



**ASSEMBLY STANDING COMMITTEE ON HIGHER EDUCATION
ASSEMBLY STANDING COMMITTEE ON MENTAL HEALTH**

NOTICE OF PUBLIC HEARING

SUBJECT: Mental health needs of students at institutions of higher education

PURPOSE: To examine the mental health needs of students at colleges and universities and the steps institutions are taking to respond to those needs.

Albany, New York
Wednesday, November 30, 2022
10:00 a.m.
Hearing Room C
Legislative Office Building

ORAL TESTIMONY WILL BE BY INVITATION ONLY

Prior to the COVID-19 pandemic, higher education institutions struggled to meet growing student demand for mental health services and supports. Since then, the pandemic has greatly exacerbated this trend with more students than ever feeling stressed, anxious, overwhelmed, or depressed. According to a recent Healthy Minds Study, in the 2020-21 school year, over 60% of surveyed college students met the criteria for at least one mental health problem. The Committees seek to examine the scope of students' mental health needs and the steps campuses are taking to address those needs, including the challenges associated with meeting the demand for mental health services.

Persons invited to present pertinent testimony to the Committees at the above hearing should complete and return the enclosed reply form as soon as possible. It is important that the reply form be fully completed and returned so that persons may be notified in the event of emergency postponement or cancellation.

Oral testimony will be limited to 5 minutes' duration. In preparing the order of witnesses, the Committees will attempt to accommodate individual requests to speak at particular times in view of special circumstances. These requests should be made on the attached reply form or communicated to Committee staff as early as possible.

Fifteen copies of any prepared testimony should be submitted at the hearing registration desk. The Committees would appreciate advance receipt of prepared statements.

Attendees and participants at any legislative public hearing should be aware that these proceedings are video recorded. Their likenesses may be included in any video coverage shown on television or the internet.

In order to further publicize these hearings, please inform interested parties and organizations of the Committees' interest in hearing testimony from all sources.

In order to meet the needs of those who may have a disability, the Assembly, in accordance with its policy of non-discrimination on the basis of disability, as well as the 1990 Americans with Disabilities Act (ADA), has made its facilities and services available to all individuals with disabilities. For individuals with disabilities, accommodations will be provided, upon reasonable request, to afford such individuals access and admission to Assembly facilities and activities.

Honorable Deborah J. Glick

**Member of Assembly
Chair
Committee on Higher Education**

Honorable Aileen M. Gunther

**Member of Assembly
Chair
Committee on Mental Health**

PUBLIC HEARING REPLY FORM

Persons invited to present testimony at the public hearing on the mental health needs of students at institutions of higher education are requested to complete this reply form as soon as possible and mail, email or fax it to:

Ashley Luz
Analyst
Assembly Committee on Higher Education
Room 513 - Capitol
Albany, New York 12248
Email: luz@nyassembly.gov
Phone: (518) 455-4881

I plan to attend the following public hearing on the mental health needs of students at institutions of higher education to be conducted by the Assembly Committees on Higher Education and Mental Health on November 30, 2022.

I have been invited to make a public statement at the hearing. My statement will be limited to 5 minutes, and I will answer any questions which may arise. I will provide 15 copies of my prepared statement.

I will address my remarks to the following subjects:

I do not plan to attend the above hearing.

I would like to be added to the Committee mailing list for notices and reports.

I would like to be removed from the Committee mailing list.

I will require assistance and/or handicapped accessibility information. **Please specify the type of assistance required:** _____

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

E-MAIL: _____

TELEPHONE: _____

FAX TELEPHONE: _____