

Open Letter on the Mental Health Action on Campus Act

from the Illinois Board of Higher Education Faculty Advisory Council

In August 2019, Governor Pritzker signed Public Act 101-0251, known as the Mental Health Action on Campus Act

(<https://www.ilga.gov/legislation/billstatus.asp?DocNum=2152&GAID=15&GA=101&DocTypeID=HB&LegID=117837&SessionID=108&SpecSess=>), but

implementation was contingent on funding. Due to budget constraints as well as the intervening COVID-19 pandemic, the provisions of the act have not yet been implemented. The COVID-19 pandemic has not just worsened existing mental health issues in individuals, like depression or anxiety, but has also strained the state of Illinois' psychiatric infrastructure, leaving patients vulnerable. These factors make fiscal and legislative support of this bill even more urgent. To this end, a working group in the FAC has been deliberating about the features of the bill, and has come up with some recommendations. We have some suggestions that might make the bill more sustainable as well as more robust in its implementation.

Our recommendations address the specific areas of peer support, health care ratios, and the technical assistance center. In addition, we examine how we can reduce the stigma of mental health to students and increase the availability of telehealth to increase the availability and alleviate the burden on already taxed brick and mortar providers.

- In the area of peer support we recommend incorporating a ***peer-mentoring*** program that resides within residence hall programs and or/college counseling centers.
- In the area of health care ratios we recommend **developing a plan that creates a minimum access of standard physical and mental health care** for all students in place of a standardized ratio of counselors to students.
- In the area of the technical assistance center we support the appointment of an IBHE position due to their expertise in data handling, and the connections to the universities.
- We also believe that the bill should include support of telehealth options by insurance

The reasons for our support are detailed in the sections below.

Peer support

In section 35, the bill mandates that public college/university utilize a peer support program. This program would enable selected students to support and provide assistance to their fellow peers who are struggling with mental health on campus. This program has been determined to reside within residence assistant programs. The mental health working group of the IBHE Faculty Advisory Council is in support of selected students being included in the mental health and wellness planning on college and university campus. The way that the program is articulated in the bill raises some red flags and levels of concern.

Utilizing students to work with fellow peers who have been identified to have a mental health diagnosis without proper graduate school training and supervision can create liability issues for the colleges/universities and increase harm to students living with mental health issues. The bill suggests providing planning and preparation to meet identified students with mental health needs by “booking appointments”. This booking appointments process would require a deep understanding of psychological disorders, etiology, treatment planning, and prevention. The language in the bill is akin to what may be expected of a counselor/therapist. This level of competency is established at the master’s or doctoral level of training with supervision. However, in following with the tenets of the recovery model for mental health that utilizes peer support, undergraduate students can play a role in the mental health and wellness plan on campuses.

The mental health working group recommends that the bill instead incorporate a **peer-mentoring** program that resides within residence hall programs and or/college counseling centers. The mentoring program will connect mentors to students who have been identified on campus to benefit from extra peer support, students who may or may not have received a mental health diagnosis. Peer mentors can work with students to address matters such as: managing stress, how to increase well-being on campus while managing school, how to build community on campus, how to advocate for needs, navigating and securing resources on campus, engaging in activism and social justice activities. Peer mentors can also do presentations on campus for the larger student body covering the aforementioned topics and create wellness opportunities. We maintain that a university staff member must supervise the peer mentors and that peer mentors have training that supports them in their development in this role.

Ratios

In Section 40, the bill dictates the importance of local partnerships. The working group suggests the legislature fine-tune and strengthen this section based on the following considerations. The bill states that each university should attempt to meet a benchmark of 1,250 students to a clinical staff member, and that this number should be reviewed every five years. We are suggesting that this ratio will not meet the needs of students as described in the introduction of the bill. In addition, as we

are still recovering from the pandemic, data have illuminated that mental health diagnoses across the nation for all age groups have increased.

We are proposing that colleges/university **develop a plan that creates a minimum access of standard physical and mental health care** for all students in place of a standardized ratio of counselors to students. For example, every student might be guaranteed a minimum number of visits per year. While this might seem similar to a ratio of counselors to students, having the resources to guarantee access for every student requires a greater commitment to all students rather than focusing only on students in crisis. Also, the perspective is significantly different as it normalizes mental health care.

To help meet the minimum standard of care, and to make it feasible and sustainable, **the importance of telehealth access cannot be overstated.** Particularly for rural communities and smaller institutions, meeting expectations of care, regardless of how defined, would require a network of counselors and therapists that might be located across the state. The support of the state in making sure that telehealth providers and insurance companies have a functional billing process – in other words, guaranteeing that insurance companies would pay providers for mental health services regardless of the modality in which services are provided – would be central in the workability of this proposal. During the pandemic, the Governor mandated that insurance companies would reimburse for multiple formats of counseling (Executive Order 2020-09, COVID-19 Executive Order #7, on March 19, 2020) – this needs to be continued in a more permanent format.

This has the added benefit of providing access to a diverse range of cultural competencies to better support our increasingly diverse student population.

Technical assistance center (Section 45)

The suggested structure of the technical assistance center seems useful. We support the housing of this center in the Illinois Board of Higher Education. This is another area where adequate funding is essential, particularly to ensure that staff with suitable credentials in counseling are included. The diversity across the state means that sharing information broadly will be essential to leveraging the funding that is available.

Conclusion

The previous three sections outline specific recommendations to the bill as it is currently framed. An additional issue that should be considered is what other aspects of campus life would be affected by increased utilization of mental health services. In particular, student affairs offices on college/university campuses would bear increased costs, as student accommodations will likely increase due to stronger support of mental health services.

Overall, funding and supporting this bill is key to improving the mental health access and thus the mental health and success of Illinois' student populations. This has lasting benefits by preparing students to be mental health consumers as they progress through their studies and transition out of school, attending to their wellness as a life-long endeavor.