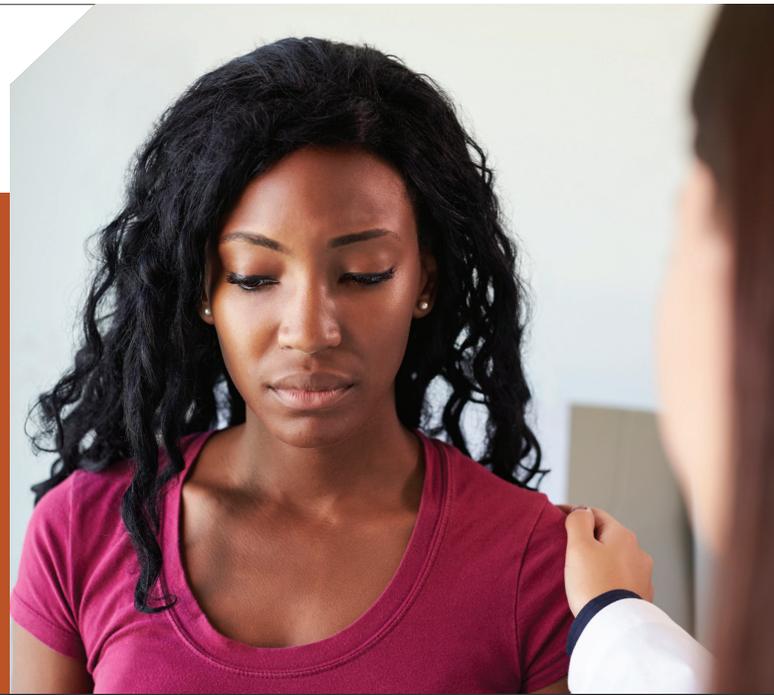


Student Mental Health on Campus: A Review of Claims *Podcast Transcript*

Prevention and Protection a United Educators Risk Management Podcast

Oct. 10, 2018



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ALYSSA: Hello. Welcome to *Prevention and Protection*, the United Educators (UE) risk management podcast. I'm Alyssa Keehan, director of risk research at UE. In this podcast, we're going to discuss the important topic of college student mental health and UE's recent study of its **student mental health claims**. Joining us is researcher Heather Salko, who is a senior risk management counsel at UE. Welcome to our podcast, Heather.

HEATHER: Thank you, Alyssa. I'm very pleased to be here.

ALYSSA: Heather, over the course of a year, you were immersed in the student mental health claims, and I want to hear about your study. However, I was wondering if you could start off by telling our listeners a little bit about the status of student mental health on campus. It's an issue that those in higher education have been watching for a while. Is student mental health improving?

HEATHER: Alyssa, I wish I had better news for you, but it doesn't look like college students' mental health is improving. The issue's been in the news a great deal, if you follow it, just over the past few years, and there are many different statistics floating around out there, but let me just give you a few findings from some studies and reports that I reviewed in conjunction with my work. According to NAMI, the National Alliance on Mental Illness, 75 percent of lifetime incidents of mental illness begin by the age of 24. So, college is a prime time for students to be developing a mental illness. Furthermore, the Center for Collegiate Mental Health issued a report earlier in 2018, finding that approximately one in five college students has anxiety or depression, and sometimes both. Also, in 2017, the Healthy Minds Network Survey found that 10 percent of the students that it surveyed had severe anxiety, and 14 percent had major depression.

If you look at any type of anxiety, that number then jumps to 26 percent, and any type of depression goes up to 31 percent. Those are some pretty high numbers when you look at student populations.

More alarmingly, though, with regard to suicide, one study on campus suicide and depression found that one in 12 students made a suicide plan, not having ideation but rather an actual plan. I think we can see why there's so much reporting about college students and their mental health.

ALYSSA: Those are some pretty powerful stats, Heather. It's safe to say that this continues to be an area of growing concern. All right. Let's turn to your claims study. Can you give us an overview of the student mental health claims you reviewed, such as how many claims were there and what was the time period covered?

HEATHER: Sure. Our study looked at all the claims that UE received related to student mental health from January 2011 through December 2016. I reviewed a total of 223 claims. This included all reports to UE of suicide attempts, deaths by suicide, and then what we termed general mental health claims. There were 27 suicide attempts, 124 deaths by suicide, and 72 general mental health claims.

ALYSSA: OK. Before you continue, can you define for our listeners the types of claims included in the general mental health category?

HEATHER: Yes, I will. I must say that, unfortunately, it's easy to separate out the attempted suicides and the deaths by suicide. I should note here, Alyssa, that those claims will be addressed separately in a study that will be released later in 2018 along with another podcast on that topic.

So, talking about the general mental health claims, **the study** that we recently released focused on these claims, as you've said. We defined these claims as nonsuicide-related claims that arose from the student's own mental health situation. In other words, the student's claim was related directly to their own mental health problem or diagnosis. As for one example, a student who was diagnosed with depression and anxiety and then sought disability accommodations for those conditions brought a disability discrimination claim against their college, because they were saying they were not accommodated or they were treated differently by the college than a student who had not been diagnosed with those mental health conditions. So, generally speaking, it was the student who was putting their mental health front and center of these claims. I do want to emphasize that we saw a wide variety of claims in this vein. Because there were so many of these as well as so many reported suicides, we decided to break the study into two parts and focus on lessons for each type of claim.



ALYSSA: OK. That makes sense. Let's talk about these general mental health claims. What types of losses did they generate, and what can you tell us about the students bringing these claims?

HEATHER: Sure. The claims we reviewed were actually very interesting. They were brought primarily by female students, 71 percent to 29 percent as compared to male students. Most of the claims, 33 percent, were brought by undergraduates, with 29 percent brought by graduate students. The remainder didn't have a class year attached to the student, and sometimes that was just due to the nature of the claim; it wasn't really relevant, or it may not have progressed far enough for us to receive that information. But when we look at the undergraduate students, what we found to be interesting was that 63 percent of the claims were brought by freshmen and sophomores, those students who were newer to the school. At the graduate level, we looked less at year and more at program. Twenty-nine percent of the claims were brought by medical students, and 24 percent by counseling or social work graduate students. But I have to say for all the claims we also looked at the student's self-reported diagnosis. The vast majority of these students were diagnosed with anxiety, approximately 46 percent, and depression, about 39 percent. This does echo some of the earlier data that I mentioned to you, and I would note that some students had more than one diagnosis. I also want to mention that in these claims, almost 70 percent of the students were not seeing the campus counseling center.

Finally, with regard to cost of the claims, these claims were not particularly expensive. The most common type of claim was a discrimination complaint that would be filed with the Office for Civil Rights (OCR) at the Department of Education. Those kept the overall cost down, because the claims typically did not progress beyond OCR. The average claim cost was just over \$16,000, including both defense and any settlements that may have happened. But the average length of each claim was 11 and a half months, or just about a year from the time they were reported to UE. But if the claims didn't cost a lot of money, they certainly did linger, which can have its own cost to personnel time and, of course, attention and other resources on campus.

ALYSSA: Heather, why were these students bringing claims against the college? What sorts of situations did you see that were leading to liability?

HEATHER: As I said earlier, these were primarily disability discrimination claims brought by the students. In a few cases, they were brought on behalf of the students by their parents. I want to make a note before we move on; we did not have that many claims in the study around the issue of emotional support animals, which was a little surprising to us. I don't want to speculate as to why, but I do predict that we'll see more claims around mental health and emotional support animals as this topic grows in the future.



ALYSSA: All right. Let's get into the takeaways from your study. What sorts of practices or lessons did your claims research identify for colleges to improve their handling of student mental health?

HEATHER: We found seven lessons that came from these claims, and they're, of course, covered more in-depth in the body of the **published review**. But in the interest of time, I'll just talk about four of them. The first is that campuses need to continue to do outreach about mental health support services for a number of reasons, but mostly to reduce stigma and to encourage all students to really get the help that they need. As I mentioned, 69 percent of the students who brought claims didn't use the campus counseling center and, therefore, didn't have a



relationship there to help them manage when they needed support, including how to deal with setbacks in their studies. We hear so much about overwhelmed campus counseling centers, but we saw claim after claim where a student wasn't managing their mental health condition well, and when things really went badly, they alleged disability discrimination. Instead, I think that many of these outcomes could've been avoided if the student knew where to go for the support that they needed, because most of these students, despite their diagnosis, were not receiving mental health care anywhere.

ALYSSA: That's interesting. What's the second lesson that you can share?

HEATHER: Because so many of the general mental health claims stemmed from disability discrimination and accommodations, it's important for colleges to make sure that students understand the accommodation process, including the students' own rights, but also their own responsibilities once they may have been granted that accommodation. We encountered quite a few claims where students who had previously been accommodated, either as part of an IEP (individualized education program) in their secondary school or at another undergraduate institution, who assumed that their approved accommodations at one institution would automatically transfer to another. Students need to understand the limitations of accommodations as well as the process they need to undertake to obtain the accommodations that they're seeking. I'd encourage risk managers listening to the podcast to reach out to their institutions' disability services office to talk about how well-publicized the process for seeking disability accommodations actually is. Consider how the office's website is set up and whether it fully sets out the process rather than just stating that if the student needs an accommodation they should come in and request one. Consider other creative ways to get that message out. At least one school I saw holds a session at freshmen orientation devoted to explaining the entire process to students.

ALYSSA: OK. What's the third lesson for our listeners?

HEATHER: Third, I would say schools should make sure they have a clear voluntary medical leave and return policy. This is crucial should students need to take time away from school to get the appropriate medical care they need for mental health or a psychiatric condition. Many students don't want to leave school—very understandably—and view a medical leave as a form of punishment for their condition, when in reality, a medical leave can be a very useful tool. It allows a student to get healthy, return, and be successful. In the **publication**, we set out a checklist for what a good voluntary medical leave policy should look like. I would urge listeners to check out the voluntary medical policy at **Georgetown University**, which has a very, very comprehensive plan in place. I want to note that there is a reluctance to put students on an involuntary medical leave and rightly so, and that really should be the last resort. But it is still an option available to schools if they have a really troubled student. We do address that issue in the study as well and provide a checklist for what a good policy should contain.

ALYSSA: Heather, what's the last lesson you want to share?

HEATHER: Alyssa, interestingly, one-third of the claims from the graduate students and about 10 percent of the undergraduate student claims were made by students in a medical-related field, such as medicine, nursing, or being a licensed counselor. Many of these claims came after the students were denied an accommodation that they sought. Again, this ties in a little bit with lesson number two we discussed earlier. Schools need to make clear limits on the accommodations they can provide, especially in very technical fields of study or areas that require licensure. Often professional standards and other requirements can't be tinkered with too much to maintain the integrity of the program. Many students may not understand the limits, and it's important to be clear with students what's expected of them as well as any limits to the accommodations that can be provided. Of course, accommodations requests need to be evaluated on an individual basis, but outlining some standards can help avoid misunderstandings or disappointments by students.

I'm going to give you one quick example to illustrate this. A nursing student requested extended time to take her exams due to her overwhelming anxiety. She was allowed time and a half on her written exams. Her licensure standards required that she be able to complete a skills test at the end of her practicum. This test was timed, and she was not given extra time on this exam. She failed. She then alleged that the school failed to accommodate her disability, but the school was not allowed under the licensure requirements to allow her more time. That didn't stop the student from filing a disability complaint with OCR, though.

ALYSSA: Thank you, Heather, for very interesting and helpful insights on the important topic of student mental health. I just want to let our listeners know that if you'd like to see all of the lessons and stats from Heather's study, I would encourage you to **download the study** from our **EduRiskSolutions** website. In addition to this topic, you can find other podcasts and risk management publications on the website. So again, I encourage you to check it out if you haven't already. Heather, thank you so much for joining us and talking to our listeners about your study of the general student mental health claims at colleges.

HEATHER: Alyssa, thank you so much. I was happy to be here and to share this important information.

ALYSSA: From United Educators Insurance, this is the *Prevention and Protection* podcast.



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UE-113300 10/18