1) We demand that universities increase transparency about the operation and effectiveness of their mental health care services by releasing the following information: level of funding allocated to mental health care services within the past year, number of students utilizing the university’s mental health care services within the past year, and number of opportunities for students to offer feedback on mental health care services.

   Schools rarely report the amount of funding they allocate to mental health care services. Accurate information about funding levels empowers students to hold universities accountable for prioritizing mental health on campus. Beyond simply increasing funding, we demand increased transparency and oversight of mental health care on campus to ensure students receive the high-quality support they deserve. Frequently-collected feedback is essential for holding providers accountable to meeting student needs and addressing any abuses of power within university mental health care systems.

2) We demand universities provide support to students who take psychiatric leaves of absence by adhering to the Americans with Disabilities Act, and implementing the best practices outlined in The Bazelon Center’s [model policy for colleges and universities]. Many universities employ policies for psychiatric leave that are drastically different from those for other types of medical leave; this practice creates unnecessary barriers for students on leave who attempt to return to school, and students on leave who attempt to remain connected to their university-related communities.

   Many university practices around psychiatric leaves directly contradict the suggestions of the Bazelon Center. Some college students with lived experience of mental illness are forced into involuntary leaves of absence; too many are granted neither due process protections nor accommodations before the decision is issued. Other students with mental illness are pressured into “voluntary” leaves under threat of academic suspension.

   While on leave, students may face exclusion from the communities they established at their university. Some schools don’t allow students on psychiatric leave to attend school-related events or contact university faculty. Occasionally, schools may mandate the duration of the student’s leave, issue specific requirements regarding the nature of the student’s mental health care, and even impose employment requirements. For individuals who are unable to access mental health care, these standards can be nearly impossible to meet.

   Return from leave can be just as challenging; some schools require that students submit extensive documentation from their mental health provider in order to demonstrate their readiness to return to school. Students may also have to undergo interviews and evaluations by university staff and submit supplemental essays about their experience on leave. Rarely, students who return from leave are held to higher academic standards than students not
returning from leave and are required to prove that they continue to take care of their mental health.

To be clear: many students have very positive experiences with taking leaves to focus on their mental health, and not every school enforces such frightening policies. However, too many students are subjected to coercive forced leaves in violation of their civil rights. All universities are responsible for implementing and maintaining transparent, ethical practices around medical leaves.

3) We demand that universities provide specific crisis services for students who are experiencing psychiatric emergencies. We demand that these services remain separate from public safety and police forces.

Many college campuses do not have an on-call clinician who can meet students in the community for crisis care and risk assessments. Some schools will direct distressed students to a contracted phone hotline, staffed by off-site crisis counselors with no personal connections to the student body. Students in mental health crises after business hours are often confronted with the following “options”: interacting with the police, receiving a mental health evaluation from an EMT, going to the hospital, or not accessing any university services. This is unacceptable; students in crisis deserve high-quality, specialized support, not carceral and/or hospitalization-based responses.

4) We demand that universities train all professors about the role of Disability Services, reasonable accommodations, accessibility, and the Americans with Disabilities Act.

Professors often do not understand the basic purpose of and need for accommodations; at times, this ignorance creates additional barriers for disabled, neurodivergent, and/or mentally ill students. Some professors even go so far as to deny accommodations, claiming their students are lazy and accommodations are inconvenient. This places an additional burden on students, who not only had to get the accommodations in the first place, but are also asked to prove to individual professors why they are necessary and should be respected. Universities need to do a better job of teaching professors how and why they must honor accommodations and actively facilitate equal access for disabled students.

5) We demand that university counseling centers create and publish a scope of practice, including an explanation of crisis-related policies, and make that document easily accessible to all students.

Many students who consider seeking help are discouraged by a lack of information about how they will be treated by university mental health care services; without assurances that they will receive compassionate care, some students simply forego seeking help and suffer in silence. Especially for students in crisis, the prospect of being forcibly institutionalized, academically penalized, or forced onto medical leave create additional, unnecessary barriers to getting the support they deserve. Removing these barriers is the university’s responsibility.