Campus Safety and Equity Advisory Council
January Meeting Report: Basic Needs & Mental Health

On January 25 and 26, members of the USHE Campus Safety and Equity Advisory Council met on Zoom to discuss mental health and basic needs. CSEAC member Isamar Jimenez, a graduate student at Utah State University, volunteered to lead the discussion.

Students shared that basic needs insecurity often manifests in ways that are not visible, which makes it difficult for institutions to identify students who need support. Several students expressed that social stigma around basic needs insecurity and mental health can prevent students from seeking help. CSEAC members acknowledged that, because of this stigma, it can be challenging for institutions to strike a balance between building resources like food pantries in areas that are exposed enough to bring awareness to the resource while still protecting the privacy and anonymity of students who access it. CSEAC members also voiced that undocumented and international students are often more vulnerable to basic needs insecurity due to the legal and structural barriers they face in accessing employment opportunities. In addition to these meaningful observations, students provided the following feedback pertaining to the ways their specific institutions address basic needs insecurity and student mental health:

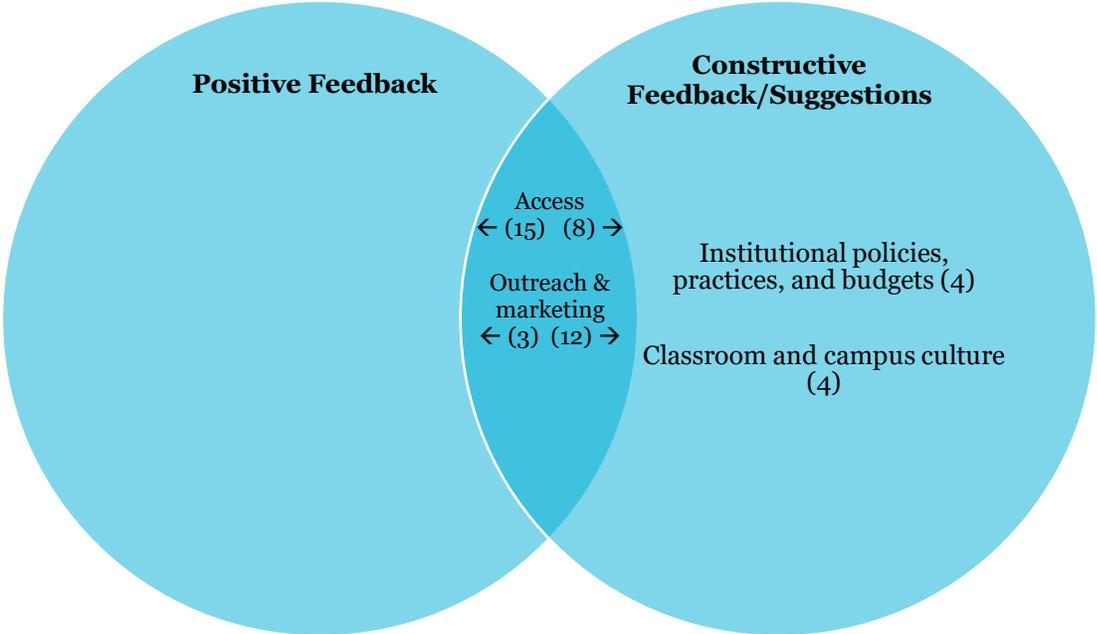| Positive Feedback (18)	
Category	**Examples**
Access (15)	*My campus provides free transportation to and from a nearby grocery store to help students who don't have access to a car (3)*
	My institution's food pantry intentionally creates a welcoming, community feel to mitigate stigma (2)
	Basic needs, mental health, and student wellness/health centers are close together or are set up as a 'one-stop-shop,' which is helpful for students (2)
	My campus has short wait times for mental health counseling (2)
	My campus offers near-immediate counseling session availability in emergency/crisis situations (2)
Access (continued)	*My institution has done a good job of making mental and physical health services available on*

	satellite campuses, not just on the main campus (1)
	My institution offers self-guided mental health screening tools and self-guided mental health resources, which help us identify and resolve issues before seeking counseling (1)
	My institution's Disability Services office does a good job of integrating mental, physical, and emotional support and offers leniency when students are in distress (1)
	My institution offers extended/after-hours campus food pantry access (1)
Outreach and marketing (3)	*Our counseling center raises awareness by tabling at many campus events (1)*
	My institution provided suicide prevention-branded backpacks that I see all over campus, which has helped raise awareness and mitigate stigma (1)
	Student groups like the Multicultural Student Association and the offices that run the mental health and basic resources do a good job of cross-advertising each other (1)

Constructive Feedback (28)	
Category	**Examples**
Outreach and marketing (12)	*More targeted outreach is needed to educate students about basic needs and mental health resources – e.g., with specific student demographics, through student clubs, etc. (3)*
	Institutions should imbed information about mental health and basic needs resources into syllabi and Canvas/learning management software (2)
	My institution provides information about mental health and basic needs resources in our campus mobile app, but the app doesn't function well, so few students use it (2)
	My institution offers free public transportation but needs to do a better job of making students aware of this resource (1)
	Campus counseling centers and student health centers should inform more of their students about resources available to help students pay for healthcare costs and medications when they don't have insurance (1)

Outreach and marketing (continued)	*Student Association leaders should consider hosting their own events at the beginning of the year to bring more awareness to basic needs and mental health services on campus (1)*
	Campuses should utilize program directors within majors to inform students about basic needs and mental health resources (1)
	Institutions should elevate/advertise basic needs and mental health resources more on general campus social media accounts (1)
Access (8)	*Waitlists for campus counseling appointments are long, which is a deterrent for students who need help (4)*
	The hours of operation for campus mental health and basic needs services are not flexible enough for students (2)
	My institution does not have enough access to psychiatrists for students whose mental healthcare treatment needs to involve medication (1)
	My institution offers a limited number of counseling sessions per student each year, which is particularly a challenge for students who cannot afford private mental healthcare (1)
Institutional policies, practices, and budgets (4)	*Basic needs services are under-funded/not prioritized in my institution's budget (1)*
	Institutions should consider offering four-day weeks or shorter, more frequent breaks (instead of a single, week-long Spring Break, for example) to help students better manage stress (1)
	Students turn to on-campus jobs because they offer flexibility that private sector jobs don't, but the low pay that is common among campus jobs can exacerbate students' basic needs insecurity (1)
	Institutions should be more strategic about soliciting more philanthropic dollars and alumni support specific to basic needs initiatives (1)
Campus and classroom culture (4)	*Professors should talk about basic needs and mental health resources more to help normalize asking for help, especially since they're the campus touchpoints who often have the most specific knowledge about students' situations or struggles (1)*
	All students can do a better job of proactively advocating for mental health and basic needs resources for all students, rather than only

Campus and classroom culture (continued)	*thinking of these resources when they themselves need help (1)*
	In both paid dining and the food pantry, my institution does not offer culturally relevant food options (1)
	Institutions should imbed mental health and self-care strategies into the curriculum whenever possible (1)

Discussion Summary: Resources and EDI Initiatives for Students with Disabilities

Positive Feedback

Constructive Feedback/Suggestions

Access
← (15)   (8) →

Outreach & marketing
← (3)   (12) →

Institutional policies, practices, and budgets (4)

Classroom and campus culture (4)

Students were also asked to provide specific feedback about three initiatives that are receiving system-level support and attention - SafeUT, Trula, and virtual mental health counseling:

	Positive Feedback	Constructive Feedback
SafeUT	• When campus police are at events, they do a good job of encouraging students to download and utilize SafeUT (2) • I have used SafeUT's chat function and found it helpful (1)	• I have heard of SafeUT and/or have the app, but I don't know enough about it to use it (3) • I have never heard of SafeUT (1) • Campus counseling offices should make students more aware that SafeUT can help

	• My campus's social workers refer many students to SafeUT (1) • I appreciate that the people you interact with in the SafeUT chat function are licensed professionals (1)	offer mental health support during times when their office is not available (1)
Trula	*N/A*	• I have heard briefly about Trula but don't know enough about it to utilize it (2) • I have not heard about Trula (1)
Virtual Counseling	• My institution offers virtual (phone or video) therapy, and it has been helpful for me (2)	• My institution offers virtual therapy, but I encountered technological issues when I tried to use it and had to switch to a phone call (1) • My institution offers virtual therapy but needs to do a better job of advertising it (1)

Notable Quotes

- *On removing stigma as a barrier to access to the campus food pantry:*
  "Many students are afraid to go into our pantry because they just are worried about what people will think or what people will see, and it's just a really difficult thing…I work in the pantry here for my office. I try to make it a more welcoming place. I have games there, so people just come in and play games to make it more of a common center than anything. [That way] it's not as scary to go get it because they know it's a commonplace and just very accessible and very easy to do without people thinking twice about it."

- *On how long waitlists for counseling appointments deter students:*
  "To get turned away is a very big fear for a lot of them. In our school, we have counseling appointments, but a lot of time, they can be scheduled out [full] months in advance or weeks in advance. Right now, it's not so bad. But usually, when they most need it, there's literally no space. It's hard enough to go ask for help, but then to be turned away makes it harder."

- *On utilizing academic program directors to market basic needs and mental health resources:*
  "For my graduate program, I get most of my information from my program directors, from the

people that are running the actual office. If they were able to present those resources there, then I think that would increase the accessibility vs. having the students search for the resources themselves."

- *On how transportation insecurity can exacerbate other basic needs insecurities:*
  "Getting off-campus is difficult for a lot of international students...[our institution] has a shuttle that runs a couple of times a day from campus to the Wal Mart, which is far enough that you wouldn't want to walk. The shuttle runs from campus a few times a day to take students – particularly international students – to and from campus so they can go and get their groceries."

- *On how virtual therapy can make it less intimidating to ask for help:*
  "I like virtual mental health because sometimes, for me, talking to someone face-to-face seems a little bit intimidating...But when I did virtual, it's like I'm almost talking to myself in a way, and someone else is just kind of talking back and coaching me through that."