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THE MARYLAND HOUSE OF DELEGATES
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HB 244 Task Force to Study Access to Mental Health Care in Higher Education

Testimony Before the House Appropriations Committee

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HB 244, Task Force To Study Mental Health Care in Higher Education, is a re-introduction of HB 1504 from 2020, and establishes a task force to evaluate access to mental health care for one of our state's vulnerable populations, higher education students. These young persons are suffering exponentially from rates of anxiety and depression as high as 60.7% as reported by the Association of University and College Counseling Center Directors (AUCCCD). The current national tragedy of COVID-19 as well as the turbulent social and political milieu increases the need for these students to have reasonable access to quality mental health care. The task force findings will provide critical, science-based and practical recommendations for future executive and legislative branch funding considerations.

For the past several years, I have encountered constituents who speak candidly and openly about the lack of mental health resources for their college-age children. One constituent, Tracy Thompson Content, and her daughter Emma, join me today as well as other students who will describe their personal campus experiences and the shortcomings currently existing in our higher education institutions.

By way of background, in 2019 this committee requested a JCR report which sought to answer many pressing questions (**JCR Report of October 1, 2019, the JCR Report on Mental Health Services**): How are our public colleges and universities managing the increasing demand for mental health care? What best practices are they using? How does each campus track the number of requests and the types of services provided? How is tele-medicine being offered and if so what barometers are in place to assess this new methodology as an option in offering behavioral health services, particularly to this age group?

In the JCR Report the University Maryland System gathered answers which only presented more questions and one consistent theme which is that there is no streamlining of best practices across Maryland's campus locations. There is also an overwhelming demand for care

which has led to long wait lists, student dissatisfaction over service, staff burnout and campus safety concerns. Due to lack of resources, triaging patients is often a necessity by limiting care to students in need of short term care or crisis access. Additional resourcing often involves delivering care in group or workshop settings when clinically that might not be effective. The JCR Report concluded that, **“University personnel have been making and will continue to make tough decisions about how to best serve their students.”**

Mental health is the second most common reason for students dropping out of school. For our minority student population the negative impact of these stressors are even greater on campuses where they are underrepresented. In response to student demand, universities are tasked with providing crisis counseling, personal counseling, mental health counseling, psycho-educational outreach, sexual violence counseling, and substance abuse counseling.

Use of mental health counseling centers is outpacing enrollment growth by a factor of five. COVID-19 has pushed this reality to a breaking point. Look no further than daily headlines to see stories of our colleges’ digital native cohort struggling with social isolation and alienation, anxiety, depression and suicidal ideation.

Pandemic data are still evolving but we already know the following: A [report released](#) by the **Centers for Disease Control and Prevention** in June of 2020 about the pandemic’s effect on mental health identified that a disproportionate number of 18- to 24-year-olds -- about one-quarter of those surveyed -- had “seriously considered suicide” in the last 30 days.

Maryland can lead the way in identifying solutions. HB 244 would develop a task force which could investigate and review key questions and focus on a much needed look at mental health delivery models and pinpoint best practices. A closer look at improved service delivery models and which models would best apply to which of our varied University System campuses could be provided and effective solutions to better assist these young people could be developed.

Higher Education’s public mental health crisis cannot wait. We need to ensure that Maryland’s university and college students can lead productive and mentally healthy lives well into the future. This task force creation comes at a crucial juncture. For these reasons I encourage the passage of HB244.