Final Report

University of Wisconsin-Milwaukee

Campus Mental Health Task Force

April 2010

Submitted by:
Dr. Julia Bonner, MD
Executive Director Norris Health Center,
Campus Health Officer
University of Wisconsin – Milwaukee and
Vince J. Adesso, Ph.D.
Professor and Special Counsel for
Human Relations and Diversity
Department of Psychology
University of Wisconsin - Milwaukee
Executive Summary

There has been a dramatic growth over the last several decades in the number of college students seeking mental health services and in the severity of the mental health problems of these students. UWM recognized these changes and in Fall, 2008 Chancellor Carlos Santiago appointed the Campus Mental Health Task Force and charged it with reviewing and analyzing local and national reports related to mental health and creating a complete picture of the current status of the mental health delivery services and mental health needs of UWM’s diverse student population.

The 16 members of the Task Force met regularly over the course of the 2008-2009 academic year, interviewed a variety of consultants and stakeholders, and produced three ambitious subcommittee reports around the topic areas of:

- Prevention, Promotion, Wellness, and Intervention
- Campus Partnerships
- Community Partnerships

The subcommittees collected a massive amount of information, showing where UWM needs to devote its efforts to meet the mental health needs of the campus community. This information is summarized in the subcommittee reports appended to this document. The subcommittee reports were framed around the suggestions of the JED Foundation/Suicide Prevention Center and their work led the Task Force to propose six recommendations:

- Promote Social Networks to Create a Sense of Belonging among all Members of the Campus Community and a Caring Community
- Identify Students at Risk through Early Detection and Supportive Intervention by all Members of the Campus Community
- Develop and Provide Resources to Increase Help-Seeking Behavior and Train the Campus Community in Their Use
- Provide Mental Health Services through an Increase in Staffing and Space at Norris Health Center and Innovative Use of Other Campus and community Resources
- Develop and Follow Crisis-Management Procedures and Train the Campus Community in Their Use
- Provide Training in How to Deal with Suicidal or Violent Behavior and Restrict Access to Potentially Lethal Means

In addition, the Task Force believes that a new Task Force should be appointed to assist in the implementation of these recommendations and that an annual review of progress in implementing these recommendations should be conducted by a group of high-level campus administrators.
# Table of Contents

Executive Summary........................................................................................................ i

Introduction................................................................................................................... 1

   Background

   Academic Success and Mental Health

   Major Changes in Mental Health Care Needs and Delivery

   Effective Solutions Require a Community Effort

   Social Support and a Caring Community

Review and Analysis of Earlier Reports................................................................. 8

   President Reilly’s Report on University Security

   Governor’s Report on Campus Security

   Safe Campus Committee Report 2007 and
   UW Campus Safety Report 2008

   Program Review of UW Mental Health
   Counseling Services, August 2008

   UW-System Report on Mental Health

Recommendations....................................................................................................... 10

   - Promote Social Networks to Create a Sense of Belonging
     Among all Members of the Campus Community and a
     Caring Community

   - Identify Students at Risk through Early Detection and
     Supportive Intervention by All Members of the
     Campus Community
-Develop and Provide Resources to Increase Help-Seeking Behavior and Train the Campus Community in Their Use

-Provide Mental Health Services through an Increase in Staffing and Space at Norris Health Center and Innovative Use of Other Campus and Community Resources

-Develop and Follow Crisis-Management Procedures and Train the Campus Community in Their Use

-Provide Training in How to Deal with Suicidal or Violent Behavior and Restrict Access to Potentially Lethal Means

References..................................................................................................................... 15

Appendix A:
Membership on the UWM Campus
Mental Health Task Force................................................................. 18

Appendix B:
UW-System Report on Mental Health...................................................... 20

Appendix C:
Report of the Prevention, Promotion, Wellness, and Intervention Subgroup........................................... 34

Appendix D:
Report of the Campus Partnerships Subgroup................................. 49

Appendix E:
Report of the Community Partnerships Subgroup......................... 67
Introduction

“Those of us in higher education should strive for the ideal of maintaining openness and inclusiveness whenever possible. We should demonstrate, encourage, and reward civility, respect, tolerance, social support and caring in ways that set standards and provide examples for this generation of students. Part of the learning process itself should include how to be responsible for one another and part of a community.”

This paragraph is from an article, “Campus Security Begins with Caring,” by Morton Silverman published in the Chronicle of Higher Education in April 2008. It is written from his perspective as a psychiatrist and former director of a student counseling center. The article’s title captures the attention of the reader just as VA Tech captured the attention of all college administrators and most every individual in all of our communities. It describes a holistic, proactive approach to health and safety well understood within college counseling centers but previously not well articulated to broader communities, of higher education and the general public. A main focus of the article is to describe the foundation for a comprehensive program focusing on mental health promotion and suicide and violence prevention.

Background

In 2008, the formation of this task force came as a result of a recommendation generated by President Reilly’s Commission on University Security.

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

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, the results of the UW Mental Health Counseling Services review and audit and additional data from the 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. They were chosen due to their expertise and commitment to mental health and involvement with the Campus Behavioral Review Team. A group of 16 campus experts formed the Campus Mental Health Task Force (See Appendix A).
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 consultants to the task force, due to their work with, and service to specific populations. The report which follows is the collaborative year-long effort of the UWM Campus Mental Health Task Force appointed by the Chancellor.

Our work led us to a similar conclusion as Silverman’s article. That conclusion is that the responsibility for addressing the mental health issues of our students goes far beyond the delivery of direct care of mental health services. A comprehensive approach and commitment are needed. This type of approach will positively impact not just our students but every member of our community.

**Academic Success and Mental Health**

Academic success is tied to good mental health. However, within the higher education community strong statements about the connections between academic success and mental health have occurred consistently only within the past few years. The UW-System basic health module, initially written in the 1970’s and extensively revised in 2005, was developed primarily by health center directors and begins with:

“*UW System recognizes that the present and future health of its students is among the most precious of its public resources. Students’ most pressing health concerns influence academic achievement and affect civility, citizenship, and connectedness. Attention to important health issues permits the university to educate and prepare learners as whole human beings.*”

Revisions in 2009 after review by the UW System Mental Health Task Force included the addition of the more contemporary viewpoint of the Council for the Advancement of Standards in Higher Education which integrates all aspects of health into the formula for success:

“*Health problems among students include the universe of personal, developmental, social, physical, and mental issues that reduce their capacity to learn – from disruptions in relationships or stress to chronic intrapersonal, physical or psychological illnesses.*”

The updated System basic health module was the result of a process that allowed input from members of the much broader campus community including Counseling Directors, Chief Student Affairs Officers, Provosts, Chancellors and UWM’s Campus Mental Health Task Force. The areas covered in this document include services to be provided, access to affordable and sufficiently comprehensive health insurance, quality management and improvement, and funding options and strategies. The resulting product is more relevant and visible to campus and System leadership.
Several major recent studies and surveys have focused on mental health and its relationship to academic success. These include the 2008 University of Minnesota Health and Academic Performance Study and, most recently, from April 2009, a pilot study from the Center for Collegiate Mental Health at Penn State. The Penn State study asked important questions related to social support systems and connectedness. Students with higher levels of social support showed less distress on scales of depression, anxiety, hostility, social anxiety, and academic distress. This type of research is needed as the collection and analysis of data related to college mental health have not consistently been the focus of college campus counseling services because, of necessity, clinical service delivery has taken priority over research efforts. Two major surveys occur at least annually which collect data related to mental health, counseling services, or health: the Association of University College Counseling Center Directors’ (AUCCCD) Survey and the National College Health Assessment (NCHA) Survey. Their results show connections between emotional health and academic success. The NCHA Survey data were widely quoted nationally after VA Tech, raising awareness of this information. These data are available to the general public on the AUCCCD and American College Health Association websites, respectively. The AUCCCD study shows that 70% of students replying to surveys state that their visit to the counseling center positively impacted their academic performance. On surveys completed regularly at Norris Health Center asking about the impact of their visit to Norris, either to medical or counseling services, similar results are seen.

A recent report, *Linking Mental and Physical Health: Results from the WI Behavioral Risk Factor Survey*, showed that in Wisconsin 18-39 year olds have an 8% rate of depression. Although these numbers are lower than reported for the population in college, the results indicated that 17% of these individuals were unable to work. Another measure of a person’s functional capabilities was that 4% of individuals with serious psychological distress reported that for 9 out of 30 days they could not participate in work or usual activities. This information is generalizable to our student population, which is represented within this group, and shows the direct impact of depression or other emotional distress on their ability to function successfully within our environment. In UWM’s own Fall 2008 NCHA survey, the data showed that 10.2% of students had been diagnosed with depression in the past 12 months and 30.6% of students had felt so depressed it was difficult to function. 11.2% of students specifically stated that they received a lower grade due to depression, 27.2% more broadly stated that stress impacted their performance. It is clear therefore, to be successful academically students need to have their mental health needs addressed.

**Major Changes in Mental Health Care Needs and Delivery**

The provision of mental health care on a college campus has undergone significant change in the past several decades. There have been several articles describing those changes written between 2003 and 2006 in the *National Association of Student Affairs Professionals (NASPA) Journal*, *Professional Psychology: Research and Practice*, and the *American Journal of Orthopsychiatry* written by mental health and student affairs professionals. Additional articles in medical journals, *New England Journal of Medicine* and the *Journal of the American Medical Association*, generated
immediately after VA Tech brought attention to the broader medical communities and added perspectives regarding the mental health of college students today. Not all these articles were data-driven or multi-institutional and many are limited in their generalizability. Most studies prior to the Penn State study used a random sample of all students on a campus. In contrast, the study from the Center for Collegiate Mental Health at Penn State involved 66 schools and 28,000 students who were seen at the college counseling center. One goal was to try to evaluate the perceived increase in more complex and serious mental health conditions being seen at counseling centers on campuses. This report has been identified as the first comprehensive report of its kind to ask questions of the students who actually utilize the counseling centers across the nation. Twenty-nine of the 66 institutions had a student population of 20,000 or more. The conclusion that students are coming to campus with pre-existing and more significant histories of mental health issues is supported by the multiple data sources previously identified. CIRP data of peer-matched institutions show that 5% of students have had a psychiatric hospitalization before arriving on campus and 5% have had a suicide attempt. UWM’s CIRP data show similar rates of preexisting issues. Additional UWM data were presented in the Campus Mental Health Task Force Preliminary Report. The complexity of problems that today’s college students bring to college counseling centers has greatly increased.

There are many different individuals seeking care at both college counseling centers and college health centers: individuals who have a long-term mental health diagnosis that has been stable and is exacerbated by the transition to, and stress of, college; individuals who have long-term active unstable issues; individuals who develop signs and symptoms of illness for the first time; and individuals who, due to relationship or other difficulties, need support for a short period. In addition, co-morbid substance abuse and mental health issues have resulted in increased clinical complexity and more difficult to treat problems of students. Dual diagnoses are associated with greater severity and persistence of both mental health and substance abuse problems. Not only do the presence of both conditions result in increased distress for longer periods of time, but the presence of either an anxiety disorder or AODA problem increases the chances of developing the other condition. College students with a dual diagnosis often do not receive services. A recent study of college students found that 67% of those experiencing both mental health and AODA problems perceived a need for mental health services, but only 38% of them received such services in the preceding year. Finally, although data are lacking regarding the frequency of dual diagnosis cases for UWM students, the higher rate of alcohol problems for Wisconsin residents suggests the real possibility of an increased rate of dual diagnosis problems for Wisconsin college students.

Contributing to the changing student is the changing environment. There is an influx of veterans and adult returning students who may have different co-morbid conditions, primary mental health issues, and different stressors. The impact of the economic factors on college students’ functioning may present on multiple levels with the loss of health insurance, the ability to continue in school, and the number of hours worked, all contributing as sources of stress. 52% of students cited the economy as a source of stress according to a May 2009 survey. For this survey, the Jed Foundation partnered with Mtv and the AP and titled it, “MtvU Economy, College Stress and Mental Health.” Lack of
adequate health insurance and health access may delay treatment or result in the inability to get prescribed medication filled. The survey involved 2,240 students at 40 colleges. Students may have participated in the survey who otherwise would not have been represented in a university-based survey. The format, incentives, anonymity and approach may have yielded a more honest picture of today’s college student. The parallels suggest that the high numbers of problems consistently found within today’s college students are a true reflection of common problems that have resulted from today’s society and its pressures. The finding that 13% of students whose parents had lost a job had seriously considered suicide compared to 5% whose parents were still employed showcases another impact of the economy on the health and safety of college students. Although this study may not stand up to rigorous scientific scrutiny, the report is notable because of the media’s response and a web presence generated by the report which was specifically geared to college students and the identification of resources on campuses for students to access. A link to campus counseling centers, suicide hotlines, and online resources from this website alongside a video of a popular rock star may reach an individual in a different state of mind or at a different time of day than other outreach. These are the critical 24/7 services that may be helpful when students are accessing the web frequently and may be most vulnerable. The results illustrate what we already know – how interconnected the emotional health of people is to their overall lives and how widespread the issues are for today’s college students.

**Effective Solutions Require a Community Effort**

What college campuses are seeing in terms of the evolution of mental health care reflects what is occurring in the larger community in terms of the complexity of illnesses, the high demand for services, and limited resources.

A December 2008 report in the *Archives of General Psychiatry* which examined 5,000 students ages 19-25 reported that students and age-matched controls have a similar high rate, approaching 50%, of any psychiatric disorders. Prevalence rates of both anxiety and mood disorders were not statistically different among the two groups, 11.9% and 10.6% respectively. At UWM we have a significant mismatch between the demand for services and our supply. This mismatch is accented compared to other system institutions due to the diversity of UWM’s population as related to income and background and our urban environment. Our goal is to minimize this mismatch. Data show that campuses are currently only providing mental health services for up to 15% of their student population. In 2006-2007 the range within UW System institutions was between 3.2% and 9.1%, with UWM serving only 3.2% of the total student population. In UWM’s May 2008 Profile of an American College Student Survey, 12.7% of the students surveyed went to counseling in the previous 12 months. Of these individuals, only 26.1% were seen at Norris Health Center. National data from this survey supported by Student Affairs Administrators in Higher Education (NASPA) for that same year indicate that 51.3% of individuals needing counseling went to their counseling center. The same Jed Foundation/Mtv U report noted above shows that, although 48% of students are very familiar with the services, only 20% of all students surveyed would go to any counseling source for help. Students, for a variety of reasons, may not seek care with a mental health professional but can receive the caring comments of someone in their environment who
may help block the path from a small amount of stress to distress. As we reduce the stigma of accessing mental health services, the demand for services will further increase.  

These data strongly indicates the need for commitment by an entire community to being part of the support system for students.

**Social Support and a Caring Community**

A campus counseling center, although a critical component of mental health care for students, cannot be the sole source of support for students. Even students who do choose to access services spend only an hour a week or less with counseling center staff and many more of their hours with other members of the campus community, their roommates, faculty, classmates, and family. Everyone needs to be engaged and participating in prevention. Students tell us that 77% would turn to friends and 67% would turn to parents when in distress.  

Parents are looking for more than just college counselors for support for their child as they realize they are no longer able to be an in-person support system. Parents who have lost their jobs or had other difficulties may be unable to provide the same emotional and financial support. When surveyed, over 50% of the time parents identify college administrators as individuals they would go to if they had a mental health concern about their child.  

This highlights the importance of involvement of all members of a student’s social support system and their contribution to an individual’s success.

The magnitude of these issues has resulted in development of multidisciplinary, multidimensional efforts on a national level. In 2008, led by the President of the American College Health Association, the Higher Education Mental Health Alliance was formed. The partnership includes representatives from The American College Counseling Association (ACCA), The American College Health Association (ACHA), The American College Personnel Association (ACPA), The American Psychiatric Association (APA), The American Psychiatric Nurses Association (APNA), The American Psychological Association (APA), The Association for University and College Counseling Center Directors (AUCCCD), The Jed Foundation (JED) and The National Association of Student Personnel Administrators (NASPA). The coordination of efforts encompassing this diverse group of organizations represents the investment needed in a topic of this importance that touches everyone’s life. The organizational concept developed by this group is illustrated below and assists in visualizing the dimensions involved.
As illustrated by this diagram developed by the Alliance, a comprehensive mental health prevention and intervention plan requires multiple foci across a number of programs at the various levels of mental health interventions.
Review and Analysis of Earlier Reports

The committee’s original charge included reviewing and analyzing several reports. This is a summary of the reports’ recommendations. Some of the recommendations are further explored within the framework of the comprehensive program needed.

President Reilly’s Report on University Security

The initial report was presented soon after the VA Tech Tragedy with a Counseling Subcommittee report following with 15 recommendations. The majority of the recommendations fell into the three main categories of service delivery, outreach, and consultation. These areas covered the four primary functions of most counseling centers: to provide therapy, outreach programming, consultation and crisis intervention. This report primarily focused narrowly on counseling centers and initiated a dialogue about the IACS standard of 1 counselor to every 1,500 students, a ratio that only UW-Madison achieves within the System. In addition, a counselor dedicated to emergencies and another one available 24 hours a day for crises were recommended. Also the capabilities for tracking and electronic medical records were included. Outreach activities online and through screening days were recommended, as were training and education of the campus community. The broadest recommendation was for a systematic and comprehensive suicide prevention program, which this task force fully supports along with the other recommendations, and we will outline a comprehensive program with the key components noted in the attached subcommittee report. A final recommendation was to address mental health issues of employees. Although we recognize this is an important issue, it is beyond the scope this current report, which focuses largely on students. The UW System Report on Campus Safety in June 2008 reinforced the original and Subcommittee report’s recommendations.

Governor’s Report on Campus Safety

Unlike the UW-System report, this report looked at security more multidimensionally with less specific focus on mental health. It was broken into four large categories: how to prevent and prepare for disasters; how to intervene with certain behaviors; how to respond to a crisis; and, how to recover. There were 32 recommendations in the executive summary with one recommendation directly related to mental health and two others that are indirectly related. All recommendations were in the prevention category. A central recommendation of their report was to increase student access to mental health treatment by eliminating financial, cultural, and logistical barriers to receiving services. Of note, as part of removing financial barriers, mandatory insurance was identified as playing a role. The related recommendations involve addressing abuse of alcohol and other drugs and creating a sense of urgency and shared responsibility for the safety of campus by including student organizations, family, and community members in outreach and educational activities. These activities are occurring and need to continue to occur and be supported.
Safe Campus Committee Report 2007\textsuperscript{30} and UW Campus Safety Report 2008\textsuperscript{31}

The initial report after VA Tech was related to campus safety. Because mental health conditions are not usually a predictor for violence and an individual with a mental health condition is not frequently a safety risk to others, campus mental health was not a focus of these reports. There are some themes from the reports that are relevant to education and the role of a community. The following statement

\begin{quote}
“Educational efforts directed toward campus and/or community safety is continuous and include the larger community in the process. The task force believes that the surrounding community is a valuable resource upon which the university can draw as a “force multiplier,” augmenting current campus initiatives directed toward campus and community safety.”\textsuperscript{31}
\end{quote}

speaks to the strategy of utilizing the greater power of the surrounding community in the efforts to address mental health issues.

Program Review of UW Mental Health Counseling Services, August 2008\textsuperscript{22}

Lastly, the Program Review also focused narrowly on counseling center activities. It provided an accurate summary of services and utilization. The only recommendation was related to developing a process for following through on transfer of care off campus of high risk individuals. Some studies show that students in general only follow up 42\% of the time with referrals.\textsuperscript{32} It is unclear why only 42\% of students follow up and needs to be studied. Norris is currently exploring the systems for assuring continuity of care for high-risk students. The other courses of actions identified in the report delineation of UW System’s role, exploring additional sources of funding the health center, and maximizing existing resources—are being investigated but were not a focus of this report as they are very specific to direct service delivery and Norris Health Center. System is involved in this discussion and a mental health task force was created in May 2009 to look further at these specific issues across campuses.

UW-System Report on Mental Health\textsuperscript{33}

The UW-System task force recently finalized their report and it was approved by the Board of Regents in December 2009. The complete report is located in Appendix B and complements this report with primary recommendations that include the need for data collection, research, best practices, high risk referral protocols and funding. System Counseling Directors, including Norris’ Counseling Director, are convening in April of 2010 for continued discussion and implementation planning.
**Recommendations**

The year-long efforts of the Task Force have unearthed a model of how to approach the campus' mental health needs. These efforts also have made clear that unfolding the elements of this model will involve the appointment of a Campus Mental Health Task Force in subsequent years to shepherd the implementation of this model and to involve the various campus constituents. Although much of the Task Force’s effort over the year focused on students, the findings and recommendations can be meaningful for all campus constituents.

The Task Forces' Prevention, Promotion, Wellness and Intervention Subgroup drew heavily upon the resources of the Jed Foundation and the Suicide Prevention Resource Center. These sources led them to suggest a template for organizing the campus' efforts in developing a comprehensive plan for addressing the mental health needs of the campus community. This template is intended to address both mental health and AODA issues because the two are so intertwined.

**Promote Social Networks to Create a Sense of Belonging among all Members of the Campus Community and a Caring Community.**

UWM is a community and efforts need to be taken to increase the sense of community on campus. The campus needs to explore ways to foster a sense of belonging and community on campus and to promote mental health and decrease the stigma of mental health. This can be accomplished through developing a variety of advocacy and peer groups and by increasing interactions among faculty, staff, and students. These efforts need to pervade all aspects of campus life from residence halls to academic departments, from campus-level administrators to office staff, from admissions to graduation. Creating a caring community will involve the development of many and linked elements. The Caring and Safe Community Presentation, developed by the Behavior Review Team, is a first step to empower members of the campus community to respond in a caring way to the distressed or disruptive behavior of other members of the community.

**Identify Students at Risk through Early Detection and Encourage Supportive Interventions by all Members of the Campus Community.**

As the sense of belonging to a community grows, the campus will need to have in place policies and procedures for identifying students at risk. Training offered by Norris Health Center’s Department of Health Promotion and Wellness on How to Deal with an Emotionally Distressed Student, and the work of the Campus AODA Task Force, represent some of the efforts currently underway to develop training and interventions focusing on identifying students in distress. Norris has developed a number of brochures to help campus personnel understand and respond to a variety of mental health and AODA concerns and participates in national screening days for alcohol and depression with the Department of Psychology. First-year students are being exposed to alcohol education to raise their awareness. It is imperative that members of the campus
community be trained in early detection of, and supportive intervention approaches to deal with students in distress or at risk. Although many individuals with behavioral issues do not have a mental health issue, certain behaviors recognized may be a sign of emotional distress. As part of a broader Caring Community Campaign that is in the early stages of development, the Caring and Safe Community Presentation, is aimed at helping the members of the campus community recognize behaviors that may identify a student in distress, or at risk for harm to others or significant disruption to the community. The Behavior Review Team provides consultation to members of the campus regarding students whose behavior raises concerns and referrals to appropriate departments depending on the circumstances.

Yet much remains to be done. Additional efforts need to be made to identify resources that will be useful for parents, partners, and family members of UWM students and personnel. Additional training programs will need to be designed and offered to all members of the campus community with identification of populations at higher risk being actively targeted for outreach. As students today often lack the life and coping skills needed for success at a university, programs need to be developed to help students form these critical life skills. This can be accomplished partly by using “natural helpers” (people who are part of the campus community with whom students interact), who are trained and see themselves as responsible for and committed to intervening with students who are in distress or lacking in adequate life and coping skills. Campus administration needs to engage local community entities (e.g., local police, local hospitals, health and AODA providers, emergency personnel) likely to interact with students at risk and develop partnerships with them. User-friendly resource materials need to be developed to deliver as many of these interventions as possible, including a highly visible website, brochures, and training manuals that could be used at staff meetings, staff and student orientations, and other venues. It is important that resource materials that are culturally sensitive and responsive to cultural differences be developed.

**Develop and Provide Resources to Increase Help-Seeking Behavior and Train the Campus Community in Their Use.**

To increase help-seeking behavior, several steps need to be taken. First, the campus needs to develop resources, including such things as listings of available campus and community resources and links to websites of self-help materials, and then to publicize them to the campus community in a variety of ways (trainings, awareness programs, web-based materials, guidebooks). Second, campus needs to develop and publicize procedures for identifying individuals at risk, methods for reporting concerns, identifying key personnel to whom concerns should be reported, and increasing the awareness of “natural helpers” of the role they can play. Some steps are being taken in this direction with the development of the Caring and Safe Community Presentation and the Behavior Review Team. Additional efforts will be needed to develop UWM into a fully caring community. Crucial to these efforts is education and involvement of all campus constituents. Third, peer mental health advocacy groups to reach out to students with mental health concerns need to be expanded.
Provide Mental Health Services through an Increase in Staffing and Space at Norris Health Center and Innovative Use of Other Campus and Community Resources.

Although there are a number of units on campus providing mental health services to students, campus student health services, Norris Health Center, is the primary provider of mental health care to students through Counseling and Consultative Services. In addition, the health center’s medical services have seen dramatic growth in the delivery of care for uncomplicated anxiety and depression along with stress-related illness, sleep disturbances; and, chronic illness exacerbated by stress, for example, migraines. Primary care environments commonly are the access points for the treatment of uncomplicated depression and anxiety. The fully integrated campus health services allows for the critical communication of health professionals in the coordination of care.

Norris Health Center’s staff within the counseling services unit is understaffed. According to the International Association of Counseling Services there should be one FTE mental health professional for every 1,000 to 1,500 students. With the recent addition of 2 additional counselors, the current ratio at Norris is now 1:3593, down from the 2007 ratio of 1: 5,018 identified in previous reports. The addition of counselors at Norris has reduced wait times for students. However, as a result wait times for access to a psychiatrist have risen, and can be as long as four weeks at peak times. It is imperative that adequate mental health staffing be maintained at Norris and that financial barriers to mental health care continue to be minimized. Norris is currently discussing partnerships with the VA Medical Center and MCW to extend mental health services. Although it would be desirable to partner with UWM academic units to provide training for our students and simultaneously provide care, facility space limitations at Norris preclude the development and implementation of these creative partnerships.

Everyone on campus providing services to students needs to be sensitive to diversity issues. However, it is particularly critical for counseling staff to be knowledgeable and sensitive to diversity issues within the counseling context. In addition, it is important to expand and extend mental health services in new and creative ways to increase access and utilization by both students in acute distress as well as students who are experiencing less acute symptoms that may well lead to acute distress. Finally, it is important to expand prevention and wellness initiatives to foster mental health resiliency, provide education regarding mental health issues, and to consider ways to serve those from culturally diverse backgrounds.

Implementing the initiatives suggested in this report will likely increase demand for mental health services and the campus needs to be ready to meet that increased demand. Increasing professional staff at Norris, greater utilization of peer counselors and support groups, training and empowering natural helpers across the campus, better connections with community systems all will be necessary components of a plan to address the campus’ mental health needs. Many students are uninsured and cannot access adequate care for long-term outpatient mental health services and psychiatric medications. In a 2007 University of Minnesota Study of 6000 students 6.1% stated that the lack of health insurance was a mental health stressor in the past 12 months in itself.\(^5\) Three years later with shifts in employer health insurance, the number is likely significantly higher. A
discussion of how to deal with this critical issue is occurring at a System level and will need the full support of campus administration to translate in a meaningful way to our campus community.

**Develop and Follow Crisis-Management Procedures and Train the Campus Community in Their Use.**

A somewhat different element of this model plan is the development of a set of integrated, campus-wide, mental health crisis response policies and procedures. The UWM Police are the first responders to crisis situations for many emergency scenarios, including responding to acute mental health emergencies. All UWM Police Officers have received basic crisis intervention training and several are certified as Crisis Intervention Officers and are highly trained to respond to situations that might involve mental health issues. Although Norris Health Center has well developed crisis management procedures internally for mental health emergencies, the campus’ set of crisis response procedures specifically to address mental health emergencies, especially regarding suicidal students, are not unified and policies to guide them are still in a developmental stage. The Behavior Review team, formally the Multidisciplinary Review Team is co-chaired by the Chief of Police and Vice Chancellor of Student Affairs. This team meets regularly to review incidents of concern related to disruptive behavior and potential violence, and the development of a documentation and reporting protocol is underway. The campus needs to work to tie these procedures together with mental health emergency procedures, perhaps under the umbrella of a Caring and Safe Community Campaign, and develop a set of policies to guide the procedures. In addition, procedures for handling student leaves of absence and returns for mental health reasons and the development of an emergency contact notification protocol need to be developed. Finally, individuals need to be designated to train campus personnel in the policies and procedures and in linking with Campus Police for handling crises. Management and oversight of campus emergency issues are managed by the Crisis Management and Emergency Operations teams, as described in the UWM Emergency Operations Plan of 10/22/07. As part of ongoing campus evaluation of emergency management, a recent tabletop exercise has taken place which included discussion surrounding the mental health needs of the campus community after a crisis occurs.

**Provide Training in How to Deal with Suicidal or Violent Behavior and Restrict Access to Potentially Lethal Means.**

For crisis management procedures to be effective there is a clear need to educate the campus community in how to recognize and respond to suicidal or violent behavior. Campus Police are the first responders to these crisis situations; however; campus community members need to be trained to recognize when to get the police or a mental health professional involved as the first step. Norris Health Center has brochures and presentations on how to deal with students in distress that include some initial discussion on dealing with a suicidal student. There currently is no comprehensive training on how to handle suicidal students and this training needs to be initiated, including familiarizing the campus community with the central role the University Police play in this type of crisis situation. The new Caring and Safe Community focus, currently under
development, will attempt to train all campus personnel in ways to identify and manage community members in acute distress or at risk for engaging in harmful behavior toward others, as well as work to develop a sense of mutual caring among members of the campus community. Police have been training campus personnel on how to respond to an active shooter since 2007. Policies that address access to legal means are outlined in UWS-18, *Conduct on University Lands*, and address dangerous weapons and use of campus facilities. All rooftops at UWM are secured against entry. In addition the Department of University Safety and Assurances ensure that potentially lethal means such as chemical, biological or radiological agents in laboratories are secure and that access is controlled according to state and federal regulations.

In conclusion, the Task Force believed they simply had begun the task of assessing the campus’ mental health needs. The above-listed recommendations provide an outline for a plan to begin to address these needs. The appended reports of the subcommittees lay out the details behind the recommendations. It is clear that a continued investment that requires careful attention is needed. Therefore, the Task Force recommends that a new Task Force be appointed to assist in the implementation of these recommendations and that an annual review of progress in their implementation be conducted by a group of high-level campus administrators.
References


9. UWM National College Health Assessment Results, unpublished data collected Fall 2008.


Appendix A:

Campus Mental Health Task Force Membership
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  
Barbara 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 – Police Chief**  
* Addition as of 12/1/2008 due to changes in staffing  
**Edit as of 3/2009 due to changes in staffing
Appendix B:

*UW*-System Report on Mental Health
UW System Ad Hoc Mental Health Committee

Final Report

December 11, 2009

Report includes appendices:

- Basic Health Module (23-1)
- Committee Membership
- Jed Foundation Article
- References
UW System Ad Hoc Mental Health Committee Report

Student Mental Health Needs

The perception that college students are arriving on our campuses with increasingly complex psychological, emotional, and behavioral challenges is clearly supported by empirical data. A recent study that tracked changes in counseling center client problems across 13 years indicated that the number of students reporting depression doubled, those reporting suicidal ideation has tripled and those being seen for sexual assault quadrupled (Benton et al, 2003). A recent National epidemiological study found that in the past year alone over 20% of college students experienced an alcohol use disorder, over 10% demonstrated major depression or bipolar disorder and nearly 12% had an anxiety disorder (Blanco et al, 2008). Finally, an increase in the enrollment of Military Veterans is expected to increase the demand for mental health services as well (Student Affairs Today, 2009).

Mental Health Needs Impact Academic Success

These mental health problems clearly impact students’ academic performance and retention.

For example, the Spring 2007 National College Health Assessment of over 70,000 students nationwide found that within the past year the following psychological factors affected academic performance (received an incomplete, dropped a course, received a lower grade in a class, received a lower grade on an exam or important project):

- 34.1% Stress (28.7% in 2000)
- 26.1% Sleep difficulties (20.7 in 2000)
- 19% Concern for troubled friend or family member (16.4% in 2000)
- 16.4% Relationship difficulty (15.1% in 2000)
- 16.3% Depression/anxiety disorder/SAD (11.3% in 2000)
- 9.4% Death of a friend or family member (7.9% in 2000)
- 7.7% Alcohol use (7.9% in 2000)

Due to the high prevalence and significant academic impact of mental health problems, the University of Minnesota System conducted an in-depth study of the relationship between mental health problems and academic performance. The 2007 College Student Health Survey Report, Health and Academic Performance: Minnesota Undergraduate Students reported the following:

- Among students surveyed, 27.1% reported being diagnosed with a mental health condition within their lifetime, and 15.6% reported being diagnosed with a mental health condition within the past 12 months.
• Students who reported being diagnosed with a mental health condition within the past 12 months had a statistically significant lower mean grade point average (3.18) compared to students who were not (3.26). The impact of being diagnosed with a chronic health condition had less impact than being diagnosed with a mental health condition. http://www.bhs.umn.edu/healthdata/results/

• These mental health conditions included anorexia nervosa, anxiety disorders, attention deficit hyperactivity disorder, autism, bipolar disorder, bulimia nervosa, major depression, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder, seasonal affective disorder, and social phobia/performance anxiety.

Mental Health Counseling Services Provided by Colleges and Universities

Other university systems and individual universities have made efforts to determine what mental health services are appropriate for their institutions to provide. The University System of Georgia and the University of California System have both established minimum standards of counseling services they felt were necessary to effectively address the mental health needs of students. Both systems described essential services quite similarly. The services should include, but are not limited to: individual counseling; group counseling; crisis intervention, counseling, and referral; assistance and referral; individual and/or group career counseling; programming that focuses on the developmental needs of students; and educational and consultative services. The University of California System’s guidelines for essential counseling services includes: assessment; triage/referral; individual, short-term counseling and psychotherapy; group counseling and psychotherapy; emergency services; case management; psychiatric services; referral to community resources for specialized care; consultation with faculty and staff; outreach; prevention; and education. A similar range of services is endorsed as essential by an accrediting agency, the International Association of Counseling Services (IACS), and the Council for Advancement of Standards in Higher Education (CAS).

The level of mental health counseling services offered by individual colleges and universities is often dictated by the available resources. A common measure of resources is the professional-counseling staff-to-student ratio. IACS standards call for efforts to maintain a minimum staffing ratio of one professional full-time-equivalent (FTE) staff person to every 1,000 to 1,500 students. A 2008 program review by UW System Office of Operations Review and Audit found that, in fiscal year 2006-07, only one UW institution met the IACS staffing ratio. The System average staffing ratio was one to 2,143. The average among college and university counseling centers participating in a 2007 national survey of counseling center directors was one to 1,969. The UW System President’s Commission on University Security Subcommittee on Counseling Services recommended that UW institutions work toward meeting 75 percent of the IACS staffing
standards, which would be a ratio of one professional FTE staff person to every 1,333 to 2,000 students (IACS website). Recently, some progress has been made toward decreasing staff to student ratios at some UW System institutions; however, additional resources are still needed.

In recent years, a number of colleges and universities have assessed their institutions’ resources for mental health counseling services. In 2005, the University of California System established a system-wide student mental health committee to assess trends in student mental health and determine the level of services needed. The committee found increased demands for mental health counseling services. To enhance student mental health services, the University of California System, in 2007, imposed a mandatory increase in student registration fees. The increased fees were to be used to hire additional psychologists, psychiatrists, and other mental health professionals, and to expand programming that promotes student well-being.

**Overview of Services Currently Provided by UW System Institutions**

The thirteen comprehensive University of Wisconsin institutions currently provide most or all of the services recommended by IACS and those recommended by other university systems nationally. The services offered by UW institutions include individual counseling, group counseling, crisis intervention, psychiatric services and medication management, screening and referrals, as well as outreach and educational programming. In addition, counseling centers have been called upon to play an expanding role on campus threat assessment and student at risk response teams, as well as campus safety training, suicide prevention training and initiatives, and outreach and education for students, faculty, and staff in how to identify, intervene, and refer members of the community who are suicidal or may be at risk of harming others. This level of services is difficult to sustain with current staffing levels. In the August 2008 Mental Health and Counseling Services Program Review by UW System Office of Operations Review and Audit, only three UW Colleges offered counseling services to their students, with efforts underway to offer counseling services at the remaining UW Colleges.

Centers are utilizing a variety of means to meet increasingly complex service demands and the expanding role of Centers in campus safety, with the same or decreasing resources. Centers have done this through efforts such as triage and screening for appropriate services, a brief time-sensitive psychotherapy model, case review and referral as available and appropriate, managing missed appointments, and group therapy. In addition, Centers must continue to play a key role in working with the campus community on primary and secondary prevention efforts, such as early identification of at-risk students, encouraging help-seeking behaviors, reducing stigma associated with seeking mental health services, and promoting life skills development and coping skills.
Revised Basic Health Module

The Committee reviewed Regent Policy Document (RPD) 23-1 entitled “Basic Health Module”, making recommendations for revisions that “reflect changing student needs, student demographics and generally accepted mental health care practices and community resources.” The attached Revised Basic Health Module (see Appendix A) clarifies guidelines for a minimum level of mental health services at every UW institution (including 2 year College campuses) without substantially modifying the policy with respect to physical health services. The Committee worked collaboratively with the Counseling and Health Directors and sought additional review and feedback from the Directors of Residence Life, Public Safety, International Services, Disability Services, Student Government Representatives and Chief Student Affairs Officers system wide. The recommended policy was made more inclusive of mental health services recognizing that the campus needs to provide services to ensure both the safety of the community and the needs of students so that the student can be functional and successful in the higher education setting. The recommended revised RPD 23-1 is attached in Appendix A.

Implementing Recommendations from Audit/Previous Reports and answering the questions posed by the Board of Regents

The Ad Hoc Task Force endorsed several recommendations contained in earlier reports and proposed several new recommendations:

- In an effort to provide system wide data and track trends in services delivered and needed, UW System Administration should work with Counseling and Health Center Directors to develop a standard set of data elements to be compiled annually to determine trends, service delivery patterns, and staffing needs. UW System could collect and summarize data annually as well as provide other national and statewide summaries as points of comparison.

- Research to evaluate the outcome and impact of counseling is useful locally as well as system wide. UW System should fund a system wide research project to assess the impact of mental health services on academic success/progress to provide a basis for system wide strategic planning.

- An annual best practices summit should also be organized and supported by the UW System to allow institutions to share their best practices and receive training in national best practice models, e.g. case management, mandated therapy requests, outcomes assessment, management of high risk students, and a comprehensive approach to addressing mental health issues on campuses, such as identifying
students at risk, encouraging help-seeking behaviors and reducing stigma, crisis management procedures, encouraging life skills development, disability issues and providing access to appropriate mental health services.

- In an effort to maximize resources to meet increased demands and complex student needs, the UW System Directors of Counseling Services must clarify issues related to high risk referrals. The Jed Foundation provides a concise best practice model for student referral that includes a definition of high risk and a protocol for normal and high risk referrals, continuity of care, and follow-up with the client (see Appendix B).

- Continuous effort must be made to explore funding sources to meet minimum staffing levels consistent with the recommendation in the UW Mental Health Counseling Services Program Review, August 2008. The President’s Commission on University Security, Counseling Services Subcommittee Final Report August, 2007 recognized the IACS staff to student ratios as an appropriate metric. We recognize progress has been made toward meeting the IACS ratios and we recommend that institutions continue to work toward the goal of achieving 75% of the IACS recommended staff to student ratio.

- Preserving mental health counseling budgets in these difficult times is vital. Every effort should be made to increase staffing toward meeting the aspiration of the IACS Standards and avoid Mental Health Counseling budget cuts.
Appendix A
(UW System Report on Mental Health)

23-1 BASIC HEALTH MODULE      (Formerly 78-9)

Introduction
The University of Wisconsin System recognizes that the present and future health of its students is among the most precious of its public resources. Students’ most pressing physical and emotional health concerns influence academic achievement and affect civility, citizenship, and connectedness. Attention to these important health issues permits the university to educate and prepare learners as whole human beings.

“Health is best understood as capacity – the presence of conditions that enable individuals and communities to work, learn, participate as citizens, and have strong human relationships. Health, in other words, embraces many elements of life: it is not simply the absence of disease or injury, and it is not just a medical, or clinical, quality. Among students in higher education, health supports the capacity to learn; when health is compromised, learning is constrained. Health problems among students include the universe of personal, developmental, social, physical, and mental issues that reduce their capacity to learn – from disruptions in relationships or stress to chronic, intrapersonal, physical or psychological illnesses” (Fabiano, Keeling, and Viele, 2006, p.69).

To this end, in this document the Board of Regents delineates a basic module of the minimum level of physical and mental health care that must be available to students at each of the UW System two and four-year institutions. Essential to the acceptance of the basic module is the continuation of the principle that institutional self-determination with respect to levels of physical and mental health care will continue. Determination of the level of services to be provided above this basic module will be the responsibility of the Chancellor of each institution. Recommendations for increases above the level established by the Chancellor will be made by appropriate institution governance groups for consideration by the Chancellor and the Regents.

The Board of Regents does not prescribe the manner in which the basic module of services will be provided or made available. The characteristics of each institution, the community where it is located, and characteristics of the student body will result in a variety of strategies for providing the services. Components of the basic module may be the primary responsibility of the institution’s health and mental health services. The responsibilities may be distributed across a variety of institution offices. Some services may be contracted out to community service providers. Coordination and collaboration among service providers – institution or community - is critical. It is expected that the basic module of services will be readily accessible (physically and financially) and will meet accepted standards for quality.

The institution service providers must have the appropriate resources including space and personnel. The staff is expected to model ethical and professional standards, and have the appropriate professional and educational credentials and skills as determined by the institution. They should have access to and utilize outside resources or consultation to
augment programming. Ongoing participation in continuing education programs should be an expectation.

**Services to be Provided/Available**

Students should be informed participants in all of their health care decisions. Educating students regarding health care utilization and discussion of insurance issues should be incorporated as appropriate. Services not available on campuses or services beyond what campuses can provide should be available by referral mechanisms. After hours care, emergency services, and hospitalization should be accessible to students or available by referral.

**Clinical (medical and nursing) Services**

Clinical Services should include easily accessible medical care for evaluation and treatment of health related concerns, injuries, and illnesses. These services should include diagnosis, treatment, and follow up care for acute illness, chronic illness, and injury. Prevention of illness to include individual health counseling and instruction in self-care should be an essential component of the clinical visit. Physical examinations for well women’s and well men’s care, sexually transmittable infection screening, immunizations, and travel health consultation should be available. Mechanisms for providing pharmaceutical, laboratory, imaging, surgical, physical therapy, dentistry, and overnight care services should be determined by each individual institution. At a minimum, these clinical services should be available by referral mechanisms.

**Mental Health and Counseling Services**

Mental Health and Counseling Services Mental health is a critical factor in student success. Ongoing psychological or emotional distress can significantly disrupt student academic progress. Each institution should provide counseling services sufficient to address the psychological and developmental needs of students as well as respond to unexpected crises. Services should reflect a brief psychotherapy model that is time sensitive and goal oriented. The services should be provided by licensed mental health professionals, e.g., psychologists, social workers, counselors. Services should include an educational component geared to helping students develop effective self-care and adaptive skills. Psychiatric evaluation and medication management should be available and accessible. Communication between the institution’s health and counseling services is essential to assure coordination and continuity of care for student patients/clients. Counseling services should develop and maintain referral sources for students with psychological conditions that require more intensive care.

**Health Education, Health Promotion, and Prevention Services**

A primary role of the institution’s health and counseling services is to provide health education that informs students of the effects of current behavior on future health status. There should be an emphasis on how current behavior affects their learning environment, their performance at the university, and their ultimate quality of life. Providing a healthy environment that supports wellness behaviors, promotes healthy lifestyle choices, and provides health education is consistent with the mission and goals of higher education.
Health education is both a process and a program. Health and counseling service professionals should use every student contact as an opportunity to address key health indicators from a variety of contexts. Institution health and counseling services have the opportunity to promote positive attitudes, healthy lifestyles, and responsible self-care. Students should be encouraged to become active participants in promoting and protecting their health and wellbeing.

A systematic assessment of the target population’s needs should provide direction and highlight the most significant areas needing attention and prevention efforts. Including students as active participants in the process of identifying needs enhances the possibility of success. The American College Health Association’s Healthy Campus document (modeled after the nationally recognized Healthy People documents and updated every ten years), identifies a number of high priority issues for campus settings. Health education/health promotion/prevention activities should address significant issues such as:

- Alcohol and other drugs
- Sexual health
- Social and emotional health
- Coping with stress in competitive education environments
- Intentional and unintentional injury
- Nutrition
- Psychological relationships to food
- Anxiety
- Depression
- Suicide Prevention
- Health services costs and availability of insurance
- Links between campus health services and other academic and service departments

Programming and services should use a variety of screening foci, sites, and methods, e.g. one-on-one encounters, informal group or formal classroom sessions, co/sponsored theme health events, or programming by trained Peer Health Educators who share their skills with fellow students. Methods should be developed for evaluating the quality and effectiveness of programming and services.

Public Health

Each institution’s health and counseling services should play a role in addressing the core functions of public health, including assessing the health related needs of the campus, supporting policies that promote and protect the health of the campus community, and collaborating with other institution departments to assure that needs are addressed.

The institutions of the UW System exist both as discrete communities and as components of the larger community where they are located. Protecting the health and safety of members of the institution’s community requires a robust institutional public health surveillance infrastructure that will address 1) communicable disease surveillance/prevention through disease identification and reporting, epidemiologic
investigations, screening programs, immunization programs, and plans/procedures for quickly responding to disease outbreak situations. 2) issues of environmental health and safety including food safety, air quality, waste disposal, pest control, and water quality including swimming pool inspections, and 3) identification and intervention of at risk students and situations, for example: educating the community, behavioral intervention teams, threat assessment, and suicide prevention programming.

The institution, usually through its health service, should have strong collaborative relationships and agreements (delineating roles and responsibilities) with local (city and/or county) public health agencies. Institution health services should provide the critical link to these agencies. Each institution’s health and counseling services should be active participants in the institution’s crisis response planning.

**Access to Affordable and Sufficiently Comprehensive Health Insurance**
Access to the full range of health and mental health services that students might require during their academic experience requires adequate health insurance coverage. Institutions must provide access to a university sponsored health insurance plan that is reasonably priced. The plan must complement the health and counseling services provided by the institution. When feasible, collaboration among institutions to develop a common plan is encouraged. Each institution’s health and counseling services should take a leadership role in selecting the plan and communicating its importance to students and their families. Institution health services should encourage all students to have comprehensive, affordable health insurance.

**Quality Management and Improvement**
The University of Wisconsin System is committed to the principles of quality management and improvement and expects institutions to apply these principles in providing health and psychological counseling services to students. Institution health services are encouraged to seek formal accreditation by a national health care accrediting organization such as the Accreditation Association for Ambulatory Health Care (AAAHC). Mental health counseling units should use the International Association of Counseling Services Accreditation Standards (IACS). Both health services and mental health services may want to consider The Council for the Advancement of Standards in Higher Education (CAS) as a model for designing and organizing services. Absent formal accreditation, institution health and counseling services should seek periodic external review of their programs and services.

Institution health and counseling services are expected to have or participate in a quality management program that includes a process for credentialing, privileging and/or licensure of providers and other professional staff, a system of peer review for providers, ongoing systems for assessing/evaluating utilization and patient/client satisfaction, and a quality improvement program addressing clinical care issues, administrative concerns, and cost of care issues.

**Funding Options and Strategies**
Existing University of Wisconsin System and Board of Regents policies delineate the acceptability of several options for funding the provision of health and psychological counseling services to students. Student segregated fees are the preferred primary
funding source for student health services and health education/wellness programs (Student Services Funding – G15). General program revenue funding (GPR) and fee-for-services funding are deemed acceptable. General program revenue is the preferred primary funding source for counseling services including personal individual, group, crisis intervention, and AODA counseling; outreach and prevention; and consultation with faculty and staff regarding student problems (Student Services Funding – G15). Segregated fees and fee for non-crisis services funding are deemed acceptable. Most campuses will use a combination of these three funding sources. Students should play an important role in determining the balance between segregated fee and fee for service funding. There should be a goal of keeping student out of pocket costs at a minimum. It is important to limit out of pocket expenses so that cost will not be a barrier to students receiving necessary health care and counseling services.

Financial and Administrative Policy, Segregated University Fees – F50, specifically describes appropriate categories of segregated fee expenditures for the operations and activities of institution health and counseling services. These include salaries for staff including student staff, professional services, facilities/equipment/supplies/services, organizational membership fees, and debt service reduction. Regent Policy Document 19-8, Funding of University Facilities Capital Costs, specifically prohibits the use of segregated fees as a source of funding for the construction of student health and counseling service facilities. GPR funding is the prescribed funding source for construction of student health service facilities. Gift funds are an allowable/acceptable source.
Appendix B
(UW System Report on Mental Health)

How Should a Referral be made From the Health/Counseling Center to a Community Provider?

The Jed Foundation, Student Mental Health and the Law: A Resource for Institutions of Higher Education

A student might be referred to a community provider for continued treatment for any number of reasons, including personal choice. Most counseling centers have limits on the number of sessions they are able to provide per student and the types of services they can offer. These limits and the referral process should be discussed with students at the beginning of treatment. Financial resources may limit a student’s options for treatment in the community, and some regions may have limited options for community providers.

Professional standards suggest that any student referred out of the campus health or counseling center should be given the names of two or three community treatment providers, assuming that eligible providers are available in the area. Ideally, the referring provider should maintain an updated list of appropriate providers (e.g., licensed clinicians) and consider whether a student should be matched with specific providers based on their expertise or practice area. Once a referral has taken place, it is good professional practice to make at least one attempt to follow up with the student about whether s/he has seen the new provider.

Any decision to terminate the care of a student in distress should be made in consultation with a supervising clinician or colleague and legal counsel, if available, since providers may have on-going obligations in such situations. If the student’s care must be transferred when the student is unstable (e.g., at significant risk for suicide), the referring provider should take steps to see that care is successfully transferred and the new provider sees the student. In addition, the new provider should have the professional capacity to address the student’s specific concerns or needs.

Appendix C
(UW System Report on Mental Health)

**Committee Members**

<table>
<thead>
<tr>
<th>Joe Abhold</th>
<th>Sue Keihn,</th>
<th>Sal Carranza</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
<td>Associate Provost</td>
<td>Senior Academic Planner</td>
</tr>
<tr>
<td>Counseling Center</td>
<td>Student Affairs</td>
<td>Academic &amp; Student Services</td>
</tr>
<tr>
<td>UW-Oshkosh</td>
<td>Dean of Students</td>
<td>UW System Administration</td>
</tr>
<tr>
<td></td>
<td>UW-Green Bay</td>
<td></td>
</tr>
<tr>
<td>Julia Bonner</td>
<td>Jennifer O’Neill</td>
<td>Tou Her</td>
</tr>
<tr>
<td>Director, Campus Health Office</td>
<td>Student, UW-La Crosse</td>
<td>Auditor-Advanced</td>
</tr>
<tr>
<td>Norris Health Center 225</td>
<td></td>
<td>Operations Review &amp; Audit</td>
</tr>
<tr>
<td>UW-Milwaukee</td>
<td></td>
<td>UW System Administration</td>
</tr>
<tr>
<td></td>
<td>Alice Reilly-Myklebust</td>
<td></td>
</tr>
<tr>
<td>Ed Conrad</td>
<td>Director</td>
<td></td>
</tr>
<tr>
<td>Clinical Professor</td>
<td>Student Health &amp; Counseling</td>
<td></td>
</tr>
<tr>
<td>Psychology Department</td>
<td>Services</td>
<td></td>
</tr>
<tr>
<td>UW-Parkside</td>
<td>UW-River Falls</td>
<td></td>
</tr>
<tr>
<td>Deirdre Dalsing</td>
<td>Patti Wise</td>
<td></td>
</tr>
<tr>
<td>Counselor</td>
<td>Interim Associate Vice Chancellor</td>
<td></td>
</tr>
<tr>
<td>Counseling Services</td>
<td>for Student Services</td>
<td></td>
</tr>
<tr>
<td>Royce 220</td>
<td>UW Colleges</td>
<td></td>
</tr>
<tr>
<td>UW-Platteville</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eric Heiligenstein</td>
<td>UW System Administration</td>
<td></td>
</tr>
<tr>
<td>Clinical Assistant Professor</td>
<td>Cynthia Graham</td>
<td></td>
</tr>
<tr>
<td>University Health Services</td>
<td>Senior Academic Planner</td>
<td></td>
</tr>
<tr>
<td>School of Medicine and Public</td>
<td>Academic &amp; Student Services</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>UW System Administration</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix C

Report of the Prevention, Promotion, Wellness and Intervention Subgroup
Report of The Prevention, Promotion, Wellness and Intervention Subgroup

Membership: J. Kanter (co-chair), P. Dupont (co-chair), P. Stevens, S. Belstock, L. Rusch, B. Moser

Prevention, Promotion, Wellness and Intervention Objectives

“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.”

From the “UWM Campus Mental Health Task Force Preliminary Report to Campus” December 3, 2008

Section I: Current Data:

The Prevention, Promotion, Wellness, and Intervention Subgroup (PPWI) gathered data on best practice strategies using several different methods:

1. Meetings with campus community member consultants;
2. Participation in a four-part webinar sponsored by the Jed Foundation and the Suicide Prevention Resource Center, on “Campus Mental Health Action Planning;”
3. Review of best practice resources for campus mental health promotion provided by the webinar series, including websites, articles and programs;
4. Interview with Laurie Davidson, Campus Program Manager, Suicide Prevention Resource Center;
5. Discussion with the UW System Counseling Directors regarding referral practices.

Two key sources of mental health best practices emerged over the course of our work, the Jed Foundation and the Suicide Prevention Resource Center. A brief description of each follows.
The Jed Foundation:

The Jed Foundation was founded in 2000 by Donna and Phil Satow after they lost their son Jed to suicide. It is now the leading nonprofit organization addressing issues related to mental health and suicide in the college population. The Jed Foundation works nationally to reduce the rate of suicide and the prevalence of emotional distress among college and university students by producing and advancing initiatives to decrease stigma, increase help-seeking, increase understanding of suicide and emotional disorders, and strengthen campus mental health services, policies, and programs.

The Suicide Prevention and Resource Center:

The SPRC was created by the U.S. Department of Health and Human Services in 2002 to provide technical assistance and resources to build capacity for states and communities to implement and evaluate suicide prevention programs. Among many services and resources, it includes a registry of best practices and information support through a variety of resource materials.

The PPWI subgroup recognized that the JED Foundation and SPRC initiatives were very much in alignment with PPWI objectives. Although both the Jed Foundation and the SPRC focus on suicide prevention, their resources are broadly applicable to the spectrum of mental health concerns represented by our Task Force.

Using these resources, subgroup member P. Stevens produced two working documents on policies, procedures and best practices that the group utilized to focus its work. It became clear to the group that the UWM campus needed an overarching network of policies and protocols that address acute mental distress in students, and ultimately mental wellness. The PPWI subgroup looked for evidence of an interconnected campus system of policies and protocols designed to help acutely distressed students. This became one of the foci of our consultant meetings.

1. Meetings with campus community member consultants were held in order to look for a system of policies and protocols that address a mental health emergency/urgency.

The PPWI Subgroup met with Safety and Assurances John Krezoski (Director), and Colleen Murphy on 2/23/09 and discussed the campus Emergency Operations Plan. The newly revised campus plan mirrors the National Incident Management System, used on a national level by agencies such as FEMA. It divides emergency incidents into three levels of severity, and utilizes two main operational groups: an Emergency Operations Team (includes police, physical plant) and a Crisis
Communication Center staffed by a Crisis Management Team, who would be the group that advises what action to take, how to communicate the incident to the community, etc. This new plan states who is responsible for specific action steps. The UWM Emergency Operations Plan does not address mental health emergencies specifically. It does reference the Multidisciplinary Review Team (MDRT), which is responsible for the threat assessment of concerning, disruptive behavior in either a student or an employee. It was not clear if this responsibility exists as a written policy. No specific network of policies/protocols that addresses the acutely distressed student was identified.

Representing the PPWI Subgroup, J. Kanter and S. Belstock met with the MDRT on 4/9/09 to better understand its function, the evaluation process it uses, how confidentiality is maintained, what policies and protocols were in place that address acutely distressed students and how they function as a network between key campus departments. The MDRT has campus representatives from University Police, University Housing, the Dean of Students, Legal Affairs, Academic Affairs the Student Accessibility Center, Norris Health Center and others. The MDRT functions on a case-by-case basis, discussing the intersections of various existing policies of specific units involved in a case and making recommendations as a group. Although no formal policies specific to the MDRT are in place, the MDRT is guided by principles of safety, referring to least invasive interventions, thoughtfulness about issues of stigma, and emphasis on caring responses.

2. PPWI members S. Belstock and B. Moser participated in the 4-part webinar series “CampusMHAP” as noted earlier. Other group members participated in parts of the series. This series provided the steps needed to develop a comprehensive mental health action plan consistent with best practices on a college campus. It outlined key areas that a comprehensive plan must address (see the “Bubble Chart”, attachment A), who should be involved in the plan, how to prioritize goals, pick appropriate programs, and determine if the program made a difference. The webinar provided data on mental health in college students, public health theory and models useful in assessment and program development, assessment and evaluation tools, concrete examples of what has worked on other campuses, and pertinent resource lists. These lists provided the PPWI group with expert reference materials.

Part I  11/12/08:  Building Momentum
3. The PPWI Subgroup reviewed best practices resources for campus mental health promotion. As stated earlier, the Jed Foundation website (http://www.jedfoundation.org) was a valuable resource for best practices in mental health promotion, in particular in policies and protocols. Additional valuable website resources reviewed included the Suicide Prevention Resource Center website (http://www.sprc.org), the CampusHealthandSafety.org Mental Health Pages (http://www.campushealthandsafety.org/mentalhealth), the Best Practices Registry for Suicide Prevention (http://www.sprc.org/featured_resources/bpr/index.asp), National Registry of Effective Programs and Practices (NREPP) (http://www.nrepp.samhsa.gov), and Stanford University’s Student Mental Health & Well-Being Task Force (http://www.stanford.edu/group/mhwb/index.shtml). The Jed Foundation documents “Framework for Developing Institutional Protocols for the Acutely Distressed of Suicidal College Student” and “Student Mental Health and the Law: A Resource for Institutions of Higher Education” were of particular value.

4. The PPWI subgroup had a telephone consultation/conference with Laurie Davidson, Campus Program Manager of the Suicide Prevention Resource Center on 3/9/09. She had reviewed the MHTF preliminary report, as well as subgroup working documents for the consultation, and strongly supported our approach and areas of focus. She suggested several steps in establishing meaningful mental health goals and outcomes for UW-Milwaukee that are incorporated into our recommendations below.

5. In a meeting of UW System Counseling Directors, PWI member P. Dupont questioned directors regarding effective approaches for expanding off-campus mental health referral sources for students. The most effective approaches are currently being utilized on our campus. However one additional method for classifying agencies/providers for ease of access currently used by UW Whitewater will be included in the recommendations below.

**Section II: Best Practices and Recommendations**

Based on our sub-group’s discussions, dialogues with consultants, and research, we offer a menu of options for best practice that the larger UWM Mental Health Task Force can choose from, add to, and prioritize. We have used the Jed Foundation and Suicide Prevention Resource Center (2006) *Comprehensive Approach to Suicide Prevention and Mental Health Promotion* (the “Bubble Chart” attachment A) as the model for organizing
our sub-group report of Best Practice Recommendations for Action at UWM. The Comprehensive Approach to Suicide Prevention and Mental Health Promotion was the outcome of the November 2005 roundtable discussion held by the Jed Foundation to build consensus “among colleges and universities about what constitutes a comprehensive, campus-wide approach to managing the acutely distressed or suicidal student.” The roundtable “included senior college administrators, college counselors and other mental health practitioners, and attorney specializing in college issues.” As a result of the roundtable, the group produced the document Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student, which includes Appendix C-Prescription for Prevention. The Bubble Chart is a simplified version of this appendix and contains the same seven key elements.

Because AODA issues are so intertwined with mental health, they should be included and addressed in every step. In over one third of all deaths from suicide in the State of Wisconsin, the victims have alcohol in their blood at the time of death.

The seven broad strategic intervention/goal areas for Campus Mental Health Promotion from the Jed Foundation/SPRC Comprehensive Approach are:

1. Follow Crisis Management Procedures
2. Identify Students at Risk
3. Increase Help-seeking Behavior
4. Provide Mental Health Services
5. Restrict Access to Potentially Lethal Means
6. Promote Social Networks
7. Develop Life Skills

**Goal 1. Follow Crisis Management Procedures**

Using the Jed Foundation’s Framework for Developing Institutional Protocols for the Acutely Distressed or Suicidal College Student as a reference/template, UWM should develop a system of integrated, campus-wide mental health crisis response policies and procedures including but not limited to:

- Actions to be taken by campus personnel should they identify a student in acute distress or at risk for engaging in harmful behavior toward self or others, inclusive of the recommended behaviors toward the student and the appropriate parties to inform;
- Voluntary and involuntary student leaves of absence for reasons of mental health, inclusive of the process for returning to the university;
- Development of an Emergency Contact Notification Protocol.
• Designation and training of the UWM officials and staff responsible for crisis response;
• Conduct reviews of all crisis incidents;
• Development of documentation and reporting protocols.

Goal 2. Identify Students at Risk

• Offer evidence-based gatekeeper training to key groups of UWM faculty, staff, and students about early recognition of and effective response to student distress and risk for suicide or violence;
• Identify screening and referral tools (self and other) for stress, depression, suicide, problem drinking, and problem drug use;
• Conduct mental health screening programs targeted at vulnerable groups who may be less likely to seek out services;
• Identify educational tools about the signs and symptoms of stress, depression, suicide, problem drinking, and problem drug use;
• Identify resources designed for the parents, partners, and family members of UWM students that specify warning signs of stress, depression, suicide, problem drinking, and problem drug use;
• Engage campus administration in ongoing dialogues with local community entities likely to interact with students at risk (e.g., local police, mental health providers, emergency personnel).
• Develop attractive, user-friendly resource summary materials as one strategy to deliver these interventions to all members of the UWM community (students, faculty, & staff);
• These resources would include a website, and hard copy materials to be used as guidebook, delivered at staff meetings, staff and student orientations, and other venues.

Goal 3. Increase Help-seeking Behavior

• Document the steps to be taken by campus personnel should they have concerns about the mental health needs of particular students;
• Publicize widely to members of the campus community when, how, and to whom they should report mental health concerns about particular students;
• Promote faculty/staff involvement in educational programs to enhance their skills at identifying students in distress and effectively assisting them in accessing services;
• Specialized trainings should be offered to faculty and staff with high levels of contact with student groups who may perceive stigma associated with seeking out mental health services (e.g. International students, veterans);
• Institute campus-wide awareness programs such as:
  o Mental health awareness days
- Public service announcements and mass emails on mental health-related topics.
- Expanded mental health components in new student orientation for undergraduate as well as graduate students.

- Develop a comprehensive listing of all mental health screening, intervention, education, and awareness activities that operate across campus and within UWM Schools, Colleges, and Departments, inclusive of contact information and directions for how to access. By centralizing information about all the programs and services that may be operating independently we can make students, faculty, and staff aware of the scope and nature of resources that exist at UWM, but may be under-utilized and/or under-publicized;

- Develop a comprehensive listing of local community mental health resources available to our students, inclusive of contact information, directions for how to access, whether they offer specialized mental health services, and fees. This resource should allow users to sort providers by service type, location and fee structure and be accessible to all members of the University community;

- Add “ULifeline” (http://www.ulifeline.org/main) links to the main UWM mental health website noted above, as well as other key websites on campus, including, but not limited to Norris Health Center, the Department of Psychology, CABHR, Office of Student Life, Student Affairs, Athletics, Financial Aid, and International Studies;

- Initiate a peer mental health advocacy group to reach out to students with mental health concerns;

- Develop attractive, user-friendly resource summary materials as one strategy to deliver this information to all members of the UWM community (students, faculty, & staff). These resources would include a website, and hard copy materials to be used as guidebook, delivered at staff meetings, staff and student orientations, and other venues.

**Goal 4. Provide Mental Health Services**

- Identify the group or groups on campus responsible for follow-up and monitoring of problematic situations involving the mental health of students;
- Maintain a minimum mental health staffing ratio at Norris Health Center. (According to the International Association of Counseling Services there should be one FTE professional mental health staff member to every 1,000 to 1,500 university students.);
- Provide the infrastructure and staffing needs for greatly expanded mental health training opportunities on campus. This would increase mental health access and service utilization by students;
All counseling staff should have knowledge of and sensitivity to diversity issues within the counseling context. When appropriate, programming should reflect responsiveness to cultural differences in the counseling experience;

Develop outreach programs that are tailored for student groups traditionally underrepresented in counseling services (e.g., international students, men, veterans);

Explore ways to overcome barriers to off-campus mental health referrals; Develop Memoranda of Understanding with Milwaukee hospitals offering emergency care and with Milwaukee agencies offering mental health treatment in order to refer UWM students for assessment, treatment, or hospitalization;

Discharge planning involving campus mental health professionals facilitate the following:

Provide outreach to students who may be impacted by a student’s death, suicide attempt, or disturbing behavior, referring to counseling services at the Norris Health Center as appropriate;

Explore ways to expand mental health services on campus, in an attempt to reach not only the acutely distressed students, but also stressed students, and provide mental health prevention services. This includes addressing AODA issues broadly, and also promoting mental health wellness (See Attachment B).

**Goal 5. Restrict Access to Potentially Lethal Means**

- Establish and enforce strict firearm control policies on campus;
- Consider policies that would identify and restrict access to potential lethal means on campus (e.g., roofs of buildings, toxic chemicals);
- Train all UWM staff who may come in contact with potentially suicidal students to ask about the student’s ability to access lethal means, such as a gun or supply of drugs that could be used for a lethal overdose.

**Goal 6. Promote Social Networks**

- Engage students in promoting mental health and decreasing the stigma of mental illness by facilitating peer-based mental health initiatives, such as:
  - Mental health peer advisor program;
  - Active Minds (national group with campus affiliates that promotes mental health awareness on campuses);
  - Half of Us (sponsored by MTVU and JED Foundation, a program that raises awareness about emotional problems faced by college students);
  - ULifeline Network (online mental health resource for students sponsored by the JED Foundation);
- Provide mental health outreach and education in Residence Halls, Living and Learning Centers, and the Student Union;
- Promote activities that encourage student and faculty interaction;
Institute programs within academic departments to encourage faculty mentoring practices, training on mental health issues for faculty and staff, and promotion of balanced lifestyles for students;

Promote activities that foster a sense of belonging and community on campus; Explore ways to “make the campus smaller” for students-more inclusive smaller study and social groups.

Goal 7. Develop Life Skills

- Enhance the full spectrum of student life services;
- Offer Web-based prevention programs that provide students with basic information about mental health as well as the services available to them on campus and in the surrounding communities;
- Provide students with skill-building opportunities in mediation and conflict resolution;
- Offer a Personal Health Class (with emphasis on mental health promotion) that fulfills general education requirements. A course like this typically administers health risk appraisals that provide students with feedback, resources, and opportunities to practice and learn health behaviors;
- Make the First Year Experience course mandatory and for credit;
- Consider offering training such as the “Penn Resilience Training for College Students” to incoming students at risk for depression;
- Develop stress management programs in key programs housed in academic support and learning services (e.g. math, sciences, writing, foreign language) that are easily accessed by students experiencing stress in these areas.

Section III: Data Needed

- Focus group data from student users and non-users of mental health services. Specific data needs include student perception regarding the most urgent mental health needs on campus, perceived barriers to service access and student recommendations for remedies for these barriers. Based upon results of the focus groups, consider targeted focus groups comprised of students who may be underrepresented in the student population (students of color, international students, LGBT students, etc.);
- Depending on results of the Campus Partnerships subgroup survey, consider gathering further data from faculty on the mental health needs of students and staff on campus.

Section IV: Resources and Funding Sources

- University staff from key departments are needed to pull together and write a comprehensive, interlocking set of policies and protocols that address the acutely distressed or suicidal college student;
- Funding must be allocated for activities that promote mental wellness;
• A subgroup of the MHTF is working on obtaining the SAMHSA Suicide Prevention on College Campuses grant. This would provide some resources for writing policies that address acutely distressed and suicidal students, gatekeeper training for suicide prevention, and educational materials to promote student, parental, faculty and staff competency in helping acutely distressed and suicidal students.

• Funding is needed to increase skilled mental health service provision on campus. Although there is an obvious need for increased funding for skilled, direct service mental health professionals, UWM should not overlook opportunities to fund programs that are intended to extend the reach of mental health professionals to those not yet actively seeking services;

• Funding is needed to provide training to other staff such as medical care professionals (e.g., Norris Health Center, College of Nursing) and clergy to increase their expertise in the areas of screening students for depression and suicidality, assessing AODA factors, and assessing for lethal means. Persons in these professions can provide appropriate initial assessment and referral if needed to mental health professionals. AODA issues can often be addressed through health education and outreach and programs such as BASICS. Methods for decreasing and handling stress in college life may be taught by health educators, peer health advocates, coaches, RA’s and others.

Section V: Planning for a Caring Community

1. Our overarching recommendation is that the MHTF use the framework proposed by the Jed Foundation and outlined in this report to continue its efforts, specifically (a) the steps needed to develop a comprehensive mental health action plan and (b) the seven broad strategic intervention/goal areas and the process outlined in the Campus MHAP webinars;

2. Each of the goals identified under the seven key areas (see Attachment A) above should be evaluated for inclusion into a comprehensive plan for mental health prevention, intervention and wellness promotion at UWM;

3. Our discussions with consultants over the course of our work suggests that a good starting point for prioritizing is the development of Crisis Management Procedures;

4. Alcohol and other drug abuse frequently coexists with mental health problems. A comprehensive mental health prevention and intervention program must dovetail with AODA prevention activities as described in Recommendations for a Comprehensive Alcohol and Other Drug Abuse Prevention Program at University of Wisconsin-Milwaukee;

5. An attitude of truly caring for students starts with the higher administration and is an expectation for all faculty and staff who interact with students. All administrators, Deans, and Department Heads must “walk the walk.” These individuals must communicate regularly with students so that students feel they are in the know about their own university, are an integral part of the campus community, are valued, and
are cared about. Administrators should seek out suggestions and feedback from students and staff regarding communication on specific topics;

6. University faculty and staff who see groups of students on an ongoing basis must make it a priority to touch base regularly with students, particularly those who are in obvious distress, who are doing poorly academically, and who may be more prone to social isolation, such as international students and veterans;

7. All individual academic departments and programs need to find ways to make a home base for their students. Regular, mandatory academic and social gatherings with groups of 15-20 students and their faculty/advisors may serve to foster meaningful relationships between students, their peers, and their faculty. Academic departments and Student Affairs should explore ways to help each other create these academic homes for students;

8. All RA’s, coaches, clergy, staff of SAC, Women’s Resource Center, LGBT Resource Center, First Year Center, Peer Mentoring Center, Financial Aid, Legal Affairs, Center for International Education and other key student-oriented units who may have a higher percentage of vulnerable students must strive to build relationships with the students who use their services, particularly those students with whom they have regular contact;

9. University guidelines for helping stressed, acutely distressed and suicidal students should be readily available. It is important that all university faculty, staff and administrators are familiar with and feel comfortable carrying out the guidelines. Students must feel that when they are in states of varying mental stress and distress, that the staff in charge knows what to do and will keep them safe;

10. When students are referred to mental health professionals for care, they must be able to evaluate students in a timely fashion, i.e. have adequate numbers of counseling staff to take care of students. The university must anticipate an increased demand for urgent and follow-up mental health services subsequent to implementation of the above recommendations. An adequate number of mental health professionals must be available on campus;

11. Continue support for efforts affirming diversity and support for students whose personal background may make them more vulnerable to isolation and disconnection from their peers and wider community (e.g., first generation college students, low-income students, international students, students with disabilities, veterans, students of color, LGBT students and students who identify with other minorities);

12. Conduct an annual review of student mental health issues at UWM. Students and faculty as well as the Vice Chancellor for Student Affairs and the Provost of the university should participate in these reviews;

13. The Mental Health Task Force should maintain an active role in prioritizing and achieving the recommendations above.
References


Special Issue: Student Mental Health. (April, 2008). Student Health Spectrum.


jedfoundation.org web pages

Attachment A “The Bubble Chart”
TJF/SPRC Comprehensive Approach
The Jed Foundation and the Suicide Prevention Resource Center, 2006
Cornell Mental Health Framework

- No or Low Distress
  - Low Risk
- Moderate Distress
  - High Risk
- High Distress

- Crisis Managers
- Clinic-Based Services
  - CAPS expansion
  - Depression screening

- BASICS (Alcohol Intervention)
- Community-Based Services
  - Faculty/staff consultations
  - “Let’s Talk” hours
- Policy Initiatives
  - Early ID (academic units)
  - Parental notification
- University Alert Team

- Residential and Diversity Initiatives
- Educational Strategies
- Advocacy (Minds Matter)
- Leadership Statements (Caring Community)
Appendix D

Report of the Campus Partnerships Subgroup
Report of
The Campus Partnerships Subgroup

Membership: J. Graham (Chair), S. Belstock, N. Fouad, J. Klumpp, and L. Petersen

Section I: Current Data

Department: As a part of the UWM Mental Health Task Force's efforts to create a comprehensive picture of our student community's mental health needs, the Task Force's Campus Partnerships subcommittee sought to gather information about existing services and resources on campus. To this end, subcommittee members met with a variety of campus entities to administer a 30-60 minute interview intended to gather information regarding the types of services and resources that are currently being delivered by offices and departments across campus. In total, 38 campus units participated in this process, including resource centers, advising offices, academic departments that prepare mental health professionals, religious centers, and administrative entities. A list of participating entities is attached. Please note that, while the complete survey was presented to each participating campus unit, not all of the questions were answered by each, as departments or offices were not required to answer any questions that they deemed to be irrelevant to their work on campus.

Interviewer: Interviews were conducted by members of the University of Wisconsin-Milwaukee Mental Health Task Force’s Campus Partnerships Subgroup. Subgroup members conducted interviews alone (i.e., each participating entity was interviewed by just one individual). Each subcommittee member conducted between 3 and 9 interviews.

Date: All interviews were conducted between February 13 and March 30, 2009.

Survey: The survey used by the subgroup is presented below along with the responses gathered.
UWM Mental Health Task Force
Survey for Campus Partnerships

The University of Wisconsin-Milwaukee Mental Health Task Force was appointed by the Chancellor in September 2008 to create a comprehensive picture of the current status of the mental health delivery services and mental health needs of UWM’s diverse student population. To that end the Campus Partnerships subgroup’s mission is to gather information about existing services and resources on campus. This survey is broad based as it will be given to a wide variety of UWM departments. There are questions which likely will not be very applicable to your department, but will be more relevant to other units. Again, this survey is simply for data gathering with no evaluative component. We want to thank you for your time and effort in providing information about your department/office because it will help us in our mission to explore ways to link campus resources with each other and to the broader campus, with the goal of building and strengthening a caring campus community.

I. Identify Students at Risk

1. How does your department/office identify students in distress?

Self-disclosure by the student in question was the most common method cited for identifying students in distress (n = 21), followed by observation (n=18), interactions (n=15), and referrals (n=12). All of the units surveyed indicated that they utilized at least one of the aforementioned methods to identify students in distress; the majority of the units surveyed indicated that they utilized two or more (n=20).

2. Does your department use formal or informal screening or assessment tools?

Most units stated that they did not utilize either formal or informal screening or assessment tools (n=25). Of those that indicated use of a screening or assessment tool, most described these tools as “informal” (n=8), while a few cited the use of a formal screening tool (n=4).

a. If so, which ones?

The formal screening or assessment tools utilized include formal psychiatric, mental health, and alcohol/other drug abuse evaluations based on clinical interviews; depression and suicide screening instruments; interrogations/interviews; and the Learning and Study Strategies Inventory (LASSI).

b. Would you be willing to share a copy with us?
c. Who developed the tools?

3. When you identify a student in distress what steps do you take?

Most of the units interviewed indicated that, once they have identified a student in distress, they refer them to an appropriate campus resource (n=26); many mentioned that they speak with the student to assess the situation prior to making this referral (n=21). A number of units stated that they work individually and/or within their department to address the students’ needs (n=14). A few mentioned that they call the police upon identifying a student in distress (n=3).

a. Who would you call on for help?

- **Within your department?**

  Almost half of the units interviewed indicated the presence of a department “point person/people” who could be called upon for help in working with a student in distress (n=17). Many units stated that they utilize all of their colleagues within their department or office in dealing with these situations (n=13).

- **Within the university?**

  Almost all of the units interviewed cited Norris Health Center as a campus resource that they would call upon for help in working with a distressed student (n=35), and nearly half also stated that they would seek assistance from the police (n=17). Many units also explained that they would call upon a variety of other campus departments or offices for this purpose, as appropriate to the particular situation (n=25); the Women’s Resource Center, LGBT Resource Center, University Housing, First Year Center, CDC, SAC, TARC, Equity and Diversity, Dean of Students, Legal Aid, Financial Aid, and Multicultural Centers were among those commonly cited.

- **Outside of the university?**

  Almost half of the units surveyed indicated that they would seek assistance from community resources in dealing with a student in distress (n=17). Area hospitals, community health services, private practitioners, the Milwaukee County Mental Health Complex, the Milwaukee Police Department, Grand Avenue
Club, Pathfinders, Milwaukee LGBT, religious entities, private tutors, and women’s shelters were among those commonly cited.

4. **Do you offer training for staff to enable identification of students in distress and/or how to make a referral or get a student help?**

While nearly half of the units interviewed indicated that they offer training for staff to enable the identification of students in distress and/or how to make a referral or get a student help (n=18), half indicated that they did not (n=19).

5. **How often is this type of training offered?**

Some units indicated that this was offered as a one-time training and/or by request as staff feel that it is needed (n=9), while others indicated that this was something that is done on a regular basis (n=11). Of those stating that this training was offered regularly, many did not indicate how often (n=4); others indicated that these trainings were regularly provided for new employees (n=2), yearly (n=2), or two or more times per year (n=3).

   a. On request?
   b. On a regular basis?
   c. For new employees only?

6. **When was the last training that your department had and who provided the training?**

7. **Are there barriers to offering training on this topic in your department/office?**

Half of the units surveyed stated that there were no barriers to offering training of this kind in their department or office (n=19). Of those indicating barriers, budget and time (n=7 and n=7, respectively) were the two most commonly cited. Other barriers described included lack of available training/lack of knowledge of available training opportunities (n=5) and staff buy-in with regards to viewing this as an issue of import and relevance to their particular roles (n=2). A number of units mentioned two or more of these barriers (n=5).

8. **Are there particular resources you use to supplement the training? Two brochures were developed for faculty and staff in 2007 on this topic. Are you familiar with these brochures?**

The vast majority of the units interviewed were familiar with these particular brochures (n=26), although a number had not seen them before (n=7). While many did not indicate the use of other resources, those that did mentioned other...
brochures/written materials, the Norris website, webcasts, on- and off-campus professional development opportunities, and the use of outside speakers, including those from Norris and UWMPD.

9. Other?

10. Any relevant plans for the future?

A number of units indicated plans or a desire to provide their staff with additional training in identifying and assisting students in distress (n=11).

II. Increase Help Seeking Behavior

1. How does your department/office increase awareness of the mental health services available to students on campus?

Just under half of the units surveyed provide students with print materials regarding the availability of mental health services on campus (n=17). Many indicated that they provide this resource information through their routine contact with students and/or within the context of making a referral (n=14). Finally, a number of departments/offices indicated that they divulge this information to students via programs or workshops (n=13). While many units indicated that they utilize two or more of these strategies for disseminating resource information (n=13), a smaller number of departments/offices did not indicate that they had taken any steps to increase awareness of mental health services available to students on campus (n=7).

2. Do you have any specific support program for students who have been diagnosed with a mental health disorder or are identified as a distressed student?

The majority of departments/offices interviewed stated that they did not have a specific support program in place for students who have been diagnosed with a mental health disorder and/or identified as a student in distress (n=32). A small number of units indicated that a support program such as this was in place within their department or office (n=5).

3. Is there someone in your department/office readily available for consultation about distressed students?

Most units interviewed stated that there was someone in their department/office readily available for consultation about distressed students (n=29), while some indicated that there was not (n=5).
4. What outreach activities does your department provide?

<table>
<thead>
<tr>
<th>Topic</th>
<th>Y/N</th>
<th>Type*</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol or drug abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diet &amp; exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating disorders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy lifestyles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help-seeking behaviors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homesickness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning disabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Schizophrenia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual assault prevention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleep</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social isolation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress/coping skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symptom recognition in self</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment efficiency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Winter blues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify:)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Types of outreach activities include articles in school newspaper, brochures, mental health fairs, mental health student clubs, orientation talks, Web sites, etc.

Each of the above outreach topics were addressed by at least 2 departments or offices, with the most commonly cited being alcohol or drug abuse (n=11), sexual assault prevention (n=11), depression (n=10), healthy lifestyles (n=10), stress/coping skills (n=10), anxiety (n=9), and diet/exercise (n=9). Almost half of the departments/offices interviewed did not indicate having addressed any of the topics listed within outreach activities (n=17).

5. Other?

6. Any relevant plans for the future?
III. Provide Services to Assist Distressed Students

1. Describe the services your office/department offers to assist distressed students.

Most offices/departments stated that they provided referral services to assist distressed students (n=26). Many mentioned that they provide some level of assessment (n=21), and a small number indicated that they provided remediation plans (n=3). Many units indicated that they provided a combination of assessment/remediation and referral services (n=21). Further descriptions of the services provided revealed that, while some provide formal counseling (n=2) or spiritual counseling (n=1), a number of units provide some form of “supportive counseling” or advising (n=14).

2. How many faculty or staff in your office regularly provides supportive counseling to students in distress?

Almost half of the units interviewed indicated that they had at least one faculty or staff member in their office who regularly provides supportive counseling to students in distress (n=18).

3. How many mental health professionals work at your office?

   a. Counselors? 9 units indicated having at least one counselor working in their office.
   b. Social workers? 2 units indicated having at least one social worker working in their office.
   c. Psychologists? 3 units indicated having at least one psychologist working in their office.
   d. Practicum students? 3 units indicated having at least one practicum student working in their office.
   e. Other? Other mental health professionals mentioned included psychiatrists (n=1) and other student personnel (n=1).

4. Is your department/office open to being a mental health training site for practicum students?

While many of the departments/offices surveyed indicated that they could not serve as a mental health training site for practicum students (n=17), half stated an interest or willingness to do so (n=19). Of those indicating an interest in being a mental health training site for practicum students, many indicated that their abilities would depend upon the availability of appropriate supervision, whether or not the practicum student felt as if they could get something from the experience, and the availability of appropriate work space.
5. Other?

Several units mentioned a desire for increased staffing (n=3), mostly with a specific desire to bolster their department’s ability to provide supportive counseling/advising services (n=2).

6. Any relevant plans for the future?

IV. Crisis Management Procedures

1. Do you have a crisis management protocol in place for individuals in distress?

Half of the units surveyed stated that they had a crisis management protocol in place for individuals in distress (n=19), while half of the units surveyed stated that they did not have such protocols in place (n=19). Of the crisis management protocols described, there was a great deal of variance with regards to formality, with a number of departments describing “common sense” approaches that have not necessarily been placed in writing and/or systematically communicated.

a. What is included in your department crisis management protocols?

Many units stated that their crisis management protocol involved calling for police support (n=9). Utilizing referral to Norris as the crisis management protocol was also mentioned (n=1). A number of departments/offices described protocols mandating that the situation be brought “up the chain of command” within their department (n=5). Several mentioned the use of emergency buttons, alarms, and/or key words (n=4). Others specified that “normal emergency procedures” were in place (n=5), and some of these indicated the inclusion of descriptions regarding who to call and what to do in given situations (n=2).

b. How are these protocols shared with students/other individuals on campus?

2. How do you administer university policies related to mental health/medical leave for students?

Many of the departments and offices surveyed indicated that they work to educate students about their medical leave options (n=4) and/or refer students to their advisor or the Dean of Students to initiate or learn more about the process (n=11). Other units are among those who routinely review students’ medical leave
requests (n=11). A number of units surveyed indicated that this was not applicable to their work within the University (n=13).

3. **How does your department/office interpret HIPAA/FERPA?**

Although some of the units surveyed indicated compliance with HIPAA (n=3), the majority abide by FERPA (n=32); several stated that HIPAA/FERPA did not apply to their department/office (n=3; 2 of these were religious centers that serve UWM students but do not maintain formal affiliation with the University). Many mentioned that they provide regular training on these regulations (n=10), while others mentioned the need or desire for additional training on these topics (n=2).

4. **What is your department/office approach to parent or emergency contact information?**

Most units surveyed indicated that they do not collect parent or emergency contact information (n=22). Some collect this information on a case-by-case basis (n=11), per the permission of individuals for whom they were providing ongoing support or who they felt might represent a threat to themselves or others. Emergency contact information is also collected on a case-by-case basis for students who are traveling internationally or attending conferences. Only a small number of the campus entities interviewed routinely collect and utilize this information (n=2; University Housing and International Students Office).

5. **Other?**

6. **Any relevant plans for the future?**
V. Develop Life Skills

1. Does your department/office offer life skills program or create written material on these topics for students? If so, which of the following?

<table>
<thead>
<tr>
<th></th>
<th>Incoming Students</th>
<th>All Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balancing peer pressure against personal values</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>consequence of using substances as coping mechanisms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam-taking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Importance of balancing work and social life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Importance of exercise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Importance of forming social ties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job searches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mind-body techniques/relaxation exercises</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Money management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem-solving</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proper sleep hygiene</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proper nutrition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship management (at school &amp; back home)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study abroad: re-entry to home school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study habits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time management</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other (specify):</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Each of the above life skills topics were addressed by at least 4 departments or offices, with the most commonly cited being study habits (n=16), time management (n=16), communication (n=14), stress management (n=14), and relationship management (n=12). A number of the departments/offices interviewed did not indicate having addressed any of these topics listed within programs or written materials (n=13).
2. Does your department have a budget for any programming in this area?

While most of the departments/offices surveyed do not have a budget for programming in this area (n=20), a third indicated that they had a specified amount budgeted (n=12).

3. Is this considered a primary responsibility of your department/office?

While most of the departments/offices surveyed indicated that this was not considered a primary responsibility of their unit (n=21), a number indicated that it was (n=12).

VI. Promote Social Networks

1. Does your department do anything to reduce student isolation and promote a feeling of community and belonging (e.g., school-wide parties, small freshman groups that meet all year, peer-to-peer support groups, etc)?

Only a small number of the departments/offices surveyed indicated that they did not do anything to reduce student isolation and promote a sense of community and belonging (n=4). Other campus entities described involvement and/or leadership in a variety of programs that work to serve this purpose.

Additional Questions

Does your department/office have any policies/procedures related to mental health that we have not discussed?

How much time do you estimate your department/office spends working with students who are emotionally distressed?

Many of the entities surveyed stated that they were not able to assess the amount of time spent within their department/office working with emotionally distressed students (n=8). The estimates that were provided ranged from 2-5% (units indicating this time commitment were largely advising offices) to 100% (Norris Counseling Services).

Section II: Best Practices

The Prevention, Promotion, Wellness and Intervention Subgroup spearheaded research on best practices for mental health on college campuses. Based upon their findings, we used the Jed Foundation and Suicide Prevention Resource Center (2006) Comprehensive Approach to Suicide Prevention and Mental Health Promotion as the basis for our campus survey modifying and adapting their “Inventory of Campus Mental Health and Suicide Prevention
Programs, Policies and Services.” We used this survey to identify the existing mental health resources at UWM. The main categories of questions addressed in our survey correspond to the following JED Foundation best practice framework, which highlights the following strategic intervention areas:

a. Identify Students at Risk  
b. Increase Help Seeking Behavior  
c. Provide Services to Assist Distressed Students (i.e. Provide Mental Health Services)  
d. Crisis Management Procedures  
e. Develop Life Skills  
f. Promote Social Networks

See section II/Best Practices in the Prevention, Promotion, Wellness and Intervention Sub-Group Report for detailed, evidence based recommendations for each of these areas/goals excluding “Restricting Access to Potentially Lethal Means,” which was not included in our survey.

**Section III: Data Needed**

Based upon the survey and interviews an overview of current trends related to mental health resources on campus has been delineated. However, there is still a need to explore more thoroughly the student’s point of view about these resources and to further explore their needs. Therefore, student focus groups are recommended to provide this information which will in turn inform future programming and staffing needs. Additionally, data on the mental health needs of UWM faculty/staff would be important to establish more completely a caring campus community. Having systematic ways of identifying faculty/staff in distress and making them aware of referral resources would be optimal, both for the sake of the staff and also for the student population, as a healthy staff is more able and capable to help our students.

**Section IV: Resources and Funding Sources**

**Funding Sources**

Funding was addressed in this questionnaire only in the context of budgeting specifically for life skills programming. Those departments who do life skills programming reported doing so with departmental funds. In addition, some grant money was mentioned for special programming budget.
Resources

We surveyed 38 units on campus (see appendix A). Most of these units (35/38) directly served students, while three were academic departments that prepare mental health professionals. The data suggest UWM has a solid and varied amount of resources/services on campus. Unfortunately, in the course of responding to the survey questions, some units noted they are very small and understaffed for a campus of 29,000 students. Two units that expressed this concern in additional comments on the questionnaire were the Women’s Resource Center (2 professional staff) and the Counseling Services at the Norris Health Center (5 psychologists, 1 social worker, 1 crisis counselor, and two half time psychiatrists). However, 100% of all the units feel they can and do identify students in distress. Although their steps tend to be informal, all units reported ways they identify distressed students and reach out to those students. In the academic departments that prepare mental health professionals, the faculty often has to address directly, and sometimes remediate, students in distress. Although faculty in many academic departments are in positions of identifying students in distress, those preparing mental health practitioners have an additional burden to ensure that their students’ clients are ethically served. All of these departments call on their own faculty to provide initial assessment of students in distress, and all refer either to Norris or the Psychology Training Clinic.

Almost all (35 of 38) units noted they would refer to Norris Health Center as well as many other campus services after identifying distressed students. Units seemed less versed and comfortable with referring off campus, as only about half of departments surveyed indicated seeking assistance form community services. It is clear that many units are not familiar with appropriate community resources. Additionally, some departments acknowledged that they did not feel they had the expertise nor was it their role at the university to determine the exact nature of the student’s difficulties. These departments referred to campus services such as Norris, the Police, the Women’s Resource Center, and the Student Accessibility Center (refer to survey data for the complete list), assuming these places can either help the student or will make the appropriate referral.

In looking at training to identify students in distress, about 50% of the surveyed departments did not provide regular training. Some of the barriers to training noted were budget, time, and lack of knowledge of training opportunities. Additionally, a smaller number of units did note a lack of staff buy-in to training, viewing this as not important or relevant to their roles.

With respect to increasing awareness of student mental health services on campus, a little under 50% provide print material regarding the availability of these services on campus. As noted above, over 90% of units make referrals to campus services, but do this primarily through verbal interaction as needed. It is possible that more students in need could be reached if more information about mental health services was provided proactively.
Some of the specific campus support programs for students with a mental health disorder/distressed student are the following: Norris Health Center: individual psychotherapy, psychiatric evaluations and medication management, group therapy/support (Alcohol/Drug and Dissertation), health education on a variety of topics, eating disorder treatment team, mental health screenings (alcohol, eating disorders, and depression), sexual assault prevention and wellness fairs; Student Accessibility Center: one-on-one counseling and academic accommodations; Women’s Resource Center: disordered eating, sexual assault, childhood sexual abuse, parenting, relationships, and women’s issues; Financial Aid: Military Education Benefits Center and Life Impact Program for financially disadvantaged students.

Based upon the survey list, there are a substantial number of outreach programs in the following areas: Alcohol/Drug Abuse, Depression, Diet, Exercise, Healthy Lifestyles, Sexual Assault Prevention, Stress and Coping Skills. However, there are several serious topic areas that are represented by fewer outreach programs including Bipolar Disorders, Eating Disorders, Learning Disabilities, Sleep, Social Isolation, and Suicide with this possibly being a deficit on campus. With respect to dealing with distressed students, over half of the departments surveyed do a combination of assessments, remediation, and referral. Of that group around 30% provide supportive counseling with two departments, namely the Counseling Services at the Norris Student Health Center and the UWM Psychology Training Clinic providing formal psychotherapeutic treatment.

Crisis management protocols are in place for approximately half of the departments surveyed, with a great deal of variance in their formality. “Common sense” approaches rather than strict protocols in writing tend to be the norm. Half of the units reported they had no particular protocol for crisis management.

The survey suggested that programs in Developing Life Skills is a strength on this campus, with frequent programming from a number of varied units on the topics of Communication, Stress Management, Study Habits, and Time Management. Perhaps more programs on the following topics could be useful: Balancing peer pressure against personal values; consequences of using substances as coping mechanisms; proper sleep hygiene, exercise, and nutrition; importance of forming and managing relationships; re-entry to home/school after study abroad; job searches and money management. Another strength of the UWM campus is the recognized importance of and programming around Promoting Social Networks with approximately 90% of units describing frequent and varied activities aimed at reducing student isolation and promoting a sense of community.
Section V: Recommendations for Building a Caring Campus Community

Based upon the above findings the following recommendations are made by our subgroup:

- More training (see Section II: Best Practices in the Prevention, Promotion, Wellness and Intervention Subgroup report);

- Develop a system of integrated, campus wide appropriate policies, procedures protocols (see Section II: Best Practices in the Prevention, Promotion, Wellness, and Intervention Subgroup report);

- Develop a comprehensive listing of local community mental health resources (see Section II: Best Practices in the Prevention, Promotion, Wellness, and Intervention Subgroup report);

- Explore how other campuses develop partnerships in the community;

- Add more programming in certain areas such as suicide prevention (see more specifics in Resource area of this report);

- Increase mental health staff at Norris to be more in line with National Standards (see System’s report);

- Other units expressed a need for more staff as well due to feeling understaffed to meet student needs and citing lack of time due to job demands as a barrier to more training;

- Increase ways to create more interaction and collaboration among departments by encouraging staff to attend multidisciplinary/multidepartment meetings, make phone calls, networking luncheons or receptions in order to enhance staff familiarity with other staff. This type of interaction could help all departments have more awareness of resources, not ineffectively duplicate services/programming, and foster referrals across units as several departments noted, “we refer to people we know, people we are comfortable with;”

- Remain dedicated to pursuing additional data from students and staff about their mental health needs as suggested earlier in our report;

- Academic units that prepare mental health professionals work together to share resources and develop mechanisms to identify and remediate students;

Recognizing the importance diversity plays on campus, the Campus Partnerships sub-committee put forth the following information and suggestions as well.
• Some ethnic/cultural groups do not accept the concept of “disability and/or mental illness” and are reluctant to ask/seek help through typical centers like SAC, Norris or in the community. Some advisors may be reluctant to refer students to SAC because this is generally not accepted by the family, fellow students, etc. It frequently is considered as “shameful” and may reflect poorly on the individual and the family. Referrals are made to Norris on a case-by-case basis.

• Some ethnic/cultural groups more typically use a holistic approach to mental health that is tied to their community, e.g., American Indian Support Services may refer students to “talking circles,” spiritual leaders, sweat lodges, nutrition, and to Indian Community Counseling; Southeast Asian American Student Services refer students to the two student organizations, Hmong Student Org and the Asian Student Org, which are reflective of native spiritual beliefs, i.e., Shamman. Students affiliate with like groups.

• Some ethnic/cultural groups do not accept that at age 18 their son/daughter is an independent adult. Parents continue to play critical role in the students’ selection of a major which may or may not “match” with the desires or abilities of the students. Parents do not understand/accept FERPA given the cultural expectation is that parents remain very involved and possibly continue as decision makers well into adulthood and beyond.

These issues suggest the importance of developing a broad holistic approach to dealing with mental health issues on campus because of the varying perspectives and accepted practices of cultural and ethnic groups. It may be helpful to have individuals trained who can offer “coaching” based on the norms of each ethnic/cultural group. Training is critical. Many of these support groups are small and are in great need of training. Several interviewees commented that they specifically agreed to be interviewed because this is such an important issue and they want to have more resources/training available.
APPENDIX A
(Report of the Campus Partnership Subgroup)

Campus Units Participating in Interviews:

- American Indian Support Services (Diane Amour)
- AOC (John Dorosz)
- Architecture Advising (Tammy Taylor, Kevin Forseth)
- Asian American Student Services (Dao Vang)
- Athletics (Kathy Litzau)
- Business Advising (Kristin Roosevelt)
- CDC (Tom Bachhuber)
- CEAS Advising (Jenny Klumpp)
- Curriculum and Instruction Advising (Rachelle Alioto)
- Dean of Students (Jim Hill)
- Ed Psych (Tony Hains)
- Equity Diversity Services (Patricia Villarreal)
- Financial Aid (Jane Hojan-Clark)
- First Year Center (Ericca Rolland)
- Grad School (Gwat Lie, Pat Hayes)
- Health Sciences (Sue Gruzis)
- International Students Office (Jennifer Gruenwald)
- Klotsche (Heath Powell)
- Legal (Robin Van Harpen)
- Letters and Science (Jennifer DeRoche, Gwynn Wallander)
- LGBT (Warren Scherer)
- Multicultural Affairs (Michael Powell)
- Multicultural Center (Linda Huang)
- Newman Center (Dave Kang)
- Norris Counseling Services (Paul Dupont)
- OOARS (Kim Folstein)
- Peck Advisors (whole staff)
- Police (Mike Marzion)
- Psychology (Jonathan Kanter)
- Recruitment and Outreach (Jan Ford)
- SAC (Jon Broskowski)
- Social Work (Deb Padgett)
- Student Org Office (Tom McGinnity)
- Tutoring and Academic Resource Center (Johanna Dvorak)
- Union Programming (Scott Gore, Alice Jackson)
- University Housing (Kelly Johnson)
- WI Lutheran Student Center Point of Grace (Paula Hubst, Bill Limmer)
- Women’s Resource Center (Cathy Seasholes)
Appendix E

Report of the Community Partnerships Subgroup
Report of
The Community Partnerships Subgroup

Membership: Joanne Barndt (Chair), Martin Cavan, Anthony Hains, Mike Marzion, Jane Ramsden, Virginia Stoffel

Goal: To identify local community mental health agencies that interact with college students and explore issues relating to referrals, reimbursement, parental involvement, and barriers to service.

Section I: Current Data

The subgroup scheduled interviews with four community agencies:

- Columbia-St. Mary’s Hospital Behavioral Health (CSM)
- Grand Avenue Club (GAC)
- Mental Health America of Wisconsin (MHAW)
- Milwaukee County Mental Health Complex (MCMHC)

The subgroup planned to meet with Pathfinders, but Pathfinders met recently with the staff of the Norris Health Center. It was decided not to have them come back to campus, but to include information from their meeting with Norris Health Center staff in our report.

Referrals

All of the agencies provide services to UWM students, but students make up a very small percentage of their total service population. Students who were self-referring often located the services on the internet. Students who accessed the medical facilities were most often escorted to the facilities by the police. None of the agencies gathered data specifically related to the use of their services by UWM students.

Mental Health America of Wisconsin provides an online resource directory and suicide support groups. Grand Avenue Club provides a “clubhouse model of recovery” (social network) whereby students who are members at the GAC have a weekly gathering to support one another and share their experiences in higher education, as well as joining in the full clubhouse activities throughout the week. Pathfinders is phasing out its support groups due to lack of interest.

Pathfinders provides short-term counseling services for youth ages 17-24. Columbia-St. Mary’s Hospital Behavioral Medicine provides an Intensive Outpatient Program for mental health
consisting of group and individual psychotherapy, medication management, education groups and family therapy. It also has an Intensive Outpatient Program for chemical dependency. The CSM Center for Psychotherapies maintains a 24/7 emergency on-call system for its patients. The Milwaukee County Mental Health Complex can provide medication management and limited outpatient therapy (10-12 sessions), but has long waiting lists (up to 8 weeks). It also has a Mobile Unit Treatment Team (MUTT) that can come to campus to assess students.

Columbia-St. Mary’s Hospital Behavioral Medicine and the Milwaukee County Mental Health Complex also have inpatient programs. CSM has 16 beds at the Columbia campus and 10 beds at the Ozaukee campus. Length of stay averages 3-4 days. On approximately 75 days a year the unit is at capacity and unable to admit new patients. The Milwaukee County Mental Health Complex has 108 beds and is the regional facility for the most dangerous patients. They also have 18 “observation beds” for stays up to 48 hours. The MCMHC admits approximately 20% of the individuals who are brought to their psychiatric emergency room. For the other 80%, the crisis has passed and they are released.

**Reimbursement**

All of the agencies except Columbia-St. Mary’s Hospital and Pathfinders are able to provide free services. CSM can admit patients with insurance or who are self-pay. The CSM Center for Psychotherapies is staffed by residents and can set up a payment plan on a sliding scale. Pathfinders also offers a sliding fee schedule. The Milwaukee County Mental Health Complex can only serve individuals who do not have insurance and regularly check data bases prior to each admission to confirm that the patient is uninsured.

**Parental Involvement**

Mental Health America of Wisconsin provides educational information for parents of young adults and also offers a support group for them. Columbia-St. Mary’s Hospital encourages parents to be part of the treatment process.

**Barriers to Service**

1. Younger students (18 – 21 year olds) are more likely to be unaware of their personal needs and lack the skills to access community mental health services.

2. Younger students tend to be uncomfortable around older chronically mentally ill adults.
3. Although community agencies have attempted to provide support groups for young adults, they have found scheduling to be an issue.

4. Insurance coverage varies widely as to what is covered, especially away from the student’s home community (out-of-network).

5. Students are reluctant to access their parents’ health insurance coverage

Section II: Best Practices

Maintain an ongoing relationship with community agencies that are most often accessed by UWM Students.

Utilize community agencies for training opportunities for campus groups.

Involve parents when legally possible.

Develop an anonymous or restricted reporting system whereby concerned individuals of students exhibiting mental health issues can report without having the student know or become angry with them.

Section III: Data Needed

1. Contact other Milwaukee and UW System campuses to explore their experiences.

2. Conduct focus groups with current students and with their parents regarding their needs and suggestions.

Section IV: Resources and Funding Sources

None were identified.

Section V: Recommendation

1. Develop student on-line support groups that provide both anonymity and 24-hour access.

2. Provide a link and/or telephone number on the UWM web page (student section) to a few primary community agencies such as Mental Health American of Wisconsin and Impact 211 that can provide 24 hour information and referral sources for students.

3. Provide a link on the UWM web page (student section) to a page that provides a list of steps for students/roommates to take in order of priority when they are
unsure of what to do. The steps might include check information sites, talk to a
professor, go to Norris, contact a community agency, contact parents for
insurance information, when it would be appropriate to involve the UWM Police
or the MCMHC Mobile Unit Treatment Team, etc.

4. Incorporate “tile ads” on the UWM web page. A tile ad is a visual box at a web site
where, if you click on it, you will get much deeper information. It works like a menu, but
is displayed a bit more prominently.

5. Include mental health information in student planners.

6. Develop peer support specialists.

7. Utilize MCMHC and CSM Center for Psychotherapy Community Education
opportunities with campus groups such as the resident assistants, UWM Police, peer
support specialists, etc.

8. Encourage faculty and staff who refer a student to a community agency to stay in touch
with the student to assess whether the student has been able to make the connection with
the agency.

9. Utilize Impact 211 data base for up-to-date information on community resources.

10. Maintain open communication with primary referral sources such as Columbia-St.
Mary’s Hospital, Mental Health America of Wisconsin, Milwaukee County Mental
Health Complex, and Pathfinders.

11. Continue the dialogue between the UWM Police and other police districts regarding the
mental health issues of UWM students, both on and off campus.

12. Communicate to students that police intervention for mental health issues will not result
in an arrest for other issues such as underage drinking, etc.