Position Statement on College and University Mental Health

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Issue:
The need for mental health services on college and university campuses is widely recognized. According to the Healthy Minds Study, the percentage of university and college students reporting a lifetime mental health diagnosis increased between 2007 and 2018 from 21.9% to 35.5%. Students reporting treatment in the past year during this 10-year timespan increased from 18.7% to 33.8%, with one in four college students having taken a prescribed psychiatric medication within the last year. (1) Mental health visits are among the most frequent types of healthcare visits by college students. (2) Suicide is the second leading cause of death in college students. (3) Stressors for college students include pressure to perform academically, separation from existing social support systems, and the ongoing process of forming a personal identity. In addition, several psychiatric disorders typically begin during late adolescence and early adulthood, highlighting the importance of early identification and treatment during this time. Although strong evidence shows that mental health problems adversely affect rates of graduation among college students (4), utilization of mental health services varies greatly among colleges. (5) Many college students do not have ready access to psychiatric services due to a lack of health insurance or unavailability of services. Most community colleges do not have student health or counseling services at all. Moreover, students who leave home for college typically also leave their adolescent health care providers and do not successfully negotiate a transition to new providers who understand the special needs and vulnerabilities of young adults. (6)

APA Position:

1. College and university mental health services for students should minimally include:
   - Education on recognizing mental health problems and understanding appropriate interventions,
   - including how to access services for routine care and for urgent and emergency interventions.
   - Timely access to psychiatric evaluation, treatment, and referrals.
   - Coordination of care with students’ psychiatrists in their home communities, when appropriate.
   - Telehealth capabilities for psychiatric evaluation and treatment for institutions with limited on-site access.
   - Access to culturally literate services.
2. All college and university students should have access to comprehensive health insurance coverage, including mental health and substance use treatment, and should receive assistance from their school in obtaining coverage if they are not insured.

3. Students should be encouraged to share information regarding their mental health care with supportive persons when clinically indicated. Policies should be in place for disclosures to parents and other third parties when patients are believed to present a danger to themselves or others.

4. Psychiatrists may be present on higher education leadership teams, but treating psychiatrists should not make decisions about academic matters involving their patients. Policies regarding mandated withdrawals and leaves of absence should include clear criteria and appropriate due process protections for students.

Authors: Council on Psychiatry and Law, Council on Children, Adolescents, and Their Families, and Caucus on College Mental Health

References


