website redacted].
- 32: On #4: Every student is charged for the school’s insurance policy. They can opt out of this coverage and charge only if they have current insurance that matches or exceeds it.
- 02: Part-time students are also eligible for the student health center if they pay a health fee. International students are required to have health insurance

<sup>10</sup> Code numbers 1 through 15 apply to 4-year public colleges; numbers 16 through 40 apply to 4-year private colleges; numbers 41 through 65 apply to community colleges. Within the college groupings, code numbers have been randomly assigned. The same code numbers apply to each college throughout the report.

26: International students are required to have health insurance.

14: We now have the ability to offer health insurance but Board of Visitors voted on a voluntary basis rather than mandated coverage.

All enrolled students are eligible for the above services. There is a professional located in the Financial Aid Office dedicated to veteran services. [S/he] has been working with approximately 260 veterans/family members.

45: [According to policy, the institution does not] provide mental health services. [The institution] shall develop guidelines that advise students, faculty, and staff of proper procedures for addressing needs of students who may pose a threat to self or others.

19: 6 are receiving VA benefits (some are dependents).

## SECTION II. STAFFING LEVELS/AVAILABILITY OF SERVICES ON CAMPUS

1. Does your institution have an Office/Department of Student Affairs, or an Office/Department of the Dean of Students, or a similar Office/Department?

	N colleges with such an office	% of colleges with such an office	DK	DNA
4-year Publics (15)	15	100	0	0
4-year Privates (24)	24	100	0	0
Community Colleges (24)	23	95.8	0	0

a. Title of the office responsible for judicial functions:

4-Year Publics:

- Office of Student Conduct (2)
- Office of the Dean of Students (5)
- Judicial Affairs/Services (5)
- Division of Student Affairs (1)
- Student Life (1)
- Commandant of Cadets (1)

4-Year Privates:

- Dean of Students (7)
- Student Life (4)
- Office of Student Development (2)
- Office of Student Affairs (5)
- Director of Residence Life and Judicial Affairs
- Residence Life and Housing (2)
- Dean of Men and Women (1)
- Office of Campus and Residential Services
- Student Conduct (2)
- Office of Judicial Affairs (1)
- Curricular Life (1)

Community Colleges:

- Office of Student Services (11)
- Student Activities (1)
- Enrollment Management (1)
- Office of Student Affairs (1)
- Student Success and Academic Advancement (3)

2. If Yes to Question 1: Number of paid professional staff in this Office/Department engaged in direct support/outreach to students (excluding residence assistants or paraprofessionals)?

	Total N paid prof staff	Mean N of paid prof staff per college	S.D.	Range	Mean N of paid prof staff per 1,000 students	S.D	Range	DK	DNA
4-year Publics (12)	346	28.8	50.7	1-170	3.6	5.1	.04-15.9	2	1
4-year Privates (20)	348.1	17.4	13.2	4-50	12.6	11.6	1.2-41.6	0	4
Community Colleges (20)	244	12.2	14.4	0-50	1.9	2.1	0-9.2	1	2

3. Do any of the following student activities related to mental health occur at your institution?

a. “peer education” or mental health awareness programs, convened by one or more student organizations [If so, check here if the Counseling Center provides advice and support: \_\_\_\_\_]

	N colleges with such an activity	% of colleges with such an activity	N colleges with CC support	% of colleges w activity w CC support	DK	DNA
4-year Publics (15)	12	80	9	75.0	0	0
4-year Privates (24)	19	79.2	16	84.2	0	0
Community Colleges (24)	6	25	1 (5 do not know)	100	0	0

b. a hotline for troubled students established and operated by students without direct oversight of the Counseling Center [If so, check here if the Counseling Center provides advice and support: \_\_\_\_\_]

	N colleges with such an activity	% of colleges with such an activity	N colleges with CC support	% of colleges w activity w CC support	DK	DNA
4-year Publics (15)	1	6.7	1	100	0	0
4-year Privates (24)	0	0	0	0	0	0
Community Colleges (24)	0	0	0	0	0	0

c. “peer support” or outreach programs organized by students and providing face-to-face support to troubled students without direct oversight of the counseling center [If so, check here if the Counseling Center provides advice and support: \_\_\_\_\_]

	N colleges with such an activity	% of colleges with such an activity	N colleges with CC support	% of colleges w activity w CC support	DK	DNA
4-year Publics (15)	3	20	3	100	0	0
4-year Privates (24)	8	33.3	4	50	0	0
Community Colleges (24)	2	8.3	0	0	0	0

d. a hotline for troubled students under direct oversight of the Counseling Center

	N colleges with such an activity	% of colleges with such an activity	DK	DNA
4-year Publics (15)	1	6.7	0	0
4-year Privates (24)	0	0	0	0

e. “peer counseling” programs to provide face-to-face support and referral to troubled students under direct oversight of the Counseling Center

	N colleges with such an activity	% of colleges with such an activity	DK	DNA
4-year Publics (15)	1	6.7	0	0
4-year Privates (24)	6	25.0	0	0

## 4. Does your institution have a campus police department?

	N colleges with campus police	% of colleges with campus police	DK	DNA
4-year Publics (15)	15	100	0	0
4-year Privates (24)	11	45.8	0	0
Community Colleges (24)	9	37.5	0	0

## 5. If Yes to Question 4:

## a. Number of sworn officers:

	Total N sworn officers	Mean N sworn officers per college	S.D.	Range	DK	DNA
4-year Publics (14)	470	33.5	22.4	8-84	0	1
4-year Privates (11)	144	13.1	10.8	0-31	0	0
Community Colleges (9)	94	10.4	13.5	1-45	0	0



## b. Number of unsworn personnel:

	Total N unsworn personnel	Mean N unsworn personnel per college	S.D.	Range	DK	DNA
4-year Publics (12)	160	13.3	21.7	0-79	2	1
4-year Privates (11)	60	5.5	7.6	0-25	0	0
Community Colleges (5)	19	3.8	2.3	1-6	0	4

## 5. To what office does the head of the campus police department report?

## 4-Year Publics:

- Administration and Finance (3)
- VP/Vice Chancellor for Administration (4)
- VP for Finance (3)
- Office of the President (1)
- Executive Vice President and Chief Operating Officer (1)
- Public Safety and Community Support Services (1)
- VP of Student Services (1)

## 4-Year Privates:

- VP for Student Life (1)
- VP for Administration (2)
- Facilities (1)
- Dean of Students (1)
- Business/Financial Affairs (4)
- Human Resources (1)
- VP for Student Affairs (2)

## Community Colleges:

- VP Finance and Administration (8)

## 6. Does your institution have a campus security force?

	N colleges with security force	% of colleges with security force	DK	DNA
4-year Publics (13)	6	46.2	0	2
4-year Privates (22)	17	77.3	0	2
Community Colleges (22)	14	63.6	0	2

## 7. If Yes to Question 6:

## a. Number of personnel:

	Total N personnel	Mean N of personnel per college	S.D.	Range	DK	DNA
4-year Publics (3)	33	11	5.6	5-16	2	1
4-year Privates (15)	201	13.4	7.1	2-24	1	1
Community Colleges (14)	177	12.6	18.6	1-70	0	0

## b. To what office does the head of the campus security force report?

## 4-Year Publics:

- Police Department (5)

## 4-Year Privates:

- VP for Student Life (1)
- Office of Student Development (2)
- Facilities (1)
- Dean of Students (3)
- Campus Physical Plant (1)
- VP of Finance and Administration (4)
- Human Resources (1)
- VP for Enrollment and Student Services (1)
- VP for Student Affairs (2)
- Operations (1)

Community Colleges:

- Facilities Manager (2)
- Finance and Administration (10)

**Comments from Survey Respondents**

- 29: We have a campus police/security office that utilizes sworn officers and security personnel. We have [number redacted] full-time employees plus numerous part-timers.
- 45: [The institution does not] provide mental health services – [policy number redacted]

### SECTION III. SERVICE UTILIZATION RATES AT THE COUNSELING CENTER

1. Number of FTE mental health professionals providing services in the Counseling Center?  
(include only paid staff):

	Total FTE mh profs	Mean FTE mh profs per college	S.D.	Range	Mean FTE mh profs per 1,000 students	S.D	Range	DK	DNA
4-year Publics (15)	115.5	7.7	6.2	2-25	.7	.44	.3-1.7	0	0
4-year Privates (22)	40.05	1.8	1.1	.75-5	1.2	.63	.3-3.0	0	2

2. How many mental health staff are pre-doctoral interns?

	Total N pre-docs	Mean N pre-docs per college	S.D.	Range	DK	DNA
4-year Publics (15)	18	1.2	1.5	0-4	0	0
4-year Privates (22)	6	.27	.63	0-2	0	2

3. How many mental health staff are post-doctoral fellows?

	Total N post-docs	Mean N post-docs per college	S.D.	Range	DK	DNA
4-year Publics (15)	5	.33	.62	0-2	0	0
4-year Privates (22)	0	0	0	0	0	2

## 4. Percent of total student population accessing care at the Counseling Center:

	Total N students Accessing care	Mean % of student population accessing care	S.D.	Range	DK	DNA
4-year Publics (14)	11,117	6.3	3.1	1.9-12.7	0	1
4-year Privates (17)	2,800	11.1	7.7	2.3-28.8	0	7

## 5. Students who accessed care at the Counseling Center by racial/ethnic composition-

## a. Number of White students:

	Total N white students	Mean % of students accessing care who are white per college	S.D.	Range	DK	DNA	Mean % of students who are white
4-year Publics (13)	7060	63.0	28.4	2.5- 88.2	2	0	62.2
4-year Privates (14)	1604	66.0	30.6	0-94.4	7	3	67.6

## b. Number of African-American students:

	Total N Af Am students	Mean % of students accessing care who are Af Am per college	S.D.	Range	DK	DNA	Mean % of students are Af Am per college
4-year Publics (13)	1344	21.9	30.7	2-91.5	2	0	19.0
4-year Privates (14)	388	23.7	32.0	3.4-100	7	3	20.2

b.i- Number of African American Students at non-historically black colleges or universities (HBCUs)<sup>11</sup>

	Total N Af Am students	Mean % of students accessing care who are Af Am per college	S.D.	Range	DK	DNA	Mean % of students who are Af Am per college
4-year Publics (11)	897	9.7	7.2	2 -27.0	2	0	8.1
4-year Privates (12)	216	11.4	6.9	3.4-26.8	7	3	14.0

b. ii- Number of African American Students at HBCUs

	Total N Af Am students	Mean % of students accessing care who are Af Am per college	S.D.	Range	DK	DNA	Mean % of students who are Af Am per college
4-year Publics (2)	447	89.6	2.8	87.6-91.5	0	0	89.7
4-year Privates (2)	172	97.6	3.4	95.2-100	0	0	94.8

c. Number of Asian-American students:

	Total N As Am students	Mean % of students accessing care who are As Am per college	S.D.	Range	DK	DNA	Mean % of students who are As Am per college
4-year Publics (12)	725	5.0	4.2	0-13.4	2	1	4.7
4-year Privates (13)	45	1.8	1.6	0-5.4	7	4	1.9

<sup>11</sup> List of HBCUs from the U.S. Department of Education, <http://ed.gov/about/inits/list/whhbcu/edlite-list.html#list>

## d. Number of Hispanic students:

	Total N Hispanic students	Mean % of students accessing care who are Hispanic per college	S.D.	Range	DK	DNA	Mean % of students who are Hispanic per college
4-year Publics (12)	381	3.5	1.7	.65-6.1	2	1	2.9
4-year Privates (13)	64	2.8	2.4	0-6.7	7	4	2.6

## e. Number of Native American students:

	Total N Nat Am students	Mean % of students accessing care who are Nat Am per college	S.D.	Range	DK	DNA	Mean % of students who are Nat Am per college
4-year Publics (10)	27	.28	.32	0-.98	3	2	.4
4-year Privates (12)	4	.11	.27	0-.75	8	4	.4

## f. Number of students of other, or undeclared, races/ethnicities:

	Total N other students	Mean % of students accessing care who are other per college	S.D.	Range	DK	DNA	Mean % of students who are other per college
4-year Publics (13)	944	7.0	3.7	0-11.8	2	0	10.8
4-year Privates (10)	120	8.3	14.7	0-48.3	7	7	7.2

## 6. Students who accessed care at the Counseling Center by gender

## a. Number of male students:

	Total N male students	Mean % of students accessing care who are male per college	S.D.	Range	DK	DNA	Mean % of students who are male per college
4-year Publics (14)	4269	38.3	17.8	22.2-86.2	1	0	45.1
4-year Privates (18)	810	28.8	22.2	0-100	3	3	38.8

## b. Number of female students:

	Total N female students	Mean % of students accessing care who are female per college	S.D.	Range	DK	DNA	Mean % of students who are female per college
4-year Publics (14)	6908	61.7	17.8	13.8-77.8	1	0	54.9
4-year Privates (18)	1990	71.2	22.2	0-100	3	3	61.2

## b.i- Number of female students at non-women's colleges

	Total N female students	Mean % of students accessing care who are female per college	S.D.	Range	DK	DNA	Mean % of students who are female per college
4-year Publics (14)	6908	61.7	17.8	13.8-77.8	1	0	54.9
4-year Privates (16)	1740	67.6	20.8	0-89.9	3	3	58.3



## b.ii- Number of female students at women's colleges

	Total N female students	Mean % of students accessing care who are female per college	S.D.	Range	DK	DNA	Mean % of students who are female per college
4-year Publics (0)	-	-	-	-	-	-	-
4-year Privates (2)	250	100	0	100-100	0	0	95.1

## 7. What is the median number of counseling sessions per client?

	Mean of median N of sessions per college	Range in median N of sessions per college	DK	DNA
4-year Publics (15)	5.0	3-8	0	0
4-year Privates (17)	5.4	1.4-20	4	3

## 8. Do you limit the number of counseling sessions allowed a client?

	N colleges that limit sessions	% of colleges that limit sessions	DK	DNA
4-year Publics (15)	6	40	0	0
4-year Privates (22)	6	27.3	0	2

## 9. If Yes to Question 8: What is the maximum number of sessions?

	Mean maximum N of sessions per college	SD	Range in maximum N of sessions, per college	DK	DNA
4-year Publics (6)	13.7	8.0	10-30	0	0
4-year Privates (6)	8.2	3.5	6-15	0	0

## 10. Did you have a waiting list for services in 2008-2009?

	N colleges with waiting list	% of colleges with waiting lists	DK	DNA
4-year Publics (15)	3	20	0	0
4-year Privates (22)	0	0	0	2

11. *If Yes to Question 10:* How many students were on the waiting list at the end of the fall semester 2008?

	Total N on waiting list	Mean N of students on waiting list per college	S.D.	Range	DK	DNA
4-year Publics (2)	20	10	14.1	0-20	1	0
4-year Privates (0)	-	-	-	-	-	-

12. *If Yes to Question 10:* How many students were on the waiting list at the end of the spring semester 2009?

	Total N on waiting list	Mean N of students on waiting list per college	S.D.	Range	DK	DNA
4-year Publics (2)	20	10	14.1	0-20	1	0
4-year Privates (0)	-	-	-	-	-	-

13. Do you have after-hours coverage?

	N of colleges with after- hours coverage	% of colleges with after-hours coverage	DK	DNA
4-year Publics (15)	14	93.3	0	0
4-year Privates (22)	20	90.9	0	2

14. *If Yes to Question 13:* Who provides this coverage? (a) Counseling Center, (b) Community Service Board, (c) Local hospital, (d) Other , (e) More than one form of coverage for after-hours service provision

	% Counseling Cntr	% CSB	% local hosp	% other	% more than 1	DK	DNA
4-year Publics (14)	57.1	0	0	7.1	35.7	0	0
4-year Privates (20)	55.0	0	0	25.0	20.0	0	0

Description of “other”:

4-Year Publics:

- Connect Assessment and referral Service with Carillion (1)
- Off campus security initially, then local hospital and/or CSB (1)
- Residential Life Staff/Campus Police are often the first contact (1)
- Nurse/infirmary (1)

4-Year Privates:

- Residence Life (3)
- Minister and Counselor on call who refer to local hospital (1)
- Student Affairs staff (1)
- Chaplain or professors as appropriate (1)

15. Number of students referred to other mental health providers in the community

a. Number referred because they have reached session limits:

	Total N referred per session limits	Mean N of students referred per session limits per college	S.D.	Range	DK	DNA
4-year Publics (6)	44	7.3	17.9	0-44	5	4
4-year Privates (16)	6	.37	1.1	0-4	2	6

b. Number referred after initial assessment:

	Total N referred after initial	Mean N of students referred after initial, per college	S.D.	Range	DK	DNA
4-year Publics (5)	207	41.4	49.4	0-116	9	1
4-year Privates (15)	46	3.1	6.7	0-25	6	3

c. Number referred for specialized evaluation or treatment (e.g., for an eating disorder):

	Total N referred for specialized	Mean N of students referred for specialized, per college	S.D.	Range	DK	DNA
4-year Publics (7)	144	20.6	15.1	3-39	7	1
4-year Privates (15)	88	5.9	8.7	0-28	6	3

16. What functions beyond clinical counseling does your Counseling Center have responsibility for? (please circle all that apply)

a. Disability services

	N colleges providing disability serv	% of colleges providing disability serv	DK	DNA
4-year Publics (15)	1	6.7	0	0
4-year Privates (22)	4	18.2	0	2

## b. Assessment of LD/ADD

	N colleges providing LD/ADD serv	% of colleges providing LD/ADD serv	DK	DNA
4-year Publics (15)	4	26.7	0	0
4-year Privates (22)	2	9.1	0	2

## c. Case management

	N colleges providing case manag serv	% of colleges providing case manage serv	DK	DNA
4-year Publics (15)	8	53.3	0	0
4-year Privates (22)	10	45.5	0	2

## d. Career Advising

	N colleges providing career adv serv	% of colleges providing career adv serv	DK	DNA
4-year Publics (15)	0	0	0	0
4-year Privates (22)	2	9.1	0	2

## e. Academic Advising

	N of colleges providing acad adv serv	% of colleges providing acad adv serv	DK	DNA
4-year Publics (15)	0	0	0	0
4-year Privates (22)	3	13.6	0	2

**Comments from Survey Respondents**

10: We provide Academic Services – study skills, workarounds for LD/ADD – etc.

- 15: Other offices on campus handle Career Advising, Academic Advising and Disability Services.
- 17: Programming and advising is also a part of the director's responsibilities.
- 29: Counseling is housed in our [resource center]. The [resource center] is responsible for the additional services listed above but not circled.
- 14: The # of internships from the Counseling or Psychology Department vacillates so each semester is different. [identifying information redacted].
- 24: Numbers given at the beginning of this section are minimums.
- 26: We have a care office that provides [counseling]. We do not have a counseling center staffed by LPCs/clinical professionals.
- 19: Utilization and demographic information is not available for 2008-09 due to administrative support staffing issues.
- 31: Clinical Counseling resided within [office name redacted] until the 2009-2010 academic year, at which time it became an independent department within student affairs.

**SECTION IV. RELATIONSHIPS WITH COMMUNITY SERVICE BOARDS AND LOCAL HOSPITALS**

1. If your institution exhausts its own counseling services/resources, where does it first look for assistance? (a) Community Service Boards, (b) private providers, (c) other, (d) more than one

	% CSB	% Private	% Other	% more than 1	DK	DNA
4-year Publics (15)	13.3	33.3	13.3	40	0	0
4-year Privates (24)	16.7	58.3	4.2	20.8	0	0
Community Colleges (24)	83.3	12.5	0	4.2	0	0

Description of “other”:

4-Year Publics:

- Eastern Virginia Medical School clinic (1)
- Other on-campus clinics (2)
- Practitioners in the student’s home town (1)

4-Year Privates:

- Hospital (2)
- Add part-time help/contracted off-campus counselor (2)
- Non-profit counseling agencies (1)

Community Colleges:

- Any local provider (1)

2. What is the availability of services for your students at the local CSB? (a) minimal, (b) adequate, (c) extensive

	% Minimal	% Adequate	% Extensive	DK	DNA
4-year Publics (15)	66.7	33.3	0	0	0
4-year Privates (21)	61.9	38.1	0	0	3
Community Colleges (22)	36.4	59.1	4.5	0	2

3. Does your institution have a regular referral arrangement with particular private mental health service providers?

	N colleges with such an arrangement	% of colleges with such an arrangement	DK	DNA
4-year Publics (15)	3	20	0	0
4-year Privates (24)	2	8.3	0	0
Community Colleges (23)	5	21.7	0	1

4. Does your institution have regular or periodic meetings with representatives of the community service board (CSB) in your area to address areas of mutual interest?

	N colleges which meet with CSB	% of colleges which meet with CSB	DK	DNA
4-year Publics (15)	9	60	0	0
4-year Privates (24)	10	41.7	0	0
Community Colleges (22)	6	27.3	0	2

What is the name of this CSB?

4-Year Publics:

- Norfolk CSB (1)
- Woodburn (1)
- CSB of NRV (1)
- Region Ten (1)
- Rappahannock Area CSB (1)
- New River Valley CSB (1)
- Planning District 1 (1)
- Rockbridge Area CSB (1)

4-Year Privates:

- SARA (1)
- Blue Ridge Community Crisis Center (1)
- Highlands CSB (1)
- Piedmont Community Services (1)



- Hampton/Newport News CSB (1)
- Central Virginia CSB (3)
- Hanover CSB (1)
- Henrico Emergency Services (1)
- Rockbridge Area CSB (1)

Community Colleges:

- LO CSB/PW CSB (1)
- Danville-Pittsylvania Community Services (1)
- Highlands CSB (1)

5. Has your institution developed any type of working agreement with the CSB in your area?

	N colleges w working agreement w CSB	% of colleges w working agreement w CSB	DK	DNA
4-year Publics (15)	10	66.7	0	0
4-year Privates (24)	11	45.8	0	0
Community Colleges (24)	17	70.8	0	0

6. If Yes to Question 5: Is it a written agreement?

	N colleges w written agreement w CSB	% of colleges w written agreement w CSB	DK	DNA
4-year Publics (9)	3	33.3	0	1
4-year Privates (10)	3	30.0	0	1
Community Colleges (15)	5	33.3	2	0

7. If there is a working agreement with the CSB—whether it is written or not— please circle each area that the agreement addresses (circle all that apply):

a. Referral procedures for CSB emergency services

	N colleges w agreement re CSB emergency serv	% of colleges w agreement re CSB emergency serv	DK	DNA
4-year Publics (10)	9	90	0	0
4-year Privates (11)	9	81.8	0	0
Community Colleges (17)	12	70.6	0	0

b. Referral procedures for CSB outpatient services

	N colleges w agreement re CSB outpatient serv	% of colleges w agreement re CSB outpatient serv	DK	DNA
4-year Publics (10)	5	50	0	0
4-year Privates (11)	5	45.5	0	0
Community Colleges (17)	8	47.1	0	0

c. Prescreening protocols for temporary detention orders

	N colleges w agreement re TDO prescreen	% of colleges w agreement re TDO prescreen	DK	DNA
4-year Publics (10)	8	80.0	0	0
4-year Privates (11)	8	72.7	0	0
Community Colleges (17)	4	23.5	0	0

## d. Protocols for disaster response

	N colleges w agreement re disaster protocol	% of colleges w agreement re disaster protocol	DK	DNA
4-year Publics (10)	4	40.0	0	0
4-year Privates (11)	4	36.4	0	0
Community Colleges (17)	2	11.8	0	0

## e. Procedures for exchange of information regarding students who are served by the CSB

	N colleges w agreement re exchanging info	% of colleges w agreement re exchanging info	DK	DNA
4-year Publics (10)	7	70.0	0	0
4-year Privates (11)	6	54.5	0	0
Community Colleges (17)	5	29.4	0	0

## f. Protocols related to provision of medication to students who are served by the CSB

	N colleges w agreement re meds to students	% of colleges w agreement re meds to students	DK	DNA
4-year Publics (10)	1	10.0	0	0
4-year Privates (11)	0	0	0	0
Community Colleges (17)	2	11.8	0	0

g. Designation of a person at the institution who can be contacted 24 hours/day by the CSB to facilitate the collection of information about a student who is the subject of a Temporary Detention Order (TDO)

	N colleges w agreement re info on student TDO	% of colleges w agreement re info on student TDO	DK	DNA
4-year Publics (10)	3	30.0	0	0
4-year Privates (11)	5	45.5	0	0
Community Colleges (17)	0	0	0	0

8. Does the CSB offer any special services or programs targeted to college students?

	N colleges w CSBs offering special serv	% of colleges w CSBs offering special serv	DK	DNA
4-year Publics (15)	0	0	0	0
4-year Privates (24)	1	4.2	0	0
Community Colleges (21)	1	4.8	0	3

9. Does your institution have regular or periodic meetings with representatives of any psychiatric hospital— including a general hospital with a psychiatric unit— in your area to address areas of mutual interest?

	N colleges w regular meetings w psych hosp	% of colleges w regular meetings w psych hosp	DK	DNA
4-year Publics (15)	7	46.7	0	0
4-year Privates (24)	10	41.7	0	0
Community Colleges (22)	2	9.1	0	2

10. Has your institution developed any type of working agreement with a psychiatric hospital in your area?

	N colleges w working agreement w psych hosp	% of colleges w working agreement w psych hosp	DK	DNA
4-year Publics (15)	7	46.7	0	0
4-year Privates (24)	8	33.3	0	0
Community Colleges (24)	1	4.2	0	0

11. If Yes to Question 10: Is it a written agreement?

	N colleges w written agreement w psych hosp	% of colleges w written agreement w psych hosp	DK	DNA
4-year Publics (7)	2	28.6	0	0
4-year Privates (7)	2	28.6	0	1
Community Colleges (1)	0	0	0	0

12. Are there other programs or community organizations with which you maintain a relationship for services targeted towards college students (e.g. Partial Hospitalization, Intensive Outpatient, Eating Disorder, Substance Abuse Facility)?

	N colleges w other relationships for services to students	% of colleges w other relationships for services to students	DK	DNA
4-year Publics (14)	5	35.7	0	1
4-year Privates (24)	10	41.7	0	0
Community Colleges (20)	4	20.0	0	4

a. Please list the program/community organizations:

4-Year Publics:

- Local hospitals (2)
- Tidewater Pastoral Counseling Services (1)
- Blue Ridge First Step Intensive Outpatient Program for Chemical dependency/substance abuse (1)
- Community grief group (1)
- Life recovery program (1)
- Crisis Support Services (1)
- Project Horizon (1)
- Substance Abuse treatment group (1)

4-Year Privates:

- Associates in mental health/Diamond Healthcare (1)
- Police Department (1)
- Forensic Nurses (1)
- Partial Hospitalization program (2)
- Family counseling centers (1)
- Suicide Hotline (2)
- AA/Al-anon (1)
- Local crises center (1)
- YWCA (1)
- Turning Point (outpatient substance abuse program for college students)(1)

Community Colleges:

- Snowden at Fredericksburg, Inc. (1)
- AA (1)
- Substance Abuse Anonymous (1)
- Piedmont Access to Health Services (1)

### **Comments from Survey Respondents**

37: We contract with a psychiatrist as a consultant who sees students privately, admits to hospital, and meets with counseling staff on case management and other issues.

18: Relationship with consulting psychiatrist and a hospital inpatient social worker have resulted in clear (but unwritten) protocols.

07: We tried to develop an MOU with [a] hospital but received no response from them.

05: The University has no formal working agreement with its CSB [region redacted]. However, the University's [counseling staff] occasionally participates in prescreening protocols for temporary detention orders. The CSB typically calls the [counseling center's] on-call system to facilitate the collection of information about a student who is

the subject of a TDO. The University cannot confirm this happens in every instance. However, this contact is happening with some degree of regularity.

- 29: The intensive outpatient services offered by [name redacted] CSB are not just for college students. We have been able to refer students to it.
- 45: [Program name redacted] provides reintegration, evaluation and treatment to veterans and their families.
- 19: There are no psychiatric hospitals or units in our community; there are no partial hospitalization, intensive outpatient, eating disorder or substance abuse facilities in our community.

### SECTION V. TAX DEPENDENCY STATUS

1. Does your institution ask students about their tax dependency status? *If no, Skip section.*

	N colleges which ask re tax status	% of colleges which ask re tax status	DK	DNA
4-year Publics (15)	11	73.3	0	0
4-year Privates (23)	10	43.5	1	0
Community Colleges (24)	14	58.3	0	0

2. When does your institution ask about tax dependency status? (a) on application for admission, (b) post admission/pre-enrollment, (c) post enrollment

	% apply for admit	% post admit/pre enroll	% post enroll	% more than once	DK	DNA
4-year Publics (11)	63.6	18.2	18.2	0	0	0
4-year Privates (9)	0	55.6	22.2	22.2	1	0
Community Colleges (14)	92.9	7.1	0	0	0	0

3. How often does your institution request this information? (a) once during a student's tenure, (b) annually

	% once	% annually	DK	DNA
4-year Publics (11)	54.5	45.5	0	0
4-year Privates (9)	11.1	88.9	1	0
Community Colleges (13)	92.3	7.7	0	1



4. Does your institution have a particular form used to determine tax dependency status?

	N colleges with form re tax status	% of colleges with form re tax status	DK	DNA
4-year Publics (10)	7	70	0	1
4-year Privates (10)	5	50	0	0
Community Colleges (14)	9	64.3	0	0

5. How many students (undergraduate or graduate) at your institution were tax dependent in 2008-09?

	Total N tax dependent	Mean % of students per college who are tax dependent	S.D.	Range	DK	DNA
4-year Publics (3)	18,784	73.9	19.9	56.7-95.7	7	1
4-year Privates (5)	4,708	61.1	25.4	30.4-92.1	5	0
Community Colleges (3)	12,775	43.4	19.5	21.2-57.0	10	1

### **Comments from Survey Respondents**

- 01: The Counseling Center collects data on the dependency status of our clients so that this information is available to us in the event that the student's condition is such that we are required to implement [policy number redacted].
- 02: We ask for information about tax dependency on the application for in-state status, so only collect the yes/no response. We do not collect any 1040 or state filed tax forms unless the student appeals the decisions we do not enter tax dependency status in our system and do not know how many students are claimed as tax dependents.
- 05: The University collects tax dependency data each year beginning move-in weekend (mid-to-late August). The data is collected electronically. Students who fail to complete the electronic form are blocked from the University's electronic mail service. This ensures nearly 100% compliance.
- 15: [The institution] uses a "Consent to Disclose" form that addresses [...] tax dependent status (attached)

- 03: Students may self-disclose on FERPA form. Of the [number redacted] that apply for aid, they fill this out but it is only 2/3 of students.
- 29: Question is asked on the disclosure form included with this survey. In addition, students are asked if they are selected for a Financial Aid audit.
- 14: Many of the comments would be in the Enrollment Management section of the University. Received comments from Registrars Office.
- 39: This info is gathered via the FAFSA; the University does not gather this information separately/specifically, other than via the FAFSA (which is not required of all students).
- 45: Students are asked about tax dependant status as a condition of domicile and financial aid.

## SECTION VI. REQUESTS FOR MENTAL HEALTH INFORMATION

1. Does your institution administer a health survey to students, including questions about any mental health problems they may have?

	N colleges which administer health survey	% of colleges which administer health survey	DK	DNA
4-year Publics (15)	8	53.3	0	0
4-year Privates (23)	13	56.5	1	0
Community Colleges (24)	1	4.2	0	0

2. *If Yes to Question 1:* Does your institution administer this survey to all students, or only to selected students?

	N colleges which administer survey to all	% of colleges which administer survey to all	DK	DNA
4-year Publics (8)	2	25	0	0
4-year Privates (12)	10	83.3	0	1
Community Colleges (1)	1	100	0	0

3. *If Yes to Question 1:* When do you administer this survey? (a) pre-enrollment, (b) at enrollment, (c) after an enrolled student has presented a concern

	% pre-enroll	% at enroll	% after enroll	% more than once	% every few yrs	DK	DNA
4-year Publics (6)	16.7	16.7	0	16.7	50	0	2
4-year Privates (10)	20	60	0	10	10	0	3
Community Colleges (1)	0	0	100	0	0	0	0

## 4. What office analyzes these surveys?

## 4-Year Publics:

- The Southern Illinois University Core Institute (1)
- Counseling/Health centers (3)
- Health Promotions (1)
- External organizations administering the survey (1)
- National College Health Assessment (1)
- Office of Health Education (1)

## 4-Year Privates:

- Department of Institutional Research (1)
- Campus Health/Counseling Center (9)
- Student Affairs (2)
- University of Michigan, Center for Student-Studies (1)

## Community Colleges:

- Office of Student Development (1)

## 5. Is mental health information from these surveys shared with the counseling center?

	N colleges sharing mh info	% of colleges sharing mh info	DK	DNA
4-year Publics (8)	8	100	0	0
4-year Privates (12)	11	91.7	0	1

6. Does your institution ever request a student's mental health records from his or her originating school prior to enrollment? *If No, Skip to the next Section.*

	N colleges requesting mh records	% of colleges requesting mh records	DK	DNA
4-year Publics (15)	4	26.7	0	0
4-year Privates (23)	2	8.7	0	1
Community Colleges (22)	2	9.1	0	2

7. Does your institution make such a request for all students, or only for selected students? (a) all students, (b) only selected students

	N colleges which request mh records for all	% of colleges which request mh records for all	DK	DNA
4-year Publics (2)	0	0	0	2
4-year Privates (2)	0	0	0	0
Community Colleges (2)	0	0	0	0

8. When do you request that this information? (a) pre-enrollment, (b) at enrollment, (c) after an enrolled student has presented a concern

	% pre-enroll	% at enroll	% after enroll	% more than once	DK	DNA
4-year Publics (2)	50	0	0	50	0	2
4-year Privates (2)	50	50	0	0	0	0
Community Colleges (2)	100	0	0	0	0	0

9. For how many students were mental health records requested in 2008-09?

	Total N student mh records requested	Mean N of student mh records requested per college	S.D.	Range	DK	DNA
4-year Publics (1)	20	20	-	-	1	2
4-year Privates (1)	13	13	-	-	1	0
Community Colleges (1)	64	64	-	-	1	0

10. What office analyzes those records?

4-Year Publics:

- Counseling (2)
- Admissions/ Threat Assessment Team (1)

## 4-Year Privates:

- Admissions (1)
- Student Development (1)
- Disability Services (2)

## Community Colleges:

- Disability Services (1)

11. Does your institution conduct any outreach to students whose records may pose a concern?

	N colleges conducting outreach	% of colleges conducting outreach	DK	DNA
4-year Publics (2)	1	50	0	2
4-year Privates (2)	2	100	0	0
Community Colleges (1)	0	0	0	1

### Comments from Survey Respondents

- 18: 6a mental health records are requested but rarely sent.
- 15: The Admissions process to [institution] is considered two-step and does include a medical eligibility component. Applicants are accepted conditionally and then required to submit a health history and record of a physician's examination. If the applicant reports a mental health history the information is referred to the Counseling Center where a review of the case is conducted. Typically this involves securing releases of information from the applicant to gather treatment records and often results in consultation with the treatment providers. On rare occasions consultation with a high school guidance counselor has been appropriate. Depending upon the nature of the concern the applicant may be required to complete a medical waiver review, and if admitted generally enrolls with a requirement to make contact with the Counseling Center.
- 03: When a student indicates a history of arrests/hospitalizations or other troubling matters, they may be asked for more information to be revealed by different departments.
- 14: Going back and forth as to if we want to request such records. Not sure who would do the analyzing of data if we did.
- 24: A survey is not conducted but health records including immunizations are requested; students share medications they are currently on; mental health information may present itself.

26: We administer a survey called “Healthy Minds” to a random sample of students. This survey instrument is available from the University of Michigan Survey Sciences Department

45: The mental health records are collected primarily as documentation of psychological disability.

We may request information from practitioners when student has behavioral issue at College, but do not request high school or other college information at time of admission.

[Identifying statement redacted]. The [institution] will have a webpage that allows students to complete an anonymous mental health screening assessment to determine, based upon their answers, if they should meet with a clinical counselor or psychologist to assist them in dealing with their challenges.

31: Survey administered mid-Spring.

## SECTION VII. CONCERNS ABOUT HARM TO SELF OR OTHERS

1. Did you have an enrolled student(s) commit suicide in 2008-09?

	N colleges w a student suicide	% of colleges w a student suicide	DK	DNA
4-year Publics (15)	5	33.3	0	0
4-year Privates (24)	1	4.2	0	0
Community Colleges (24)	5	20.8	0	0

2. If Yes to Question 1: How many enrolled students committed suicide in 2008-09?

	Total N student suicides	Mean N of student suicides per college	S.D.	Range	DK	DNA
4-year Publics (5)	8	1.6	.55	1-2	0	0
4-year Privates (1)	1	1.0	-	-	0	0
Community Colleges (2)	2	1.0	0	1-1	2	1

3. Did you have any student(s) who were on medical leave commit suicide in 2008-2009?

	N colleges w student on medical leave suicide	% of colleges w student on medical leave suicide	DK	DNA
4-year Publics (15)	1	6.7	0	0
4-year Privates (24)	0	0	0	0
Community Colleges (24)	0	0	0	0



4. *If Yes to Question 3:* How many students who were on medical leave committed suicide in 2008-09?

	Total N students on med leave suicide	Mean N of students on med leave suicide per college	S.D.	Range	DK	DNA
4-year Publics (1)	1	1	-	-	0	0
4-year Privates (0)	-	-	-	-	-	-
Community Colleges (0)	-	-	-	-	-	-

5. Do you have policies or guidelines for identifying and addressing the needs of students exhibiting suicidal ideation or behavior?

	N colleges w suicide policies	% of colleges w suicide policies	DK	DNA
4-year Publics (15)	15	100	0	0
4-year Privates (23)	19	82.6	0	1
Community Colleges (21)	8	38.1	0	3

6. Does your institution have mandated follow-up procedures following a student's suicidal ideation or attempt?

	N colleges w mandated follow-up	% of colleges w mandated follow-up	DK	DNA
4-year Publics (14)	8	57.1	0	1
4-year Privates (24)	10	79.2	0	0
Community Colleges (22)	2	9.1	0	2

7. How many students seen in the counseling center in academic year 2008-2009 reported suicidal ideation?

	Total N students reporting suicidal ideation	Mean N students reporting suicidal ideation per college	S.D.	Range	Percentage of those seen at the CC reporting suicidal ideation	Percentage of total student population reporting suicidal ideation	DK	DNA
4-year Publics (12)	1035	86.3	74.5	10-261	15.4	1.2	3	0
4-year Privates (12)	181	15.1	13.6	0-44	11.6	.74	9	3

8. How many students attempted suicide in 2008-09 (do not count parasuicidal behavior such as cutting)?

	N colleges w a student attempting suicide	% colleges w a student attempting suicide	Total N student attempted suicides	Mean N student attempted suicides per college	S.D.	Range	DK	DNA
4-year Publics (11)	8	72.7	67	6.1	12.4	0-43	4	0
4-year Privates (16)	6	37.5	17	1.1	1.8	0-5	6	2
Community Colleges (3)	1	33.3	2	.67	1.2	0-2	16	5

## 9. Of those students who attempted suicide in 2008-2009

a. How many voluntarily withdrew from your institution and did not return in the following year?

	Total N vol withdrew and not return	Mean N vol withdrew and not return next yr, per college	S.D.	Range	DK	DNA
4-year Publics (6)	8	1.3	1.6	0-4	7	2
4-year Privates (3)	3	1.0	0	1-1	7	14
Community Colleges (1)	2	2.0	-	-	11	12

b. How many involuntarily withdrew from your institution and did not return in the following year?

	Total N invol withdrew and not return	Mean N invol withdrew and not return next yr, per college	S.D.	Range	DK	DNA
4-year Publics (7)	3	.43	.51	0-1	6	2
4-year Privates (3)	0	0	0	0-0	7	14
Community Colleges (1)	0	0	-	-	11	12

c. How many withdrew from your institution—voluntarily or involuntarily—and eventually returned for a subsequent semester?

	Total N withdrew and eventually return	Mean N withdrew and eventually return per college	S.D.	Range	DK	DNA
4-year Publics (4)	1	.25	.5	0-1	8	3
4-year Privates (4)	5	1.3	.96	0-2	7	13
Community Colleges (1)	0	0	-	-	11	12

d. How many did not withdraw from your institution, but were required to participate in outpatient treatment as a condition of remaining a student in good standing?

	Total N not withdraw but tx required	Mean N not withdraw but tx required per college	S.D.	Range	DK	DNA
4-year Publics (7)	28	4.0	7.2	0-20	6	2
4-year Privates (3)	9	3.0	4.4	0-8	6	15
Community Colleges (1)	0	0	-	-	9	14

10. Did you have a student arrested for killing anyone in 2008-09?

	N colleges w a student arrested for killing	% of colleges w a student arrested for killing	DK	DNA
4-year Publics (15)	1	6.7	0	0
4-year Privates (24)	1	4.2	0	0
Community Colleges (22)	0	0	0	2

11. *If Yes to question 10:* How many students were arrested for killing someone in 2008-09?

	Total N students arrested for killing	Mean N student arrested for killing per college	S.D.	Range	DK	DNA
4-year Publics (1)	1	1	-	-	0	0
4-year Privates (1)	1	1	-	-	0	0
Community Colleges (0)	-	-	-	-	-	-

12. If Yes to question 10: How many of the victims were other students at your institution?

	Total N victims other students	Mean N victims other students per college	S.D.	Range	DK	DNA
4-year Publics (1)	1	1	-	-	0	0
4-year Privates (1)	0	0	-	-	0	0
Community Colleges (0)	-	-	-	-	-	-

13. How many students seen in the Counseling Center in 2008-2009 reported ideation that included violence towards others?

	Total N students reporting violent ideation	Mean N students reporting violent ideation per college	S.D.	Range	Percentage of those seen at the CC reporting violent ideation	Percentage of total student population reporting violent ideation	DK	DNA
4-year Publics (11)	334	30.4	56.6	0-183	3.5	.31	4	0
4-year Privates (13)	17	1.3	3.2	0-11	.66	.06	8	3

14. How many students seen in the counseling center in academic year 2008-2009 had been referred due to aggressive or violent behavior toward others (including stalking)?

	Total N students referred due to violence	Mean N students referred due to violence per college	S.D.	Range	DK	DNA
4-year Publics (6)	53	8.8	10.2	1-27	9	0
4-year Privates (16)	51	3.2	4.5	0-16	6	2

a. Of these, how many were required to participate in outpatient treatment as a condition of remaining a student in good standing?

	Total N students required to be in tx	Mean N students required to be in tx per college	S.D.	Range	DK	DNA
4-year Publics (6)	27	4.5	5.5	0-15	5	4
4-year Privates (10)	3	.3	.48	0-1	7	7

b. Of these, how many were referred to the Counseling Center by the campus Threat Assessment Team?

	Total N students referred to CC by TAT	Mean N students referred to TAT per college	S.D.	Range	DK	DNA
4-year Publics (7)	16	2.3	5.6	0-15	3	5
4-year Privates (10)	7	.7	1.3	0-4	7	7

### **Comments from Survey Respondents**

- 18: Student in Q14 voluntarily withdrew in Fall 2008.
- 22: Worked directly with the counselor on campus.
- 03: We know how many students were “shared” by counseling and threat assessment, but not for violence or stalking separately.
- 32: Question #5 – in process of developing and formalizing procedures for adoption in 2010-2011 academic year.
- 14: [Judicial Affairs office has] referred several students for aggressive/violent behaviors mostly in terms of fighting for counseling considerations. Students who have threatened or hurt other students were suspended by Judicial Affairs. Also those who have stalked students. They have not come through the [counseling center]. Have not computed numbers in this category as yet.
- 39: The University does not mandate counseling.

- 24: We've had several staff changes since 2008/09 and are unable to confirm/verify some of this information.
- 45: General process for students that express suicidal ideation or attempt – Office of Student Affairs staff meet with student to assess situation and (where needed) have a threat assessment conducted by a psychologist. Students that have been referred to psychologist or social worker, who have separated from College must meet with Office of Student Affairs staff (VP of Student Affairs or Dean of Students)

### SECTION VIII. COMMITMENT PROCEEDINGS

1. How many students were subject to Emergency Custody Orders (ECOs) initiated by your institution in 2008-09?

	Total N college initiated student ECOs	Mean N college initiated student ECOs, per college	Mean ECO per 1000 students	S.D.	Range	DK	DNA
4-year Publics (10)	16	1.6	.36	.80	0-2.6	5	0
4-year Privates (21)	11	.52	.15	.54	0-2.5	2	1
Community Colleges (13)	0	0	0	0	-	8	3

2. How many students were hospitalized under Temporary Detention Orders (TDOs) initiated by your institution in 2008-2009?

	Total N college-initiated student TDOs	Mean N college-initiated student TDOs per college	Mean TDO per 1000 students	S.D.	Range	DK	DNA
4-year Publics (10)	42	4.2	.41	.50	0-1.4	5	0
4-year Privates (21)	3	.14	.02	.08	0-.37	2	1
Community Colleges (14)	1	.07	.006	.02	0-.08	7	3



3. If the answer to Question 2 was greater than zero: How many of these students continued hospitalization (voluntarily or involuntarily) after the Temporary Detention Order expired?

	Total N students continued hosp after TDO	Mean N students continued hosp after TDO, per college	S.D.	Range	DK	DNA
4-year Publics (7)	29	4.1	6.3	0-18	1	7
4-year Privates (3)	1	.33	.58	0-1	4	17
Community Colleges (1)	0	0	-	-	3	20

4. To your knowledge, how many of your students were hospitalized in psychiatric hospitals, whether or not the judicial process was involved, in 2008-2009?

	Total N students in psych hosp	Mean N students in psych hosp, per college	S.D.	Range	DK	DNA
4-year Publics (11)	107	9.7	11.3	0-39	4	0
4-year Privates (16)	48	3.0	3.4	0-12	6	2
Community Colleges (6)	4	.67	.82	0-2	15	3

5. To your knowledge, of those students hospitalized, what was the average length of stay (in days)?

	Mean days of hosp stay	S.D.	Range	DK	DNA
4-year Publics (9)	5.2	3.5	2.5-14	5	1
4-year Privates (11)	4.6	3.8	0-15	7	6
Community Colleges (4)	4.0	6.7	0-14	10	10

6. Can you determine if the number of Emergency Custody Orders has increased or decreased over the past two academic years? (a) increased, (b) decreased, (c) remained about the same

	% increased	% decreased	% remained same	DK	DNA
4-year Publics (9)	55.6	0	44.4	4	2
4-year Privates (17)	5.9	5.9	88.2	6	1
Community Colleges (5)	0	20	80	14	5

7. Can you determine if the number of Temporary Detention Orders has increased or decreased over the past two academic years? (a) increased, (b) decreased, (c) remained about the same.

	% increased	% decreased	% remained same	DK	DNA
4-year Publics (9)	44.4	0	55.6	4	2
4-year Privates (15)	6.7	13.3	80.0	6	3
Community Colleges (5)	20	0	80.0	14	5

8. Are you notified of a commitment proceeding involving a student?

	N colleges notified of a commitment proceeding	% of colleges notified of a commitment proceeding	DK	DNA
4-year Publics (15)	5	33.3	0	0
4-year Privates (20)	5	25.0	1	3
Community Colleges (20)	3	15.0	0	4

9. *If Yes to Question 8: How many times were you notified in 2008-09?*

	Total N times colleges notified	Mean N times notified, per college	S.D.	Range	DK	DNA
4-year Publics (3)	32	10.7	13.4	1-26	2	0
4-year Privates (5)	2	.4	.9	0-2	0	0
Community Colleges (3)	2	.7	1.2	0-2	0	0

10. *If Yes to Question 8: In how many of these cases was your institution asked to provide information in connection with the proceeding?*

	Total N cases colleges asked for info	Mean N cases colleges asked for info, per college	S.D.	Range	DK	DNA
4-year Publics (3)	29	9.7	14.2	0-26	1	1
4-year Privates (2)	2	1.5	.71	1-2	0	3
Community Colleges (2)	0	0	0	0-0	1	0

11. *If Yes to Question 8: In how many of these cases did your institution send a representative to commitment hearings?*

	Total N cases colleges sent rep to hearing	Mean N cases colleges sent rep to hearing, per college	S.D.	Range	DK	DNA
4-year Publics (4)	28	7.0	12.7	0-26	1	0
4-year Privates (2)	1	.5	.71	0-1	0	3
Community Colleges (3)	0	0	0	0-0	0	0

12. In how many cases in which students were committed and returned to campus after hospitalization were you involved in their post-commitment mental health care in 2008-09?

	Total N cases involved in post commitment mh care	Mean N cases involved in post commitment mh care, per college	S.D.	Range	DK	DNA
4-year Publics (6)	21	3.5	2.2	1-6	5	4
4-year Privates (12)	33	2.8	3.3	0-10	1	11

13. Do you provide mental health services to a student when these services are required by a court as a part of a mandatory outpatient treatment order?

	N of colleges tx under MOT order	% of colleges tx under MOT order	DK	DNA
4-year Publics (13)	5	38.5	0	2
4-year Privates (20)	4	20	0	4

14. *If Yes to Question 13:* In how many cases did you provide mandatory outpatient services in 2008-09?

	Total N cases provided MOT	Mean N cases provided MOT, per college	S.D.	Range	DK	DNA
4-year Publics (5)	11	2.2	4.9	0-11	0	0
4-year Privates (4)	0	0	0	0-0	0	0

### **Comments from Survey Respondents**

10: We will not always know when a student withdraws because of emotional/psychiatric issues – therefore some of these questions are not answerable. We have a large commuter population and it's completely possible for an individual to be seen off-campus, withdraw, and then return without our knowledge.

- 05: In theory, mandated outpatient treatment can be provided. [The counseling center] can confirm that there have been no cases in the last nine years.
- 03: ECO increased this year because psych hospitals are requiring medical clearance so an ECO is required to keep them in custody.
- 09: Mandated treatment is provided if a student chooses to use our services and we are capable of providing the needed services. It has primarily been the result of alcohol-related incidents.
- 38: Our office has never been asked to provide court-ordered mandated treatment.
- 35: I have never been contacted about a commitment proceeding. I don't know if this is due to not having any students in commitment proceedings, or whether they had a proceeding but we were not notified about it.
- 33: No mandated follow-up for suicidal ideation; mandated follow-up for suicidal attempt.
- 14: This section was somewhat confusing in that the University Counseling Center, even though always notified, isn't necessarily the ones to initiate ECO's or TDO's. Our campus police have initiated both. Most of the students we've had have gone voluntarily to the nearest hospital, at which point the CSB is called in. If we know a student is being seen, we make attempts to obtain information from the admitting service delivery.
- 45: The questions are not part of our purview. #13 provided through local CSB.

### SECTION IX. PARENTAL NOTIFICATION

1. Does your institution typically seek a waiver or release from a student to allow contact with the student's parents when concern is raised about the student's mental health?

	N colleges seeking waiver	% of colleges seeking waiver	DK	DNA
4-year Publics (15)	10	66.7	0	0
4-year Privates (23)	14	60.9	0	1
Community Colleges (23)	13	56.5	0	1

2. Does your institution have a parental notification policy?

	N colleges w a parental notification policy	% of colleges w a parental notification policy	DK	DNA
4-year Publics (15)	12	80	0	0
4-year Privates (23)	14	60.9	0	1
Community Colleges (22)	3	13.6	0	2

3. How many times in 2008-09 did someone on behalf of your institution notify the parents of a student because you were concerned about the student's becoming harmful to him or herself or to others?

	Total N parents notified of harm	Mean N parents notified of harm, per college	S.D.	Range	DK	DNA
4-year Publics (7)	68	9.7	6.7	3-18	7	1
4-year Privates (15)	70	4.7	4.8	0-16	7	2
Community Colleges (11)	6	.55	.82	0-2	8	5

4. How many times in 2008-09 did someone on behalf of your institution notify the parents of a student because you were concerned about the student's mental health more broadly, independent of a concern about the student's becoming harmful to him or herself or to others?

	Total N parents notified of mh concern	Mean N parents notified of mh concern, per college	S.D.	Range	DK	DNA
4-year Publics (3)	4	1.3	2.3	0-4	11	1
4-year Privates (11)	80	7.3	13.6	0-45	10	3
Community Colleges (11)	1	.09	.3	0-1	8	5

### **Comments from Survey Respondents**

- 29: Parents are notified as a regular practice when concerns arise regarding behavior, alcohol use.
- 07: We don't track #4. We always try to activate support systems when students are struggling.
- 38: We do not call parents unless situation is an emergency – we are drafting a more detailed policy which is not yet available.
- 05: The University has two published parental notification policies, one relating to Alcohol and Other Drugs, and the other to Mental Health concerns. The statistic cited above does not reflect notifications relating to Alcohol and Other Drugs. [website redacted]
- 14: The Counseling Center has notified parents and has worked jointly with parents on behalf of the student. [Identifying statement redacted...] our Vice President of Student Affairs has notified parents of students who are having both academic and mental health difficulties. Cannot put a # on the amount of students.
- 45: For #2; Will notify if student is threatening to harm self or others as allowed under FERPA.
- Under FERPA, we reserve the right to notify the parent of a mental health situation when the student is at risk. However it is not in its own separate and distinct policy.
- 31: The Counseling Center and Health Center would seek a release of information.

## SECTION X. MEDICAL WITHDRAWAL FOR MENTAL HEALTH REASONS

1. Does your institution allow for Voluntary Medical Withdrawal (or Voluntary Administrative Withdrawal, or similar procedures) for mental health reasons?

	N colleges allowing for vol withdrawal for mh reasons	% of colleges allowing for vol withdrawal for mh reasons	DK	DNA
4-year Publics (15)	14	93.3	0	0
4-year Privates (24)	24	100	0	0
Community Colleges (24)	13	54.2	0	0

2. *If Yes to Question 1:* How many students received a Voluntary Medical Withdrawal for mental health reasons in 2008-09?

	Total N students vol withdrawal for mh reasons	Mean N students vol withdrawal for mh reasons, per college	S.D.	Range	DK	DNA
4-year Publics (5)	278	55.6	56.1	10-146	7	2
4-year Privates (11)	60	5.5	5.6	0-19	9	4
Community Colleges (4)	15	3.8	4.8	0-10	9	0

3. *If Yes to Question 1:* What office makes the ultimate determination of whether a student who has received a voluntary medical withdrawal can be re-admitted?

### 4-Year Publics:

- Dean of Students (4)
- VP of Student Affairs (1)
- Academic Dean (1)
- Behavioral Intervention Team (1)
- Counseling/Health Center (2)
- Admissions (1)

### 4-Year Privates:

- Dean of Arts and Sciences (1)
- Academics/Academic Affairs (5)



- Dean of Students (6)
- Administration-Provost (2)
- Student Life (2)
- Student Affairs (5)
- Admissions (1)
- Counseling and Health (1)
- Dean of Student Development (1)

Community Colleges:

- Admissions (1)
- Academic Affairs (1)
- VP of Instruction/Student Services (2)

4. *If Yes to Question 1: Does your institution require a medical/psychological examination?* (a) Yes, upon departure, (b) Yes, upon re-entry, (c) Yes, upon both departure and re-entry, (d) No.

	% yes, departure	% yes, re-entry	% yes, both	% no	DK	DNA
4-year Publics (14)	7.1	35.7	35.7	21.4	0	0
4-year Privates (24)	0	62.5	20.8	16.7	0	0
Community Colleges (11)	0	18.2	9.1	72.7	2	0

5. *If Yes to Question 4: Who performs the required medical/psychological examination?* (a) Counseling Center, (b) Community Services Board, (c) Private Provider, (d) Other

	% CC	% CSB	% private	% other	% more than 1	DK	DNA
4-year Publics (11)	9.1	0	9.1	18.2	63.6	0	0
4-year Privates (19)	0	0	31.6	21.1	47.4	0	1
Community Colleges (4)	0	25	0	0	75	0	0

Description of “other”:

4-Year Publics:

- Treating Provider (1)

4-Year Privates:

- Whomever the student is seeing for counseling (1)

- Medical physician (1)
- Licensed medical provider (4)
- Psychiatric Hospital (2)

6. *If Yes to Question 4:* Are the results of this examination conveyed to any campus or academic administrators (e.g., the Dean of Students)?

	N colleges conveying results to admin	% of colleges conveying results to admin	DK	DNA
4-year Publics (9)	7	77.8	0	2
4-year Privates (18)	16	88.9	0	2
Community Colleges (4)	4	100	0	0

7. Does your institution allow for Involuntary Medical Withdrawal (or Involuntary Administrative Withdrawal, or similar procedures) for mental health reasons?

	N of colleges allowing for invol withdrawal for mh reasons	% of colleges allowing for invol withdrawal for mh reasons	DK	DNA
4-year Publics (15)	7	46.7	0	0
4-year Privates (22)	20	90.9	1	1
Community Colleges (22)	6	27.3	0	2

8. *If Yes to Question 7:* How many students received an Involuntary Medical Withdrawal for mental health reasons in 2008-09?

	Total N students invol withdrawal for mh reasons	Mean N students invol withdrawal for mh reasons, per college	S.D.	Range	DK	DNA
4-year Publics (4)	4	1.0	2.0	0-4	2	1
4-year Privates (15)	10	.67	1.2	0-4	3	2
Community Colleges (3)	2	.67	.58	0-1	3	0

9. *If Yes to Question 7:* What office makes the ultimate determination of whether a student who has received an involuntary medical withdrawal can be re-admitted?

4-Year Publics:

- Student Affairs (2)
- Dean of Students (4)
- Behavioral Intervention Team (1)
- Counseling/Health center (1)

4-Year Privates:

- Academic Dean (3)
- Dean of Students (9)
- Student Affairs (4)
- Student Life (2)
- Conduct Office (1)
- Dean of Student Development (1)

Community Colleges:

- Dean of Student Services (3)
- Admissions (1)
- Student Success (1)
- Student Affairs (1)

10. *If Yes to Question 7:* Does your institution require a medical/psychological examination? (a) Yes, upon departure, (b) Yes, upon re-entry, (c) Yes, upon both departure and re-entry, (d) No

	% yes, departure	% yes, re-entry	% yes, both	% no	DK	DNA
4-year Publics (7)	14.3	42.9	42.9	0	0	0
4-year Privates (19)	0	57.9	26.3	15.8	0	1
Community Colleges (6)	0	33.3	16.7	50	0	0

11. *If Yes to Question 10:* Who performs the required medical/psychological examination? (a) Counseling Center, (b) Community Services Board, (c) Private Provider, (d) Other

	% CC	% CSB	%private	% other	% more than 1	DK	DNA
4-year Publics (6)	0	0	16.7	16.7	66.7	0	1
4-year Privates (17)	0	0	35.3	11.8	52.9	0	0
Community Colleges (3)	0	33.3	0	0	66.7	0	0

Description of “other”:

4-Year Privates:

- Medical Physician (1)
- Licensed medical provider (2)

12. *If Yes to Question 10:* Are the results of this examination conveyed to any campus or academic administrators (e.g., the Dean of Students)?

	N colleges conveying results to admin	% of colleges conveying results to admin	DK	DNA
4-year Publics (6)	6	100	0	1
4-year Privates (16)	15	93.8	0	1
Community Colleges (3)	3	100	0	0

13. If you have procedures for voluntary or involuntary withdrawal for mental health reasons, do you ever require that the student participate in any recommended inpatient or outpatient mental health treatment before being readmitted?

	N colleges requiring tx before readmit	% of colleges requiring tx before readmit	DK	DNA
4-year Publics (12)	11	91.7	0	3
4-year Privates (23)	20	87.0	0	1
Community Colleges (17)	10	58.8	0	7

14. *If Yes to Question 13:* In how many cases was mental health treatment required before a student was readmitted in 2008-2009?

	Total N cases tx required before readmit	Mean N cases tx required before readmit, per college	S.D.	Range	DK	DNA
4-year Publics (7)	167	23.9	53.9	0-146	4	0
4-year Privates (12)	59	4.9	7.7	0-23	5	3
Community Colleges (6)	2	.33	.52	0-1	3	1

15. If you have procedures for voluntary or involuntary withdrawal for mental health reasons, do you maintain contact with students who remain in the area while they are withdrawn from your institution?

	N colleges maintaining contact w withdrawn students	% of colleges maintaining contact w withdrawn students	DK	DNA
4-year Publics (14)	4	28.6	0	1
4-year Privates (23)	9	39.1	0	1
Community Colleges (14)	2	14.3	0	10

16. Do you ever require that a student who has withdrawn for mental health reasons agree to continue in outpatient mental health treatment as a condition of readmission?

	N colleges requiring continued tx for readmit	% of colleges requiring continued tx for readmit	DK	DNA
4-year Publics (14)	12	85.7	0	1
4-year Privates (23)	18	78.3	0	1
Community Colleges (19)	8	42.1	0	5

17. *If Yes to Question 16:* In how many cases was a student required to continue in mental health treatment as a condition of readmission in 2008-2009?

	Total N students required tx for readmit	Mean N students required tx for readmit, per college	S.D.	Range	DK	DNA
4-year Publics (5)	20	4	2.9	0-8	7	0
4-year Privates (13)	38	2.9	5.9	0-21	3	2
Community Colleges (6)	0	0	0	-	2	0

18. Does your institution have procedures whereby a student may be excluded from residing in campus housing for mental health reasons, even if the student has not been subject to voluntary or involuntary medical withdrawal?

	N colleges excluding from campus housing for mh reasons	% of colleges excluding from campus housing for mh reasons	DK	DNA
4-year Publics (14)	5	35.7	0	1
4-year Privates (23)	12	52.2	0	1
Community Colleges (12)	0	0	0	12

### **Comments from Survey Respondents**

- 01: In answer to #18, a student may be removed from housing for “behavioral” reasons, not “mental health reasons”.
- 15: All [students] must reside [on-campus] and must be able to fully participate in all aspects of [student life].
- 03: For students who withdraw for mental health reasons, we require mental health treatment for all students receiving academic relief.
- 14: The student can voluntarily withdraw for personal reasons at any time. [Center name redacted] facilitates that process. Regarding [Question 4 and following]: Procedures have been developed but has not been consistently utilized because it still is in attorney’s office for further review. However, for question 4, the response would be “c” and to question 5, the response would be “all of the above.” To question 6, the response would be to the Vice President of Student Affairs.

[Re exclusion from housing,] usually these cases go through judicial affairs who makes a determination whether a student remains or not in housing. An appeals process is in place for the student to address the charges.

[These are] issues we have considered but are still on the drawing board as to how to proceed.

- 45: #2. Voluntary withdrawals are part of the College’s withdrawal policy. In some instances, students may request a late withdrawal for as far as a year past the incident. The College does not collect this type of data at the time. #7. Involuntary withdrawal situations are generally behavioral in nature and we would make the decision based on conduct reasons, not mental health alone. #16. We only recommend that a student sees a professional.

**SECTION XI. MENTAL HEALTH EVALUATION AND TREATMENT IN CONNECTION WITH  
DISCIPLINARY PROCEEDINGS**

1. If a student is charged with engaging in a disciplinary violation that could lead to suspension or expulsion, and there is reason to believe that the disciplinary violation is related to a mental health condition, is a formal mental health evaluation ever sought to aid in reaching a decision in the case? (a) Yes, but only if requested by the student, (b) Yes, if mandated by the institution or requested by the student, (c) No

	% yes, if student requests	% yes, if mandated or student requests	% no	DK	DNA
4-year Publics (14)	0	78.6	21.4	0	1
4-year Privates (23)	4.3	65.2	30.4	0	1
Community Colleges (23)	8.7	30.4	60.9	0	1

2. If Yes to Question 1: Who would usually conduct such an evaluation? (a) Counseling Center, (b) Community Services Board, (c) Private provider, (d) Other

	% CC	% CSB	% private	% other	% more than 1	DK	DNA
4-year Publics (12)	16.7	0	41.7	8.3	33.3	0	0
4-year Privates (15)	20	0	20	13.3	46.7	0	2
Community Colleges (9)	0	33.3	0	11.1	55.6	0	1

Description of "other":

4-Year Privates:

- Student's choice of licensed medical provider (2)



3. If a student has engaged in a disciplinary violation that could lead to suspension or expulsion, and the disciplinary violation is determined to be related to a mental health condition, does the institution ever require the student to participate in mental health treatment as part of a disciplinary sanction? (a) Yes, but only if this disposition is sought by the student, (b) Yes, if either mandated by the institution or sought by the student, (c) No

	% yes, only if student sought	% yes, if either mandated or student sought	% no	DK	DNA
4-year Publics (14)	7.1	78.6	14.3	0	1
4-year Privates (23)	0	87.0	13.0	0	1
Community Colleges (23)	8.7	60.9	30.4	0	1

4. If Yes to Question 3: Who would usually provide such treatment? (a) Counseling Center, (b) Community Services Board, (c) Private provider, (d) Other

	% CC	% CSB	% private	% other	% more than 1	DK	DNA
4-year Publics (12)	33.3	0	33.3	8.3	25.0	0	1
4-year Privates (19)	10.5	0	31.6	10.5	47.4	0	2
Community Colleges (15)	0	33.3	13.3	13.3	40.0	1	1

Description of “other”:

4-Year Privates:

- Licensed medical provider (1)
- Substance use educator (1)

Community Colleges:

- Provider of student’s choice (1)

5. How many students subject to disciplinary proceedings were referred to the counseling center for an evaluation in 2008-2009?

	Total N students subject to discipline referred to CC	Mean N students subject to discipline referred to CC, per college	S.D.	Range	DK	DNA
4-year Publics (5)	99	19.8	19.6	5-53	9	1
4-year Privates (15)	310	20.7	45.7	0-179	5	4

6. How many students receiving treatment services at the counseling center in 2008-2009 were required to do so as part of a disciplinary sanction?

	Total N students at CC required by disciplinary sanction	Mean N students at CC required by disciplinary sanction, per college	S.D.	Range	DK	DNA
4-year Publics (7)	168	24	49.3	0-135	6	2
4-year Privates (11)	251	22.8	52.9	0-179	8	5

### **Comments from Survey Respondents**

- 29: 42 referrals involves mainly alcohol programming/counseling services due to campus alcohol violations.
- 01: The numbers provided above reflect not mandated treatment but two-session mandated assessment appointments conducted by the Counseling Center.
- 13: When students are sanctioned through disciplinary proceedings to attend counseling at the [counseling center] they are required to attend an initial evaluation at the Center and to follow the recommendations that come out of this evaluation. The recommendations may include continuation in counseling and/or consultation for psychotropic medication to treat their problems.
- 35: The counseling center does not accept referrals for students sanctioned to counseling; we see counseling as an inherently voluntary, collaborative process that is at cross-purposes with mandated sanctions.

In our view, mandated sanctions need to focus on behavioral change, rather than mandate HOW that behavioral change is to occur. Counseling is only one of many options available to students to work on changing their behavior.

- 09: Mental health treatment: if the judicial board requires it, they let the student choose the practitioner who will provide the treatment.
- 45: Treatment could be through CSB or private provider. Our counseling center does not provide mental health treatment.

We see these students in the Counseling Center, but not part of a disciplinary protocol.

## SECTION XII. THREAT ASSESSMENT TEAM

1. Does your institution have a Threat Assessment Team (even if its formal title differs from this)? *If no, skip the rest of this section*

	Total N colleges with TAT	% of colleges with TAT	DK	DNA
4-year Publics (15)	15	100	0	0
4-year Privates (22)	17	77.3	0	2
Community Colleges (24)	18	75.0	0	0

2. Are the meetings of the Threat Assessment Team documented in writing?

	Total N colleges documenting meetings	% of colleges documenting meetings	DK	DNA
4-year Publics (15)	14	93.3	0	0
4-year Privates (17)	8	47.1	0	0
Community Colleges (17)	14	82.4	0	1

3. *If yes to Question 2: Where is the documentation stored?* (a) Counseling Center, (b) Campus Police Department, (c) the office of a campus administrator (e.g., Dean of Students), (d) Other

	% CC	% campus police	% administrator	% other	% more than 1	DK	DNA
4-year Publics (14)	0	50	21.4	14.3	14.3	0	0
4-year Privates (8)	0	12.5	62.5	12.5	12.5	0	0
Community Colleges (12)	0	50	33.3	16.7	0	0	2

Description of “other”:

4-Year Publics:

- General Counsel (1)
- Secure server for University administrators (1)

4-Year Privates:

- Campus security (1)

Community Colleges:

- Electronic shared drive (1)

4. How many active cases did the threat assessment team at your institution have during 2008-09?

	Total N active TAT cases	Mean N active TAT cases, per college	S.D.	Range	DK	DNA
4-year Publics (10)	204	20.4	29.9	0-95	5	0
4-year Privates (9)	83	9.2	19.3	0-60	7	1
Community Colleges (11)	60	5.5	6.6	0-15	4	3

5. If the answer to Question 4 is greater than zero: In how many of these cases were mental health issues a significant factor?

	Total N cases mh a sig factor	Mean N cases mh a sig factor, per college	S.D.	Range	DK	DNA
4-year Publics (8)	122	15.3	22.7	1-65	3	0
4-year Privates (6)	40	6.7	7.1	1-20	5	0
Community Colleges (6)	20	3.3	2.8	0-8	1	0

6. *If the answer to Question 4 is greater than zero:* In how many of these active cases was the individual being evaluated by the threat assessment team not a student?

	Total N cases not students	Mean N cases not students, per college	S.D.	Range	DK	DNA
4-year Publics (8)	23	2.9	3.5	0-11	3	0
4-year Privates (5)	2	.4	.55	0-1	1	5
Community Colleges (7)	1	.14	.38	0-1	0	0

7. What department serves as team leader/chair of your institution's team?

4-Year Publics:

- Chief of Police and HR Director co-chair (1)
- Police and Dean of Students Co-Chair (1)
- HR and Dean of Students (2)
- Dean of Students (3)
- Police and Counseling director (2)
- Office of Emergency Preparedness (1)
- Chief of Police (2)
- Student Life (1)
- Office of Administration (1)
- Deputy Superintendent for Finance and Administration (1)

4-Year Privates:

- Office of Student Success (1)
- Dean of Students (8)
- Student Affairs (2)
- VP for Student Life (1)
- Police Department (1)
- VP for Administration (1)
- Campus Security Director (1)
- VP/Dean for Student Development (2)

Community Colleges:

- Student Services (10)
- Planning and Advancement (1)
- Instruction and Finance (2)
- Counseling (1)
- Student Success (1)
- Chief of Police (1)

8. What other offices are represented on the threat assessment team?

4-Year Publics:

- Academic Affairs (1)
- Student Affairs (6)
- Student Conduct and Academic Integrity (1)
- Counseling (13)
- Diversity and Equity (1)
- Legal Counsel (6)
- Police (7)
- Housing/ Residence Life (7)
- Provost (2)
- Judicial Affairs (2)
- Disabilities (3)
- Health (5)
- Risk Management (1)
- Alcohol/drugs and sexual assault program coordinator (1)
- Faculty (3)
- HR (6)
- Technology (1)
- Public Safety (2)
- Dean of Students (4)
- Registrar (1)

4-Year Privates:

- Counseling (14)
- Residence Life (9)
- Athletics (4)
- Police/Security (10)
- Student Affairs (4)
- HR (4)
- Faculty Rep/Dean of Faculty (3)
- President's Office (1)
- Business Office (1)
- Chaplain (3)
- Academic Services (3)

Community Colleges:

- Counseling (6)
- Instruction (3)
- HR (7)
- Security (7)

- Disability (1)
- Student Activities (1)
- CSB rep (1)
- Faculty (2)
- Development (2)
- Student Services (4)
- Finance (2)
- Enrollment (1)
- Academic deans (3)

9. Does your Threat Assessment Team have a written mission statement and/or written procedures?

	Total N colleges w written statement	% of colleges w written statement	DK	DNA
4-year Publics (12)	7	58.3	0	3
4-year Privates (17)	3	17.6	0	0
Community Colleges (15)	11	73.3	0	3

### **Comments from Survey Respondents**

- 36: Written procedures are still being drafted.
- 03: Campus threat assessment and management teams is our guide.
- 14: Statement, policy and procedures are being reviewed by university attorney.
- 45: [Identifying statement redacted]. The [institution's] program includes campus and college-wide assessment of concerning and/or threatening behavior plus crisis response and suicide prevention education

The Threat Assessment Team is currently in the formulation stage, and will be effective 2009-2010 academic year. The Student Development department will serve as team leader/chair. The offices represented on the team are: VP of Academic Affairs and Student Success Services, VP of Financial and Administrative Services, Human Resources, Public Relations, the local police, and the Community Services Board. Once formed, minutes will be formally recorded at each meeting and stored in the office of a campus administrator. We anticipate developing a mission statement and goals after formal training provided by [institution's] system office.



**ANSWERS TO OPEN-ENDED QUESTION XIII (1): “ASIDE FROM ‘MORE RESOURCES,’ WHAT CHANGES IN POLICY OR IN STATE LAW WOULD YOU RECOMMEND TO BETTER ADDRESS THE MENTAL HEALTH OF VIRGINIA’S COLLEGE STUDENTS?”**

- 04: Academic credit for self-care knowledge as part of curriculum. Mental health, in my opinion, is always connected to numerous factors. Without an ability to coordinate all of those needs, mental health needs will continue to remain under-addressed both on the individual and system/organizational level.
- 09: I am not sure that more policy or state law changes are the solution. More communication/collaboration between people on campus is what is needed. Money spent on electronic warning systems and increased campus police do not address the real issues. Could some standard be set of counselors-to-students ratio that would help insure adequate staffing. Case managers would also be helpful, esp. tracking sources of information about students.
- 17: Ensuring that mental health practitioners are protected if it becomes necessary to disclose information to parents, administrators, often medical personnel to protect the safety of students.
- 07: Mandate health insurance.
- 11: All universities need care managers positions funded through the state to better assist in coordination of services through the CSB.
- 02: An affordable mandated student health insurance policy with good mental health coverage subsidized/provided by the commonwealth. Subsidized prescription. Broader Medicaid eligibility for students.
- 13: A state requirement that when a student is administered a TDO or ECO that the courts be required to report this to the university that the student is attending if the student is attending a public university. Similarly if a student is convicted of a violent crime the courts should be required to inform state universities about this conviction.
- 47: It would be helpful if the Commonwealth would require new and transfer students with psychological disorders to provide colleges with documentation certifying their ability to function in the collegiate environment.
- 18: “Something” to curb binge drinking college culture but I don’t know what that is. Mandated parental notification effective (at publics)?
- 38: Better continuity of care between ER, CSB – there should be release forms on charts to make it part of discharge. Too often we are in the dark about students leaving for treatment and then returning to us the same semester.
- 35: Some kind of mandate or legal “encouragement” for hospital staff who are releasing a college student from a psychiatric unit to contact appropriate university staff to

coordinate discharge planning (instead of treating the college student patient as “any other adult” might be treated) – esp. since the student will typically be returning to a relatively unsupervised, unstructured university environment, and does not have immediate family nearby to help monitor compliance, e.g., a roommate is not going to, and should not be expected to, take responsibility for a discharged student the way a family member would if that student were living at home.

Maybe hospitals could be “encouraged” in one way or another to develop memoranda of understanding with each college and university in their immediate area (again, in my view currently, college counseling centers are much more interested and motivated to do this than the hospital staff are; legislative encouragement may be needed to expedite this process).

Also, the recommendation that colleges obtain mental health records from previous providers is not a realistic option in the vast majority of cases. On our campus about 24% of our students have had some kind of previous mental health treatment. Even if we knew in advance who these students are, no college has the capacity to collect, read, and store this volume of records, esp. since most of them will end up being un-useful, irrelevant, and/or obsolete. Even if we read and saw a record that was disturbing, what then can be done? Offers of admission cannot be rescinded on that basis, and, unless the student’s current behavior is problematic, it is not appropriate to drag students in for mandated treatment. It seems that in many cases having that info, but not being able to do something clearly about it may put institutions in more of a legal jeopardy.

Currently most college counseling centers only request records from students who 1) come in seeking services and 2) self-identify that they have had previous treatment, and 3) when that treatment record seems likely to be relevant or important to the current situation, few of us routinely ask for all records from every client who has ever had previous treatment because these are not usually helpful and are often irrelevant to what is going on for the student now. And even when we do ask, it typically takes weeks, months, or longer to get a reply from the previous treating professional (who understandably has more pressing things to do, and no incentive to respond quickly). So even if my staff needed a particular student’s previous treatment record, there is only a small chance that we would be able to obtain it in a timely fashion (even a few weeks delay may be too long for situations where the record seems highly relevant).

(BTW, the “more resources” issue is huge – I’m hoping the reason you don’t want us to comment on that is because it’s so obvious to everyone already, and not because no one plans to do anything to try to obtain more resources; the CSB’s are under-resourced and the inspector general encouraged all university counseling center to try to provide all needed mental health services for their students on campus; at the same time, campus budgets are being cut, and few university counseling centers in Virginia are adequately staffed to meet 100% of student need; this is a recipe for another disaster down the road when another Cho-like student falls through the cracks in the system; it’s more than a little disingenuous for legislators to pass various laws impacting college mental health without also providing adequate resources to accomplish the new mandates).

- 05: Revisions to state law to ensure colleges and universities are notified whenever a student enrolled at a Virginia institution is subject to commitment proceedings. Perhaps this could also be achieved through a universal working agreement with all CSBs statewide. Currently, we believe we are receiving notifications on all students committed locally. However, we have no guarantee that is the case. We have never received notice of a student committed outside the local area. Almost 70% of our students are Virginia residents who return home over holiday and summer breaks. IF a student were committed in his/her home jurisdiction, we would not be notified.
- 15: (a) Resources are a key issue if Institutions of Higher Education, especially public institutions, are to adequately meet the mental health mandates and needs of individual students and safeguard those individuals and the community.
- (b) Increased accessibility to public resources through organizations such as Community Service Boards is integral to managing students with long term care needs, or those who must be assessed for hospitalization and monitored following discharge. Perhaps it would make sense to consider college students, especially those without health insurance, as a "Priority Population" given increased concern for individual and public safety.
- (c) Clearer delineation within the law of liability for: (1) Mental Health Professionals working at campus counseling centers, (2) Members of the Threat Assessment Team, (3) Public and private institutions (for example, what are the liabilities involved in separating a student who poses a danger to self/others or significantly disrupts the community for public institutions? For private institutions?), (d) Clearer delineation within the law of what constitutes discrimination pursuant to suicidal ideation and what constitutes reasonable accommodations, (e) Clearer delineation of the rights of institutions as they discharge duties related to public safety. For example, can a public or private institution legally mandate assessment? Can treatment be legally mandated as a condition of enrollment?
- 03: Longer time period for ECO's; Longer time until hearing for TDO
- 32: Establish a standard of care that indicates an appropriate number of FTE staff for a certain number of students ... to help guide institutions.
- 26: Notification from law enforcement agencies when arrests occur for violent behavior, when those arrests occur outside the confines of the University.
- 45: [Identifying statement redacted] Students would be better served with assessment and counseling services available on the campuses.

Community colleges are not allowed by law to provide mental health services. This limits our ability to respond to students' needs.

More partnerships with community mental health providers.

Better guidelines for community colleges that cannot provide direct student mental health services.

Continue to expand powers of TAT

The opportunity to have "shared" positions among community college. For example a counselor who is on more than one campus on specific days and maintains counseling.

Communicate & increase awareness of mental health while decreasing the stigma associated with mental health

27: None at this time

31: Do not mandate us to take specific actions with students or otherwise as an institution. Instead, authorize us to act without liability upon a particular situation.

**ANSWERS TO OPEN-ENDED QUESTION XIII (2): “WHAT ARE THE PRINCIPAL ROADBLOCKS YOUR INSTITUTION HAS ENCOUNTERED IN WORKING WITH STUDENTS WITH MENTAL HEALTH CONDITIONS?”**

- 33: Complexity of issues: not everyone has the understanding of the primary conditions. Getting everyone up to speed in upper administration when we are at the point of needing to notify parents, etc.
- 04: Universal care is not available to comprehensively address needs. We do not have an integrative system, and thus many with mental health needs do not enter into a treatment system that can adequately address the full range of mental health needs
- 29: Delayed treatment access due to limited professionals in the area; Delay from other colleges/universities to release information about students without a signed release from the student.
- 07: Having enough external resources.
- 01: Parents who are either 1) unwilling to acknowledge the severity of their student’s condition and assume responsibility for the student in a more suitable setting (e.g. home, in-patient setting) or 2) hyper-involved and unable/unwilling to allow their students to develop the coping skills that are required for effective living in a modern society.
- 11: At times having students assessed by the CSB for a TDO and released and we have no way of monitoring them, as we are not notified unless they are admitted to a local psych hospital. CSB turns folks away too easily even if student told licensed professionals they stated they were suicidal or homicidal.
- 13: We do not have enough funding to support service demand. When legislation passed as a response to the tragic Virginia Tech shootings the expectations for the provision of mental health services to Virginia’s college students increased greatly. However, no additional funding was earmarked to assist universities in meeting these new experiences. It would be worthwhile to have at least some funds that can be attained through grant applications.
- 37: Resistance of students to receive help, failure to use meds as prescribed, cost of psychiatry, inadequacy of insurance, erratic lifestyles of students (sleep, substance abuse).
- 03: Lack of intensive outpatient programs in the community.
- 09: Sometimes students have difficulties navigating the system (low self-reliance skills) lack of an early warning system focused on less threatening behavior. Students having academic difficulties are directed to [center name redacted] or Career/academic advising when psychological issues are underlying problems. Men pose special challenge.
- 02: Long wait to access community mental health resources. Some students with health insurance can’t afford their co-pays/deductibles. Many students do not want to use

family insurance. Also, referral resources for underinsured students and students with no insurance coverage.

- 47: The principle roadblocks include lack of funding and personnel.
- 26: Patient privacy.
- 18: Student resistance to counseling; Student non-compliance with medications; Access to psychiatry – hard if don't want to use insurance, keeping private from parents; Lack of substance abuse tx available locally appropriate for student age; Lack of on-campus MD for more significant mental health issues (e.g., bipolar, ADD); Small college fear of loss of anonymity precludes group tx
- 38: 5-6 week waiting period for psychiatric appointment; Psychiatric fees in [town name redacted] \$310 (only 3 take new clients); Poor family support; Some parents expect us to see their student twice/week for counseling. We don't have resources for that level of treatment
- 08: (a) When wait times exceed 1.5-1 weeks for initial (non-crisis) appointments there are greater no show rates for intakes; (b) Several groups (e.g. international students) may be underrepresented as far as receiving services. We see a need for greater, focused outreach to these populations.
- 35: (a) Shortage of psychiatric beds at local hospitals, both for short-term (i.e., overnight) and longer-term (i.e., days or, rarely, weeks) in-patient care.
- (b) All too frequently, students are being released from psychiatric hospitals while they are still too impaired to function adequately academically, and thus are not appropriate to return to campus. If the students' parents are not immediately available to bring the student home for appropriate after-care, there are no good alternatives for where the student can go while waiting for the parents to get there. Most colleges do not have the staff or facilities to monitor a student 24/7 while waiting for days until a family member can get to campus to take the student home. This is another disaster waiting to happen when a student too impaired to function in school, but does not meet criteria for hospitalization wanders off and has something bad happen to them.
- (c) All too frequently, when hospitals release a college student from a psychiatric unit, the discharge plans are not at all appropriate for residential college students who do not live with family. It would greatly help if there were some kind of system (legal or otherwise) that strongly encouraged hospital staff to contact appropriate university staff for discharge planning (assuming the hospital is aware that the patient is a university student).
- (d) Shortage of off-campus, low-cost, sliding fee scale mental health resources for students with limited resources and/or no insurance. The CSB's are not a realistic option for many colleges due to long waiting lists, and being under-resourced themselves. (e.g., putting a psychiatrically impaired college student on a waiting list for services for a few weeks or more effectively means they may be unable to salvage their academic term, and

the college may have no choice but to medically withdraw them from school and send them home – assuming parents can come get them in a timely fashion).

(e) I'm not sure if this belongs in #1 above, as a legal issue, or not, but I have concerns about the involuntary commitment process being able to obtain up-to-date treatment information from current providers in a timely fashion; e.g., if a student from our institution were to be TDO-ed and have a commitment hearing at night or on the weekends, even if they had the phone number of an appropriate university staff member to call (which is not a sure thing), the staff member that is called would be highly unlikely to be at a place where s/he can access the current treatment records (without taking an hour or so to get dressed, drive to the office, unlock the doors and confidential files, retrieve the file, read the info therein, and then call the evaluator back). Unless the commitment process can afford those kinds of delays, it is likely than in many cases decisions will end up being made without adequate input from professionals who might know the student's situation best.

05: Lack of resources. Student enrollment increases every year; yet, we have added only 2.5 FTEs in the past 10 years. The number of psychiatric beds in [region name redacted] will also be decreasing in the near future.

15: (a) lack of insurance coverage for specialized referrals

(b) Parents who may be in denial about the severity of concerns and/or expect the college to be able to treat and supervise a student who is unsafe. [Identifying statement redacted].

(c) Stigma regarding treatment [identifying statement redacted] ...and ultimately the potential for treatment to impact financing for education and later career options

32: Lack of psychiatrist or psychiatric time to address medication issues/evaluations.

14: Although the University Counseling Center has policies and procedures in place as to how we proceed in assisting students with mental health conditions, the University administrators consistently struggle with the idea of expelling, withdrawing, suspending students with such issues. Protocols are written with reference to administrative withdrawals of students with mental/emotional health issues as well as policy and procedures for the threat assessment committee. Will attempt to attach the Administrative Withdrawal Policy.

24: Not having enough staff to work with students.

45: Changes in medication that leads to worsening of condition. Failure to take medication.

Availability of resources for students who are not in emergency situations; working with 5 CSB jurisdictions

Some students are unwilling to take their prescribed medications or follow their treatment plans. Lack of understanding within the college community about the nature of mental illness.

Lack of documentation

[Identifying statement redacted].

Lack of local resources. CSBs are full and don't provide the type of services our students need. Early intervention could help.

[Institution policy] does not allow us to provide mental health services, better documentation, and community referrals

Time to work with student and lack of follow-up as student doesn't return; student perception of confidentiality; view of mental health in our service area.

Since we have no dedicated counseling center there is often confusion about responsibilities and referral methods.

It is difficult at the community college level to require students to seek treatment. If a student receives a disciplinary suspension and it is related to mental health issues then the student just falls back into society and doesn't attempt to regain entry into the college.

Not having a systematic approach

Lack of counseling or police office on campus. We rely very heavily on local MOUs to provide services to our students.

Not having mental health information on students from other four-year institutions, community colleges or high schools.

- 19:
  - a. The mental health concern allows the student to remain at the institution, whereas, other students without mental health issues are treated differently
  - b. Too much emphasis on mental health as an excuse for behavior.
- 27: Students lack appropriate medical insurance to cover recommended outpatient psychological or psychiatric services.
- 31: The ECO/TDO system is cumbersome to the point of being dangerous when compared to states that more directly authorize police and mental health professionals to involuntarily commit for evaluation.



**ANSWERS TO OPEN-ENDED QUESTION XIII (3): “DO YOU HAVE ANY POLICIES OR PROCEDURES NOT LISTED ABOVE THAT YOU THINK MIGHT BE HELPFUL TO OTHER VIRGINIA COLLEGES IN DEALING WITH DISTRESSED OR DISTRESSING STUDENTS?”**

- 01: We have received good feedback from students, faculty, and staff related to the “Resources” section of our website. It can be found [website redacted].
- 38: No notification when student comes and go for mental health care.
- 08: (a) Our psychological staff usually accompanies students when they are being hospitalized (local hospital is within 5 min of campus). This has proven to be a great benefit for students. Our transport policy and relationship with the Police Department is beneficial as well.
- (b) Our [office name redacted] meetings are individualized and can generally be arranged the same day. This has helped alleviate stress and increase student’s options.
- 35: In my view, one of the great structural things our university does is to have one dean who receives both academic and residential life information about each student, and thus there is one office with a holistic picture of what is going on for each student. On too many campuses (esp., larger ones), the academic and residential life functions are in separate “silos” which makes it much more difficult to “connect the dots” when a student is beginning to have difficulty.
- 05: See Student Health Policy, attached as Exhibit D, for our practice of establishing liaison with hospital units to begin coordination of treatment before students are discharged. [Identifying statement and websites redacted].
- 15: We have enclosed the relevant policies for your review. Included in these is our Workplace Violence Prevention Policy. While the predominant emphasis of this survey and study is on college students we believe it is important to consider the mandate for institutions, particularly Threat Assessment Teams, to also assess and intervene with employees or anyone from the general public who may pose a threat. This increased vigilance requires resources and a multi-disciplinary perspective, which means that College Counselors are often engaged in consultation around complex issues involving non-student mental health concerns.
- 14: We truly need a one-stop center for our veterans especially. There are too many options that they have not been prior advised in. Many students have not been in school for a long time and have no idea how to get started.
- We still have a long way to go to institutionalize policies and procedures that would reflect all the concerns outlined in this survey
- 45: We have an online reporting program that helps identify students with concerning behavior. We also have a fulltime position, and an advisory committee, identified to work

with student mental health and behavior. We are a ULifeline school that offers resources to students faculty and staff.

Written agreement with the CSB; A clinical coordinator or a contracted clinical coordinator available to access and provide consultation regarding all mental health issues on campus; Create an online mental health training tool for faculty and staff in the [institution].

27: None at this time.