Background

In 2007 the events of Virginia Tech raised awareness of two major issues on college campuses nationally: the safety and security on campuses and the rising need for mental health outreach, prevention, and services.

In September of 2007, the UWM Safe Campus Committee Report to the Chancellor\(^1\) was completed, with oversight of implementation given to the Campus Security Committee. Eight broad areas were discussed, but none included addressing mental health issues.

Also, in August, 2007, the Counseling Services Subcommittee Report of President’s Reilly’s Commission on University Security\(^2\) was released after University of Wisconsin System schools were interviewed. This report made fifteen recommendations to System campuses. One recommendation, which appeared to be a starting point in order for the other recommendations to be evaluated, was as follows:

Each Chancellor should appoint a task force to resolve for each campus the funding sources, impact on services, and teaching capacity of Counseling Centers.

In May of 2008, using this recommendation as a foundation, we proposed that UWM form a Mental Health Task Force with members appointed by the Chancellor and we presented an outline to the Cabinet.

The charge of the Task Force was to conduct a comprehensive review and analysis of the Counseling Subcommittee Report of President Reilly’s Security Report, the Governor’s Task Force on Campus Safety\(^3\), the results of the UW Mental Health Counseling Services review and audit\(^4\) and additional data from National College Health Assessment (NCHA) and other surveys, reports, and research to create a complete picture of the current status of the mental health delivery services and mental health needs of UWM’s diverse student population. Areas that were quickly identified as necessary to be included were training, community partnerships, health promotion and prevention, health insurance, role of alcohol and other drugs and resources including grant opportunities.

The Co-Chairs of the Campus Mental Health Task Force are Julie Bonner, MD, Executive Director of Norris Health Center and Campus Health Officer and Vince Adesso, Ph.D., Professor and Special Counsel for Human Relations and Diversity, College of Letters and Sciences. They were chosen due to their expertise and commitment to mental health and involvement with the Campus Multidisciplinary Review Team. A group of 16 campus experts formed the Campus Mental Health Task Force (See Appendix 1).

Due to the level of importance of this topic and the widespread effect it has on every member of our community, the 16 members of the Task Force were drawn from student, academic and administrative affairs. An additional group of campus experts was identified to serve as consultants to the Task Force, due to their work with, and service to specific populations. Other consultants are being identified as the Campus Mental Health Task Force refines the scope of its work. The comprehensive review that the Task Force will conduct will include focus groups with students, faculty, and staff and will take place over the next six months.
Progress to Date

It is well known that the health of an individual has a direct impact on his or her personal success. It is also clear that a student’s health also has an impact on her or his academic success. Thirty-four percent of students reported that stress adversely impacted their academic performance. The 2005 NCHA random survey of UWM students further indicates that academic performance was reportedly affected by sleep difficulties (27.1%), cold/flu/sore throat (26%), depression/anxiety disorder/seasonal affective disorder (22%), and relationship difficulties (18.2%). Compared to a national college student sample, UWM students were significantly more likely to cite depression, anxiety disorders and/or seasonal affective disorder as more likely to have had an impact on their academic performance. A survey conducted at the Norris Student Health Center suggests similar conclusions.

The Task Force initially met in October of 2008 to organize and identify the next steps in the process. The first meeting was dedicated to reviewing data that campus had collected on the mental health of our students over the past eight years. All data are summarized in Appendix 2. Although we were bringing different backgrounds and perspectives to the table, the powerful data on our student population actually reflected more of our common concerns and similarities than our differences. Data were presented that had been collected through research through Norris Health Center, in the College of Nursing, through the Dean of Students Office, and through Recruitment and Outreach. The data on the rising number of self-reports of depression (2000, 12.1%; 2005, 22.4%), seriously considered suicide (2002, 11.3%; 2005, 13.8%), and suicide attempts (2000, 0.7%; 2005, 2.3%) yielded a clear conclusion: although UWM data do not consistently vary significantly from national data, the numbers are high.

At the second meeting, additional mental health data collected by the Department of Educational Psychology and data on alcohol and drug abuse and census data from the Student Accessibility Center were reviewed. As discussion progressed, it became clear that dividing into smaller subgroups and pulling in consultants would be an important next step. Based on these discussions, a draft framework was developed (See Appendix 3) and members gravitated to 3 subgroups: Prevention, Promotion, Wellness and Intervention; Campus Partnerships; and, Community Partnerships. These subgroups have broadly identified the direction they see themselves taking over the next six months and their objectives are presented below.

Prevention, Promotion, Wellness and Intervention

The objective of this subgroup is to examine current campus mental health promotion, prevention, intervention, and wellness practices as well as best practice strategies that could optimize campus mental health. Increasing availability and access to resources and services, decreasing the stigma of mental illness, and focusing on engagement of all members of the campus community will be high priorities.

To foster a caring community, the group will enthusiastically seek out the perspectives of students, faculty, staff, and administration on the most important mental health needs facing the campus. Using current data, resource analysis, and the mental health experience of campus community members, this subgroup will make recommendations for future programmatic needs to foster mental health wellness through promotion, prevention, and intervention activities.
Campus Partnerships

The purpose of this subgroup is to identify existing resources and structures involving students, staff, and faculty that enhance mental health and wellness. It will delineate the types of programs currently being offered and utilization of these programs, including all self-help, training, and research activities. The group will also identify gaps in existing campus resources and barriers to access of campus services. It will examine how other campuses have cultivated partnerships in their community. It will explore ways to link resources with each other and to the broader campus, with the goal of building and strengthening a caring campus community.

Recommendations also will be given regarding the involvement necessary from each of these stakeholder groups to foster a climate of a caring campus community.

Community Partnerships

This subgroup will work to identify off campus service providers and explore outreach to students (e.g., Counseling Center of Milwaukee, Mental Health America of Wisconsin, the Grand Avenue Club). It will explore ways to include parents as off-campus partners and examine issues of under- and uninsured individuals, with special attention to state programs and changes to those programs. It also will explore connections with other Milwaukee campuses (e.g., MSOE, Marquette, Alverno, Mount Mary) and to the UW System. Gaps and barriers to access to existing community services will be included in the analysis.

Future Directions

The Task Force is prepared to work over the next six months to start to solve the problems and issues of which we are already aware, as well as on the ones we will discover as we do our work. The ripple effect of the current economic crisis on the mental health of students, faculty and staff will be a critical concern that will need to be addressed.

We are not alone in examining these issues, as UW System has identified that it too has to go beyond the audit and the reports to solutions. A system-wide Ad Hoc Mental Health Committee has been formed with members representing seven campuses plus the colleges including health professionals, Student Affairs, faculty in a field of mental health, and a student. Our Co-Chair Julie Bonner, is a member of this task force as well as the newly expanded UW Advisory Committee on Campus Health, Safety, and Security. In this way, UWM is represented at the table within the larger community discussion of mental health.

The work of the Campus Mental Health Task Force has been advanced by two new developments. The hiring of a Mental Health and AODA Outreach Coordinator by Norris Health Center has advanced the data collection and analysis of student mental health data to understand better campus mental health needs. This will aid in responsible prioritizing of limited mental health resources. This individual is continuously working to schedule trainings and workshops for members of the campus community regarding how
to recognize symptoms of emotional distress and appropriately connect students with available resources. The hiring of this individual only partially addresses recommendations from the System Report for education and training of campus community members. The other recent development looking to address the recommendation for a comprehensive suicide prevention program is that Norris Health Center and the Psychology Department are collaborating on a major federal suicide prevention grant application for the Fall of 2009. The other recommendations from within reports and audits generated by System in the past year have not been addressed at this time but will be analyzed by the Task Force and reported on in the Final Report to be presented in May of 2009.

The work of the Task Force will be a catalyst for addressing the reality of campus mental health problems, developing action plans for addressing them, and furthering the growth of a caring campus community.

For comments and feedback on this report, please email Julie Bonner (jbonner@uwm.edu) and Vince Adesso (vince@uwm.edu) as we want every member of our community to be heard.

1-4 Links to these reports are contained in Appendix 4
Appendix 1

Campus Mental Health Task Force

Members of the Campus Mental Health Task Force at the University of Wisconsin-Milwaukee were chosen based on their active direct service delivery involving individuals experiencing mental health issues.

Co-chair Julie Bonner, MD – Executive Director of Norris Health Center (NHC) and Campus Health Officer
Co-chair Vince Adesso, PhD – Professor and Special Counsel for Human Relations and Diversity, College of Letters and Sciences
Paul Dupont, PhD – Counseling Director of Norris Health Center
Joanne Graham, PhD – NHC Psychologist
Jane Ramsden, LPC – NHC Crisis Counselor
Barb Moser, MD – NHC Director of Health Promotion and Wellness
Nadya Fouad, PhD – Professor, Department of Educational Psychology
Anthony Hains, PhD – Associate Professor, Department of Educational Psychology
Jonathan Kanter, PhD – Assistant Professor, Department of Psychology
Virginia Stoffel, PhD, OT, BCMH, FAOTA – Associate Professor, Department of Occupational Therapy
Patricia Stevens, PhD, RN, FAAN – Professor, College of Nursing
Joanne Barndt, MSSA, LCSW – Clinical Associate Professor Emerita, Helen Bader School of Social Welfare
Laurie Petersen, MS – Director of Student Accessibility Center
Jenny Klumpp – Senior Advisor, College of Engineering & Applied Sciences
Laura Rusch, MS – Graduate student, Department of Psychology
Sarah Belstock, MPH – NHC Mental Health and AODA Outreach Coordinator, Chair of Campus AODA Task Force*
Martin Cavan – Police Detective**

Consultants to the Task Force
Consultants bring specific expertise within a mental health-related field or work with an at-risk population who will be part of targeted discussions. More experts may be added as appropriate.

Michael Fendrich, PhD - Professor, Helen Bader School of Social Welfare
Azara Santiago-Rivera, PhD - Professor, Department of Educational Psychology
Doris Johnson-Browne, PhD - NHC Psychologist
Karyn Ringler, PhD - NHC Psychologist
Claudia Lipusch, MD - NHC Psychiatrist
Cathy Perkins, MD - NHC Psychiatrist
Jim Hill - Associate Vice Chancellor Student Affairs and Dean of Students
Michael Powell - Associate Vice Chancellor Academic Affairs
Kelly Johnson, M.Ed - Associate Director of Housing
Ericca Pollack Rolland, M.S. Ed - Director of the First Year Center
Jon Broskowski, MS - Senior Counselor, Student Accessibility Center
Michael Marzion, MS – Interim Police Chief**

* Addition as of 12/1/2008 due to changes in staffing
**Edit as of 3/2009 due to changes in staffing
Appendix 2

Mental Health at UWM:
An Overview of Mental Health Data Collected at UW-Milwaukee, 2000 - 2008

Data Sources

1 American College Health Association National College Health Assessment (NCHA):
   - National research survey organized by the American College Health Association in order to gather data about students’ health habits, behaviors, and perceptions. The NCHA provides the largest known comprehensive data set specifically focused on the health of college students.
   - Only schools that randomly select students to participate in the survey are included in the national ACHA-NCHA databases. However, because schools self-select to participate in NCHA, information gleaned from these databases cannot be viewed as generalizable to all schools and all students throughout the United States. However, comparisons and statistical analyses have demonstrated the reliability and validity of the NCHA.
   - Conducted at UWM in Fall 2000 (445 respondents) and Fall 2005 (765 respondents). Will be conducted again in Fall 2008. For demographic information and additional descriptive characteristics about survey respondents, see Appendix A.

2 Profile of the American College Student
   - Organized by the Student Affairs Administrators in Higher Education (NASPA) to gather data regarding key characteristics of undergraduate students. Students participating in this survey are asked to complete a demographics section, as well as four out of nine randomly-selected sections (the nine non-demographic sections include academic involvement; academic integrity; campus involvement; health and wellness; technology use; media consumption; diversity issues; values and beliefs; and future aspirations).
   - Conducted at UWM in Spring 2008 (524 respondents in total; approximately 185 respondents completed the section regarding health and wellness). For demographic information and additional descriptive characteristics about survey respondents, see Appendix B.

3 Cooperative Institutional Research Program (CIRP) Freshman Survey
   - Organized by the Higher Education Research Institute, this survey is utilized to gather comprehensive information about incoming first-year students. The survey is approximately 40 questions in length and covers a wide range of student characteristics including parental income and education, ethnicity, and other demographic items; financial aid; secondary school achievement and activities; educational and career plans; and values, attitudes, beliefs, and self-concept.
   - Administered to incoming UWM students during orientation/registration for the Fall 2007 semester (4,223 respondents). For demographic information and additional descriptive characteristics about survey respondents, see Appendix C.
Future Data Collection
In Fall 2008, UWM will once again be administering the NCHA survey. The NCHA survey will assume a new format in 2008 and will gather additional data regarding diagnoses and treatment of a broad range of mental health conditions, utilization of on- and off-campus mental health resources, and student stress. See Appendix D for a listing of the mental health-related items that will appear in the 2008 NCHA survey.

Overview

Mental health conditions are among UWM students’ primary health concerns.

When asked to cite the health conditions that they have experienced within the last 12 months, UWM students’ top answers were:¹

1. Back pain (58.5%)
2. Allergy problems (53.2%)
3. Sinus infection (36.1%)
4. **Depression (25.4%)** *
5. **Anxiety disorder (18.4%)** *

When compared to a national sample of college students, UWM students were significantly more likely to report having experienced depression and anxiety disorders within the last 12 months. Nationally, 20.9% of college students reported experiencing depression (making it the 4th most commonly cited health issue among the national sample), and 13.5% of college students reported experiencing anxiety disorders (anxiety disorders did not appear as one of the health issues that was most frequently cited by the national sample).

* Difference between UWM data and national data is statistically significant

Issues related to mental health frequently impact students’ academic performance.

When asked to cite health factors that had affected their individual academic performance during the last 12 months, UWM students’ top answers were:¹

1. **Stress (34.0%)**
2. Sleep difficulties (27.1%)
3. Cold/flu/sore throat (26.0%)
4. **Depression/anxiety disorder/seasonal affective disorder (22.0%)** *
5. Relationship difficulty (18.2%)

When compared to a national sample of college students, UWM students were significantly more likely to cite depression/anxiety disorder/seasonal affective disorder as factors that had impacted their academic performance. Nationally, 30.9% of college students reported that stress had affected their individual academic performance within the last 12 months (making it the most commonly cited factor affecting individual academic performance among the national sample), and 15.6% of college students reported that depression et al had affected their individual academic performance within the last 12 months (making it the 5th most commonly cited factor affecting individual academic performance among the national sample).

* Difference between UWM data and national data is statistically significant

83.6% of UWM students have health insurance of some kind.¹ However, mental health services are not covered by most students’ health insurance plans.

When asked what services their health insurance covered:²

- 9.91% of UWM students reported that their health insurance covered hospitalization for a mental health condition
- 10.06% of UWM students reported that their health insurance covered outpatient visits to a mental health provider
Diagnoses and Treatment of Mental Health Conditions

12.7% of UWM students have participated in counseling for a mental health issue within the last 12 months (national average: 11.7%). Of these students, 26.1% had participated in counseling with the counseling center on campus, while 73.9% had participated in counseling with a counselor off-campus (nationally, 51.3% of students participating in counseling for a mental health issue do so at their counseling center on campus, while 48.7% participate in counseling with a counselor off-campus).²

12.2% of UWM students have been treated with prescription medication by a health care provider for a mental health issue within the last 12 months (national average: 8.1%). Of these students, 31.7% started taking prescription medication for a mental health issue within the last 12 months (national average: 42.6%); the remainder started taking prescription medication for a mental health issue more than a year ago.²

Of those UWM students reporting ever having been diagnosed with depression in 2005:¹
- 39.1% had been diagnosed in the last 12 months
- 23.8% were currently in therapy for depression
- 36.7% were currently taking medication for depression

¹ 2000 UWM data and 2005 UWM data
² 2005 UWM data and 2005 national data
³ 2000 national data and 2005 national data

Statistically significant differences were observed between:
- 2000 UWM data and 2005 UWM data
- 2005 UWM data and 2005 national data
- 2000 national data and 2005 national data
Symptoms of Mental Health Distress

Students were asked to report how many times they had experienced the following during the last 12 months:

![Feeling overwhelmed by all they had to do](chart)

- **UWM Students:** 11+ times (2000: 29.5%; 2005: 28.9%)
- **UWM Students:** 1-10 times (2000: 63.0%; 2005: 66.6%)
- **National Sample of College Students:** 1+ times (2000: 92.2%; 2005: 92.5%)

Statistically significant differences were observed between:
- 2000 UWM data and 2005 UWM data
- 2005 UWM data and 2005 national data

NOTE: In a 2007 survey, 24.9% of incoming UWM freshmen stated that they “frequently” felt overwhelmed by all they had to do (similarly, 25.6% of incoming freshman from a national sample of public universities stated that they “frequently” felt overwhelmed by all they had to do). This discrepancy in rates between incoming freshmen and enrolled students suggests that the transition to college likely plays a role in increasing the frequency with which this sentiment is experienced.
Students were asked to report how many times they had experienced the following during the last 12 months:

**Feeling exhausted**

(not from physical activity)

- **UWM Students:** 11+ times (2000: 25.8%; 2005: 26.7%)
- **UWM Students:** 1-10 times (2000: 66.4%; 2005: 64.3%)
- **National Sample of College Students:** 1+ times (2000: 89.4%; 2005: 89.3%)

Statistically significant differences were observed between:

- 2005 UWM data and 2005 national data
- 2000 national data and 2005 national data

**Feeling very sad**

- **UWM Students:** 11+ times (2000: 15.1%; 2005: 16.1%)
- **UWM Students:** 1-10 times (2000: 67.6%; 2005: 65.1%)
- **National Sample of College Students:** 1+ times (2000: 80.6%; 2005: 77.5%)

Statistically significant differences were observed between:

- 2005 UWM data and 2005 national data
- 2000 national data and 2005 national data
Symptoms of Mental Health Distress, cont.

Students were asked to report how many times they had experienced the following during the last 12 months:

![Bar chart showing percentage of students feeling things were hopeless over two survey years.](chart)

- **UWM Students:**
  - 11+ times (2000: 10.4%; 2005: 12.2%)
  - 1-10 times (2000: 50.6%; 2005: 53.9%)
- **National Sample of College Students:**
  - 1+ times (2000: 61.3%; 2005: 60.4%)

Statistically significant differences were observed between:

- 2005 UWM data and 2005 national data
Symptoms of Mental Health Distress, cont.

Students were asked to report how many times they had experienced the following during the last 12 months:

Feeling so depressed it was difficult to function

<table>
<thead>
<tr>
<th>Survey Year</th>
<th>Percentage of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>11+ times: 5.3%; 1-10 times: 39.4%</td>
</tr>
<tr>
<td>2005</td>
<td>11+ times: 8.6%; 1-10 times: 37.7%</td>
</tr>
</tbody>
</table>

Statistically significant differences were observed between:
* 2005 UWM data and 2005 national data
* 2000 national data and 2005 national data

NOTE: Data from Spring 2008 indicates that 52.3% of UWM students had felt so depressed it was difficult to function at least once within the last year. This represents a statistically significant increase from data collected in 2005.³
Students were asked to report how many times they had experienced the following during the last 12 months:

### Seriously considering attempting suicide

<table>
<thead>
<tr>
<th>Percentage of Students</th>
<th>0.0</th>
<th>5.0</th>
<th>10.0</th>
<th>15.0</th>
<th>20.0</th>
<th>25.0</th>
<th>30.0</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Survey Year</strong></td>
<td>2000</td>
<td></td>
<td>2005</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UWM Students: 11+ times</td>
<td>10.1%</td>
<td>1.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UWM Students: 1-10 times</td>
<td>12.0%</td>
<td>10.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Sample of College Students: 1+ times</td>
<td>11.0%</td>
<td>10.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Statistically significant differences were observed between:

- 2005 UWM data and 2005 national data

NOTE: Data from Spring 2008 indicates that 11.48% of UWM students had seriously contemplated suicide within the last year. This does NOT represent a statistically significant increase from data collected in 2005.
Symptoms of Mental Health Distress, cont.

Students were asked to report how many times they had experienced the following during the last 12 months:

Attempting suicide

- UWM Students: 11+ times (2000: 0.0%; 2005: 0.3%)
- UWM Students: 1-10 times (2000: 0.7%; 2005: 2.0%)
- National Sample of College Students: 1+ times (2000: 1.9%; 2005: 2.0%)

Statistically significant differences were observed between:
- 2000 UWM data and 2005 UWM data
### Appendix A

NCHA Participant Demographics and Descriptive Data

<table>
<thead>
<tr>
<th>Total Respondents</th>
<th>Fall 2000</th>
<th>Fall 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>445</td>
<td>765</td>
</tr>
</tbody>
</table>

#### Age:

<table>
<thead>
<tr>
<th>Age</th>
<th>Fall 2000</th>
<th>Fall 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age</td>
<td>23</td>
<td>22.87</td>
</tr>
<tr>
<td>18 – 20 years</td>
<td>35.0%</td>
<td>41.9%</td>
</tr>
<tr>
<td>21 – 24 years</td>
<td>44.9%</td>
<td>35.1%</td>
</tr>
<tr>
<td>25 – 29 years</td>
<td>10.9%</td>
<td>14.2%</td>
</tr>
<tr>
<td>30+ years</td>
<td>9.3%</td>
<td>8.9%</td>
</tr>
</tbody>
</table>

#### Sex:

<table>
<thead>
<tr>
<th>Sex</th>
<th>Fall 2000</th>
<th>Fall 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>65.9%</td>
<td>66.1%</td>
</tr>
<tr>
<td>Male</td>
<td>34.1%</td>
<td>32.2%</td>
</tr>
</tbody>
</table>

#### Student Status:

<table>
<thead>
<tr>
<th>Student Status</th>
<th>Fall 2000</th>
<th>Fall 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time student</td>
<td>85.7%</td>
<td>88.8%</td>
</tr>
<tr>
<td>1\textsuperscript{st} year undergraduate</td>
<td>13.9%</td>
<td>23.5%</td>
</tr>
<tr>
<td>2\textsuperscript{nd} year undergraduate</td>
<td>17.6%</td>
<td>13.7%</td>
</tr>
<tr>
<td>3\textsuperscript{rd} year undergraduate</td>
<td>24.4%</td>
<td>18.8%</td>
</tr>
<tr>
<td>4\textsuperscript{th} year undergraduate</td>
<td>22.5%</td>
<td>13.8%</td>
</tr>
<tr>
<td>5\textsuperscript{th} year or more undergrad.</td>
<td>17.8%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Graduate or professional</td>
<td>0.7%</td>
<td>15.3%</td>
</tr>
<tr>
<td>Adult special or other</td>
<td>2.9%</td>
<td>3.9%</td>
</tr>
</tbody>
</table>

#### Students describe themselves as:

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Fall 2000</th>
<th>Fall 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>84.5%</td>
<td>86.9%</td>
</tr>
<tr>
<td>Black – not Hispanic</td>
<td>6.5%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>3.1%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>2.9%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Amer. Indian/Alaskan Native</td>
<td>2.0%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Other</td>
<td>1.3%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

#### Students describe themselves as:

<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Fall 2000</th>
<th>Fall 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual</td>
<td>96.0%</td>
<td>93.7%</td>
</tr>
<tr>
<td>Gay/Lesbian</td>
<td>1.4%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>0.9%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Transgendered</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Unsure</td>
<td>1.6%</td>
<td>1.3%</td>
</tr>
</tbody>
</table>
Appendix B
2008 Profile of American College Student Participant Demographics and Descriptive Data

Total Respondents: 524
- Male: 188 (35.9%)
- Female: 335 (63.9%)
- Transgender: 1 (0.2%)

In what year were you born?
- 1986 – 1990: 40.2%
- 1981 – 1985: 30.5%
- 1976 – 1980: 11.2%
- 1971 – 1975: 6.4%
- 1966 – 1970: 4.2%
- 1961 – 1965: 2.4%
- 1956 – 1960: 2.8%
- 1951 – 1955: 1.4%
- 1950 or before: 1.0%

Please indicate your current class standing:
- First year/Freshman: 7.7%
- Sophomore: 14.9%
- Junior: 19.0%
- Senior: 32.8%
- Non-degree seeking: 0.8%
- Other: 24.9%

In thinking about your enrollment this semester/quarter, what is your enrollment status?
- Full-time: 79.0%
- Less than full-time: 21.0%

With which racial category do you most identify?
- Asian/Pacific Islander: 3.6%
- Black/African-American: 3.3%
- Latino(a)/Hispanic: 1.5%
- Middle Eastern: 0.2%
- Indigenous/Native American: 0.2%
- White/Caucasian: 81.6%
- Multiracial: 1.9%
- I prefer not to respond to this question: 7.7%

With which sexual orientation do you identify?
- Bisexual: 3.5%
- Gay: 2.9%
- Heterosexual/Straight: 87.9%
- Lesbian: 1.0%
- Queer: 0.0%
- Questioning: 1.5%
- I prefer not to respond to this question: 2.9%
- Other: 0.4%
Appendix C
2007 CIRP Freshman Survey Participant Demographics and Descriptive Data

Total Respondents: 4223
- Male: 2102 (49.8%)
- Female: 2121 (50.2%)

How old will you be on December 31 of this year?
- 16 or younger: 0.0%
- 17: 1.4%
- 18: 62.0%
- 19: 34.8%
- 20: 0.9%
- 21 – 24: 0.7%
- 25 – 29: 0.1%
- 30 – 39: 0.1%
- 40 – 54: 0.0%
- 55+: 0.0%

Are you:
- White/Caucasion: 87.5%
- African American/Black: 5.1%
- American Indian/Alaska Native: 2.0%
- Asian American/Asian: 4.6%
- Native Hawaiian/Pacific Islander: 0.5%
- Mexican American/Chicano: 2.9%
- Puerto Rican: 1.0%
- Other Latino: 1.3%
- Other: 2.6%
Appendix D
NCHA II (revised 2008) – Mental Health Section

30. Have you ever:
(Please mark the appropriate column for each row)

No, never: No, not in last 12 months; Yes, in the last 2 weeks; Yes, in the last 30 days; Yes, in the last 12 months

   a. Felt things were hopeless
   b. Felt overwhelmed by all you had to do
   c. Felt exhausted (not from physical activity)
   d. Felt very lonely
   e. Felt very sad
   f. Felt so depressed that it was difficult to function
   g. Felt overwhelming anxiety
   h. Felt overwhelming anger
   i. Intentionally cut, burned, bruised, or otherwise injured yourself
   j. Seriously considered suicide
   k. Attempted suicide

31. Within the last 12 months, have you been diagnosed or treated by a professional for any of the following? (Please mark the appropriate column for each row)

No; Yes, diagnosed but not treated; Yes, treated with medication; Yes, treated with psychotherapy; Yes, treated with medication and psychotherapy; Yes, other treatment

   a. Anorexia
   b. Anxiety
   c. Attention Deficit and Hyperactivity Disorder (ADHD)
   d. Bipolar Disorder
   e. Bulimia
   f. Depression
   g. Insomnia
   h. Other sleep disorder
   i. Obsessive Compulsive Disorder (OCD)
   j. Panic attacks
   k. Phobia
   l. Schizophrenia
   m. Substance abuse or addiction (alcohol or other drugs)
   n. Other addiction (e.g., gambling, internet, sexual)
   o. Other mental health condition

32. Have you ever been diagnosed with depression?
   No, Yes

33. Within the last 12 months, have any of the following been traumatic or very difficult for you to handle? (Please mark the appropriate column for each row)

No, Yes
a. Academics  
b. Career-related issue  
c. Death of a family member or friend  
d. Family problems  
e. Intimate relationships  
f. Other social relationships  
g. Finances  
h. Health problem of a family member or partner  
i. Personal appearance  
j. Personal health issue  
k. Sleep difficulties  
l. Other  

34. Have you ever received psychological or mental health services from any of the following? (Please mark the appropriate column for each row)  

No, Yes  
a. Counselor/Therapist/Psychologist  
b. Psychiatrist  
c. Other medical provider (e.g., physician, nurse practitioner)  
d. Minister/Priest/Rabbi/Other clergy  

35. Have you ever received psychological or mental health services from your current college/university’s Counseling or Health Service?  

No, Yes  

36. If in the future you were having a personal problem that was really bothering you, would you consider seeking help from a mental health professional?  

No, Yes  

37. Within the last 12 months, how would you rate the overall level of stress you have experienced?  

a. No stress  
b. Less than average stress  
c. Average stress  
d. More than average stress  
e. Tremendous stress
Appendix 3

Each group should consider data related to service delivery/availability and across diverse groups. As the subgroups make observations, do research, have focus groups, and work with consultants, a reporter from each group will update the larger group regularly. The following sections for subgroup reports are proposed, so that all subgroups are working within the same structure to facilitate completion of the final report of the Task Force.

<table>
<thead>
<tr>
<th>Report Sections</th>
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<tr>
<td>Current Data</td>
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</tbody>
</table>

**Subgroups**

**Promotion, Prevention, Wellness, & Intervention**
- J. Kanter
- B. Moser
- L. Rusch
- P. Stevens
- P. Dupont

**Community Partnerships**
- J. Barndt
- T. Hains
- M. Marzion
- V. Stoffel

**Campus Partnerships**
- N. Fouad
- J. Graham
- L. Petersen
- J. Ramsden
- J. Klumpp
Appendix 4

Reports Referenced in Preliminary Report

1. UWM Safe Campus Committee Report

2. Counseling Services Subcommittee Report

3. Governor’s Task Force on Campus Safety
   ftp://doaftp04.doa.state.wi.us/doadocs/governorstaskforcecampussafetyfinalreport.pdf

4. UW Mental Health Counseling Services Review and Audit
   http://www.uwsa.edu/audit/MentalHealthCounseling.pdf