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Voluntary Medical Leave for Students Experiencing Mental Health Difficulties at College Title II Clarifications: Principles for Developing a Leave of Absence Policy

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SAMHSA & The JED Foundation Present

Voluntary Medical Leave for Students Experiencing Mental Health Difficulties at College

Title II Clarifications: Principles for Developing a Leave of Absence Policy

June 13, 2017
1:00 – 2:30 pm, ET

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Disclaimer

The views expressed in this webinar do not necessarily represent the views, policies, and positions of the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.

Welcome

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Branch Chief

Suicide Prevention Branch

Center for Mental Health Services

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Administration



Welcome

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Voluntary Medical Leaves of Absence (MLOA)

- **Goal: Support the student in succeeding in school, preserve the academic record, enable the student to get help, and improve the ability to cope.**
- **In order of intensity, from least to most invasive interventions: Extensions on papers, delayed examinations, incompletes, a single course drop, two course drops, medical leave (the last resort when all else fails).**
- **This is separate and distinct from reasonable accommodation for ongoing documented disabilities which may be handled with such things as quiet test taking rooms, additional time on tests, note taking etc.**
- **This discussion about voluntary medical leaves. Involuntary leaves are not the subject of the discussion today.**

MLOA at Georgetown

- **2011 Georgetown University revised its voluntary MLOA policy in response to a complaint to the Office for Civil Rights, US Department of Education that the then-existing MLOA policy imposed an unfair burden upon a student's return**
- **We arrived at a negotiated resolution agreement. The parties involved were OCR, GU's Counsel's Office, the Counseling and Psychiatric Service (CAPS), the Assistant VP for Student Health, GU's office of Institutional Diversity, Equity, and Affirmative Action**
- **Goals of MLOA: To avoid failing grades, avoid academic suspension if that is an issue, allow time for treatment, to restore health, and return with a much better chance to succeed academically and personally. And to do this in a way that conformed to recent interpretations of Section 504 of the Rehabilitation Act of 1973 while maintaining all the necessary features of an effective medical leave policy**

The Exit Process

- **The leave-taking process must be initiated by the student. Parents, CAPS, deans, and others may suggest this as an option but since this is a voluntary process it must be requested by the student.**
- **CAPS assesses then makes a recommendation for a leave, assuming the situation is legitimate, to the Dean's office. The Dean's office makes the determination whether or not to grant the leave.**
- **No drive-by medical leaves!**
- **CAPS will recommend a treatment plan, and if appropriate the need to engage in some kind of productive daily activity during the time away.**
- **Treatment, time frame, and required documentation for processing a return are based on individualized assessment and are specified in a letter provided to the student at the time of the exit.**

The Exit Process (cont.)

- **The reasons for the recommendation, the reasons for requesting evidence of productive daily activity, and the reasons for asking for a personal statement, if these are required, are specified in the exit letter. This is part of the new policy.**
- **The exit letter is available electronically to the student, since students typically misplace their exit letters in the rush to leave campus.**
- **If a leave occurs in a semester in progress, the grades for that term are typically not recorded. Depending on when in the semester this happens, grades of W may be assigned (withdrawal). An MLOA may also occur between semesters on a “go-forward” basis. We do not do retroactive MLOA’s.**
- **Transcript shows only “leave of absence.”**

The Return Process

- **Students submit paperwork from their treatment providers as to their readiness to return to the academic environment. If required they also submit a personal statement and a letter from a reliable adult community observer who can comment on their ability to function on a day-to-day basis.**
- **Per OCR guidance, we give significant weight to the outside provider's recommendation.**
- **If all paperwork is in order, we have a “check in” meeting. Previously it was an assessment but OCR did not allow that with the exception that if the student is obviously unfit – suicidal or psychotic or has hallucinations or delusions that would get in the way of succeeding academically, we can halt the process. (This almost never happens.)**
- **Assuming the student meets criteria, we make a recommendation to the dean that the student is ready for return.**
- **Student signs releases for the Office of Student Outreach and Support (Case Manager) so that the student can get follow-up from the University case manager.**

Issues To Be Aware Of

- **The issues students present are serious – suicidality, bipolar disorder, borderline personality issues, major impairments in functioning.**
- **Most students who are depressed do not need MLOA's. Our view is that if problems are so severe and the student is so impaired that the student requires a complete withdrawal from school, then the remedy includes a significant treatment intervention to address the dysfunction.**
- **This is an at-risk group. Even when students do everything we may ask of them while on leave, 30-40% will need another leave at some point. Some have even taken more than two MLOA's.**
- **Students immediately feel better upon taking the leave/going home and some feel that they do not need further treatment. This is deceptive because a geographic cure rarely if ever works and the issues will resurface upon return.**

Issues To Be Aware Of (cont.)

- **Many students resist the notion of taking a leave even when it is clear that they will fail their courses. This is their prerogative.**
- **Some finally accept a leave when nearing the end of the term and it is clear that they may be suspended for academic reasons.**
- **It is extremely rare for an outside or hometown provider to say a student is not ready to return. Sometimes, however, they do not fully understand or appreciate the pressures a student faces in the campus environment and maintain that the student would be better off at school. And indeed the student may look better at home because he or she is not subject to academic and social pressures.**
- **The timing of students seeking help after leaving campus is an issue.**
- **Students sometimes fail to provide releases to enable the college counseling center to speak to the outside providers.**

Issues To Be Aware Of (cont.)

- **Some don't want to leave the area. There is no requirement that they go home.**
- **Some don't feel they have the funds for treatment. Most every community has low cost or no cost treatment options.**
- **Some don't want to leave school because they won't graduate with their class. The reality is that in a few years it will make no difference what year they graduate. Better they should come back when they can truly thrive.**
- **Some fear losing their friends. There is nothing to stop them from visiting campus.**
- **Some fear losing a scholarship. Loan forbearance may be an option given medical necessity and scholarships can often be held for their return.**
- **Some fear they will just mark time at home. It can be pointed out to them in the exit letter discussion that they need to engage in, and will do better by, doing something constructive.**

Useful References

Meilman, P.W. Conforming a voluntary medical leave of absence policy to recent interpretations of disability law. *Journal of College Student Psychotherapy*, 2016, 30(1), 54-63.

Meilman, P.W., Manley, C., Gaylor, M.S., & Turco, J.H. Medical withdrawals from college for mental health reasons and their relation to academic performance. *Journal of American College Health*, 1992, 40(5), 217-223.

Meilman, P.W., & Turco, J.H. On medical withdrawals for mental health reasons. *Journal of American College Health*, 1995, 43(4), 182.



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Public policy concerns

- **Encourage leave when necessary**
- **Remove barriers**
- **Non-discrimination**
- **Treat students w/ mental disabilities the same as students w/ medical disabilities**

Student concerns

- **Being forced and punished, made to feel inadequate**
- **Academic gap/ graduating with class**
- **Social isolation, loss of support network, maintaining friendships**
- **Difficulty meeting leave requirements, uncertainty of return**
- **Financial costs of leave, incl student loans, loss of scholarships, need to make academic progress**

Transparency

Policies should be:

- **in writing**
- **easily accessible**
- **clear**
- **provide notice of process, including what will happen to classes, transcript, housing, loans, financial aid, and return conditions**
- **Followed**

Policies that are not transparent or are onerous discourage students from taking leave.

Must be voluntary

- **Not coerced – with involuntary leave used as leverage**
- **Do not use statements that imply student complete education elsewhere, that students are not college material, that this rigorous school may not be the right setting**
- **Student should control process**

Flexible

- **Discuss less severe options/accommodations**
- **Ongoing discussion - team effort to identify options and help student succeed**
- **No/late deadline for leave of absence**
- **If appropriate, encourage parent involvement**

Individualized

- **No blanket policies of mandatory duration**
- **Student should not be required to spend more time away than needed**
- **Individualized, reasonable, relevant conditions of return**

Leave Conditions

Medical treatment & documentation

- **Can't be overly broad or invasive; no unlimited or ongoing access**
- **Give weight to treatment provider's opinion re: treatment plan and readiness to return— often has greater experience with student**
- **Ensure confidentiality**
- **Check-in conversation should be accessible**
- **Recognize challenges related to finding a new treatment team when taking leave, delays don't reflect lack of commitment to treatment.**

Leave Conditions

- **Individualized, and tailored to the students' needs**
- **Requirements to engage in employment or take classes should benefit student, enhance readiness**
- **Should not be needlessly stressful**
- **Recognize challenges associated with leave conditions:**
 - *Establishing friends and treatment elsewhere*
 - *Added costs of classes w/o reducing time to degree*
 - *Social isolation*
 - *Difficulties of finding flexible employment*
 - *stress of doing something unfamiliar vs. doing something familiar – being a student.*

Timely return process

- **Prompt review of re-enrollment application**
- **Reasonable timeframe for re-enrollment – not so early that it is tantamount to a mandatory semester, early enough so student can put supports in place and transition without unnecessary stress**
- **Timeframe should consider challenges of the return process & provide adequate time to establish a support network back at school, give notice to a job or landlord, find housing, arrange transportation, register for classes**

Maintain relationship with student

- **A student on leave is still your student**
- **Allow students to continue to attend extracurricular activities and campus events; maintain normal contact with teaching, administrative and other staff; and otherwise visit friends on campus.**
- **Provide access to resources: library resources, email, ID cards**
- **Continued health insurance**

Suggestions

- **Education - Include in orientation information about disability, accommodations and leaves of absence**
- **Mentors/ coaches/ liaisons for students on leave**
- **Re-integrate students, esp students coming back off-cycle/off-semester– engage them - address advising, deadlines**
- **Smooth transition – allow students to register for classes and housing – even if provisional**
- **Peer support for returning students, and those considering leave**
- **Fight Fear of Discrimination–faculty, staff, students, alumni talk about their own experiences with depression, MH issues and leaves of absence to normalize it**
- **Messaging - taking time to take care of oneself, leave is not a barrier to graduation**
- **Webinars – about leave process**

Suggestions

- **What's in a name - Leave may be more palatable than withdrawal**
- **Alternatives – incompletes, dropping classes, extensions.**
- **Generous tuition/housing reimbursement**
- **Adequate time to move out – say goodbye, arrange transportation, packing, etc.**



Victor Schwartz, M.D. Chief Medical Officer The Jed Foundation



Mental Health MLOA: guiding principles

Leave process should:

- **Be flexible/individualized**
- **Be student friendly but needs to be workable for institution**
- **Have parity/parallel with medical leaves**
- **Limit and manage conflict thoughtfully. Essential to understand and explore conflicting perspectives and incentives when disagreements emerge**
- **These principles are not exclusive-actually can be thought of as additive/synergistic**



Flexibility

- Your policy should **have least restrictions** it can possibly have to make process for leave and return as easy and manageable as possible (ex., when and how leave can be done, timing restrictions, work expectations).
- Conditions for leave and return should be driven by particular student's needs/clinical issues rather than preset rules or policies as much as practical (ex., specific time away may not make sense for a student with psychotic illness who does better as soon as medication is reinstated).



Student Friendly

- **Health and care of students should take precedence over administrative concerns as much as possible**
- **Work with registrar and deans etc. to decide what are limits of flexibility (ex. tuition refund policies-tuition insurance, timing of return not disadvantaging students ability to register or get adequate housing)**
- **If students feel/know their concerns are central, it may relieve a lot of potential conflict and friction in the process**



Parity: How do you handle medical illnesses?

It is a worthwhile exercise to try to construct circumstances in which your conditions for mental health leave/return might also occur in medical illness leave:

- How flexible are you with timing and circumstances of leaves (transcript, tuition, offering other options)?
- What kind of assurances/processes do you require for return?
- How do you handle a student with chronic recurring medical illness or non-compliance with treatment plan or follow-up care?



Consider differing perspectives

- **Recognize that conflicts in this process typically arise because of misunderstanding or mistrust among the parties**
- **Try to imagine the other perspectives: students may not take your (clinicians and/or administrators) good intentions for granted and they and their parents may have concerns about things that are obvious to you but may not be to them**
- **There needs to be good communication with individuals and with the general campus communications platforms (websites, newspapers etc) that the MLOA system is transparent and is working to be supportive and helpful to students**



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