Student Mental Health: Managing Serious Issues Through Teamwork

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Today’s Speakers

- **Hannah Ross**
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  - Middlebury College, Vermont

- **Victor Schwartz, M.D.**
  - Chief Medical Officer
  - The Jed Foundation, New York
  - Clinical Assoc. Professor of Psychiatry at NYU School of Medicine
Student Mental Health on Campus: A Review of Claims

Over the past few years, an increasing number of college students have reported that their mental health issues—often anxiety, depression, or both—affect their academic work. In a 2017 national study, about 24 percent of students made a claim regarding anxiety and nearly 16 percent regarding depression. For the seventh consecutive year, another survey found an increase in students reporting “threat to self” characteristics, and death by suicide remains the second leading cause of death in youth ages 15-24.

United Educators reviewed 223 student mental health claims to identify risks and management options.

Student suicide remains a significant issue on college campuses and in United Educators' (UE) claims. Suicide is among the leading causes of death for college students, according to the Suicide Prevention Resource Center. A 2014 U.S. Department of Health and Human Services (DHHS) report found that 9.6 percent of full-time college students had suicidal thoughts or seriously considered suicide. Suicide rates are rising in nearly all states, according to the U.S. Centers for Disease Control and Prevention. The DHHS report also found that over 2 percent of full-time college students make a suicide plan and approximately 9 percent of full-time college students make a suicide attempt. The Healthy Minds Network’s annual survey of thousands of college students shows that suicide ideation (defined as considering whether to commit suicide within the past year) has been rising steadily since 2001.

UE’s claims reflect these national trends. A review of 223 claims related to student mental health, “Student Mental Health on Campus: A Review of Claims,” showed that suicide-related claims were among the most frequent and costly. They accounted for nearly 14 percent of the study’s claims and 49 percent of the losses. Responding to and recovering from a student suicide takes a significant toll on a campus community. Use the data and lessons from UE’s review of its suicide-related claims to help your institution prevent and respond to this risk.
Updated 2019 Infographics

2019 UPDATE: General Mental Health Claims

In Student Mental Health on Campus: A Review of Claims, published in 2018, United Educators (UE) analyzed claims related to student mental health. The following includes updated data and lessons from the claims received through May 2019. Of 451 claims received from January 2011 through May 2019 from U.S. 792 higher education members, 34 were considered “general mental health claims.”

Prominent claims stemming from the claims dataset included the following:

- **Claimant Information**
  - $18K Average Cost Per Claim
  - 11 months Average Length of Claim

- **Most Common Actions Taken Against a College**
  - Letter
  - OCR
  - Criminals

- **Most Common Diagnoses**
  - 30% Anxiety
  - 33% Depression

- **Common Situations That Led to a Claim**
  - Failure of a critical harm or program negative
  - Disability or with the disability accommodations process or outcome

- **Lessons From the Claims**
  - To reduce liability institutions should:
    1. Clearly communicate your accommodation process.
    2. Ensure delivery of approved accommodations.
    3. Implement a reasonable medical leave policy.
    4. Include a medical leave and return policy.
    6. Adjust cumulative failure to accommodate.

2019 UPDATE: Claims Involving Suicidal Students

In Student Mental Health on Campus: Claims Involving Suicidal Students, published in 2018, United Educators (UE) analyzed claims related to student suicide attempts or death by suicide. The following includes updated data and lessons from the claims received through May 2019. Of 451 claims received from January 2011 through May 2019 from U.S. 792 higher education members, 33 were considered claims involving suicidal students.

- **Details of Student Deaths by Suicide**
  - 62% Undergraduate Students
  - 48% Graduate Students

- **Frequency of Claims**
  - 19% Suicide attempts
  - 8% Suicide

- **Deaths by Suicide Average Settlement Cost per Claim**
  - $173,650

To learn more please visit UE.org.
Frequency of Mental Health Claims

451 claims
All mental health claims received from January 2011 through May 2019; UE has more than 700 higher education members.

Frequency of Claims
- 73% for general mental health
- 19% for suicide attempts
- 8% for deaths by suicide

Deaths by suicide accounted for 73% of the claims, followed by general mental health at 19% and suicide attempts at 8%.
Suicide Attempts and Deaths

Gender

Suicide Attempts
- 63% Women
- 37% Men

Deaths by Suicide
- 30% Women
- 70% Men

Students Who Were Seeing a Campus Counselor

27%
Involvement of Behavioral Intervention Team

Students at acute risk are rarely known beforehand.

UE Statistic: Behavioral Intervention Team Involved

8%
Escalating Rates of Depression, Anxiety, and Suicidality Among College Students

The Healthy Minds study is an annual survey-based study of more than 100 colleges and universities with more than 100,000 respondents (graduate and undergraduate).
Institutional Responsibilities to Students

- Recent cases: UCLA, MIT, Harvard, Stanford
- OCR Resolution Agreements
- Rutgers Policy & Stanford Leave Policy
- Avoid “direct threat” language
- Focus on individual assessments of students
## January 2018: OCR Principles for Cases of Self-Harm

<table>
<thead>
<tr>
<th>Best practice: Do not apply direct threat analysis to self-harming students</th>
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<tr>
<td>Focus instead on individualized assessments of health and safety risks</td>
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<td>Prioritize voluntary actions</td>
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<tr>
<td>Ensure your policies are non-discriminatory</td>
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<tr>
<td>Involuntary separations may be a last resort</td>
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Institutional Responsibilities to Students

- Make individual decisions
- No blanket policies
- Use good clinical judgment
- Explain reasons for your institution’s policy:
  - Not punitive
Set Expectations Early

- Create Transition of Care Plan
- Understand need for specialists
- Help parents find information
  - Counseling
  - Disability services office
- Releases of Information/Advanced Directives
Set Expectations Early

- Can’t treat way out of issue—focus on wellbeing
- State clearly what it means to be a successful student at your institution
- Not residential care facilities
- Overview of incoming student health
- Communicate academic and other community standards
- Educate on change in privacy rights (FERPA)
Practical Tip: Contact with Parents

- FERPA permits disclosures to parents:
  - In a health & safety emergency
  - With the student’s consent
  - If student is a tax dependent
  - If information disclosed is not from an “education record”
Question & Answer Session #1
A Team Approach to Student Mental Health
On Campus

- Improving student mental health is a campus-wide endeavor
- Think through the campus-wide approach at every level
- How aware is the family of a student’s struggles?
- Clinicians limited in disclosure
Individualized Assessments Are Group Work

- Risk should be assessed by a team, including input from:
  - Medical staff
  - Campus security
  - Student affairs
  - Faculty
  - Legal counsel
A Team Approach to Mental Health on Campus

- Limitations placed on campus clinicians
  - State law
Involuntary Medical Leaves of Absence

UE Statistic: Student Placed on Leave Following a Suicide Attempt

- 37% Yes
- 29% No
- 21% Unknown
- 13% Withdrew Entirely
Permissible Involuntary Leave Policy Process

1. State requirement that student must be able to safely and effectively participate including appropriate self-care.
2. When concern is identified, let student know concern and do advising and counseling.
3. Prioritize voluntary actions.
4. Gather information, including medical records, including from student’s preferred provider for INDIVIDUALIZED ASSESSMENT.
   a) Ask clinician – what level of treatment?
Permissible Involuntary Leave Policy Process

5. Evaluate it as a team (whether BIT or other)
6. Dean or equivalent make decision about enrollment and communicate right to appeal
7. If conditions are imposed on reinstatement/readmission, they should be written and provided at time of departure
Helping Students Make the Right Choice

- Student may need leave for 2 reasons
  - Can’t function academically or take adequate care of self
  - Medically unsafe
- Understand why student is hesitant to take leave
- Flexible, student-friendly leave policy is important
- Review decision of serious risk or extremely risky choices
After a Leave

- Returning to School
  - Can impose conditions
- Individualized review and decision
- Review focus of time away—did it enhance health?
  - Written conditions with expectations
- KEY QUESTION: Can the student safely and effectively participate in academic program?
Helping a Student Return to School

- Home clinician may not be well-versed in campus life
  - Need clearance from campus counseling services or student life
- Balance timing of assessment for return
  - Close enough to show progress
  - Too close and student may miss financial aid and other student benefits
- Most students who take leave return to have success
Key Takeaways

- Mental health should be a campus-wide enterprise
- Be aware of limits of your campus policies and procedures
Question & Answer Session #2
Thank you

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