

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 904
(I-16)

Introduced by: Medical Student Section

Subject: Improving Mental Health at Colleges and Universities for Undergraduates

Referred to: Reference Committee K
(_____, Chair)

Whereas, According to the Association for University and College Counseling Directors (2014), 94% of surveyed college counseling center directors said that the number of students with significant psychological problems is a growing concern;¹ and

Whereas, According to the National College Health Assessment II in 2013, one-third of 20.2 million college students had difficulty functioning due to depression, 50% or more struggled with anxiety, 20% had seriously considered suicide in their lifetime and 5.8% said they had attempted suicide;² and

Whereas, Barriers to seeking counseling include skepticism about the efficacy of counseling services, a lack of time for counseling services, lack of money for services and worry about others' perceptions of one's participation in therapy;³ and

Whereas, Identifying and presenting the benefits of counseling services in improving mental health and social outcomes has been shown to be critical in culturing positive beliefs about the efficacy of mental health services;^{4,5} and

Whereas, Early intervention programs in California public and community colleges increased the percentage of students receiving help by 10%;⁶ and

Whereas, California and Virginia have introduced legislation to expand the scope of services to students by including local community health centers as resources for care and by increasing grant funds for mental health resources in public and community colleges in the state;^{7,8} and

¹ National Survey of College Counseling Centers. 2014. The International Association of Counseling Services, Inc.

² American College Health Association. 2013. American College Health Association-National College Health Assessment II: Reference Group Executive Summary Spring 2013. Hanover, MD: American College Health Association.

³ Mowbray C. T., Mandiberg J. M., Stein C. H., Kopels S., Curlin C., Megivern D., Lett R. Campus mental health services: Recommendations for change. *American Journal of Orthopsychiatry*. 2006;(2):226–237.

⁴ Vidourek RA, King KA, Nabors LA, Merianos AL. Students' benefits and barriers to mental health help-seeking. *Health Psychology and Behavioral Medicine*. 2014;2(1):1009-1022. doi:10.1080/21642850.2014.963586.

⁵ Hoge, C. W., Auchterlonie, J. L., & Milliken, C. S. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *JAMA*, 295(9), 1023-1032.

⁶ Gruttadaro D., and Crudo, D. College Students Speak: A Survey Report on Mental Health. 2012. National Alliance on Mental Health.

⁷ AB-2017, as amended, McCarty (2016). College Mental Health Services Program. Available at: http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_2001-2050/ab_2017_cfa_20160620_134234_sen_comm.html

⁸ HB-206 (2015). A bill to amend and reenact § 23-9.2:8 of the Code of Virginia and to amend the Code of Virginia by adding in Chapter 1 of Title 23 a section numbered 23-9.2:13, relating to four-year public institutions of higher education; mental health resources, online module, and online assessment. Available at: <http://lis.virginia.gov/cgi-bin/legp604.exe?141+ful+HB206+pdf>.

Whereas, Current AMA policy recognizes the importance of mental health to students in pre-K-12 (D-345.994), medical students (in an opt-out program), residents, and physicians (H-345.973), mentally-ill displaced persons (H-160.978), and diverse at-risk communities (H-345.974); therefore be it

RESOLVED, That our American Medical Association support accessibility and de-stigmatization as strategies in mental health measures implemented by colleges and universities, in order to improve the provision of care and increase its use by those in need (New HOD Policy); and be it further

RESOLVED, That our AMA support colleges and universities in publicizing the importance of mental health resources, with an emphasis on the availability and efficacy of such resources (New HOD Policy); and be it further

RESOLVED, That our AMA support collaborations of university mental health specialists and local health centers in order to provide a larger pool of resources, such that any student be able to access care in a timely and affordable manner. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 08/29/16

RELEVANT AMA POLICY

Increasing Detection of Mental Illness and Encouraging Education D-345.994

1. Our AMA will work with: (A) mental health organizations, state, specialty, and local medical societies and public health groups to encourage patients to discuss mental health concerns with their physicians; and (B) the Department of Education and state education boards and encourage them to adopt basic mental health education designed specifically for preschool through high school students, as well as for their parents, caregivers and teachers.

2. Our AMA will encourage the National Institute of Mental Health and local health departments to examine national and regional variations in psychiatric illnesses among immigrant, minority, and refugee populations in order to increase access to care and appropriate treatment.

Citation: (Res. 412, A-06; Appended: Res. 907, I-12)

Mental Health Services for Medical Students and Resident and Fellow Physicians H-345.973

Our AMA promotes confidential, accessible, and affordable mental health services for medical students and resident and fellow physicians.

Citation: (Res. 915, I-15)

Expansion of Student Health Services H-295.872

1. It is AMA policy that medical students should have timely access to needed preventive and therapeutic medical and mental health services at sites in reasonable proximity to where their education is occurring.

2. Our AMA will encourage the Liaison Committee on Medical Education to develop an annotation to its standard on medical student access to preventive and therapeutic health services that includes a specification of the following:

a. Medical students should have timely access to needed preventive and therapeutic medical and mental health services at sites in reasonable proximity to where their education is occurring.

b. Medical students should have information about where and how to access health services at all locations where training occurs.

c. Medical schools should have policies that permit students to be excused from class or clinical activities to seek needed care.

Citation: (CME Rep. 10, A-07)

Statement of Principles on Mental Health H-345.999

(1) Tremendous strides have already been made in improving the care and treatment of the emotionally disturbed, but much remains to be done. The mental health field is vast and includes a network of factors involving the life of the individual, the community and the nation. Any program designed to combat mental illness and promote mental health must, by the nature of the problems to be solved, be both ambitious and comprehensive.

(2) The AMA recognizes the important stake every physician, regardless of type of practice, has in improving our mental health knowledge and resources. The physician participates in the mental health field on two levels, as an individual of science and as a citizen. The physician has much to gain from a knowledge of modern psychiatric principles and techniques, and much to contribute to the prevention, handling and management of emotional disturbances. Furthermore, as a natural community leader, the physician is in an excellent position to work for and guide effective mental health programs.

(3) The AMA will be more active in encouraging physicians to become leaders in community planning for mental health.

(4) The AMA has a deep interest in fostering a general attitude within the profession and among the lay public more conducive to solving the many problems existing in the mental health field.

Citation: (A-62; Reaffirmed: CLRPD Rep. C, A-88; Reaffirmed: Sunset Report, I-98; Reaffirmation A-99; Reaffirmed: CSAPH Rep. 1, A-09)

Maintaining Mental Health Services by States H-345.975

Our AMA:

1. supports maintaining essential mental health services at the state level, to include maintaining state inpatient and outpatient mental hospitals, community mental health centers, addiction treatment centers, and other state-supported psychiatric services;

2. supports state responsibility to develop programs that rapidly identify and refer individuals with significant mental illness for treatment, to avoid repeated psychiatric hospitalizations and repeated interactions with the law, primarily as a result of untreated mental conditions;

3. supports increased funding for state Mobile Crisis Teams to locate and treat homeless individuals with mental illness;

4. supports enforcement of the Mental Health Parity Act at the federal and state level; and

5. will take these resolves into consideration when developing policy on essential benefit services.

Citation: (Res. 116, A-12; Reaffirmation A-15)

Access to Mental Health Services H-345.981

Our AMA advocates the following steps to remove barriers that keep Americans from seeking and obtaining treatment for mental illness:

(1) reducing the stigma of mental illness by dispelling myths and providing accurate knowledge to ensure a more informed public;

(2) improving public awareness of effective treatment for mental illness;

(3) ensuring the supply of psychiatrists and other well trained mental health professionals, especially in rural areas and those serving children and adolescents;

(4) tailoring diagnosis and treatment of mental illness to age, gender, race, culture and other characteristics that shape a person's identity;

(5) facilitating entry into treatment by first-line contacts recognizing mental illness, and making proper referrals and/or to addressing problems effectively themselves; and

(6) reducing financial barriers to treatment.

Citation: (CMS Rep. 9, A-01; Reaffirmation A-11; Reaffirmed: CMS Rep. 7, A-11; Reaffirmed: BOT action in response to referred for decision Res. 403, A-12; Reaffirmed in lieu of Res. 804, I-13; Reaffirmed in lieu of Res. 808, I-14)

Awareness, Diagnosis and Treatment of Depression and other Mental Illnesses H-345.984

Awareness, Diagnosis and Treatment of Depression and Other Mental Illnesses: (1) Our AMA encourages: (a) medical schools, primary care residencies, and other training programs as appropriate to include the appropriate knowledge and skills to enable graduates to recognize, diagnose, and treat depression and other mental illnesses, either as the chief complaint or with another general medical condition; (b) all physicians providing clinical care to acquire the same knowledge and skills; and (c) additional research into the course and outcomes of patients with depression and other mental illnesses who are seen in general medical settings and into the development of clinical and systems approaches designed to improve patient outcomes.

Furthermore, any approaches designed to manage care by reduction in the demand for services should be based on scientifically sound outcomes research findings. (2) Our AMA will work with the National Institute on Mental Health and appropriate medical specialty and mental health advocacy groups to increase public awareness about depression and other mental illnesses, to reduce the stigma associated with depression and other mental illnesses, and to increase patient access to quality care for depression and other mental illnesses.

Citation: (Res. 502, I-96; Reaffirm & Appended: CSA Rep. 7, I-97; Reaffirmation A-00; Modified: CSAPH Rep. 1, A-10; Modified: Res. 301, A-12)

Educating Physicians About Physician Health Programs D-405.990

1) Our AMA will work closely with the Federation of State Physician Health Programs (FSPHP) to educate our members as to the availability and services of state physician health programs to continue to create opportunities to help ensure physicians and medical students are fully knowledgeable about the purpose of physician health programs and the relationship that exists between the physician health program and the licensing authority in their state or territory; 2) Our AMA will continue to collaborate with relevant organizations on activities that address physician health and wellness; 3) Our AMA will, in conjunction with the FSPHP, develop state legislative guidelines addressing the design and implementation of physician health programs; and 4) Our AMA will work with FSPHP to develop messaging for all Federation members to consider regarding elimination of stigmatization of mental illness and illness in general in physicians and physicians in training.

Citation: (Res. 402, A-09; Modified: CSAPH Rep. 2, A-11; Reaffirmed in lieu of Res. 412, A-12; Appended: BOT action in response to referred for decision Res. 403, A-12)