

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

W W W . A A C A P . O R G

Council

President

Tami D. Benton, MD

President-Elect

John T. Walkup, MD

Secretary

Sandra L. Fritsch, MD

Treasurer

Barry Sarvet, MD

Chair, Assembly

of Regional Organizations
of Child and Adolescent Psychiatry
Sala Webb, MD

Past President

Warren Y.K. Ng, MD, MPH

Alicia A. Barnes, DO, MPH

Matthew G. Biel, MD, MSc

Vivien Chan, MD

Lisa R. Fortuna, MD, MPH

Pamela E. Hoffman, MD

Sansea L. Jacobson, MD

Adam J. Sagot, DO

Shawn Singh Sidhu, MD

Jose Vito, MD

Lisa Weiss, MD

Jerry M. Wiener

Resident Member

Megan Single, MD

John E. Schowalter

Resident Member

Jessica Stephens, DO

DEI Emerging Leaders Fellow

Amanda J. Calhoun, MD, MPH

Executive Director/CEO

Heidi B. Ford, CAE

JAACAP Editor-in-Chief

Douglas K. Novins, MD

AACAP News Editor

Uma Rao, MD

February 26, 2024

Nasser H. Paydar, PhD

Assistant Secretary for Postsecondary Education

Office of the Under Secretary

U.S. Department of Education

400 Maryland Avenue, SW

Washington, DC 20202

Re: Request for Information (RFI) Regarding Mental Health and Substance Use Needs in Higher Education

Dear Dr. Paydar:

I am writing today on behalf of the American Academy of Child and Adolescent Psychiatry (AACAP). AACAP is the professional home to approximately 11,000 child and adolescent psychiatrists, child and adolescent psychiatry fellows, residents, and medical students with a mission to promote the healthy development of children, adolescents, and families. Some of our members treat transitional age youth and college students, serving the unique challenges of this patient population as they navigate higher education, or vocational training, and make their way into adulthood. We therefore have an interest in the subject of this RFI, and wanted to provide responses where we could. The answers below have been informed by members who work on university campuses and regularly work with students.

Successful Interventions

Question 1: What metrics have you used to define success in supporting behavioral health (mental health and/or substance use disorders) for all students?

Answer: Appointment and referral data can be used to measure success in this population.

Question: 2 Does your institution (or the institution you support or attend) have a school-wide mental health and well-being strategy (a universal prevention strategy)? If so, please describe this strategy. To what extent were/are students engaged as partners in the design and implementation of these strategies?

Answer: A pre-arrival online course is mandatory in many institutions of higher education (IHE) for all new and transfer undergraduate students which educates them about mental and well-being resources. One such program, called EVERFI, is used by the University of California Irvine.ⁱ

Question 3: How do you conduct universal assessments of your student body (or support institutions in their assessments) to determine their behavioral health needs?

Answer: University students may also voluntarily participate in the American College Health Association survey.

Question 5: What strategies or interventions do you believe have most improved behavioral health outcomes among students on your campus or the campuses you support, including systems-level interventions, population level interventions, interventions for high-risk students, or clinical interventions for students with mental health disorders? Please provide any accompanying evidence that informs your belief (e.g., summaries of local outcomes data, locally conducted evaluation studies). Please also share the campus or external resources (e.g., outside funding, digital mental health applications) that were necessary for implementation, including whether cost-sharing by the student was necessary (for example, from co-payments made by the student or billing the student's insurance).

Answer: Decreasing the copay of offered insurance for mental health services to \$0, removing referral requirement for mental health services, providing clinical interventions for students with mental health disorders, and behavioral risk teams can all improve behavioral health outcomes on college campuses.

Question 6: What steps have you taken to help ensure that all students are aware of, and can easily access (including in ways that protect their privacy), mental health and substance use supports? What steps have you taken to educate and train relevant staff about student behavioral health supports? How have you tailored outreach activities to meet the specific needs of particular student populations?

Answer: Centers for Wellness that are prominently located on campus and have options for physical health, mental health, and wellness activities as part of their mission can engage students regularly when they walk through these areas. Some campuses have anonymous reporting services that can allow coaches, faculty, staff, and peers, to share their concerns anonymously with appropriately trained counselors who can discreetly manage the information and act upon it if there are safety concerns. There has been increasing utilization of peer support networks with good effect.ⁱⁱⁱⁱⁱⁱ Annual training on Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act (HIPAA), state law, and local regulation/institutional policy is provided for faculty/staff.

Faculty may benefit from similar programs to increase their skill set and expand resources in a preventative way. Faculty who perform more of this work need to be supported and to see these interventions as value-added (i.e., if students who identify as LGBTQ only seek out faculty who self-identify as LGBTQ, it will burn out faculty support). We need to enhance the skills of those that can help and expand the pool of people who will help.^{iv}

AACAP would like to note that barriers to care across state lines is one of the most challenging aspects of continuity of care for college students. This situation makes continuing with trusted and long-term providers difficult and can lead to disruptions in treatment.

Question 8: What steps have you or the institutions you support taken to tailor behavioral health interventions to the specific needs of particular student populations, including students from underserved communities and primarily off-campus populations, if applicable? What evidence (e.g., summaries of local outcomes data, locally conducted evaluation studies) suggests these interventions are effective? If not already provided above, please consider including any evidence here.

Answer: Institutions often provide targeted counseling outreach programs and academically targeted outreach for first generation students, transfer students, students who have been in foster care, veterans, and other student populations.

Question 9: What actions or partnerships have you formed (or helped institutions form) (e.g., with parents/guardians, law enforcement to prevent unintentional harm to students in distress) to ensure continuity of care for students with mental health disorders as they transition to, between, and from college? What steps have you taken to involve parents/guardians in the event of an emergent behavioral health concern? Have you encountered challenges (for example, privacy concerns or other challenges/barriers) or developed successful strategies to engage parents/guardians to ensure continuity of care and services for students entering with behavioral health disorders, or those with previously undetected, undertreated, or untreated behavioral health concerns?

Answer: Portable medical summaries can be really helpful as students transition in and out of school and is expected for physical health but should be for mental health as well. ^v Privacy concerns are problematic only insofar as FERPA regulations are neither health nor mental health oriented, whereas HIPAA is more relevant but does not always apply.

Question 10: How is your institution ensuring that college students have access to health insurance and access to comprehensive behavioral health care?

Answer: Access to health insurance or a waiver proving equivalent access to services is mandatory on most college campuses.

Question 11: What steps have you taken to ensure that students with mental health disabilities receive academic accommodations and other reasonable modifications under the Americans with Disabilities Act of 1990 and section 504 of the Rehabilitation Act of 1973 to give them each a meaningful opportunity to participate in and benefit from the school's academic and non-

academic programs? How have you integrated your disability services offices into initiatives to develop strategies to meet the mental health needs of students on your campus? What steps have you taken to address any bias—by professors, staff, or other students—against students with mental health disabilities?

Answer: College campus Disability Offices can coordinate regularly with clinical services.

Question 13: What efforts have you taken to develop, enhance, or implement suicide prevention and postvention plans? Which of these efforts do you believe have been most strongly associated with reductions in suicide attempts and completions on your campus (or the campuses you support)? Please provide any accompanying evidence that informs your belief (e.g., summaries of local outcomes data, locally conducted evaluation studies). What is the process of connecting students to on and off-campus suicide prevention/postvention supports?

Answer: Universities employ significant suicide prevention campaigns, signage, promotion of the federal 988 hotline and other crisis lines, and targeted postvention services in the aftermath of a suicide in addition to community partnership with local police forces for trauma supports.

Question 14: If applicable, please describe if your IHE or an IHE you support has received a Garrett Lee Smith Campus Suicide Prevention Grant from SAMHSA, please describe how these funds have been used to support suicide prevention efforts.

Answer: The University of California Irvine received a prevention grant in 2006-2008. The grant funds were used for the development of nonclinical social work services for students in distress but not linked to organizational treatments.

Question 15: How have you provided supports for the mental health of your faculty, staff, graduate students, and post-doctoral students? Please describe any prevention strategies, assessment approaches, and interventions and how these supports addressed unique workforce challenges that emerged as a result of the COVID-19 pandemic? What evidence (e.g., summaries of local outcomes data, locally conducted evaluation studies) suggests these practices are effective?

Answer: Support is provided via treatment through health insurance in many instances.

Question 19: What role has your State played in helping to address mental health and substance use disorder needs on your campus, including through introducing and/or passing legislation, increasing funding, and engaging in State-wide initiatives?

Answer: In California, there is a special income tax that specifically funds mental health programs and prevention.

Choosing and Implementing Interventions

Question 20: What resources (e.g., financial, staffing, technical) have you found to be most helpful in choosing and implementing evidence-based strategies to address mental health and substance use disorder needs on your campus (or the campuses you support)? For example, have you utilized

SAMHSA's Evidence-based Guidebook "Prevention and Treatment of Anxiety, Depression, and Suicidal Thoughts and Behaviors Among College Students"?

Answer: Campuses use this guidebook but cite the need for more frequent updating of this valuable resource.

Question 21: What support would be helpful in choosing and implementing strategies to address behavioral health needs on your campus?

Answer: Increased universal education on the differences between mental health/ mental well-being and actual pathology is needed. Students (and general public) tend to conflate all of these things. More widespread and systematic education would also help to normalize mental health treatment and combat stigma.

Question 22: Reflecting on the challenges presented by the COVID-19 pandemic, how has your institution adapted or refined its pandemic preparedness strategies to specifically address the mental health and well-being of students?

Answer: AACAP members relied on increased availability of synchronous telehealth, which was essential to retaining access to services.

Role of the Department

Question 24: What unmet needs remain and what barriers have institutions encountered in providing mental health and substance use disorder supports for their students? How can the Department assist in helping to meet these needs and overcome barriers?

Answer: Improving and clarifying FERPA recommendations around treatment records and whether they need to be considered under FERPA instead of HIPAA would be extremely helpful.

In closing, AACAP appreciates the opportunity to provide input on the Department's RFI. Should you have further questions, representatives from our Transitional Age Youth and College Student Mental Health Committee would be eager to engage in further conversation with the agency. Please do not hesitate to reach out to Karen Ferguson at kferguson@aacap.org.

Sincerely,



Tami D. Benton, MD
President

ⁱ [EVERFI - Mental Health and Well-Being Resources for College Students | UCI Student Health Center](#)

-
- ⁱⁱ Morse, C. C., & Schulze, R. (2013). Enhancing the network of peer support on college campuses. *Journal of College Student Psychotherapy, 27*(3), 212-225.
- Crisp, D. A., Rickwood, D., Martin, B., & Byrom, N. (2020).
- ⁱⁱⁱ Implementing a peer support program for improving university student wellbeing: The experience of program facilitators. *Australian Journal of Education, 64*(2), 113-126.
- ^{iv} Gulliver, A., Farrer, L., Bennett, K., Ali, K., Hellsing, A., Katruss, N., & Griffiths, K. M. (2018). University staff experiences of students with mental health problems and their perceptions of staff training needs. *Journal of Mental Health, 27*(3), 247-256.
- ^v Chouteau, W. A., & Allen, S. R. (2019). Implementation of a portable medical summary for adolescents and young adults with medical complexity in transition to adult health care. *Journal of Pediatric Nursing, 48*, 35-41.