Mental Health in Higher Education
Establishing Minimum Standards to Ensure Academic & Lifetime Success

Policy Paper

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**Problem Statement**

Mental health issues are a growing problem facing colleges and universities in the United States. While suicide should be a concern for everyone—it is the No. 10 leading cause of death nationwide—it is particularly acute among college age students, for whom suicide is the No. 2 leading cause of death.\(^1\)

Missouri’s public colleges and universities are not isolated from these issues. Forty percent of Missouri postsecondary students reported suicidal ideation in their lifetime. Twenty-four percent have experienced major depression—defined as a “common but serious mood disorder” that “causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working,”\(^2\)—within the past year, an increase of over 10 percent in five years. And a staggering 47.2 percent report having experienced anxiety in the past year, compared with one-third in 2011.\(^3\) Each of these figures represents thousands of students struggling with issues that could prove detrimental to their academic performance, relationships, and future careers, and does not account for the impact mental health issues have on the lives of friends and family members.\(^4\)

College counseling centers have proven their ability to help address this issue, with nearly three-fourths (72 percent) of students reporting that their appointment improved their academic performance.\(^5\) However, in the face of steep increases in demands for their services without corresponding increases in funding, counseling centers are struggling to keep up.\(^6\) At times, students are asked to wait for more than a month for an initial appointment. And for universities that have managed to keep wait times down, it has often been at the cost of prevention services.

Therefore, at a time when the prevalence of mental health issues are on the rise, colleges and universities are becoming less equipped to respond in an effective, timely fashion. A proactive approach by state and university leaders could yield significant long-term benefits to students,.

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1. National Vital Statistics System, National Center for Health Statistics, CDC.
2. National Institute of Mental Health (NIMH)
3. Missouri Assessment of College Health Behaviors (MACH-B), 2016 Report
5. Association for University and College Counseling Center Directors, 2016 Report
6. Penn State Center for Collegiate Mental Health (CCMH) 2016 Annual Report
institutions of higher education (IHE), state budgets, and the economy. Failure to address this issue in a timely fashion will have the opposite result, and will precipitate negative outcomes.

**Analysis and Recommendations**

The Missouri Assessment of College Health Behaviors (MACH-B) conducts an annual survey of postsecondary students from across Missouri in an effort to acquire data on a range of issues, including alcohol/drug abuse, and mental health issues. Table 1 provides the most recent data on mental health issues at our public colleges and universities, and translates the reported percentages into the projections of the total number of students struggling with each issue in turn. These numbers should dispel any assertion that this is not an issue worthy of serious and proactive consideration.

<table>
<thead>
<tr>
<th>Mental health issue</th>
<th>% Students Reporting / Projections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major depression</td>
<td>23.9% / 18,164 students</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>2.22% / 1,672 students</td>
</tr>
<tr>
<td>Eating disorder</td>
<td>6.64% / 5,106 students</td>
</tr>
<tr>
<td>Chronic sleep issues</td>
<td>19.6% / 14,896 students</td>
</tr>
<tr>
<td>Self-injury (non-suicidal)</td>
<td>3.93% / 2,964 students</td>
</tr>
<tr>
<td>Anxiety</td>
<td>47.2% / 35,872 students</td>
</tr>
<tr>
<td>Abusive relationship</td>
<td>3.32% / 2,508 students</td>
</tr>
<tr>
<td>Alcohol abuse &amp; dependency</td>
<td>2.97% / 2,257 students</td>
</tr>
<tr>
<td>Panic attacks</td>
<td>17.5% / 13,300 students</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>2.83% / 2,151 students</td>
</tr>
<tr>
<td>No mental health issue</td>
<td>40.4% / 30,704 students</td>
</tr>
</tbody>
</table>

The issues reported in Table 1, which are on the rise, could have significant economic impacts for IHEs, governments, and businesses:
Retention rates: For example, students struggling with mental health issues, particularly depression\(^7\), are more likely than their peers to drop out of college.\(^8\) This puts downward pressure on an IHE’s retention rate and means less tuition revenue for universities already struggling with enrollment declines\(^9\) and declining state appropriations.\(^10\)

Government expenditures: Furthermore, dropping out of college decreases lifetime earnings, in turn decreasing tax revenue and increasing government spending on social programs and incarceration. The RAND Corporation estimates that a native-born white male who graduates from college will save taxpayers $109,000 compared to his peer who enrolled in college but did not graduate.\(^11\)

Economic productivity: Businesses will also struggle from increases in mental health issues, which are linked with lower worker productivity and increased rates of worker absenteeism\(^12\), a problem that could be curtailed if future employees receive the help and treatment they need to deal with these issues while in college.

To address this issue in a meaningful yet realistic way, the Associated Students of the University of Missouri will implement a two-tiered strategy.

Convene a Task Force

This approach would not rely on action from the legislature, but would instead rely on the willingness of universities to engage on this issue in a voluntary manner. The Task Force would involve two stages, and would include university administrators, mental health professionals, faculty members, and undergraduate and graduate students.

(1) Stage 1: Throughout Fall 2017, an initial task force consisting of 10-15 individuals representing students, counseling directors, and administrators will meet to discuss major decision items that will be considered by the fuller task force. This will include reaching consensus on the extent of the problem facing universities; on appropriate minimum standards universities should aspire to with respect to prevention training, outreach,

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\(^7\) Eisenberg, Golberstein, and Hunt 2009. “Mental Health and Academic Success in College.”

\(^8\) National Alliance for Mental Illness (NAMI), 2012 Students Speak Survey

\(^9\) Columbia Daily Tribune: “University of Missouri enrollment to decline more than 7 percent; 400 jobs to be eliminated.” May 15, 2017.


\(^11\) Carroll and Erkut 2009. “The Benefits to Taxpayers from Increases in Students’ Educational Attainment.”

\(^12\) American Psychological Association
average wait time for an initial visit, and available treatment length; and on the economic 
benefits of addressing the issue.

(2) Stage 2: The task force is expanded in Spring 2018 to include the full range of 
university leaders and counseling directors, as well as the Dept. of Higher Education, 
with the findings and conclusions of the initial task force presented. The materials will 
be made available to the full group well in advance of the meeting, and it will be made 
clear that the presentation will end with a request to sign-on to a commitment to meet 
these minimum standards within a prescribed period of time and to present a plan to the 
task force in a subsequent meeting in Spring 2019.

Establish Standards in Statute

Similar to H.B. 920 (2017), this approach relies on legislative action to establish 
statewide standards relating to prevention services, student-to-staff ratios, and average wait time 
for an initial visit with a licensed professional counselor. While this will be pursued alongside 
efforts to establish standards via task force, the manner in which it is pursued will be largely 
determined by university’s willingness to engage and commit to moving forward on this issue.

Our proposed legislation, can be found below. To see differences between this proposed language 
and HB 920 (2017), please see the addendum.

SECOND REGULAR SESSION

HOUSE BILL NO. TBD

99TH GENERAL ASSEMBLY

173.2528

1. Prior to January 1, 2019, the department of higher education shall promulgate rules 
establishing the Coordinating Board for Mental Health Issues in Higher Education 
(CBMHI).

2. The CBMHI shall consist of designated administrators and designated counseling 
directors from each public institution of higher education in Missouri. Every 4-year 
public institution of higher education in Missouri shall be represented on the CBMHI, 
with no two members to be employed by the same institution or engaged in a 
supervisory relationship of any kind.

173.2530
1. Prior to January 1, 2020, the coordinating board for mental health issues in higher education shall promulgate rules setting forth reasonable standards and regulations for student counseling facilities at public institutions of higher education in this state relating to average wait time to see a mental health professional for an initial appointment, the average number of sessions available to students, when appropriate, before an off-campus referral, prevention services and any other factors the board determines are contributing factors leading to the prevalence of mental health problems within the academic community. After establishing such standards and regulations, the CBMHI shall develop a process for measuring an institution’s ability to adequately meet student mental health needs using assessment criteria developed in validated studies of well-being and mental health of students in order to ensure that the effectiveness of the student counseling programs are objectively evaluated.

2. Beginning in the 2020-21 school year, and continuing on an annual basis thereafter, 4-year public institutions of higher education shall publish a report measuring compliance with the standards established in subsection 1 of this section. If an institution does not meet these standards, it must include in the report a plan to meet those standards within 3 academic years. Additionally, the report must include a measure of the institution’s ability to adequately meet student mental health needs, using the process established in subsection 1 of this section. All reports required by this section shall be made available to the public.

3. For the purposes of section 173.2530, the term “student counseling facility” means any entity that provides confidential mental health counseling, psychiatric services, or developmental counseling to college students that is located on Camus or is associated with the institution of higher education and operates in accordance with state and federal law pertaining to mental health professionals as well as applicable professional and ethical codes.

4. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rule making authority and any rule proposed or adopted after August 28, 2018, shall be invalid and void.

Anticipated Criticism and Concern
The following are concerns and criticisms that we have heard, or expect to hear, and would like to address.

**Concern/criticism #1:** The increasing prevalence of mental illness proves that college students are becoming less resilient. This may be accompanied with a statement about the individual’s own past postsecondary experience, during which mental health issues were allegedly less of an issue.

**Response**

It is true that the prevalence of mental health issues on college campuses is on the rise, but it is not the result of decreasing resiliency among college students. Rather, a combination of increased access to higher education; increased societal necessity to attend university; and increasing costs associated with attending university combine to create an environment ripe for mental health issues for young people.

Access to higher education has increased dramatically over time. In 1970, 25.7-percent of 18- to 24-year olds were enrolled in a degree-granting postsecondary institution. By 2015, this number had risen to 40.5-percent. Part of this increase was thanks to longstanding efforts to reduce the stigma associated with mental health issues and the success of the Americans with Disabilities Act (ADA), which created opportunities for those who previously would not have been able to attend college.

During the same period, the necessity of earning a college education has also increased. According to the Georgetown Public Policy Institute, 65-percent of all jobs in the economy will require at least some level of postsecondary education. This has increased the pressure on young people to attend university in order to earn a living.

Yet despite increased access to and heightened demand for a college education, the cost of attendance and debt associated with obtaining a degree has also increased. Missouri students graduate from college with an average debt of $29,183, and this is only likely to increase with declining state support and increasing tuition. Thus, you have a situation in which (a) students with mental illness are more likely to be able to attend university, (b) students are facing greater pressure to attend than ever before, and (c) they are exiting college with greater levels of debt than ever before. In fact, over half of students (52.5-percent) cite finances as their primary source of stress.

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13 U.S. Department of Commerce, Census Bureau, Current Population Survey (CPS), October, 1970 through 2015. (This table was prepared July 2016.)

14 Georgetown University Public Policy Institute: Recovery: Job Growth and Education Requirements Through 2020

15 LendEDU Student Loan Debt By State By School Report 2016.

16 Missouri Assessment of College Health Behaviors (MACH-B) 2016 Student Survey.
The characterization of students as becoming less resilient is generally informed by a negative perception of college students. However, it is important to recognize that counseling services are crucial to veteran student populations, who often experience a sense of separation from their peers in addition to conditions like post-traumatic stress disorder and other mental health issues.\(^{17}\)

**Concern/criticism #2:** We don’t need more government regulation.

*Response*

We agree! That is why we have included in our approach efforts inviting universities and counseling directors to the table to discuss these issues and aspirational standards. If universities come to the table and demonstrate a commitment to move in the right direction, the regulatory approach may not be necessary. But should universities decline to work with us, we need to have a back-up plan. This issue is too important to wait for universities to make it a priority. If they’re unwilling to make the wellbeing of students a priority, it’s up to the state to make it a priority for them.

**Concern/criticism #3:** Colleges and universities shouldn’t be in the business of counseling. We should rely on off-campus, community resources to meet students’ needs.

*Response*

This approach is understandably appealing, as it provides a convenient excuse to not address the issue. Unfortunately, it is wrought with misconceptions. First, off-campus and community resources are often no better equipped to get students in quickly than their on-campus counterparts, because they too are understaffed and underfunded. Second, counselors at these facilities are often not trained to work with college students, making them less likely to address the issue in a meaningful way. And third, off-campus referrals are proven to be ineffective and result in large amounts of students not seeking help despite wanting it.

Furthermore, college students are uninsured at rates much higher than the national average, often due to financial uncertainty or inability to pay for it, which makes community resources inaccessible and unaffordable. These students turn to counseling centers for help and are referred back out into the community, it makes it highly unlikely that person will receive care.

**Concern/criticism #4:** There just isn’t enough money to go around.

*Response*  

\(^{17}\) Stone, Adam 2016. The Military Times. “Campus mental health services are helping veterans succeed in college.”
We are well aware of the extent of the budgetary situation facing our state and IHEs. Undoubtedly, this makes solving a problem requiring additional expenditures more difficult than it would be in a world of boundless revenue growth. But this concern looks only at the short-term, ignoring the vast amounts of money that can be saved by addressing the issue head-on. Recall the RAND Corporations’ estimates of taxpayer benefits of getting a single student who has enrolled in college across the finish line: $109,000. Combine that with increases in university revenue thanks to increased retention, and it quickly becomes more feasible to hire additional full-time licensed professional counselors to decrease wait times without jeopardizing other important functions, like prevention services. It will certainly be a challenge no matter what, but that is not an excuse for inaction.

**Concern/criticism #5:** Is college the right time to be addressing this issue?

**Response**

College is an ideal time for address these issues, though it is not the only one. Efforts should be made to ensure that our middle school and high school students are taken care of, as well. Unlike other health issues, 75-percent of mental health issues emerge early in life, before the age of 25. This means that many students will begin experiencing a mental health issue for the first time during their college career, or that the mental health issue has already emerged. It is also a significant transitional period during a person’s life, making additional support appropriate.

By identifying these issues early and teaching students how to deal with and treat mental health issues, the long-term consequences of mental health issues can be mitigated.

**Addendum**
Below you will find the language for HB 920 (2017), with edits for 2018. Language from HB 920 (2017) that has been removed in our proposal is indicated with strikethrough, and language that has been added is indicated in red bolded text.

FIRST REGULAR SESSION

HOUSE BILL NO. 920
99TH GENERAL ASSEMBLY

173.2528

1. Prior to January 1, 2018 2019, the department of higher education shall promulgate rules establishing the Coordinating Board for Mental Health Issues in Higher Education (CBMHI), utilizing best practices relating to the formation of task forces.

2. The CBMHI shall consist of designated administrators representatives from the coordinating board for higher education and designated counseling directors from each public institution of higher education in Missouri. Every sector of 4-year public institution of higher education in Missouri shall be represented on the CBMHI, with no two members to be employed by the same institution or engaged in a supervisory relationship of any kind. Committee membership shall change every four years. One member shall be a representative from the coordinating board for higher education, and the remaining members shall consist of designated counseling directors from public institutions of higher education.

173.2530

1. Prior to January 1, 2019 2020, the coordinating board for mental health issues in higher education shall promulgate rules setting forth reasonable standards and regulations for student counseling facilities at public institutions of higher education in this state relating to student-to-staff ratios, average wait time to a see a mental health professional counselor for an initial appointment, the average number of sessions available to students, when appropriate, before an off-campus referral, prevention services and any other factors the board determines are contributing factors leading to the prevalence of mental health problems within the academic community. After establishing such standards and regulations, the CBMHI shall develop a process for evaluating student counseling programs at public institutions of higher education to assess whether programs meet the board’s criteria. The evaluation process at each institution of higher education shall include measurement of measuring an institution’s ability to adequately meet student mental health needs using assessment criteria developed in validated studies of well-being and mental health of
students in order to ensure that the effectiveness of the student counseling programs are objectively evaluated.

2. The CBMHI shall prescribe policies and procedures for annual review of an institution’s counseling program and actions to be taken when an institution’s counseling program fails to meet CBMHI standards. Beginning in the 2020-21 school year, and continuing on an annual basis thereafter, 4-year public institutions of higher education shall publish a report measuring compliance with the standards established in subsection 1 of this section. If an institution does not meet these standards, it must include in the report a plan to meet those standards within 3 academic years. Additionally, the report must include a measure of the institution’s ability to adequately meet student mental health needs, using the process established in subsection 1 of this section. All reports required by this section shall be made available to the public.

3. For the purposes of section 173.2530, the term “student counseling facility” means any entity that provides confidential mental health counseling, psychiatric services, or developmental counseling to college students that is located on Camus or is associated with the institution of higher education and operates in accordance with state and federal law pertaining to mental health professionals as well as applicable professional and ethical codes.

4. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable, and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rule making authority and any rule proposed or adopted after August 28, 2018, shall be invalid and void.