Gubernatorial Task Force for University Campus Safety

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The Issues

Treatment		Stigma
Civil Rights/ADA		Campus Safety
Privacy		Reporting Family Notification
Abnormal Behavior Prediction of Violence	vs.	Profiling/ Targeting
Student MH Needs		MH Treatment Costs/ Insurance-Tuition
Care Seeking Behavior		Treatment Against Will

Violence and Mentally Ill Individuals

- Serious violence is associated with depressive symptoms, conduct problems in childhood, and having been victimized, physically or sexually (National Institute of Mental Health, 2006).
- There is only a weak association between mental disorders and violence (Monahan, J. and Arnold, J., 1996; U.S. Surgeon General, 1999; Grohol, 1998; NAMI, 2007).
- The vast majority of people who are violent do not suffer from mental illnesses (American Psychiatric Association, 1994).
- Only a small proportion of the violence in our society can be attributed to persons who are mentally ill (Mulvey, 1994).
- People with psychiatric disabilities are far more likely to be victims than perpetrators of violent crime (Appleby et al, 2001).
- In 2004, the most recent year for which data are available, the murder rate on college campuses was 0.28 per 100,000 people, compared with 5.5 per 100,000 nationally. Since the early 1990s, there have been on average 20 murders on campuses each year, out of some 16 million students who attend annually (Security On Campus Inc., 2004).

College Students and Mental Health
The Facts

- The college years (18 to 24 years of age) coincide with the age of onset for serious mental illnesses and can be a crucial time to diagnose and treat young people in the early stages of a mental illness (American College Health Association, 2006).
- Depression, anxiety, and other serious mental health problems are increasingly common among college and university students in the United States (American College Health Association, 2006).
- More students now than ever are entering college already having a diagnosis of a serious mental illness and a treatment plan (American College Health Association, 2006).
- According to a recent survey, approximately 8.5% of college students had seriously considered suicide. The rate of college students ever diagnosed with depression reached 15% in 2006, up from 10% in 2000 (American College Health Association, 2006).
- Nearly 13% of students are using campus mental health services (Anxiety Disorders Association of America, 2007).
- 45% students say they've been so depressed it was difficult to function (Anxiety Disorders Association of America, 2007).

NAMI Survey on College Mental Health

- **In 2006 NAMI surveyed the directors of campus mental health centers at 150 universities and represented public and private, large and small institutions in every region of the country.**
- **The results provide a snapshot of mental health practices and policies at colleges across the country, including:**

There is a spreading awareness of mental health on campus

88% percent of campus mental health centers provide training for on-campus employees, including residential staff, academic advisers, and campus security staff

Approximately 75% of mental health centers either employ a psychiatrist or have a partnership with a community-based psychiatrist for referrals

88% of schools offer students in need of intensive psychiatric care a leave of absence without academic penalty

For students returning after a leave of absence, schools connect students to a variety of supports, both on and off-campus

A Catalogue of VT-Related Recommendations

- Increase spending on university mental health services
- Expand college mental health screening and reporting capacities
- Train university staff/students to be more aware of students' mental health problems
- Change privacy laws to permit greater disclosure of student issues to parents
- Create a process for a mental health break for college students and expand the use of involuntary administrative/medical leave/mandatory medical withdrawal for troubled college students who present a health and safety risk
- Adopt the accepted standard of one college therapist for every 1,000 to 1,500 students
- Create a university safety management team/czar
- Refer more college students to full-service, off-campus mental health centers

Current Conditions - Florida

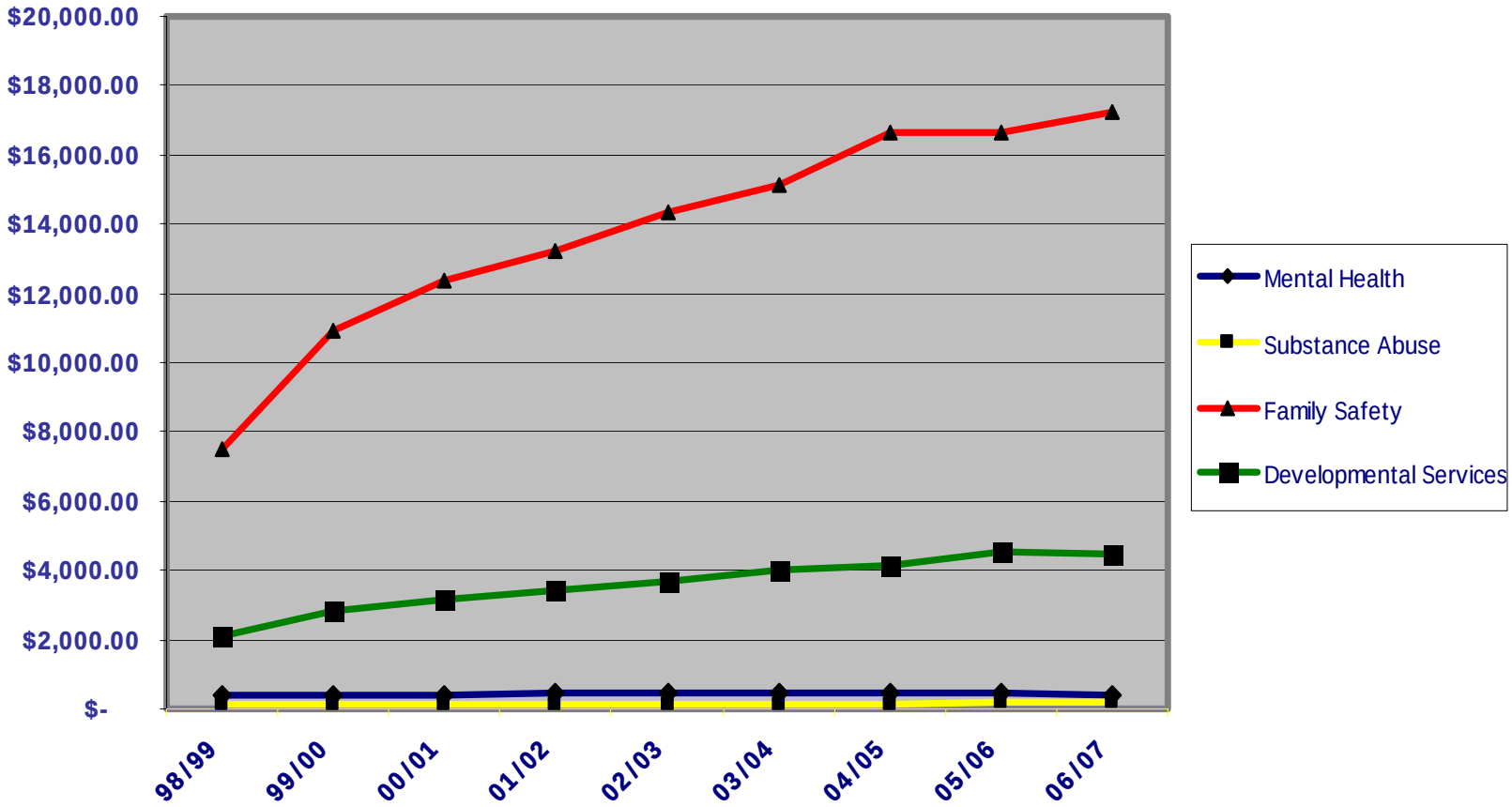
- **48th in Per Capita Mental Health Spending**
- **47th in Medicaid Spending Per Child Beneficiary**
- **43rd in Medicaid Spending Per Adult Beneficiary**
- **37th in Medicaid Per Capita Spending for Enrolled Disabled Beneficiaries**
- **2nd in Homeless Population**
- **1st in Number of Substantiated Reports of Child Abuse and Neglect**
- **2nd in Number of Children in Juvenile Detention Facilities**
- **3rd in Number of Prison Inmates**

Current Conditions - Florida

- **50% - Percentage of Lifetime Cases of Mental Illness That Begin by Age 14**
- **42% - Percentage of Statewide Need Met for Adults with Severe/Persistent Mental Illness**
- **18% - Percentage of Statewide Need Met for Children With/At Risk of Emotional Disturbance**
- **49th – Florida Rank – Percentage of Population Without Health Insurance**
- **1 of 4 States Without Mental Health Parity Law**

UNTREATED MENTAL ILLNESS IS
FLORIDA'S #1 PUBLIC HEALTH CRISIS

Annual Per Capita Expenditures Based on Prevalence Rates FY 1998-99 to FY 2006-07



Source: DCF 2007

Recommendations of the Florida Council

- **Expand children's mental health treatment capacities/invest in the public mental health system**
- **Improve the early identification of troubled children and youth and provide timely and accessible care**
- **Expand public school mental health programs**
- **Ensure mental health systems are multi-cultural competent**
- **Expand public education about mental illness and treatment**
- **Expand the use of involuntary outpatient treatment – fund community services and supports associated with involuntary treatment orders**
- **Expand student bullying programs**
- **Reduce the rate of uninsured children in Florida**
- **Adopt mental health parity**

Involuntary Outpatient Treatment s. 394.4655. F.S.

A person may be ordered to involuntary outpatient placement upon a finding of the court that by clear and convincing evidence:

The person is 18 years of age or older; the person has a mental illness; the person is unlikely to survive safely in the community without supervision, based on a clinical determination; the person has a history of lack of compliance with treatment for mental illness; the person has at least twice within the immediately preceding 36 months been involuntarily admitted to a receiving or treatment facility as defined in s. 394.455 or has received mental health services in a forensic or correctional facility. The 36-month period does not include any period during which the person was admitted or incarcerated; or engaged in one or more acts of serious violent behavior toward self or others, or attempts at serious bodily harm to himself or herself or others, within the preceding 36 months; the person is, as a result of his or her mental illness, unlikely to voluntarily participate in the recommended treatment plan and either he or she has refused voluntary placement for treatment after sufficient and conscientious explanation and disclosure of the purpose of placement for treatment or he or she is unable to determine for himself or herself whether placement is necessary; in view of the person's treatment history and current behavior, the person is in need of involuntary outpatient placement in order to prevent a relapse or deterioration that would be likely to result in serious bodily harm to himself or herself or others, or a substantial harm to his or her well-being as set forth in s 394.455 (1); it is likely that the person will benefit from involuntary outpatient placement; and all available, less restrictive alternatives that would offer an opportunity for improvement of his or her condition have been judged to be inappropriate or unavailable.

Involuntary Outpatient Treatment s. 394.4655, F.S.

- **Adopted in 2004**
- **Little used treatment option because of the lack of community services and supports**
- **2007 Legislature - Area 1 Pilot Project - $2.5 Million**