

APPENDIX B TO THE REPORT ON THE VIRGINIA COLLEGE MENTAL HEALTH SURVEY

**Virginia College Mental Health Survey
Joint Commission on Health Care
Virginia General Assembly**

COLLEGE/UNIVERSITY: _____

PERSON COMPLETING SURVEY: _____

JOB TITLE: _____

Phone: _____

Email: _____

PURPOSE OF THE SURVEY:

The Virginia College Mental Health Survey is being conducted by a study committee established under the auspices of the General Assembly's Joint Commission on Health Care (Senator R. Edward Houck, Chair) in coordination with the Commonwealth's Commission on Mental Health Reform. The purpose of the survey is to gather—for the first time—comprehensive empirical information from each public and private college in the Commonwealth regarding the adequacy of students' access to mental health services and the ways in which colleges respond to students' mental health crises. Findings from this survey will be reported to the Joint Commission and may inform recommendations for legislative or other policy changes to improve both student access to mental health services and institutional responses to mental health crises.

All 39 public and 25 private undergraduate institutions in Virginia are being surveyed. We urge you to participate in this landmark study. To save you time, we have already coded publically-available information from the website of the State Council of Higher Education for Virginia (SCHEV) on the size and demographics of each college's student body.

CONFIDENTIALITY:

The responses you provide will be reported to the Joint Commission on Health Care only in aggregated form. Your name will not appear on any document that reports results from this study, and we will not report results in categories small enough to allow any participant's identity to be inferred. Please note that information requested by the Joint Commission to carry out its legislative duties is subject to inspection under the terms of the Freedom of Information Act.

GENERAL INSTRUCTIONS:

(1) Please complete this survey using only data from the last full academic year – **that is, the 2008-2009 academic year** (including the summer of 2009). Use exact figures when they are available, but otherwise use your best estimate. If you do not have an exact figure or a reasonable

estimate, please check the “Don’t Know” box. While complete information is strongly preferred wherever available, you may, of course, omit any question that you prefer not to answer.

(2) If the survey asks for information available from another source on campus (e.g., from Institutional Research, Financial Aid, or the Threat Assessment Team), we would very much appreciate it if you would contact that source to obtain the necessary information.

(3) If your institution has multiple campuses, please report figures for the institution as a whole, not just for the main campus.

(4) The preferred way to complete the survey is to (a) print the pdf file, (b) answer the questions in ink, (c) attach any requested documents that are available, (d) scan the completed survey form and the documents as one file, and (e) email the scanned information to Kim Snead, Executive Director, Joint Commission on Health Care, at ksnead@jhc.virginia.gov Alternatively, you can mail the completed survey and documents to

Kim Snead, Executive Director
 Joint Commission on Health Care
 900 E. Main Street, 1st Floor West
 P.O. Box 1322
 Richmond, VA 23218

If you choose to mail the material, *please be sure to keep a copy of everything.*

(5) Please return the completed survey and requested documents by **FRIDAY, May 14th**

(6) If you have any questions, email Kim Snead at ksnead@jhc.virginia.gov.

Section I. Eligibility for Services on Campus

1. Number of students eligible for services at the student health center: _____ Don’t know

2. Number of students eligible for services at the counseling center: _____ Don’t know

3. Does your institution require that students have health insurance (please circle)?

a. Yes.

b. No

4. *If Yes to Question 3:* Do you require specific coverage levels, including for mental health coverage?

a. Yes.

b. No

5. How many students at your institution are veterans? _____ Don't know

Note: if you have any documents describing (a) eligibility criteria for the student health center, (b) eligibility criteria for the counseling center, (c) health insurance requirements, (d) specific coverage requirements, or (e) special services available to veterans, please attach them.

Comments on any answer in Section I:

Section II. Staffing Levels/Availability of Services on Campus

1. Does your institution have an Office/Department of Student Affairs, or an Office/Department of the Dean of Students, or a similar Office/Department?

a. Yes. [Title of the office responsible for judicial functions: _____].

Note: if you have a relevant organizational chart, please attach it

b. No

2. *If Yes to Question 1:* Number of paid professional staff in this Office/Department engaged in direct support/outreach to students (excluding residence assistants or paraprofessionals)?

Don't know

3. Do any of the following student activities related to mental health occur at your institution? (Circle all that apply):

a. "peer education" or mental health awareness programs, convened by one or more student organizations [If so, check here if the Counseling Center provides advice and support: _____]

b. a hotline for troubled students established and operated by students without direct oversight of the Counseling Center [If so, check here if the Counseling Center provides advice and support: _____]

c. "peer support" or outreach programs organized by students and providing face-to-face support to troubled students without direct oversight of the counseling center [If so, check here if the Counseling Center provides advice and support: _____]

d. a hotline for troubled students under direct oversight of the Counseling Center

e. "peer counseling" programs to provide face-to-face support and referral to troubled students under direct oversight of the Counseling Center

4. Does your institution have a campus police department?

a. Yes

b. No

5. *If Yes to Question 4:*

a. Number of sworn officers: _____ Don't know

b. Number of unsworn personnel: _____ Don't know

c. To what office does the head of the campus police department report?

6. Does your institution have a campus security force?

a. Yes

b. No

7. *If Yes to Question 6:*

a. Number of personnel: _____ Don't know

b. To what office does the head of the campus security force report? _____

Comments on any answer in Section II:

Section III. Service Utilization Rates at the Counseling Center

Note: If your institution does not have a Counseling Center, please skip the questions in this Section.

1. Number of FTE mental health professionals providing services in the Counseling Center? (include only paid staff): _____ Don't know

2. How many mental health staff are pre-doctoral interns? _____ Don't know

3. How many mental health staff are post-doctoral fellows? _____ Don't know

4. Students who accessed care at the Counseling Center by racial/ethnic composition

- a. Number of White students: _____ Don't know
- b. Number of African-American students: _____ Don't know
- c. Number of Asian-American students: _____ Don't know
- d. Number of Hispanic students: _____ Don't know
- e. Number of Native American students: _____ Don't know
- f. Number of students of other, or undeclared, races/ethnicities: _____ Don't know
5. Students who accessed care at the Counseling Center by gender
- a. Number of male students: _____ Don't know
- b. Number of female students: _____ Don't know
6. What is the median number of counseling sessions per client? _____ Don't know
7. Do you limit the number of counseling sessions allowed a client?
- a. Yes
- b. No
8. *If Yes to Question 7:* What is the maximum number of sessions? _____
9. Did you have a waiting list for services in 2008-2009?
- a. Yes
- b. No
10. *If Yes to Question 9:* How many students were on the waiting list at the end of the Fall semester 2008? _____ Don't know
11. *If Yes to Question 9:* How many students were on the waiting list at the end of a Spring semester 2009? _____ Don't know
12. Do you have after-hours coverage?
- a. Yes
- b. No

13. If Yes to Question 12: Who provides this coverage?

- a. Counseling Center
- b. Community Service Board
- c. Local hospital
- d. Other [please specify: _____]

14. Number of students referred to other mental health providers in the community

- a. Number referred because they have reached session limits: _____ Don't know
- b. Number referred after initial assessment: _____ Don't know
- c. Number referred for specialized evaluation or treatment (e.g., for an eating disorder):
_____ Don't know

15. What functions beyond clinical counseling does your Counseling Center have responsibility for? (please circle all that apply)

- a. Disability services
- b. Assessment of LD/ADD
- c. Case management
- d. Career Advising
- e. Academic Advising

Comments on any answer in Section III:

Section IV. Relationships with Community Service Boards and Local Hospitals

1. If your institution exhausts its own counseling services/resources, where does it first look for assistance?

- a. Community Service Boards
- b. Private providers

c. Other [please specify: _____]

2. What is the availability of services for your students at the local CSB?

a. minimal

b. adequate

c. extensive

3. Does your institution have a regular referral arrangement with particular private mental health service providers? *Note: If you have a written contractual arrangement, please attach it.*

a. Yes

b. No

4. Does your institution have regular or periodic meetings with representatives of the community service board (CSB) in your area to address areas of mutual interest?

a. Yes [*what is the name of this CSB?* _____]

a. No

5. Has your institution developed any type of working agreement with the CSB in your area?

a. Yes

b. No

6. *If Yes to Question 5:* Is it a written agreement?

a. Yes *Note: Please attach the written agreement*

b. No

7. If there is a working agreement with the CSB—whether it is written or not— please circle each area that the agreement addresses (circle all that apply):

a. Referral procedures for CSB emergency services

b. Referral procedures for CSB outpatient services

c. Prescreening protocols for temporary detention orders

d. Protocols for disaster response

- e. Procedures for exchange of information regarding students who are served by the CSB
- f. Protocols related to provision of medication to students who are served by the CSB
- g. Designation of a person at the institution who can be contacted 24 hours/day by the CSB to facilitate the collection of information about a student who is the subject of a Temporary Detention Order (TDO)

8. Does the CSB offer any special services or programs targeted to college students?

- a. Yes. *Note: Please attach a description of these services or programs*
- b. No

9. Does your institution have regular or periodic meetings with representatives of any psychiatric hospital—including a general hospital with a psychiatric unit—in your area to address areas of mutual interest?

- a. Yes
- b. No

10. Has your institution developed any type of working agreement with a psychiatric hospital in your area?

- a. Yes
- b. No

11. *If Yes to Question 10: Is it a written agreement?*

- a. Yes *Note: Please attach the written agreement*
- b. No

12. Are there other programs or community organizations with which you maintain a relationship for services targeted towards college students (e.g. Partial Hospitalization, Intensive Outpatient, Eating Disorder, Substance Abuse Facility)?

- a. Yes. *Note: Please list the program/community organizations:*

- b. No.

Comments on any answer in Section IV:

Section V. Tax Dependency Status

1. Does your institution ask students about their tax dependency status?
 - a. Yes
 - b. No. *Note: skip to the next section.*
2. When does your institution ask about tax dependency status?
 - a. on application for admission
 - b. post admission/pre-enrollment
 - c. post enrollment
3. How often does your institution request this information?
 - a. once during a student's tenure
 - b. annually
4. Does your institution have a particular form used to determine tax dependency status?
 - a. Yes. *Note: Please attach the form*
 - b. No
5. How many students (undergraduate or graduate) at your institution were tax dependent in 2008-09? _____ Don't know

Comments on any answer in Section V:

Section VI. Requests for Mental Health Information

1. Does your institution administer a health survey to students, including questions about any mental health problems they may have?
 - a. Yes *Note: Please attach the relevant survey*

b. No.

2. *If Yes to Question 1:* Does your institution administer this survey to all students, or only to selected students?

a. All students

b. Only selected students

3. *If Yes to Question 1:* When do you administer this survey?

a. pre-enrollment

b. at enrollment

c. after an enrolled student has presented a concern

4. What office analyzes these surveys? [Please specify: _____]

5. Is mental health information from these surveys shared with the counseling center?

a. Yes

b. No.

6. Does your institution ever request a student's mental health records from his or her originating school prior to enrollment? *Note: if you have a written policy on requesting mental health records, or forms that you use to request such information, please attach them.*

a. Yes

b. No. *Note: Skip to the next Section.*

7. Does your institution make such a request for all students, or only for selected students?

a. All students

b. Only selected students

8. When do you request that this information?

a. pre-enrollment

b. at enrollment

c. after an enrolled student has presented a concern

9. For how many students were mental health records requested in 2008-09: _____
 Don't know

10. What office analyzes those records? [Please specify: _____]

11. Does your institution conduct any outreach to students whose records may pose a concern?

a. Yes

b. No

Comments on any answer in Section VI:

Section VII. Concerns About Harm to Self or Others

1. Did you have an enrolled student(s) commit suicide in 2008-09?

a. Yes

b. No.

2. *If Yes to Question 1:* How many enrolled students committed suicide in 2008-09?
 _____ Don't know

3. Did you have any student(s) who were on medical leave commit suicide in 2008-2009?

a. Yes

b. No.

4. *If Yes to Question 3:* How many students who were on medical leave committed suicide in 2008-09? _____ Don't know

5. Do you have policies or guidelines for identifying and addressing the needs of students exhibiting suicidal ideation or behavior?

a. Yes. *Note: please attach the policies or guidelines*

b. No

6. Does your institution have mandated follow-up procedures following a student's suicidal ideation or attempt?

a. Yes. *Note: Please attach a description of these procedures*

b. No

7. How many students seen in the counseling center in academic year 2008-2009 reported suicidal ideation? _____ Don't know

8. How many students attempted suicide in 2008-09 (do not count parasuicidal behavior such as cutting)? _____ Don't know

9. Of those students who attempted suicide in 2008-2009

a. How many voluntarily withdrew from your institution and did not return in the following year? _____ Don't know

b. How many involuntarily withdrew from your institution and did not return in the following year? _____ Don't know

c. How many withdrew from your institution—voluntarily or involuntarily—and eventually returned for a subsequent semester? _____ Don't know

d. How many did not withdraw from your institution, but were required to participate in outpatient treatment as a condition of remaining a student in good standing?
_____ Don't know

10. Did you have a student arrested for killing anyone in 2008-09?

a. Yes

b. No

11. *If Yes to question 10:* How many students were arrested for killing someone in 2008-09?
_____ Don't know

12. *If Yes to question 10:* How many of the victims were other students at your institution?
_____ Don't know

13. How many students seen in the Counseling Center in 2008-2009 reported ideation that included violence towards others? _____ Don't know

14. How many students seen in the counseling center in academic year 2008-2009 had been referred due to aggressive or violent behavior toward others (including stalking)?
_____ Don't know

a. Of these, how many were required to participate in outpatient treatment as a condition of remaining a student in good standing? _____ Don't know

b. Of these, how many were referred to the Counseling Center by the campus Threat Assessment Team? _____ Don't know

Comments on any answer in Section VII:

Section VIII. Commitment Proceedings

1. How many students were subject to Emergency Custody Orders (ECOs) initiated by your institution in 2008-09? _____ Don't know

2. How many students were hospitalized under Temporary Detention Orders (TDOs) initiated by your institution in 2008-2009? _____ Don't know

3. *If the answer to Question 2 was greater than zero:* How many of these students continued hospitalization (voluntarily or involuntarily) after the Temporary Detention Order expired? _____ Don't know

4. To your knowledge, how many of your students were hospitalized in psychiatric hospitals, whether or not the judicial process was involved, in 2008-2009? _____ Don't know

5. To your knowledge, of those students hospitalized, what was the average length of stay (in days)? _____ Don't know

6. Can you determine if the number of Emergency Custody Orders has increased or decreased over the past two academic years? *Note: please attach any available figures on ECOs over the past two years*

a. Increased

b. Decreased

c. Remained about the same Don't know

7. Can you determine if the number of Temporary Detention Orders has increased or decreased over the past two academic years? *Note: please attach any available figures on TDOs over the past two years*

a. Increased

b. Decreased

c. Remained about the same Don't know

8. Are you notified of a commitment proceeding involving a student?

a. Yes

b. No

9. *If Yes to Question 8:* How many times were you notified in 2008-09? _____ Don't know

10. *If Yes to Question 8:* In how many of these cases was your institution asked to provide information in connection with the proceeding? _____ Don't know

11. *If Yes to Question 8:* In how many of these cases did your institution send a representative to commitment hearings? _____ Don't know

12. In how many cases in which students were committed and returned to campus after hospitalization were you involved in their post-commitment mental health care in 2008-09?
_____ Don't know

13. Do you provide mental health services to a student when these services are required by a court as a part of a mandatory outpatient treatment order?

a. Yes

b. No.

14. *If Yes to Question 13:* In how many cases did you provide mandatory outpatient services in 2008-09? _____ Don't know

Comments on any answer in Section VIII:

Section IX. Parental Notification

1. Does your institution typically seek a waiver or release from a student to allow contact with the student's parents when concern is raised about the student's mental health?

a. Yes

b. No

2. Does your institution have a parental notification policy?

a. Yes. *Note: if so, please attach the policy to this form*

b. No

3. How many times in 2008-09 did someone on behalf of your institution notify the parents of a student because you were concerned about the student's becoming harmful to him or herself or to others? _____ Don't know

4. How many times in 2008-09 did someone on behalf of your institution notify the parents of a student because you were concerned about the student's mental health more broadly, independent of a concern about the student's becoming harmful to him or herself or to others?? _____ Don't know

Comments on any answer in Section IX:

Section X. Medical Withdrawal for Mental Health Reasons

1. Does your institution allow for Voluntary Medical Withdrawal (or Voluntary Administrative Withdrawal, or similar procedures) for mental health reasons?

a. Yes. *Note: please attach any written procedures*

b. No

2. *If Yes to Question 1:* How many students received a Voluntary Medical Withdrawal for mental health reasons in 2008-09? _____ Don't know

3. *If Yes to Question 1:* What office makes the ultimate determination of whether a student who has received a voluntary medical withdrawal can be re-admitted? [Please specify:
_____]

4. *If Yes to Question 1:* Does your institution require a medical/psychological examination?

a. Yes, upon departure

b. Yes, upon re-entry

c. Yes, upon both departure and re-entry

d. No

5. *If Yes to Question 4:* Who performs the required medical/psychological examination?

a. Counseling Center

- b. Community Services Board
- c. Private Provider
- d. Other [Please specify: _____]

6. *If Yes to Question 4:* Are the results of this examination conveyed to any campus or academic administrators (e.g., the Dean of Students)?

- a. Yes
- b. No

7. Does your institution allow for Involuntary Medical Withdrawal (or Involuntary Administrative Withdrawal, or similar procedures) for mental health reasons?

- a. Yes. *Note: Please attach any written procedure*
- b. No

8. *If Yes to Question 7:* How many students received an Involuntary Medical Withdrawal for mental health reasons in 2008-09? _____ Don't know

9. *If Yes to Question 7:* What office makes the ultimate determination of whether a student who has received an involuntary medical withdrawal can be re-admitted? [Please specify: _____]

10. *If Yes to Question 7:* Does your institution require a medical/psychological examination?

- a. Yes, upon departure
- b. Yes, upon re-entry
- c. Yes, upon both departure and re-entry
- d. No

11. *If Yes to Question 10:* Who performs the required medical/psychological examination?

- a. Counseling Center
- b. Community Services Board
- c. Private Provider

d. Other [Please specify: _____]

12. *If Yes to Question 10:* Are the results of this examination conveyed to any campus or academic administrators (e.g., the Dean of Students)?

a. Yes

b. No

13. If you have procedures for voluntary or involuntary withdrawal for mental health reasons, do you ever require that the student participate in any recommended inpatient or outpatient mental health treatment before being readmitted?

a. Yes

b. No

14. *If Yes to Question 13:* In how many cases was mental health treatment required before a student was readmitted in 2008-2009? _____ Don't know

15. If you have procedures for voluntary or involuntary withdrawal for mental health reasons, do you maintain contact with students who remain in the area while they are withdrawn from your institution?

a. Yes

b. No

16. Do you ever require that a student who has withdrawn for mental health reasons agree to continue in outpatient mental health treatment as a condition of readmission?

a. Yes

b. No

17. *If Yes to Question 16:* In how many cases was a student required to continue in mental health treatment as a condition of readmission in 2008-2009? _____ Don't know

18. Does your institution have procedures whereby a student may be excluded from residing in campus housing for mental health reasons, even if the student has not be subject to voluntary or involuntary medical withdrawal?

a. Yes

b. No

Comments on any answer in Section X:

Section XI. Mental Health Evaluation and Treatment in Connection with Disciplinary Proceedings

1. If a student is charged with engaging in a disciplinary violation that could lead to suspension or expulsion, and there is reason to believe that the disciplinary violation is related to a mental health condition, is a formal mental health evaluation ever sought to aid in reaching a decision in the case?

- a. Yes, but only if requested by the student
- b. Yes, if mandated by the institution or requested by the student
- c. No

2. *If Yes to Question 1:* Who would usually conduct such an evaluation?

- a. Counseling Center
- b. Community Services Board
- c. Private provider
- d. Other [please specify: _____]

3. If a student has engaged in a disciplinary violation that could lead to suspension or expulsion, and the disciplinary violation is determined to be related to a mental health condition, does the institution ever require the student to participate in mental health treatment as part of a disciplinary sanction?

- a. Yes, but only if this disposition is sought by the student
- b. Yes, if either mandated by the institution or sought by the student
- c. No

4. *If Yes to Question 3:* Who would usually provide such treatment?

- a. Counseling Center
- b. Community Services Board
- c. Private provider

d. Other [please specify: _____]

5. How many students subject to disciplinary proceedings were referred to the counseling center for an evaluation in 2008-2009? _____ Don't know

6. How many students receiving treatment services at the counseling center in 2008-2009 were required to do so as part of a disciplinary sanction? _____ Don't know

Comments on any answer in Section XI:

Section XII. Threat Assessment Team

1. Does your institution have a Threat Assessment Team (even if its formal title differs from this)?

a. Yes

b. No. *Note: please skip the rest of this section.*

2. Are the meetings of the Threat Assessment Team documented in writing?

a. Yes

b. No

3. *If yes to Question 2: Where is the documentation stored?*

a. Counseling Center

b. Campus Police Department

c. the office of a campus administrator (e.g., Dean of Students)

d. Other [please specify: _____]

4. How many active cases did the threat assessment team at your institution have during 2008-09? _____ Don't know

5. *If the answer to Question 4 is greater than zero:* In how many of these cases were mental health issues a significant factor? _____ Don't know

6. *If the answer to Question 4 is greater than zero:* In how many of these active cases was the individual being evaluated by the threat assessment team not a student? _____

Don't know

7. What department serves as team leader/chair of your institution's team? Please specify:

8. What other offices are represented on the threat assessment team? Please specify:

9. Does your Threat Assessment Team have a written mission statement and/or written procedures?

a. Yes. *Note: please attach a copy of the statement and procedures*

b. No

Comments on any answer in Section XII:

Section XIII. Open Questions

(1) Aside from "more resources," what changes in policy or in state law would you recommend to better address the mental health of Virginia's college students?

(2) What are the principal roadblocks your institution has encountered in working with students with mental health conditions?

(3) Do you have any policies or procedures not listed above that you think might be helpful to other Virginia colleges in dealing with distressed or distressing students?

Feel free to attach additional sheets as necessary. Thank you very much for your help.