

Student Safety

The challenges and complexities of student mental health and sexual assault on campus

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Maslow's Hierarchy of Needs

Self-actualization: achieving one's full potential, including creative activities

Self-fulfillment

Esteem needs: prestige and feeling of accomplishment

Psychological

Belongingness and love needs: intimate relationships, friends

Safety needs: security, safety

Basic

Physiological needs: food, water, warmth, rest





Sexual Assault (Title IX)



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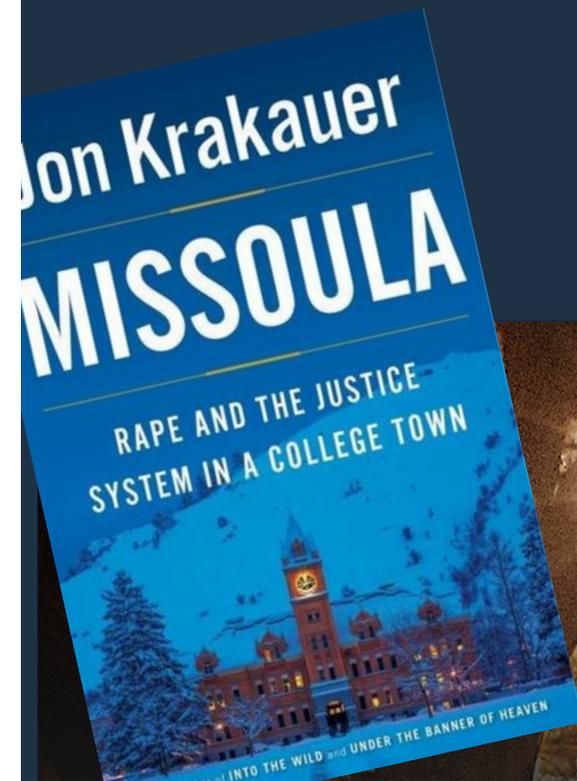
Mental Health

Title IX – More than just Athletics

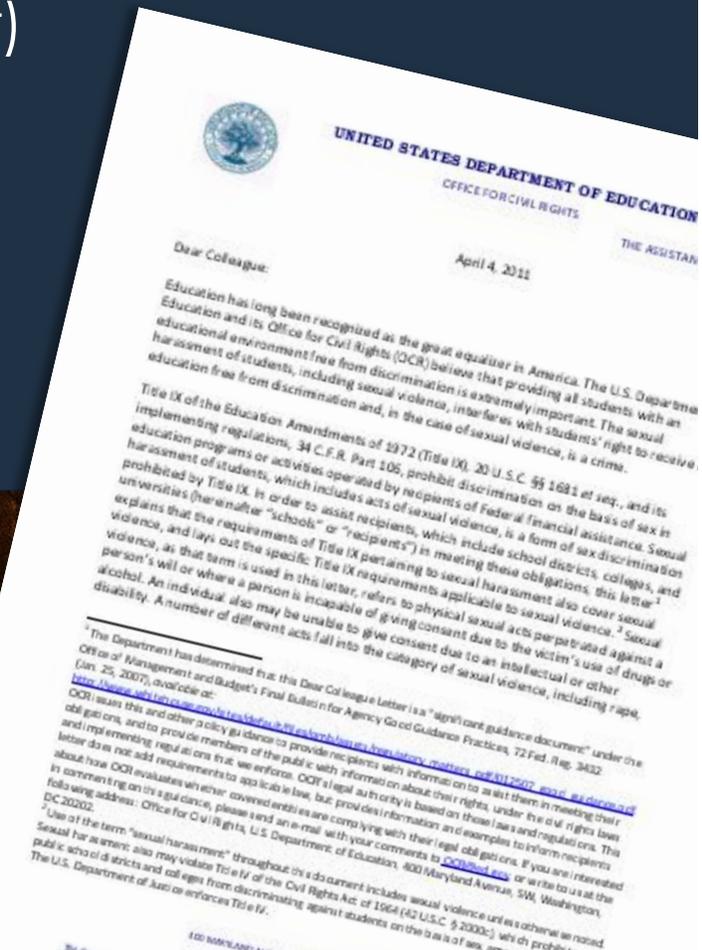


Sexual Assault (Title IX)

- Title IX of the Education Amendments of 1972
- Dear Colleague Letter (2011)
- Violence Against Women Act of 2013 (VAWA)
- Sexual Violence Elimination Act (SaVE Act)
- Office of Civil Rights Compliance Review



THE HUNTING GROUND



Sexual Assault (Title IX)

- 1 in 3 women report being sexually assaulted during their college experience
- 1 in 4 women report experiencing an attempted or completed rape at some point in college
- 85% know their attacker
- Between 80%-90% of victims do not report to police
- 42% tell no one

This is happening on our campuses...

Consent

- Consent is informed, freely given, and mutually understood.
- Consent is not given if:
 - Coercion, intimidation, threats, and/or physical force are used;
 - A person is mentally or physically incapacitated, or impaired by alcohol or drugs such that the person cannot understand the fact, nature, or extent of the sexual situation; or
 - A person is asleep or unconscious.

Sexual Assault (Title IX)

What is being done?

- Survivor Support
- Education & Advocacy
- Response & Reporting
 - Responsible Employees and Mandatory Reporting
- Policy/Legislation

Student Mental Health

(<https://www.youtube.com/watch?v=2OtcINrQ7Uk>)



Student Mental Health

Why does this matter? Why do we care?

- The mental health of our students affects their likelihood of profiting from our academic programs.
- According to study by Eisenberg, Golberstein, & Hunt (2009), students with depression have significantly lower GPAs and lower retention/graduation rates.
- Mental illnesses are the chronic diseases of the young (Insel & Fenton, 2005, p. 590)
- During the past academic year, approximately 45% of college students nationally felt “so depressed that it was difficult to function” (ACHA-NCHA, 2008).
- Over the past 15 years, the national suicide rate has increased 24% (CDC). And, Utah’s child suicide rate is more than double the national rate and climbing. Suicide is the leading cause of death for among 10-17 year olds in Utah. In 2007, 3 per 100,000. In 2014, 8.5 per 100,000. (Salt Lake Tribune article, “Utah officials unsure why youth suicide rate has nearly tripled since 2007”, July 2, 2016)
- As of 2014, more Utah teens die from suicide than car accidents. (KUTV.com article, July 5, 2016)
- Utah has the highest rate of mental illness in the USA according to a study conducted by the Substance Abuse and Mental Health Services Administration.
- SUU conducted a study on why students leave SUU. The #2 reason was health/mental health concerns.

Student Mental Health

Why does this matter? Why do we care? (Continued)

- According to a study conducted by the Center for Collegiate Mental Health, the average relationship between student change in enrollment and change in students served in counseling centers was 1-to-5. In other words, between 2009-2015, a 1% increase in institutional enrollment was associated with a 5% increase in the number of students served in counseling centers. (CCMH 2015 Annual Report)
- Utah teens and young adults fall below the national average on:
 - Illicit drug use
 - Cigarette use
 - Binge alcohol use
 - Nonmedical use of pain relievers
- Utah teens and young adults fall above the national average on:
 - Depression
 - Thoughts of suicide
 - Serious mental health illness
- Utah has the highest rate of antidepressant use in the United States. Antidepressant drugs are prescribed in Utah more often than in any other state, at a rate nearly twice the national average. (LA Times, February 20, 2002; Forbes.com, August 17, 2009).

Student Mental Health

Why has this become such a challenge?

- A broader and more representative sample of the population now accesses higher education than did before WWII (more students are now able to control mental health issues with medication, etc.)
- Historically, counseling centers were created to support students with their personal and career development. Over time counseling centers became focused on mental health challenges. Today, counseling centers have become urgent triage centers to deal with crisis situations and the most severe students.
- We, as a state, are “late to the party” on this issue. For example, Utah ranks 50th out of 54 states and US territories in K-12 student to school counselor ratio (726 students per counselor). The recommended ratio is 250:1.

Student Mental Health

- Nationally, enrollment has grown around 5% in the last 5 years. Over the same time period, the number of students seeking counseling has grown over 30%. For example:

	Clients 2013-14	Clients 2015-16	Crisis 2013-14	Crisis 2015-16
U of U	1240	1529 (23% increase)	160	368 (130% increase)
SUU	543	679 (25% increase)	104	122 (17% increase)

- Types of services needed have increased in number and COMPLEXITY
 - Typically, about 5% of students served by our counseling centers are homicidal or experience thoughts of harming others (UofU \approx 45 students; SUU \approx 34 students)
 - Typically, about 25-30% of students served by our counseling centers are suicidal (UofU \approx 428 students; SUU \approx 190 students)

Student Mental Health

Most common issues students present to counselors with:

- Anxiety
- Depression
- Suicidal ideation
- Thoughts of self-harm
- Academic distress
- Eating concerns
- Unwanted sexual experiences
- Threats to harm others
- Substance use
- Family distress
- Spiritual concerns
- Dating / Relationships

Student Mental Health

- The need for mental health services is increasing on USHE campuses and the current resources available are insufficient to address all the needs.
 - Recommended ratio of counselors to students is 1:1,000-1,500
 - Current ratios range from 1:1,500 to 1:5,300
 - Average wait times to see a counselor ranges from 2-8 weeks.
 - Imagine waiting 8 weeks to get penicillin when you have strep throat!
 - Lack of trained psychologists and psychiatrists to meet the needs of students in rural areas of the state
 - For example, in Cedar City, the only PhD level psychologists work on SUU's campus. The community is served by LCSW's and masters level counselors.
 - There are no full-time practicing psychiatrists between Utah County and St. George.

The impact of Utah's Culture on Sexual Assault and Mental Health

Sexual Assault / Title IX

- Conservative culture creates a culture of naivety around these issues
- Students don't understand the concept of consent
- Limited sex education in middle schools and high schools. As a result, colleges have become responsible for teaching students everything about appropriate sexual health.

Mental Health

- Culture of perfection; Culture where those who struggle with mental health must not be "righteous"
- Low numbers of professional mental health counselors in the state
- Utah ranks 50th out of 54 states and US territories in K-12 student to school counselor ratio (726 students per counselor). The recommended ratio is 250:1.
- Rather than seek counseling, just put on some sort of medication by family doctors

UTAH SYSTEM OF
HIGHER EDUCATION

Building a Stronger State of Minds