On April 16, 2007, Seung Hui Cho, a senior English major, gunned down 32 people, wounded 17 others and then killed himself at Virginia Tech University. Most of the victims were students in a dormitory and a classroom building. News accounts report Cho chained the doors at Norris Hall to prevent students from fleeing once the rampage began. Some students jumped from windows or crouched on the floor to avoid the hail of gunfire. It was the deadliest shooting incident by a single gunman in U.S. history.

Cho’s mental history has been well-documented in separate studies by a review panel appointed by Virginia Gov. Timothy Kaine; the Office of Inspector General for Virginia’s Mental Health, Mental Retardation and Substance Abuse Services; and by an internal report by Virginia Tech University. These studies indicate Cho had suffered from severe mental illness since adolescence. He was diagnosed with “selective mutism,” an anxiety disorder marked by failure to speak in social situations, and depression in 1999 while he was still in middle school.

Following a mass shooting in 1999 at Columbine High School in Littleton, Colo., Cho wrote a paper in an English class that mentioned thoughts of suicide and homicide, indicating that “he wanted to repeat Columbine,” according to the Virginia Tech Review Panel report.

Less than two years before the shooting rampage, while enrolled at Virginia Tech, Cho was taken into emergency custody by a campus police officer after a roommate reported that Cho might be suicidal. Cho was involuntarily committed to St. Albans Behavioral Health Center Dec. 13, 2005, evaluated and discharged less than 24 hours later. Beginning in fall 2005, Cho’s behavior at Virginia Tech exhibited an increasing pattern of anti-social and disruptive behavior, according to subsequent investigations. Yet no policy or procedure apparently was in place for Virginia Tech to take protective measures that might have prevented the massacre.

Cho’s school records, however, gave admissions officials at Virginia Tech no hint that Cho was a high risk for violent behavior. The governor’s review panel’s report questions
whether students should be required to submit records of emotional or mental disturbances when applying to college. The report states, “This much is clear: Information critical to public safety should not stay behind as a person moves from school to school. Students may start fresh in college, but their history may well remain relevant. Maybe there really should be some form of ‘permanent record.’”

Less than one year later, in February 2008, Steven Kazmierczak walked into a large lecture hall at Northern Illinois University in DeKalb and opened fire on a class, killing five and wounding 18 before taking his own life. Kazmierczak was a former student at NIU. As a consequence of those campus shootings, state policymakers, university administrators and mental health experts are grappling with strategies to address mental health needs on college campuses without violating student privacy protections.

Addressing Mental Health on College Campuses

The campus shootings have sparked numerous government studies examining how postsecondary institutions can improve the identification of students with serious mental illnesses and provide them with appropriate treatment. University officials also face confusion about when it is appropriate and legal to release educational and health information that is generally covered by privacy laws.

Despite widespread media attention following violent attacks on college campuses, evidence exists that colleges are actually less prone to violent crimes than society in general. According to a report prepared by the School Violence Resource Center, the overall U.S. murder rate is 43 times higher than the murder rate on college campuses. The rates of forcible rapes, robberies and aggravated assaults are also significantly lower on college campuses.

Nevertheless, when violent incidents occur, the public is quick to point out the need for improved safety measures on college campuses. Numerous studies conducted in the aftermath of the Virginia Tech massacre recognize the need to identify potentially dangerous students and to provide them with appropriate medical treatment.

A task force appointed by Florida Gov. Charlie Crist in April 2007 recommended that each college and university in Florida develop a campus-specific, multi-media awareness training program for faculty, staff, students and parents. “The program should include recognition of early warning signs of emotional crisis and methods of notification of appropriate campus authorities,” the report stated.

The problem is that identifying potentially dangerous students is not clear-cut. In 2002, the U.S. Secret Service completed the Safe School Initiative, which analyzed 37 school shootings between 1974 and 2000. The report concludes “there is no accurate or useful profile of the school shooter.”

The report warns that the use of profiles carries the risk of over-identification—in which a student might fit any given profile but not actually pose a risk of violence. It also concludes the use of profiles will fail to identify some students who in fact pose a risk of violence.

Illinois Rep. Bob Prichard acknowledges the problem universities face trying to ensure student safety. “You’re never going to prevent, in an open society, individuals from doing harm who want to do harm,” he said.

The Midwestern Higher Education Compact points out in its report, The Ripple Effect of Virginia Tech, that “the objective of any institution is to create an environment that is as safe as possible, given the realities of the external environment and the inability to control the actions of all people at all times.”

Florida Panel Recommends Mental Health Reforms

Within months of the Virginia Tech shootings, numerous states issued reports identifying policy recommendations for preventing and responding to campus violence. Florida’s Gubernatorial Task Force for University Campus Safety issued a report in July 2008 that focused on four broad topics of campus violence: prevention, intervention, response and aftermath. The panel’s report contained 63 recommendations, including several related to improving mental health services. They include:

- The State University System and the Division of Community Colleges should determine ways to increase the funding dedicated to campus mental health and wellness needs;
Statewide strategies for improving mental health services should target K–12, college and university initiatives in preventing underage drinking, substance abuse, suicide, bullying, domestic and dating violence, and other violent or destructive behaviors. Programs addressing these behaviors should be implemented on individual campuses;

- Individual campuses should develop an ‘Introduction to Mental Health’ course as part of its undergraduate curriculum and educate all members of the campus community;
- Each individual institution should encourage and foster the development of organized peer mental health support groups on campus;
- Each university and college should establish/expand its formal working relationship with local mental health systems in order to ensure adequate support for and communication about campus mental health issues;
- Each university or college administration, faculty senate and student governing body should promulgate formal statements defining their role in campus mental health; and
- The State University System should establish a legal working group to provide guidelines and best practices for sharing mental health information concerning at risk students.

Responding to the Gubernatorial Task Force, the Florida Board of Governors, which oversees the state’s postsecondary education system, established a Mental Health Issues Subcommittee in 2007. That subcommittee surveyed mental health services at postsecondary institutions in Florida and verified that an increasing demand for services and inadequate professional staff exists on State University System campuses. Specifically, the survey found a very high student/counselor ratio that is below national standards and a significant increase in reports of students with “severe psychological problems.”

In 2008, the Board of Governors adopted the recommendations from the subcommittee’s final report. It concluded that institutions and the State University System should seek additional funding for increased staffing levels as well as increased services and training across the mental health continuum of care. The board also said efforts should be made to identify additional external funding sources since a limit on student fees appears to hinder each institution’s ability to raise additional funding from within each institution’s budget.

Other Reforms Were Also Recommended by the Board of Governors:

- All universities now offer an academic course called The Freshman Experience for first-year students that, among other things, addresses survival strategies and provides referral information;
- The Board of Governors Student Affairs Committee has begun a study of excessive alcohol use on university campuses and services to identify best practices around the State University System; and
- With regard to communication and information-sharing about students with potentially at-risk behavior, the board adopted the following recommendation: “Each institution in the State University System should examine the structures, responsibilities, policies and procedures of the management or response team(s) established to review students and incidents that indicate at-risk behavior. A centralized reporting system with a single point of contact to collect and disseminate information, as appropriate, about at-risk students is recommended.”

Creating Threat Assessment Teams

One of the most common responses to campus violence at both the state and university levels has been the creation and use of threat assessment teams. These teams take a coordinated approach to identify, prevent and assess behavioral threats to public safety on college campuses. While details of these teams vary somewhat among institutions, numerous colleges nationwide have created multidisciplinary teams that are both investigational and interventional. In the wake of the Virginia Tech shootings, Virginia’s legislature passed more than 30 bills dealing with a variety of issues raised by the shootings. One bill signed into law by Gov. Kaine requires state colleges in Virginia to develop crisis and emergency plans and campus threat assessment teams.

Following a study in Illinois by a task force appointed by former Gov. Rod Blagojevich, the Illinois legislature enacted the Campus Security Enhancement Act of 2008 (110 ILCS 12/). As an outcome of the legislation, in May 2009 the Joint Committee on Administrative Rules approved the “All Hazards Campus Emergency
Plan and Campus Violence Prevention Plan,” which address a variety of possible campus emergencies, including mass shootings.

One of the rules mandates that each higher education institution in Illinois develop and implement a campus threat assessment team to “conduct threat assessments, address aberrant, dangerous or threatening behavior on campus and provide guidance and best practices for preventing violence and providing supportive services.” The rule also calls for each team to create a written policy that includes access to mental health services for students, faculty and staff.

“The recent campus tragedies illustrate the need for well-devised emergency preparation plans on university campuses,” Prichard, one of the bill’s sponsors, said in a press release. “Faculty members and students deserve the maximum effort put forth by institutions of higher learning to ensure their safety, and this Act directly addresses that.”

A study by a task force appointed by North Carolina’s attorney general in 2008 also called for that state’s colleges to establish threat assessment teams. According to the report, these teams would:

- Help faculty, staff and students recognize the signs of mental illness that may suggest that an individual is a possible danger to self or others; and
- Improve awareness among faculty, staff and students about resources to help an individual who is a possible danger.

One example of how a threat assessment team can be implemented is the team at the University of North Carolina at Wilmington. There, the Student Threat Assessment Team (nicknamed STAT) is comprised of a select group of university administrators charged with identifying, investigating, assessing and monitoring high risk behaviors exhibited by UNC Wilmington students. In addition, the group attempts to determine whether the student may pose a threat to the university community based on behaviors exhibited by the student.

In cases where the STAT agrees that the student may pose a threat to self or others, the team may make recommendations for action to remove the student from the university community (by means such as the campus conduct system). The team also identifies Student Affairs Departments that will provide students not deemed to be high risk with resources and services necessary to enable them to remain in good standing at UNC Wilmington. The STAT develops the means for reporting of high risk students by others in the UNC Wilmington community, and for tracking cases for follow-up assessment. Cases discussed by the STAT are confidential.

Making mental health services available

Another policy focus is to ensure that mental health services are available to students at postsecondary institutions. A report to the Massachusetts Department of Higher Education in June 2008 found that 83 percent of its colleges provide on-campus mental health services for students. Among those schools, however, only about half provided specialized services (e.g. substance abuse, suicide prevention and eating disorders). The report recommends that all colleges provide both generalized and specialized mental health services that are easily accessible to students.

The report also found that 81 percent of schools did not submit potentially violent writings, drawings or other forms of individual expression to a behavioral expert for review. The report recommends that campuses establish formal policies that provide faculty members with a means to submit materials reflecting violent fantasies to behavioral experts.

Likewise, the Missouri Campus Security Task Force, appointed by then-Gov. Matt Blunt, recommended that students “should have access to on-campus, licensed mental health services 24 hours per day, seven days per week.” It also called for on-campus mental health providers to establish consultation and referral relationships with public and private facilities that accept civil commitments.

Privacy Concerns

Providing safeguards for college campuses while maintaining privacy protections for individuals is a delicate balancing act. The Americans with Disabilities Act gives students with mental illnesses the right to enroll in college unless they disrupt the academic environment. Federal laws, namely the Family Educational Rights and Privacy Act and the Health Insurance Portability and Accountability Act (commonly known as HIPAA), generally prevent institutions from sharing educational and medical information without student consent.
However, numerous reports, including one prepared by a task force created by the National Association of Attorneys General, point out that “there is significant misunderstanding about the scope and application of these federal laws.” A report by the University of California system also suggests that the Family Educational Rights and Privacy Act’s requirements are vague and open to interpretation.

W. Roger Webb, president of the University of Central Oklahoma, appeared before the U.S. Senate Committee on Homeland Security and Governmental Affairs one week after the Virginia Tech incident. Testifying on behalf of the American Association of State Colleges and Universities, Webb said, “It may be that the lines are currently drawn in ways that prevent prudent and appropriate responses.”

Webb told the committee that his university was dealing with a former student who was continuing to make threats to faculty members. Nevertheless, Webb said administrators were prevented by federal law from notifying other institutions of his potentially dangerous behavior.

In a survey conducted among college administrators in North Carolina, 53 percent of respondents did not believe mental health information could be shared because it is protected by law.

According to the National Association of College and University Attorneys, however, the Family Educational Rights and Privacy Act permits the disclosure of information from student education records “to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals.” HIPAA also contains an emergency exception, according to the Virginia Tech Review Panel report.

**Virginia Responds to Virginia Tech killings**

Virginia, more than any other state, has taken widespread legislative action following the tragedy on the Virginia Tech campus. Among legislation enacted by Virginia’s General Assembly in 2008 are laws that:

- Broaden the standard the state uses to commit individuals to mental health treatment against their will;
- Improve the monitoring of people under outpatient treatment orders;
- Extend the periods allowed for emergency custody and temporary detention orders; and
- Require representatives of local community service boards to participate in commitment hearings.

The National Alliance on Mental Illness labeled Virginia's laws as “overly restrictive” and warns of potential civil rights abuses by permitting court-ordered treatment without requiring proof of imminent danger.

Some advocates for people with mental illnesses are concerned that the Virginia Tech massacre and subsequent responses will further stigmatize those with mental illnesses unfairly. Ken Duckworth, medical director for the National Alliance on Mental Illness, said among people living with mental illnesses, “acts of violence are exceptional.” His organization calls for colleges and universities to include screening, assessment and treatment of serious mental illness within health services available to students.

David Shern, president and CEO of Mental Health America, issued a statement following the Virginia Tech shootings calling for additional federal funding for mental health services. He stated, “One powerful step would be to invest in seamlessly linking people who are in acute psychiatric distress … with proven intensive, coordinated community-based mental health treatment.”

Congress is now considering legislation aimed at improving security on college campuses. The House on Feb. 3, 2009, passed the Campus Safety Act (House Resolution 748), which would create a National Center for Campus Public Safety, administered through the U.S. Justice Department. The center would train campus public safety agencies, encourage research to strengthen college safety and security and serve as a clearinghouse for the dissemination of relevant campus public safety information. As of late June 2009, the Senate Judiciary Committee had not acted on that bill.

While many postsecondary institutions have taken steps to safeguard students and address mental health needs on campus, balancing confidentiality with the need for greater information sharing and providing adequate funding for mental health programs are two serious challenges that policymakers will continue to face.

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