

Healthy Minds Study

UW System Consortium Administration Spring 2012, University of Wisconsin System Mental Health Population Assessment Subcommittee

Partnership between the University of Michigan School Of Public Health, the multidisciplinary University of Michigan Comprehensive Depression Center, and Survey Sciences Group, LLC in Ann Arbor, MI.

American College Health Association

National College Health Assessment

University of Wisconsin-River Falls

Spring 2000, 2003, 2006, 2009, and 2012

Step Up Choices Survey (University of Arizona) , 2010 Survey Research Center

UW-River Falls, Athletes, Greeks, Sample General Student Body

The National Research Consortium of Counseling Centers in Higher Education

Undergraduate and Graduate Student Coping With Stressful Experiences


UW-River Falls, Spring 2011


Examining the Effectiveness of Mental Health Services on University of Wisconsin System


Campuses: A Pilot of the Learning Outcomes and Satisfaction Survey, University of Wisconsin System, Counseling Impact Assessment Subcommittee

Student Health And Counseling Services

Student Health And Counseling Services

COUNSELING SERVICES 

STUDENT HEALTH
SERVICES 

WELLNESS 

[Emergencies/Crisis Situations](#)

[Area Physical and Mental Health
Resources](#)

[Special Medical or Mental Health
Needs](#)

[About Us](#)


Mental and Physical Health Data

[2012/2013 Student Health and Mental Health Data](#) 

[2012 Tobacco-Free Campus Information](#) 

[2010 Bystander Intervention Step Up Survey Results](#) 

[Spring 2009 UWRF National College Health Assessment and UW-System AODA Data](#) 


[Spring 2008 UWRF Tobacco-Free Survey](#) 

[2000 - 2007 UWRF Student Health Behavior and Risk Data](#) 


[Spring 2007 UWRF Employee Health and Wellness Survey Data](#) 

[Spring 2006 UWRF National College Health Assessment Survey Results](#) 

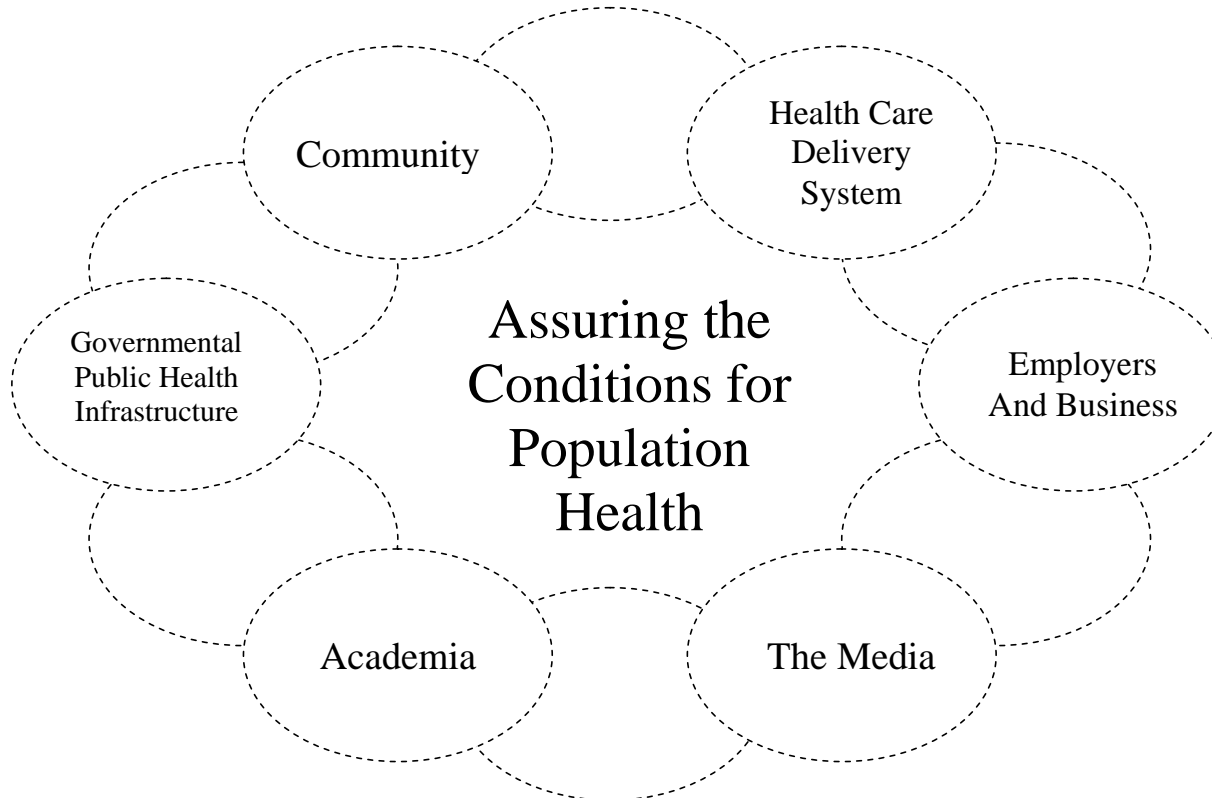
[Spring 2005 UWRF Student Alcohol and Other Drug Data Results](#) 

[2002 UWRF Core Alcohol and Other Drug Survey Results
\(Legal Sized Paper - 8.5" x 14"\)](#) 

[2000 and 2003 UWRF National College Health Assessment Survey Results](#) 

[Fall 2003 Core UWRF Faculty and Staff Environmental Alcohol and Other Drug Survey Results](#) 

THE PUBLIC HEALTH SYSTEM



The Future of the Public's Health in the 21st Century Institute of Medicine 2003

- **Assessment**
 - Monitor health status
 - Diagnose and investigate health problems/hazards
- **Policy Development**
 - Inform, educate, and empower people
 - Mobilize community partnerships
 - Develop policies and plans that support individual and community health efforts
- **Assurance**
 - Enforce laws and regulations
 - Link people to needed personal health services
 - Assure competent public health and health care workforce
 - Evaluate effectiveness, accessibility, and quality

Addressing Mental Health from a Public Health Perspective

Identify Students At-Risk

Campuses can implement screening and identification strategies to determine those students at-risk for compromised mental health or wellness.

Encourage Help-Seeking Behaviors and Reduce Stigma

To promote student help-seeking, campus outreach can focus on educating students about mental health and reducing stigma or negative attitudes towards people with mental illness.

Provide Mental Health Services

Campus administrators can work to provide sufficient mental health services in order to diagnose and connect students to appropriate treatment services and resources.

Establish and Follow Crisis Management Procedure

Campus officials should consider devising and implementing policies and strategies directed towards students who experience extreme levels of distress.

Restrict Potentially Lethal Means

Institutions of higher education must make every possible attempt to limit student access to potential sites and agents that can facilitate self-harm or suicide attempts.

Encourage Life Skills Development

All campus members can strive to provide students with skills that can assist them as they face various challenges in both school and life.

Promote Social Networks

Campus officials can implement policies and strategies designed to strengthen relationships between students and foster a sense of community on campus.



University of Wisconsin Consortium

Healthy Minds Study 2012

www.healthymindsstudy.net

info@healthymindsstudy.net

Purpose



- The purpose of Healthy Minds is to estimate the prevalence:
 - Symptoms of depression, anxiety, and disordered eating using validated instruments
 - Therapy/counseling and medication use for mental health
- It also serves to explore:
 - Factors that may facilitate or impede access to these services, such as stigma surrounding mental illness
 - Relationships between mental health and other important aspects of well-being, including academic performance and substance use

General Study Information & Respondent Characteristics



- Healthy Minds administered as a UW System consortium with all campuses except UW-Madison in the spring of 2012
- Data is from 5th round of the national study at 29 colleges and universities during Jan – April 2012
- National sample = 25,242 (24.3% response rate)/ WI sample = 10,389 (27.2% response rate)/UWRF sample = 606 (15.2% response rate)
- UWRF Respondents were 61% female and 39% male
- UWRF Respondents:
 - White 89.6%/Black or African American 2%/Hispanic or Latino 1.7%/American Indian 1%/Arab or Middle Eastern .15%/Asian or Asian American 4.5%/Pacific Islander .37%/Other 2.2%
 - International 2.7% /US resident or citizen 97.3%
 - On Campus Residents 39.9%/Off Campus Housing 60.1%
 - 18-22 years of age 71.4%/23-25 13.7%/26-30 8.1%/ 31 and older 6.8%
 - Heterosexual 92.4%/Bisexual 2.6%/Gay or lesbian 2.8%/Questioning .9%/Other 1.4%

Key measures

- Depression
- Anxiety
- Panic disorder
- Eating disorder
- Suicidal ideation
- Self-injurious behavior
- Positive mental health
- Mental health service utilization



Highlights



- Highlights section (with categories of measures that were significantly higher than or lower than the national average)
 - Respondent characteristics
 - Mental health measures
 - Self-injury and suicide
 - Previous diagnosis of mental health
 - Health behaviors and lifestyle
 - Attitudes and beliefs about services
 - Help-seeking
 - Bystander intervention
 - Satisfaction with therapy for campus providers, non-campus providers
 - Barriers and facilitators to help-seeking
 - Insurance coverage
 - Supportiveness of academic and social environment

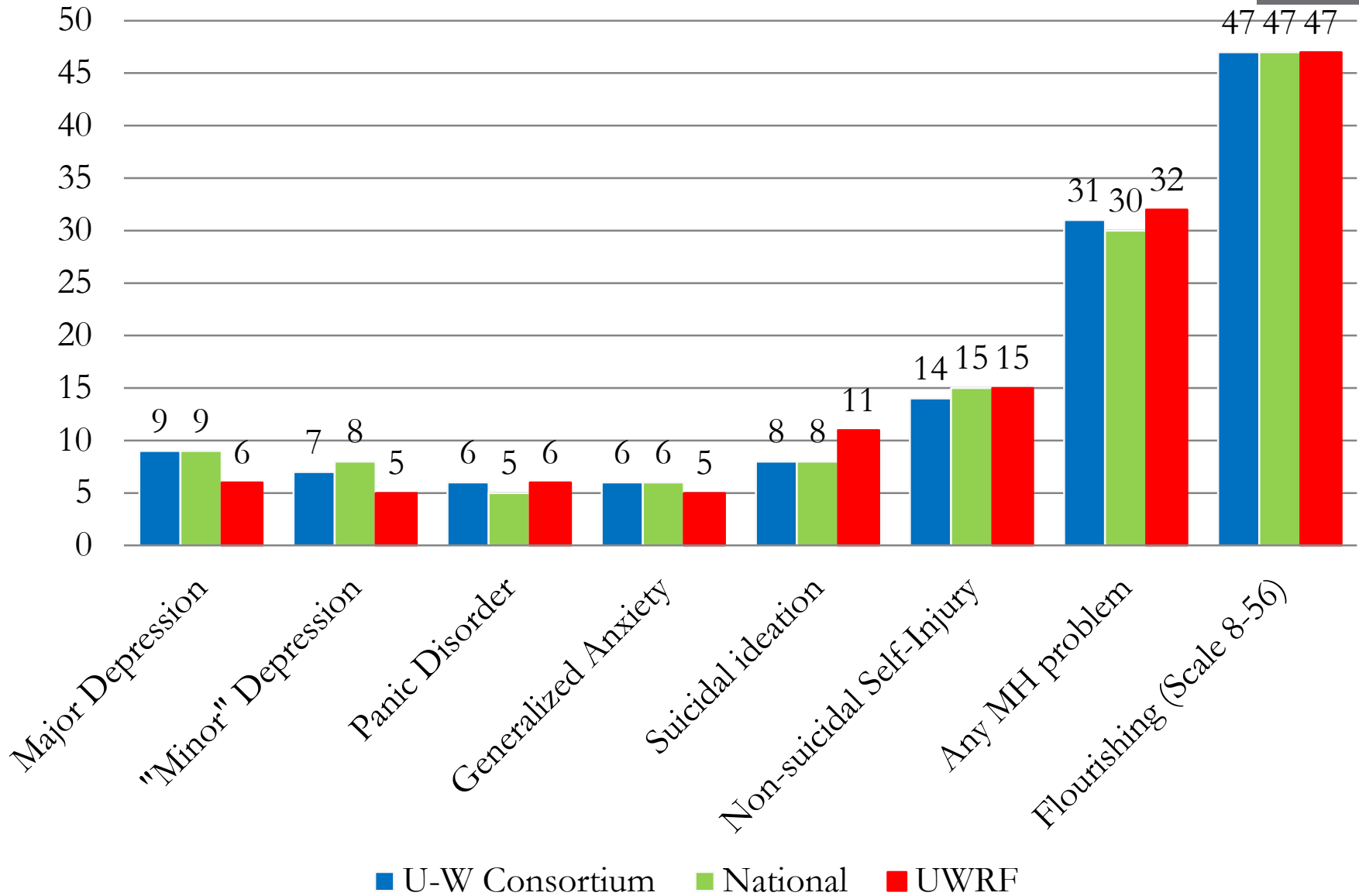
UW System Comparisons to Nationally

- Compared to non-WI coalition schools, WI coalition schools are statistically significantly higher in . . .
 - Cutting
 - Seriously thought about attempting suicide, past year
 - Made a plan for attempting suicide, past year
 - Attempted suicide, past year
 - Mental disorders, any
 - Depression or mood disorder, any
 - Anxiety disorder, any
 - Attention or learning disorder, any and ADHD
 - Substance abuse disorder, any and alcohol abuse disorder
 - Binge drinking past 2 weeks, 1 or more time, 3 or more times
 - Substance abuse past 30 days, heroin
 - Gambled past year, both measures
 - Psychotropic medication, any, past year and current
 - Obese, BMI > or = 30
 - Uninsured and insurance doesn't cover mental health services
 - Exercised past month, 3 or more hours per week
 - Sleep, weeknights, hours per night

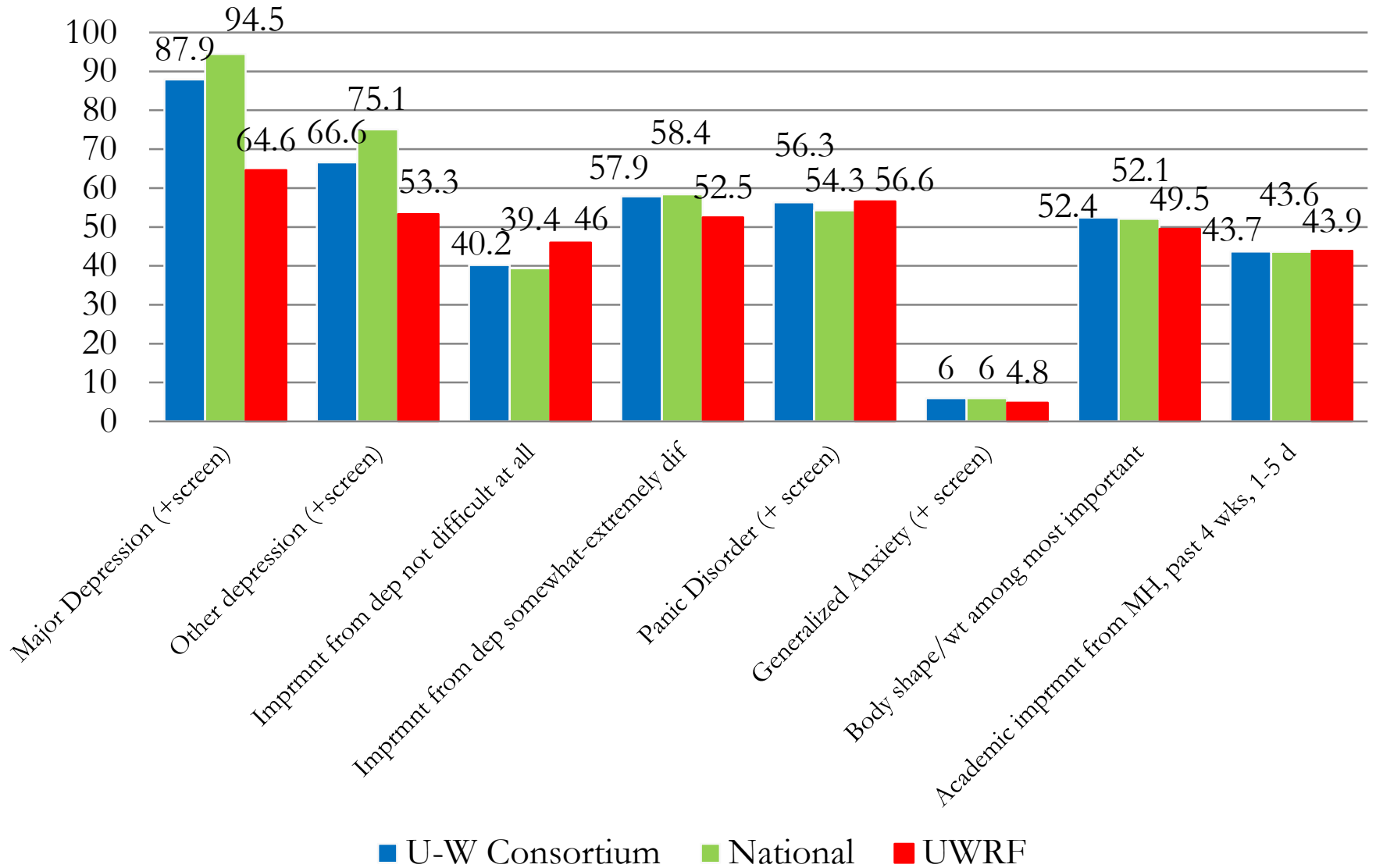
- Compared to non-WI coalition schools, WI coalition schools are statistically significantly lower in . . .
 - Any non-suicidal self-injury, past year
 - School work, hours per day in current semester



Prevalence of Mental Health Problems (%)



Prevalence of Mental Health Problems (%) Positive Screen



Other Results

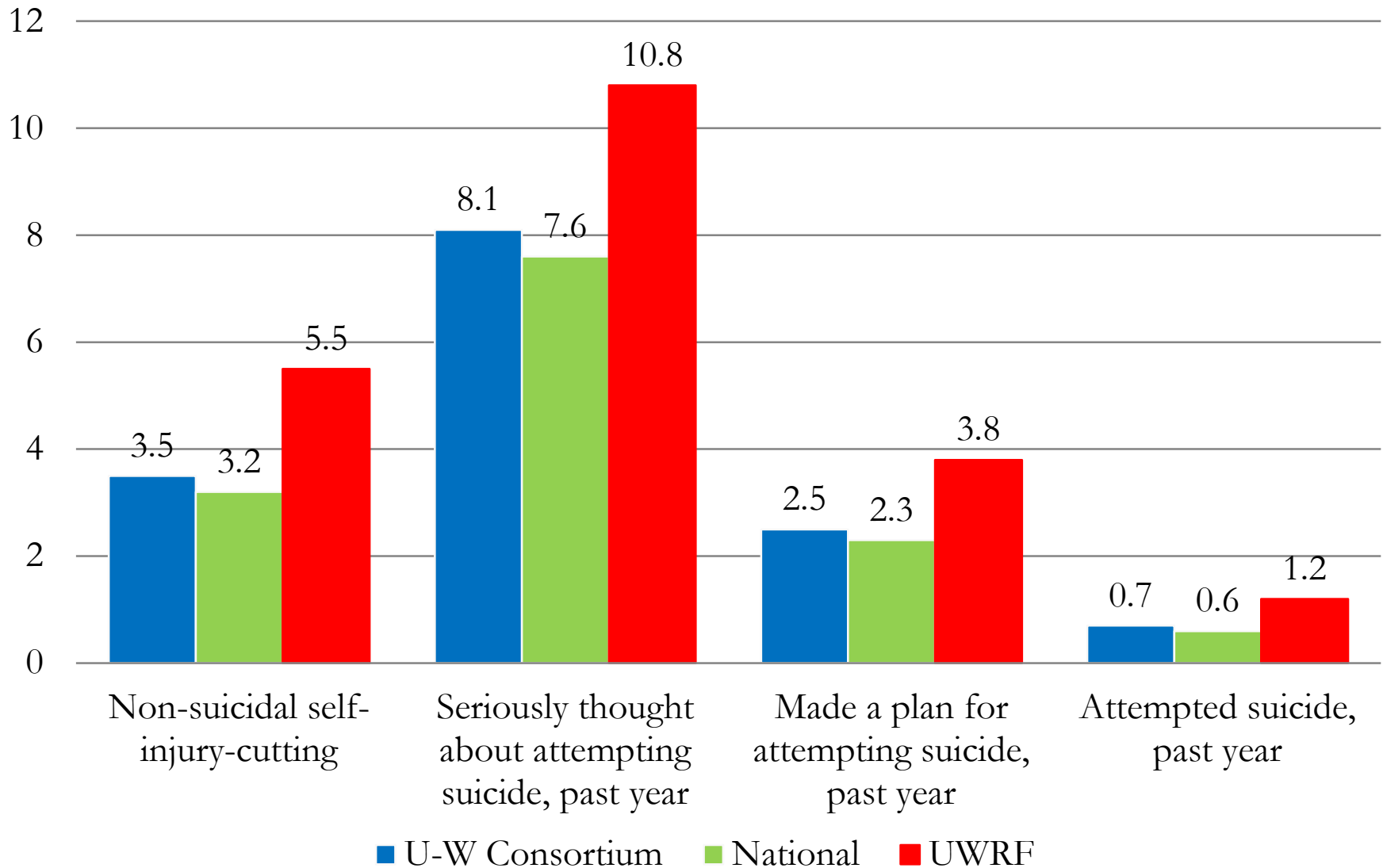


Mental Health

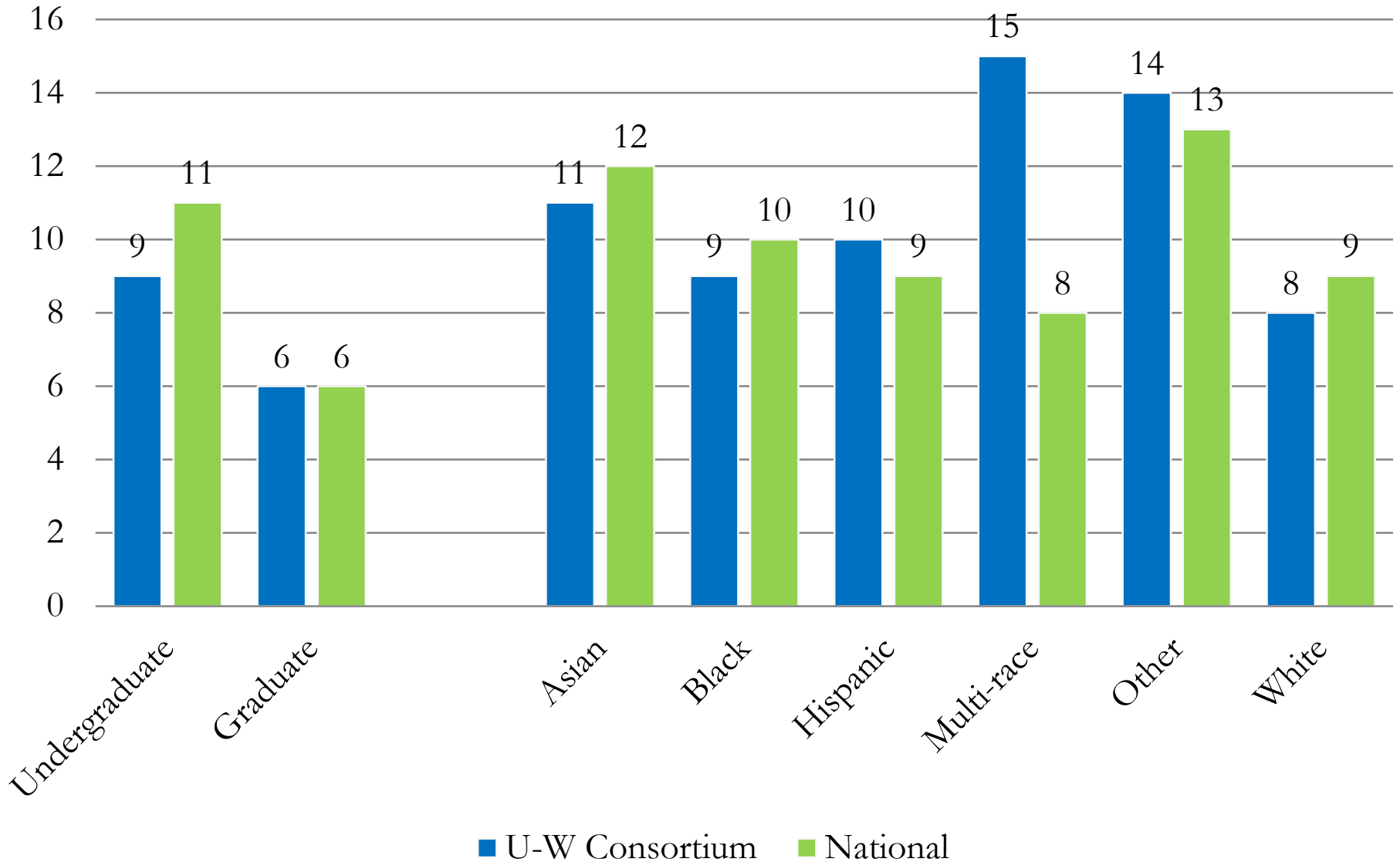
- UWRF students are statistically higher than nationally in:
 - Impairment from depression: Not difficult at all
- UWRF students are statistically lower than nationally in:
 - Depression (PHQ): Major depression (positive screen)
 - Depression (PHQ): Other depression (positive screen)
 - Impairment from depression: Somewhat difficult

Self-Injury and Suicide(%)

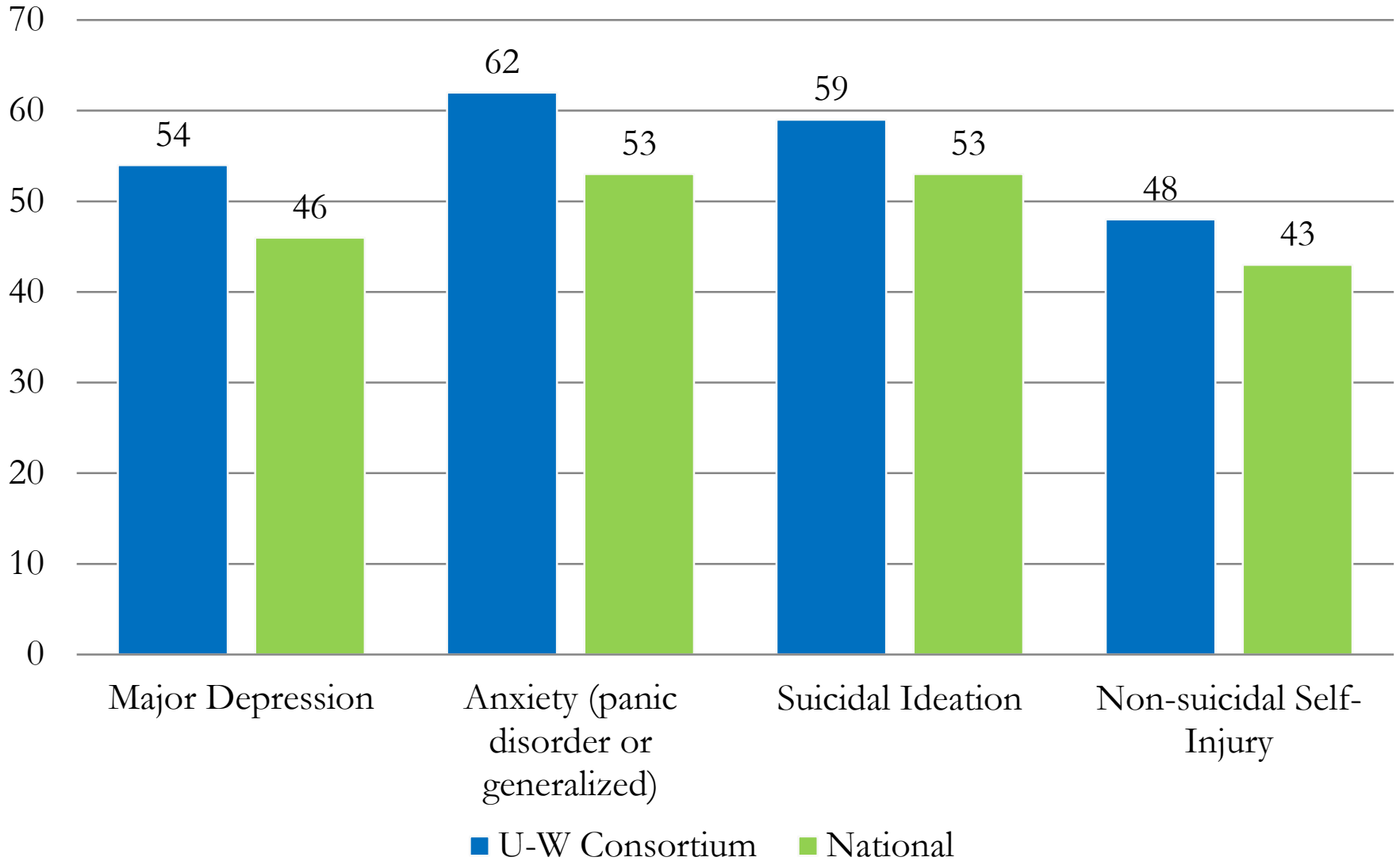
All significantly higher for UWRF students vs. nationally



Major Depression (%), by demographic group From Healthy Minds

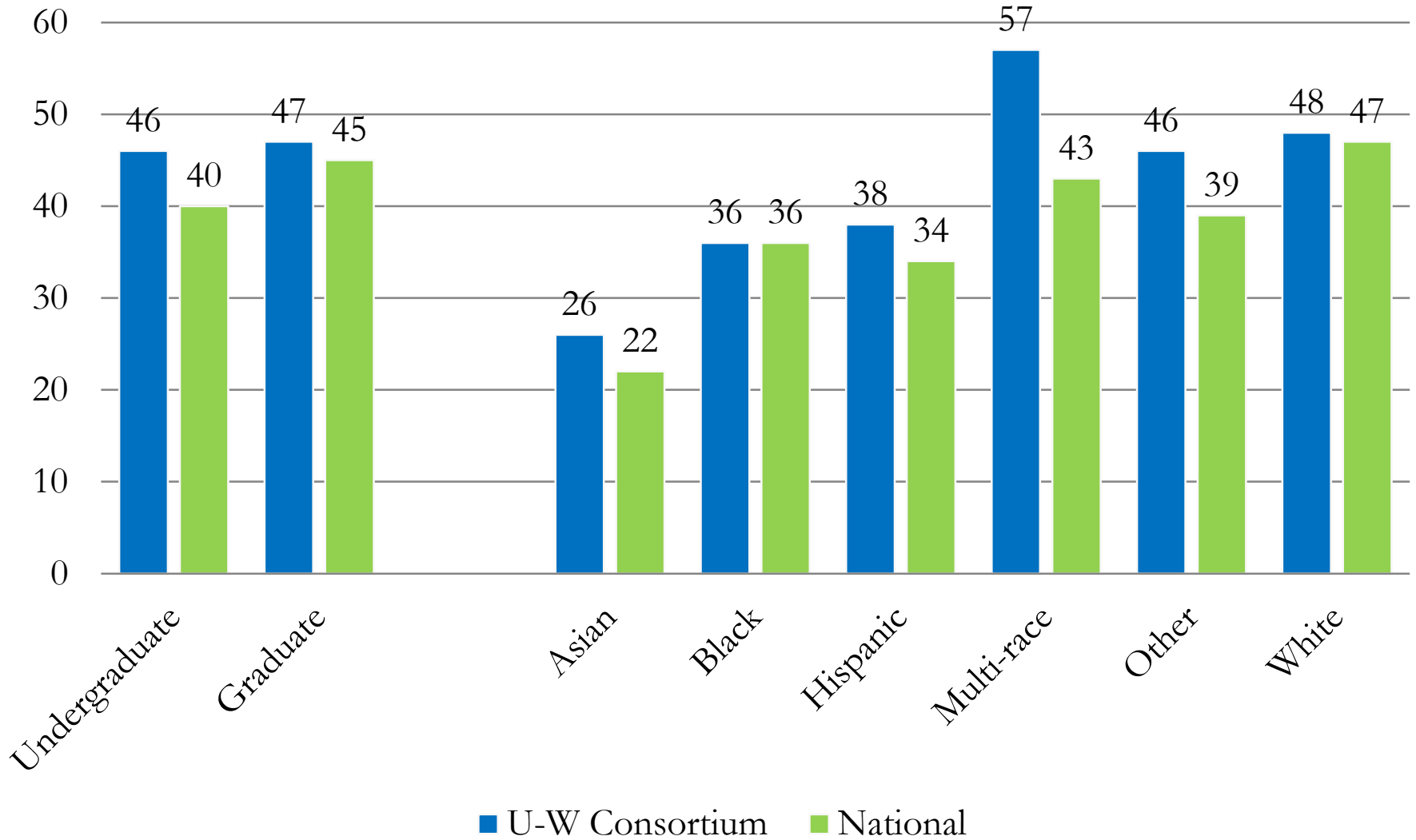


Any treatment past year (%), by mental health problem From Healthy Minds

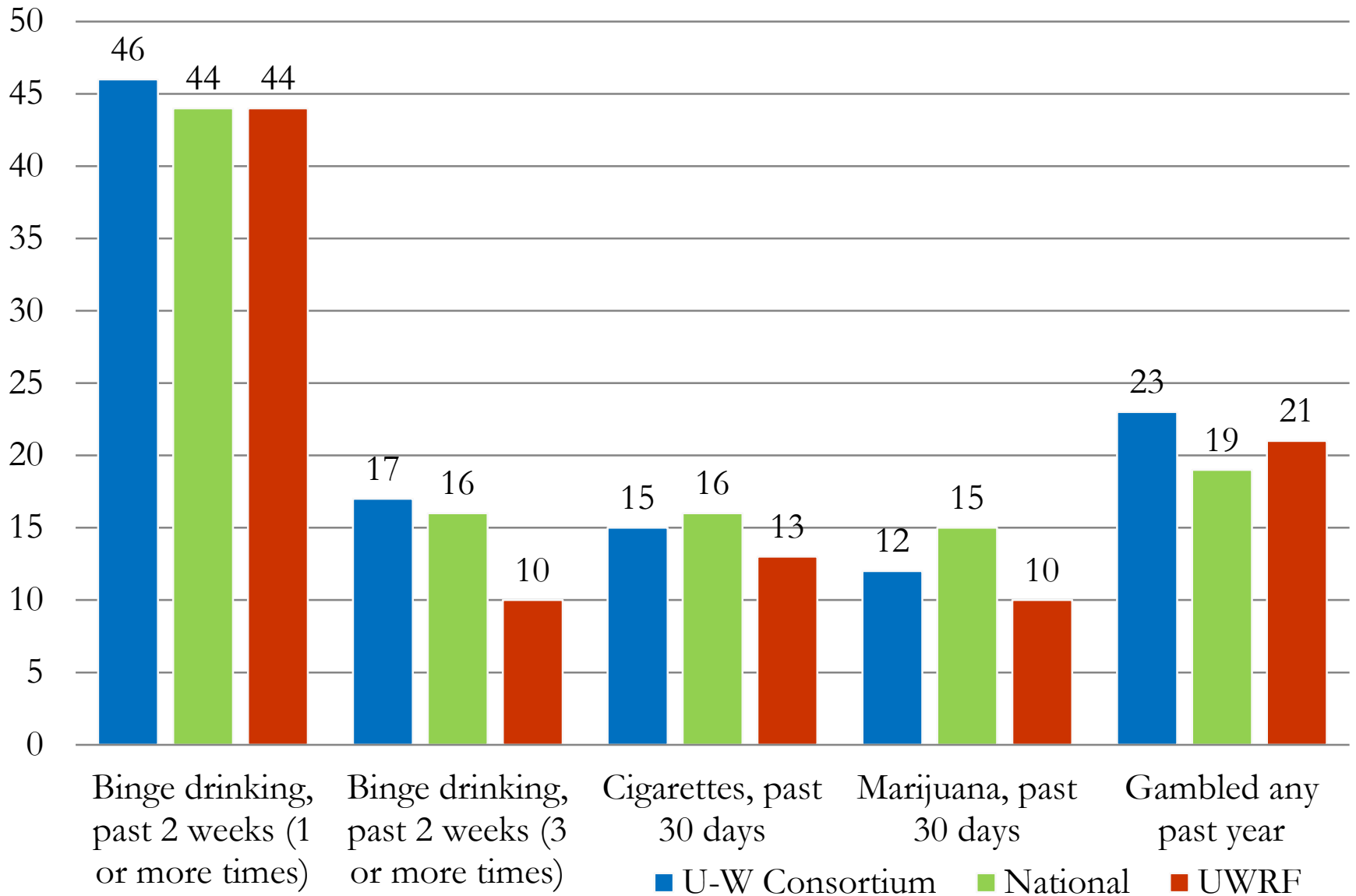


Any treatment past year (%) among those with mental health problems, by demographic group

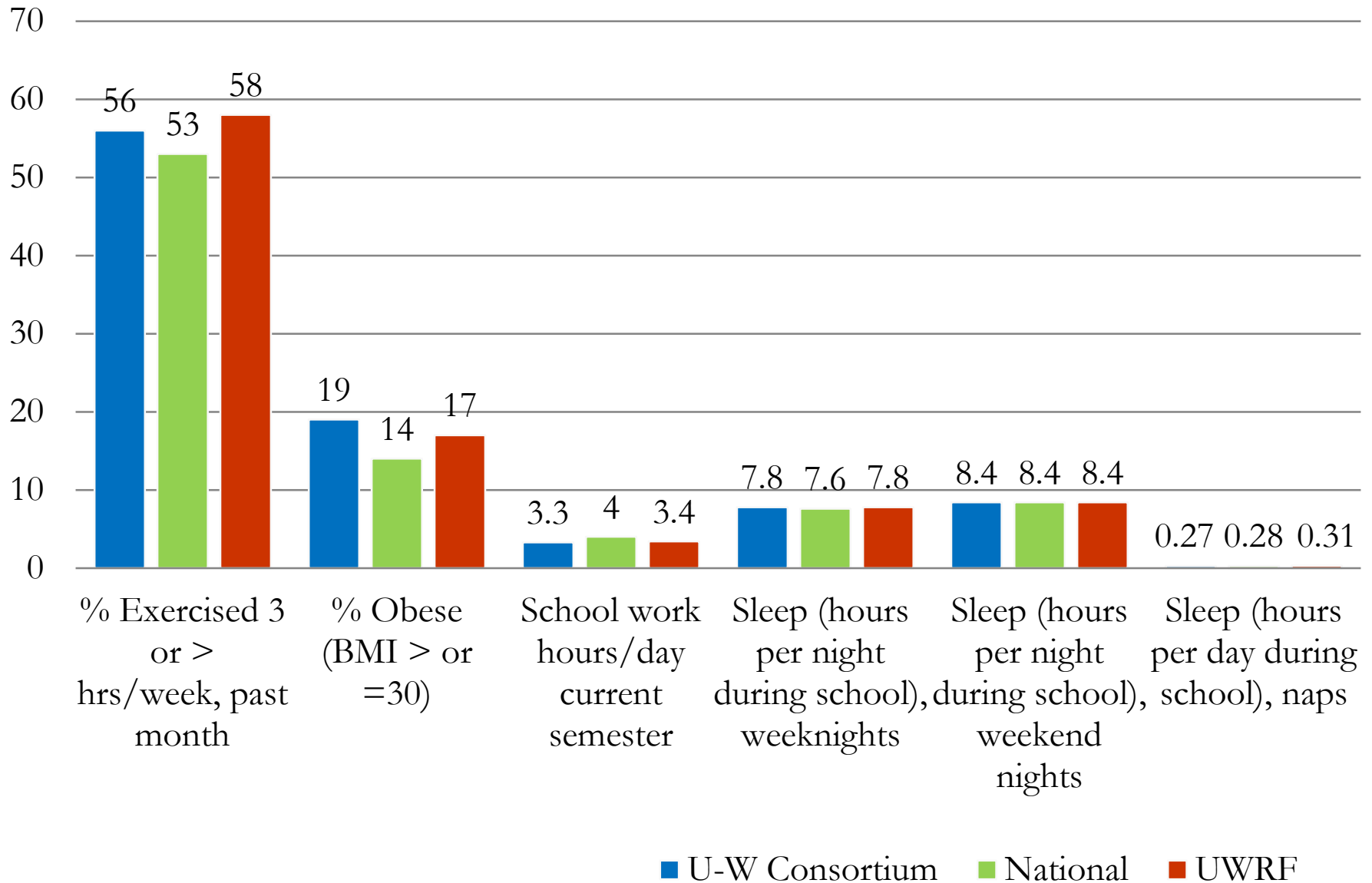
From Healthy Minds



Health Behaviors & Lifestyles (%)



Health Behaviors & Lifestyles



Other Results

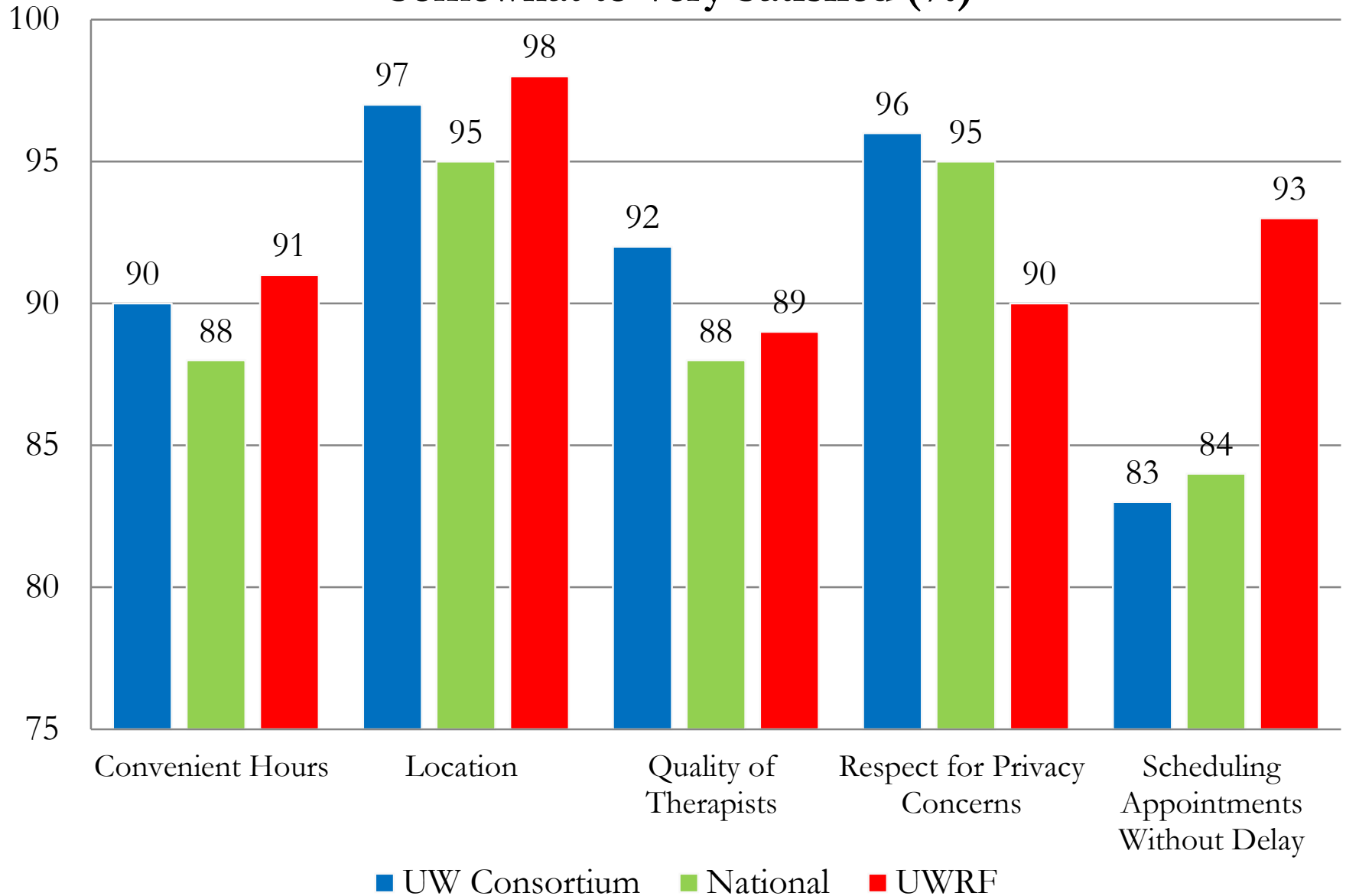


Health Behaviors and Lifestyle

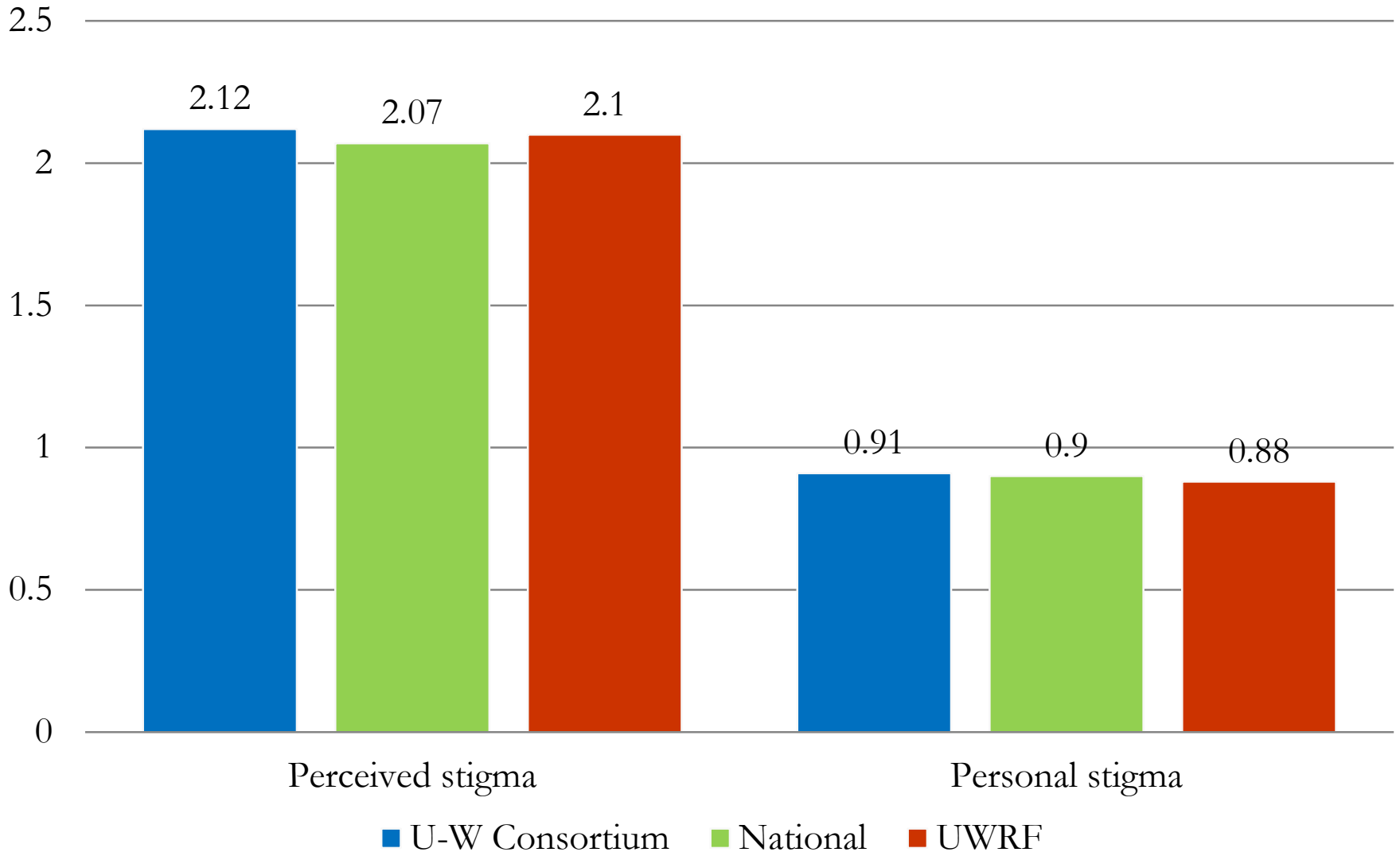
- UWRF students are statistically higher than nationally in:
 - Exercised, past month: 3 or more hours/week
 - Obese (BMI $>$ or $=$ 30)
 - Sleep, typical during school year): weeknights, hours/night
 - Sleep, typical during school year: Naps, hours/day

- UWRF students are statistically lower than nationally in:
 - Binge drinking, past 2 weeks: 3 or more times
 - Substance use, past 30 days: cigarettes
 - Substance use, past 30 days: marijuana

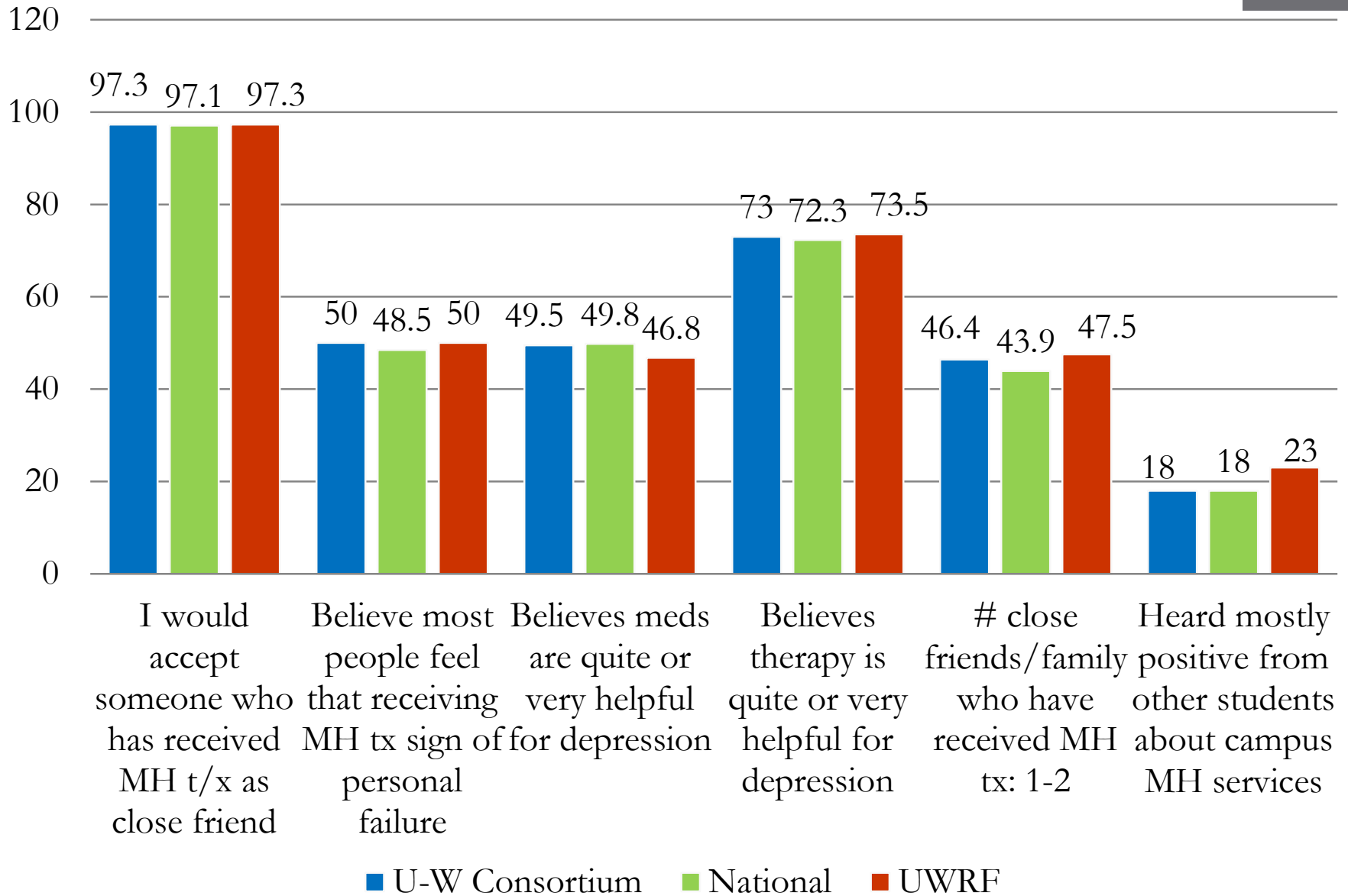
Satisfaction with Campus Services Somewhat to Very Satisfied (%)



Attitudes and Beliefs About Services: Stigma (mean), minimum=0, maximum=5



Attitudes & Beliefs About Services (%)



Other Results

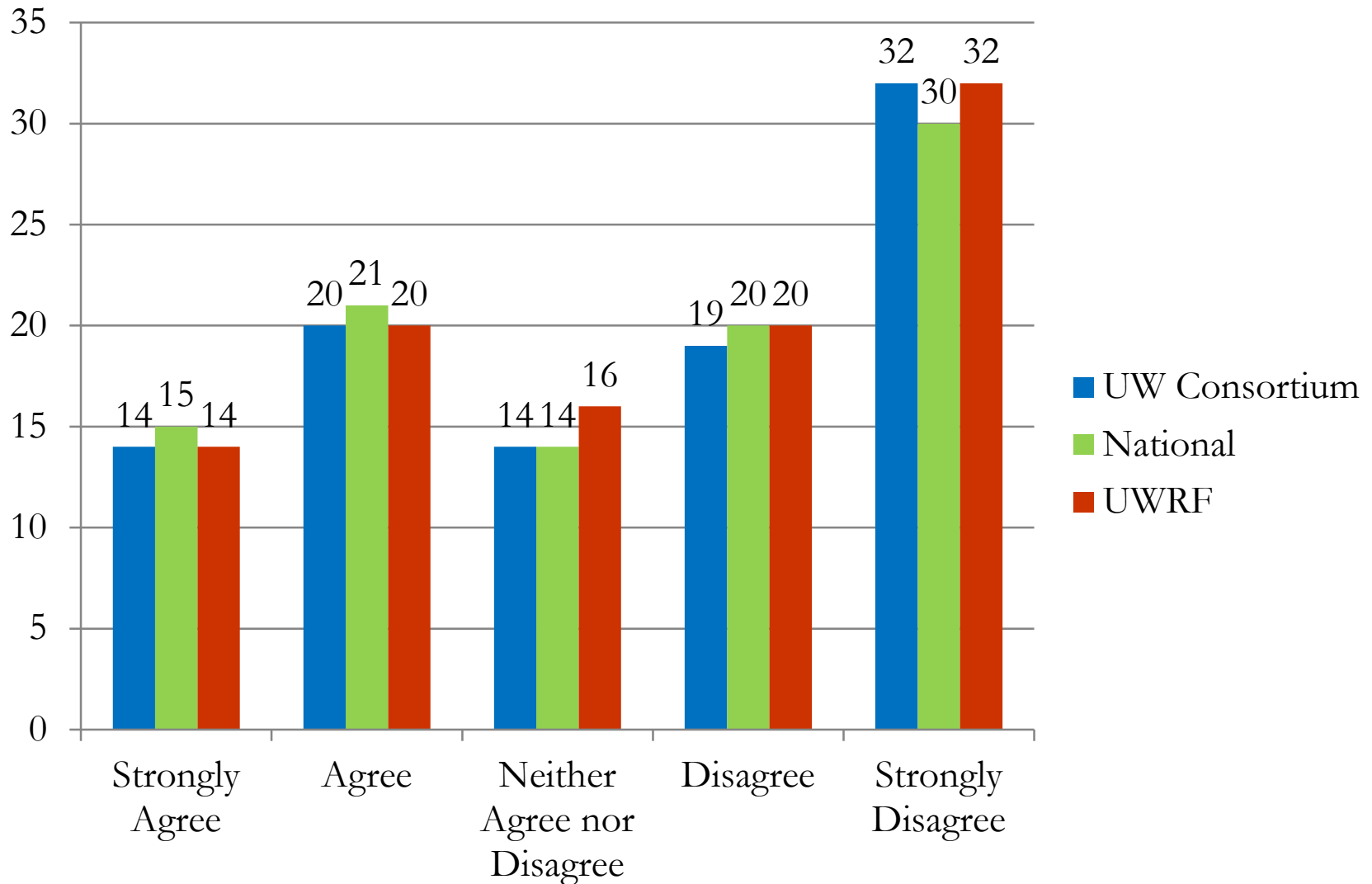
Attitudes and Beliefs About Services/ Satisfaction with Therapy Campus Providers



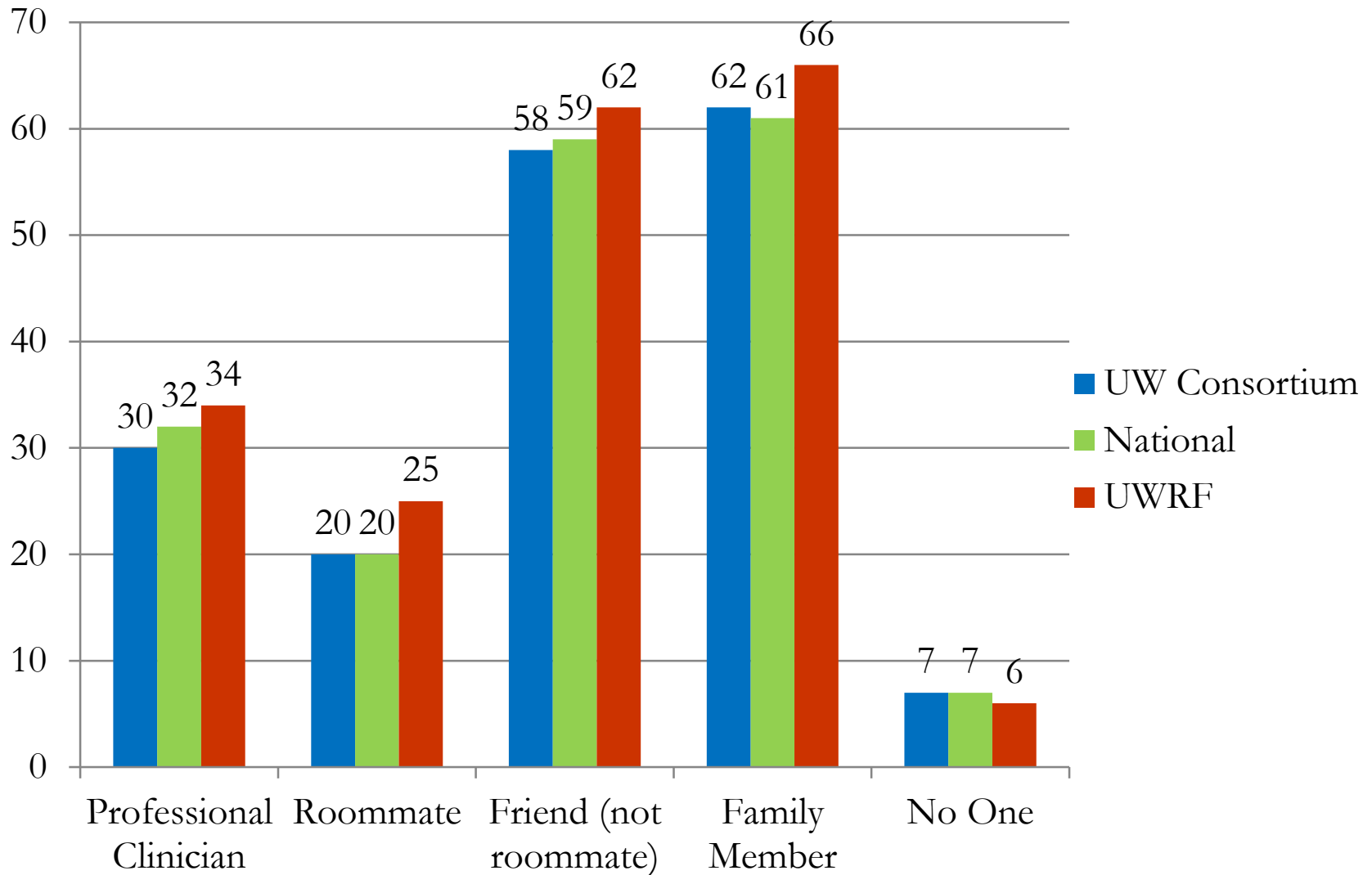
- UWRF students are statistically higher than nationally in:
 - Believe most people feel that receiving MH treatment is a sign of personal failure
 - Heard from other students about campus mental health services: Mostly positive opinions
 - Satisfaction with Therapy, Campus providers: Respect for privacy concerns: Dissatisfied

- UWRF students are statistically lower than nationally in:
 - Heard from other students about campus mental health services: Mostly negative opinions

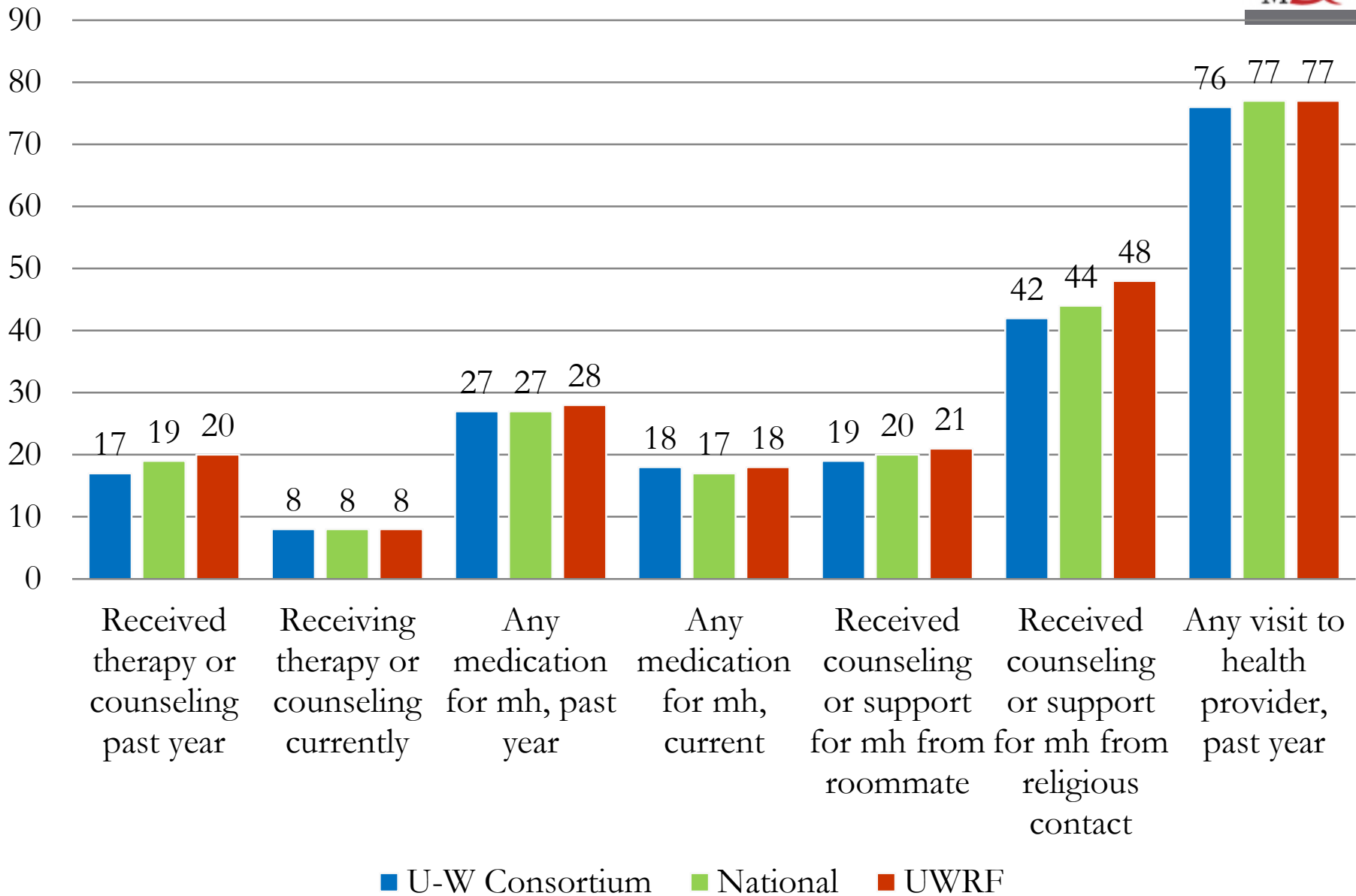
Help Seeking: Think you needed help for emotional or mental health problems, past year (%)



Help Seeking: Whom you would talk to if you were experiencing serious emotional distress (%)



More Help Seeking (%)



Other Results



Help Seeking

- UWRF students are statistically higher than nationally in:
 - Psychotropic medication: Any, past year
 - Psychotropic medication: Any, current
 - Psychotropic medication: Antidepressants
 - Whom do you talk to, if you were experiencing serious emotional distress: Roommate, Friend (who is not a roommate), Family Member, and Support group

- UWRF students are statistically lower than nationally in:
 - Discussed medication with provider, past year (among those with med use): Not at all
 - Discussed medication with provider, past year (among those with med use): More than 5 times

Barriers & Facilitators to Help Seeking

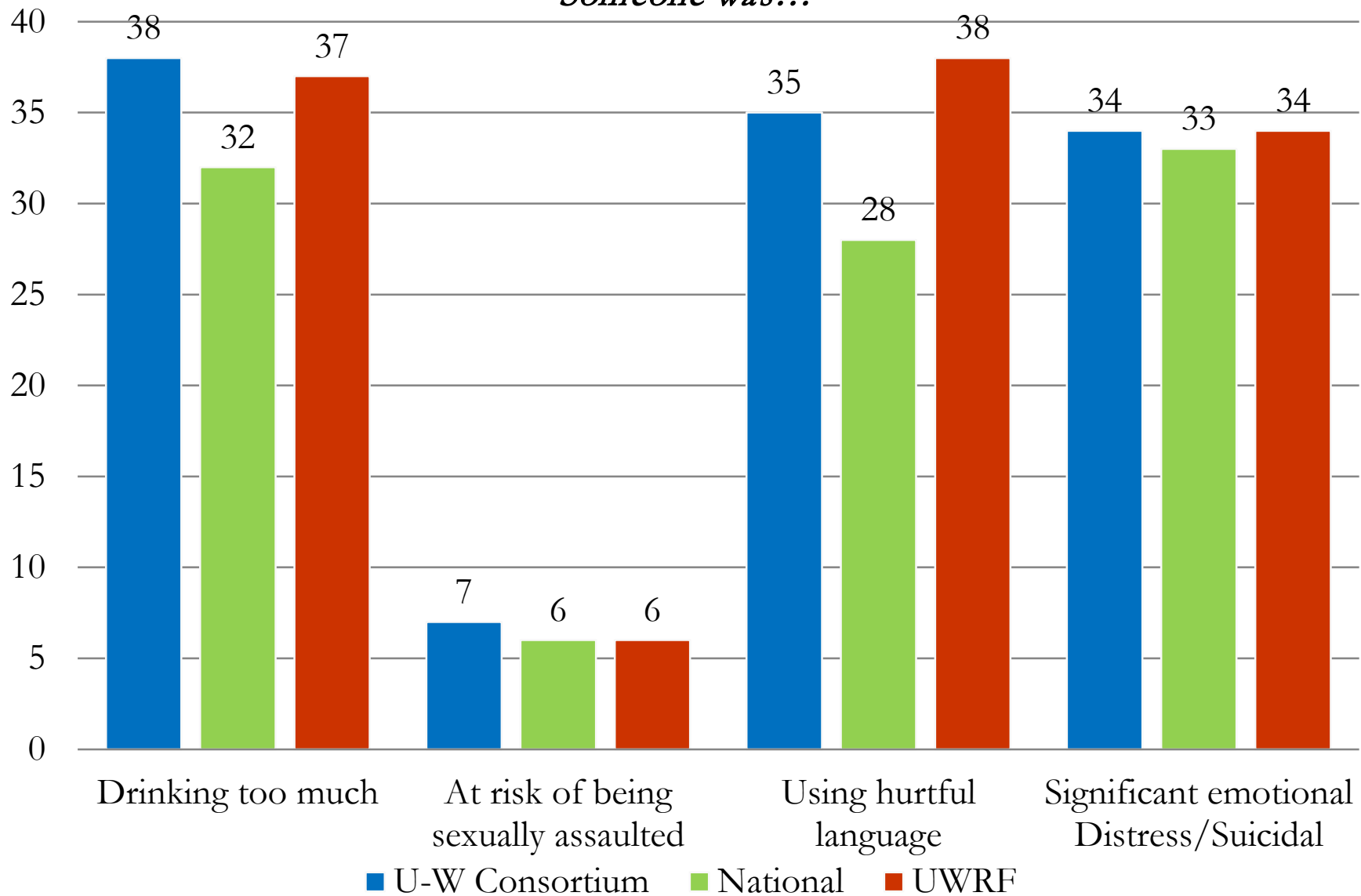


- Reasons for receiving no or fewer services for mental health: UWRF students statistically higher than nationally in...
 - Don't think anyone can understand my problems, Stress is normal in college/grad school
- Reasons for seeking help: UWRF statistically higher than nationally in...
 - Friend encourage or pressured me, Family member encouraged or pressured me, other person encouraged or pressured me, I was mandated by campus staff
- Reasons for receiving no or fewer services: UWRF students lower than nationally in . . .
 - Number of sessions is too limited, Providers aren't sensitive enough to cultural issues, Question the quality of options
- Health insurance
 - Significantly higher than nationally for uninsured
 - Significantly lower than nationally for student plan

Bystander Intervention: In the past year, I have intervened in the following situations (%):



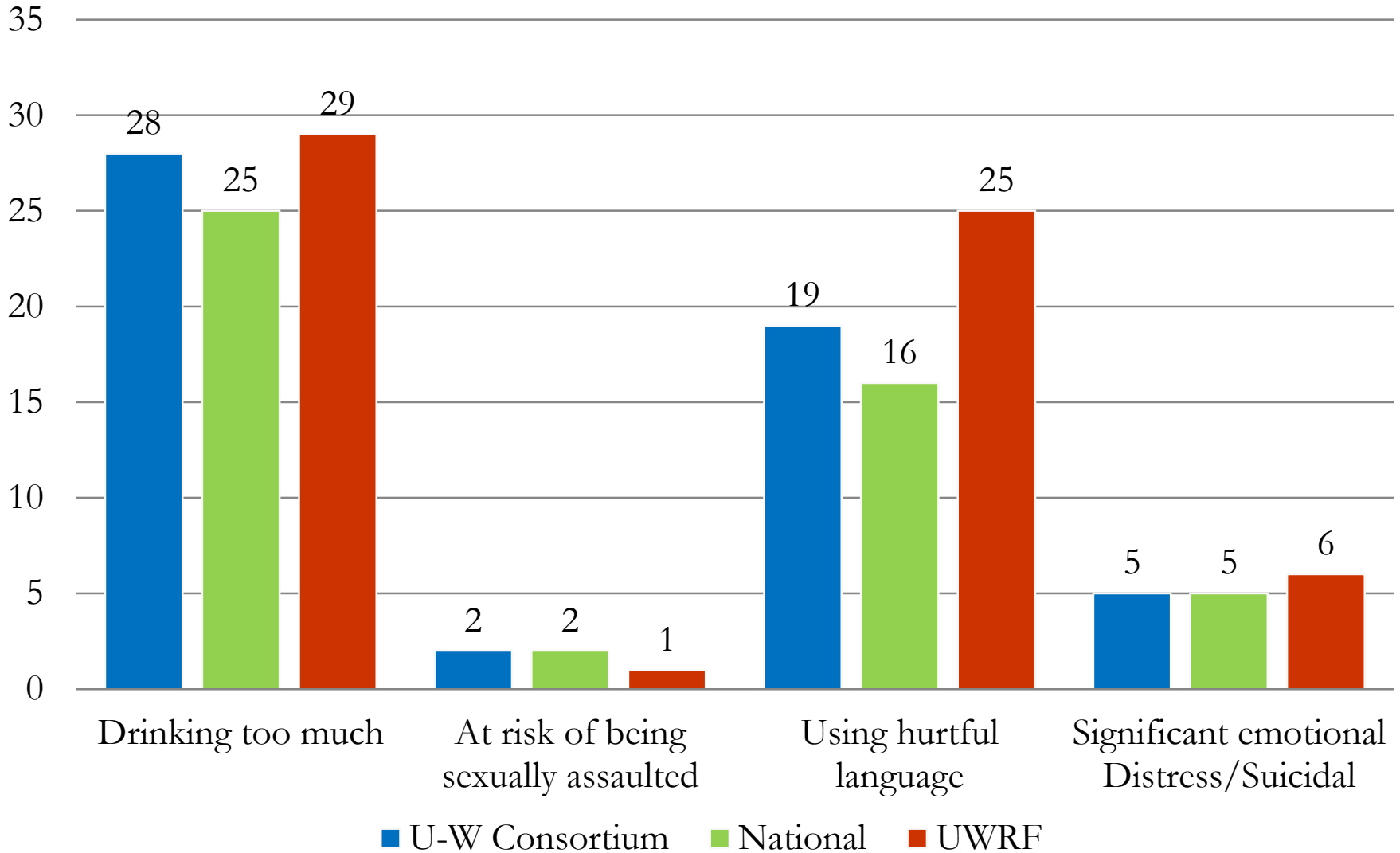
Someone was...



Bystander Intervention: In the past year, I witnessed the following risky or difficult situations but did NOT intervene... (%)



Someone was...



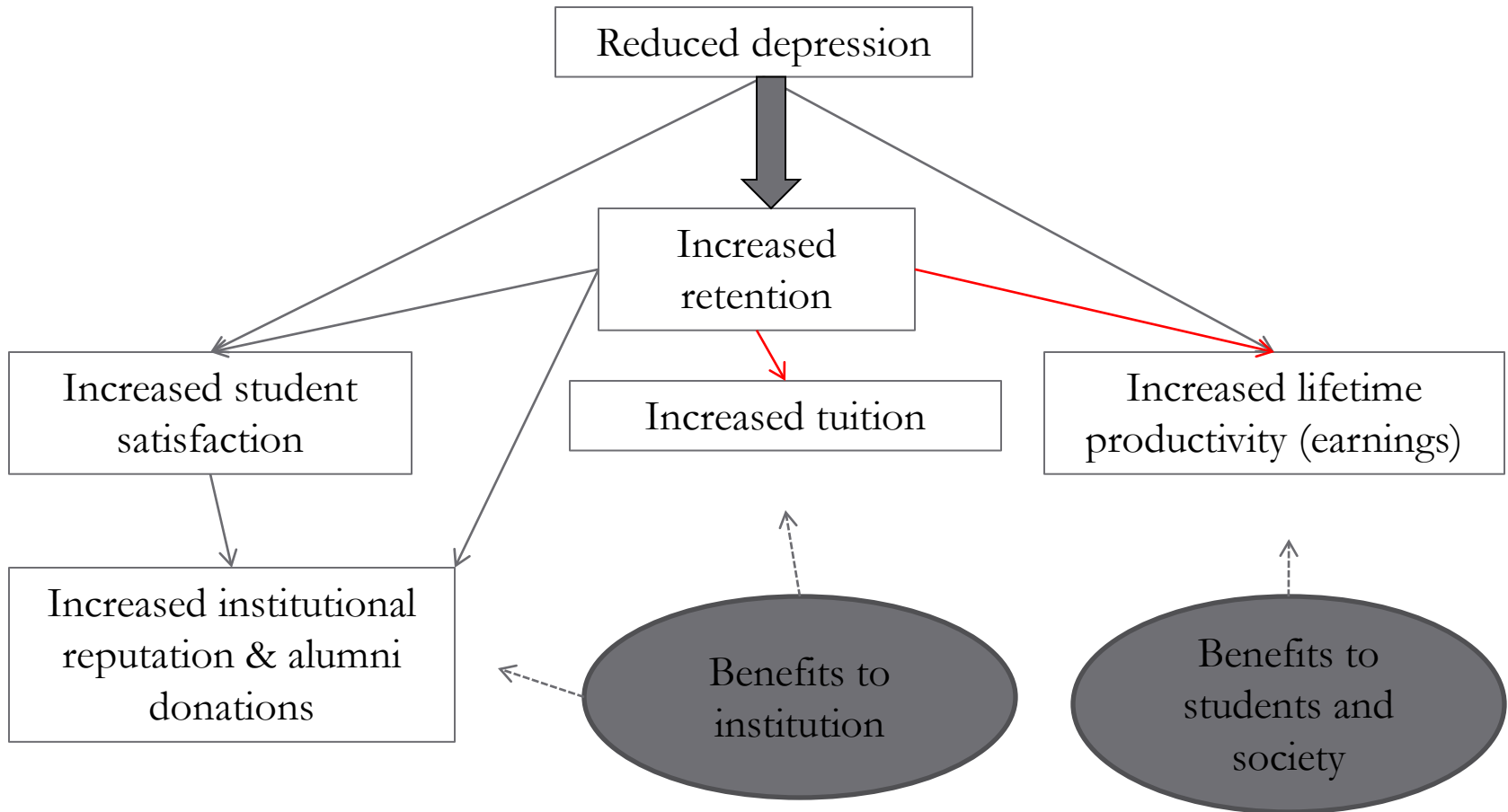


Bystander Intervention

- Statistically higher than students nationally:
 - Witnessed the following situations, but did NOT intervene (past year): Someone was drinking too much
 - In cases where I decided not to intervene, this was because: I felt unsafe, I was afraid I'd get in trouble

- Statistically lower than students nationally:
 - Intervened in the following situations: None of the above
 - Witnessed the following situations, but did NOT intervene (past year): None of the above

Economic Case for Addressing Student Mental Health



Example Calculation for UW System

Assumptions:

- Annual population of new undergraduates ~ 50,000 students
 - Depressed: 15% (7,500 students)
 - Non-depressed: 85% (42,500 students)
- Departure rates (after first-year)
 - Depressed: 30% (2,250 of 7,500 students)
 - Non-depressed: 18% (7,750 of 42,500 students)
 - Overall: 20% (10,000 of 50,000 students)
- Average effect of depression program = 5 pt reduction in PHQ-9
- 5 pt reduction in PHQ-9 for depressed students -> Reduces departure probability from 30% to 24% (halfway down to non-depressed level of 18%)

Example Calculation (cont'd)

- Hypothetical program: “reaches” 450 depressed students (20% of depressed population)
- Without program: 450 students $\rightarrow 450 \times 30\% = \underline{135}$ departures
- With program: 450 students $\rightarrow 450 \times 24\% = \underline{108}$ departures
- Net effect of program = **27 students retained**

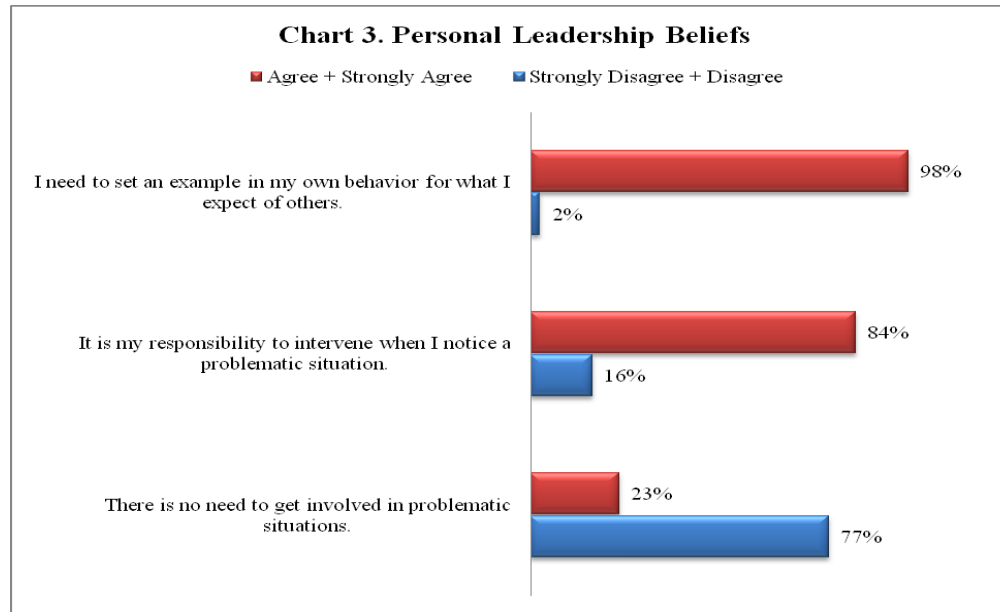
- 27 retained students $\rightarrow \sim 54$ student-years of tuition (assuming 2 extra years per student)
- +\$1.1 million in tuition (assuming \$20K/yr tuition)
 - Important caveat: this number depends largely on the extent to which departed students are replaced
- +\$2.7 million lifetime earnings (+\$50K per college year)

Example (cont'd)

- Cost of program to reach 450 depressed students?
 - <\$500,000 (e.g., 1 psychiatrist FTE + 3 therapist FTEs)
- Conclusion: depression services/programs can be justified by economic case from institutional perspective alone, and even more so from societal perspective that counts future earnings.
- Business case does not account for most direct benefits (increased wellbeing, reduced suffering).
- More information and customizable spreadsheet:

<http://www-personal.umich.edu/~daneis/roi/>

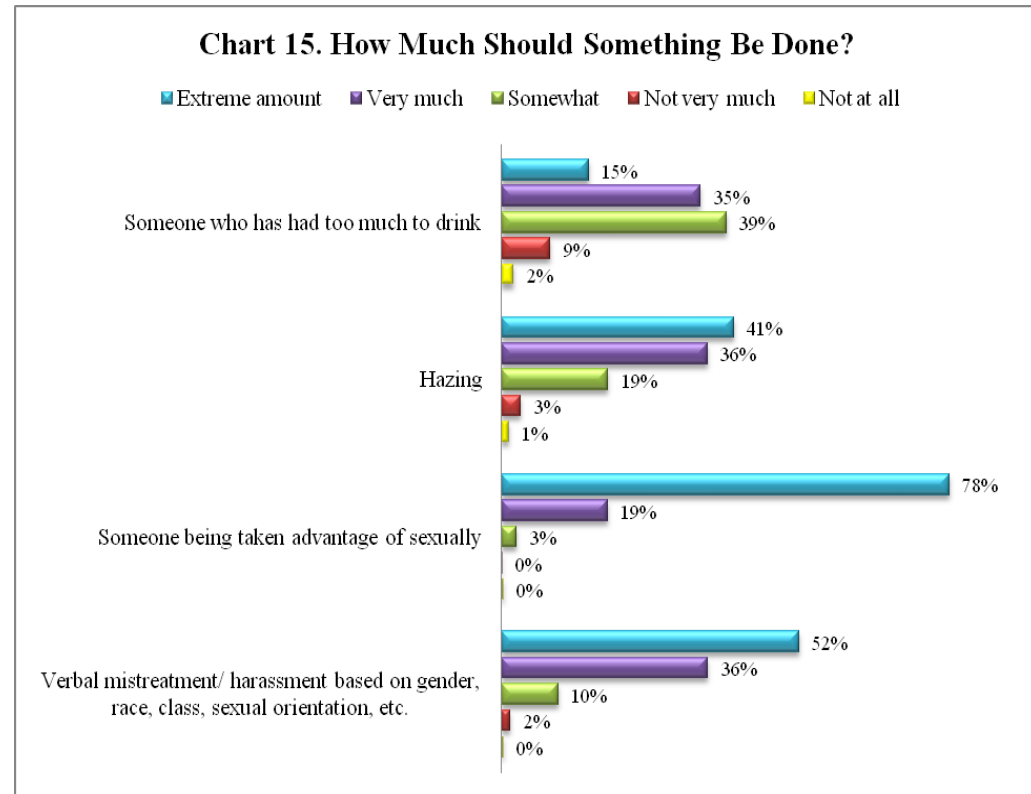
- The purpose of this study was to investigate the experiences and attitudes of University of Wisconsin-River Falls students with regard to bystander intervention practices in four situations where the personal safety of another person is at risk: (1) Someone has had too much to drink, (2) Hazing, (3) Someone being taken advantage of sexually, (4) Verbal mistreatment/harassment based on gender, race, class, sexual orientation, etc.
- The questionnaire was adapted from the Step Up survey instrument developed by the University of Arizona and was used with permission.
- On November 29, 2010, the SRC sent email invitations to three groups of UWRF students asking them to participate in an Internet survey: intercollegiate athletes (N=408), Greek society members (N=231), and a random sample of enrolled students (N=1,456).



- There was near unanimity among respondents who said that they need to set an example with their own behavior.
- A large majority of respondents (84%) said they have a responsibility to intervene in problematic situations.
- More than three-fourths of respondents disagreed or strongly disagreed that there is no need to become involved in problematic situations.

- The strength of the belief that something should be done varies among the four situations. Respondents had the strongest opinion about situations involving someone being taken advantage of sexually.
- Respondents were less sure about the need to intervene when somebody has had too much to drink.

Chart 15. How Much Should Something Be Done?



- In general, someone being taken advantage of sexually, verbally mistreated, or being hazed are viewed as troublesome situations by majorities of survey respondents. Excessive alcohol consumption is viewed as problematic, but less so than the other three situations.
- With respect to someone being taken advantage of sexually, verbally abused, or hazed, the most frequently cited reason for non-intervention is that respondents don't know how to intervene. Since a majority of respondents said they would like to learn intervention skills, this suggests an opportunity for awareness programs and educational programs focused on skills for effective by-stander interventions.
- The primary reasons for non-intervention when someone has had too much to drink were that the respondents' assumption that it wasn't a problem and that the situation was none of their business. This may suggest the planning and implementation of awareness programming and educational outreach on the campus to help students increase their awareness of the dangers of excessive alcohol consumption and to recognize when it is a situation that is no longer "none of my business."

- ACHA NCHA purpose to collect data to help individual institutions in:
 - Generating incidence rates for a variety of students' health behaviors and perceptions
 - Program planning
 - Prioritizing campus needs
 - Allocating resources
 - Designing programs or strategies for intervention
 - Identifying protective and risk factors associated with academic performance
 - Measuring progress on goals

- Takes approximately 30 minutes to take and consists of 58 questions relating to:
 - General health
 - Health education and safety
 - Alcohol, tobacco, and other drugs
 - Sexual behavior and contraception
 - Health related perceptions
 - Mental and physical health
 - Body image, nutrition, and exercise
 - Impediments to academic performance
 - Demographic data

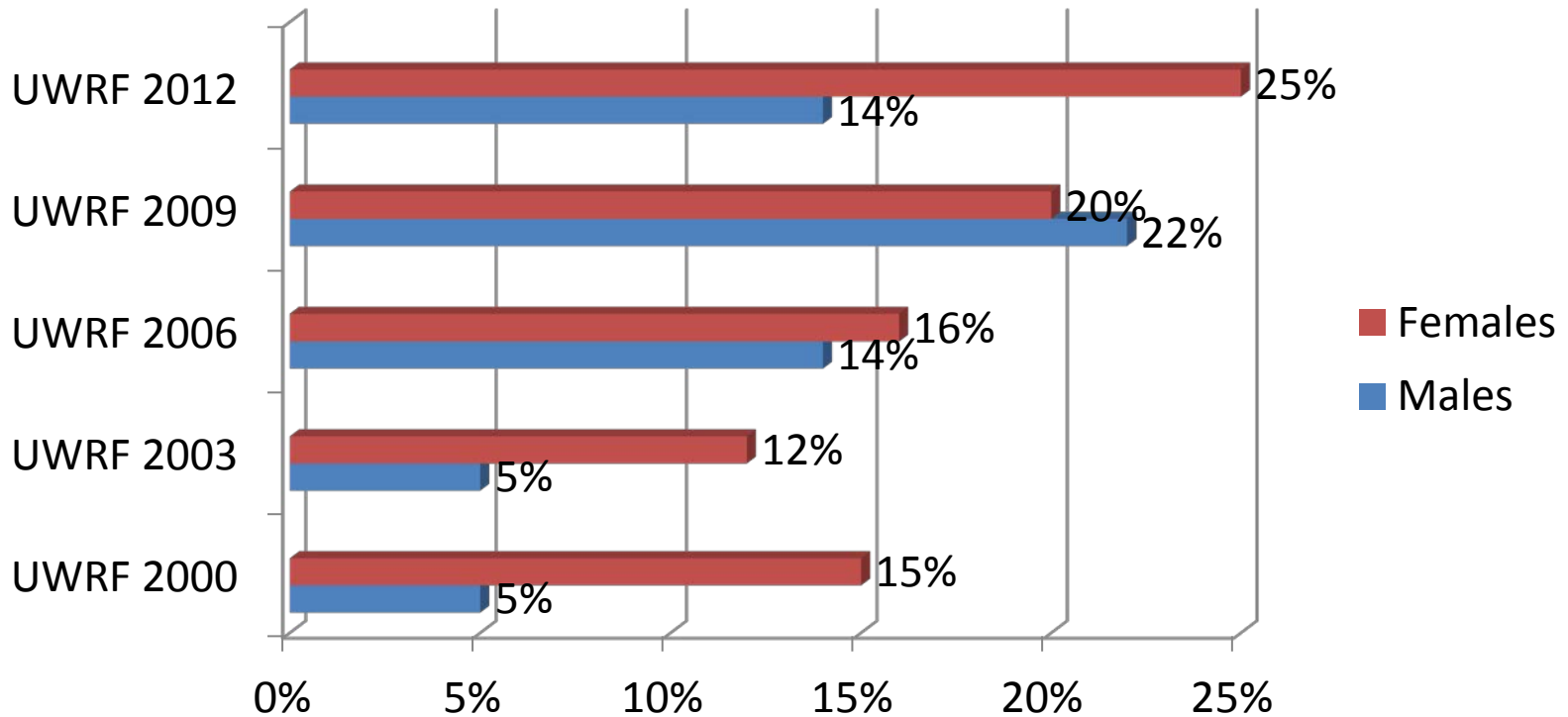
Within the Last 12 Months, Have Any of the Following Affected Your Academic Performance (lower grade on exam or project, lower grade in course, incomplete or dropped course)(2003, 2006, 2009, 2012 UWRF vs. Natl. 2012):

- 27.1/33.5/24.8/30% Stress (**27.2%**)
- 17.8/28.4/20.9/20.4% Sleep Difficulties (**20.6%**)
- 19.1/31.5/17.1/16.8% Cold/Flu/Sore Throat (**15.0%**)
- 7.4/14.4/11.8/14.3% Internet Use/Computer Games (**12.5%**)
- 17.9/18.9/9.8/12.7% Concern for Troubled Friend/Family Member (**10.4%**)
- 8.8/17.5/11.5 /11.8% Depression/Anxiety/SAD (**11.4%**)
- 11.3/17.2/11.8/11% Relationship Difficulty (**9.6%**)
- 9/8.9/5.1/6.9% Death of Friend/Family Member (**5.4%**)
- 5.4/9.7/5.5/6.1% Sinus or Ear Infection/Bronchitis/Strep Throat (**5.4%**)
- 10.1/11.5%/6.9/4.6% Alcohol Use (**4.4%**)
- 2.1/5.2/1.2/1.2% Allergies (**2.4%**)

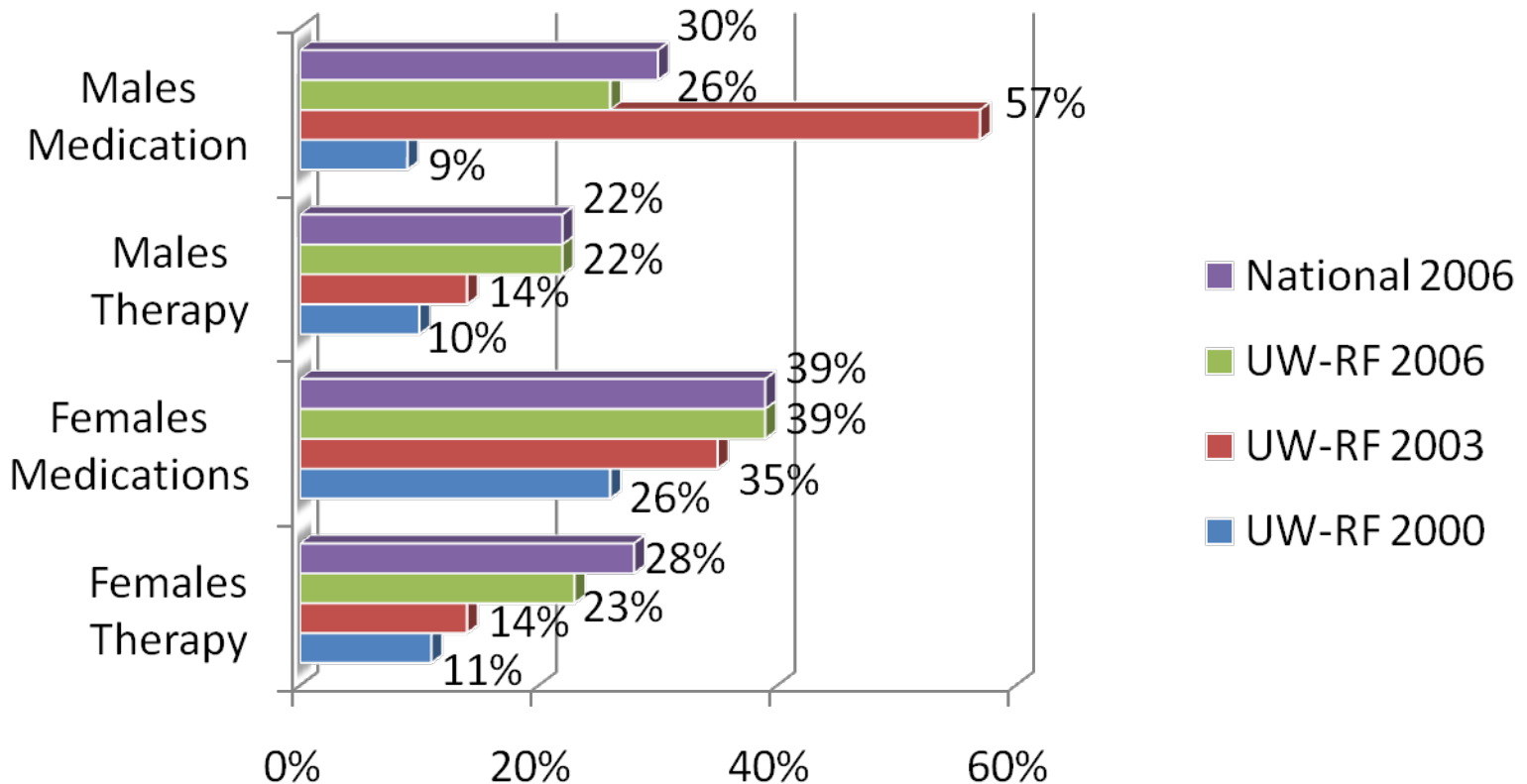
Within the Last 12 Months, Has Any of the Following Been Traumatic or Very Difficult for you to Handle: (2009, 2012 UWRF vs. Natl. 2012):

- 40.2/43.4% Academics (**45.6%**)
- 34.7/38.7% Finances (**33.9%**)
- 30.4/31.1% Intimate Relationships (**32.1%**)
- 28.8/26.6% Other Relationships (**25.2%**)
- 25.7/26% Family Problems (**27.9%**)
- 23.9/25.8% Sleep Difficulties (**26.4%**)
- 19.8/25.1% Career Related Issue (**25.1%**)
- 23.2/22.4% Personal Appearance (**22.2%**)
- 18.5/18.7% Health Problem of a Family Member or Partner (**19%**)
- 14.9/17.8% Personal Health Issue (**18.1%**)
- 16/16% Death of a Family Member or Friend (**16.1%**)
- 10.8/8.8% Other (**9.3%**)

Ever Been Diagnosed With Depression



National College Health Assessment Of those Diagnosed with Depression, Currently Taking Medication or in Therapy

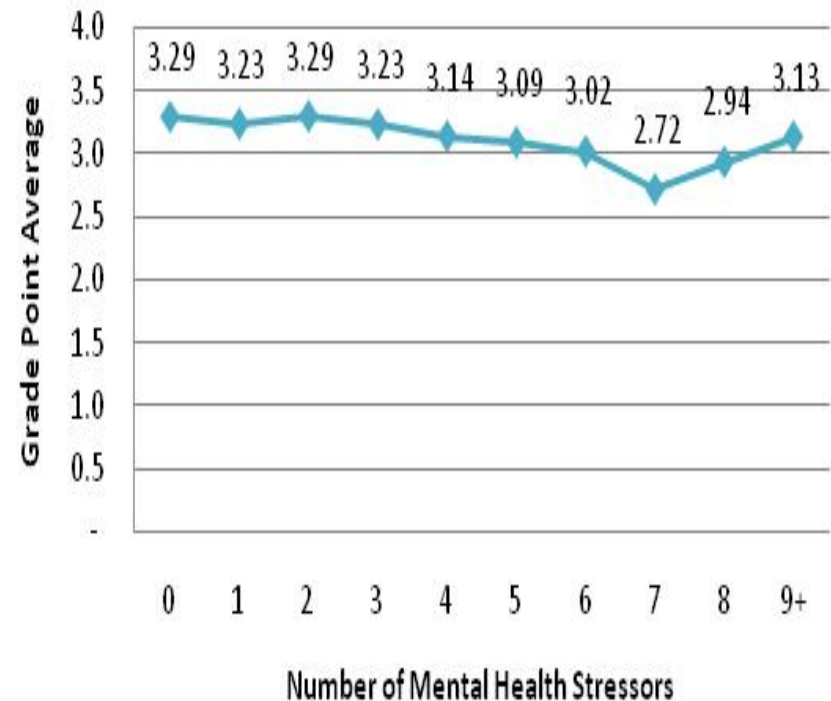


- UW-River Falls 2009 National College Health Assessment secondary analysis by Survey Research Center
- The following student health behaviors were all associated with lower GPA:
 - Alcohol use more than 1-2 days per month
 - Smoking cigarettes/tobacco use
 - Marijuana use
 - Sleep difficulties
 - 6 or more mental health stressors
 - 3 or more hours/day using computer not for academics or work
 - Being involved in an emotionally or physically abusive relationship
 - Lower health self-report

Mental Health Stressors and GPA

- Students who reported experiencing 6 or more mental health stressors during the year tended to have lower GPAs than those who reported experiencing fewer mental health stressors. This was statistically significant at the one percent level.
- Mental Health Stressors included Attempted Suicide, Career-related Issue, Death of Friend/Family Member, Family Problems, Finances, Illness of Friend/Family Member, Personal Appearance, Personal Health Issue, Intimate Relationships, Other Relationships, Seriously Considered Suicide, Sleep Difficulties

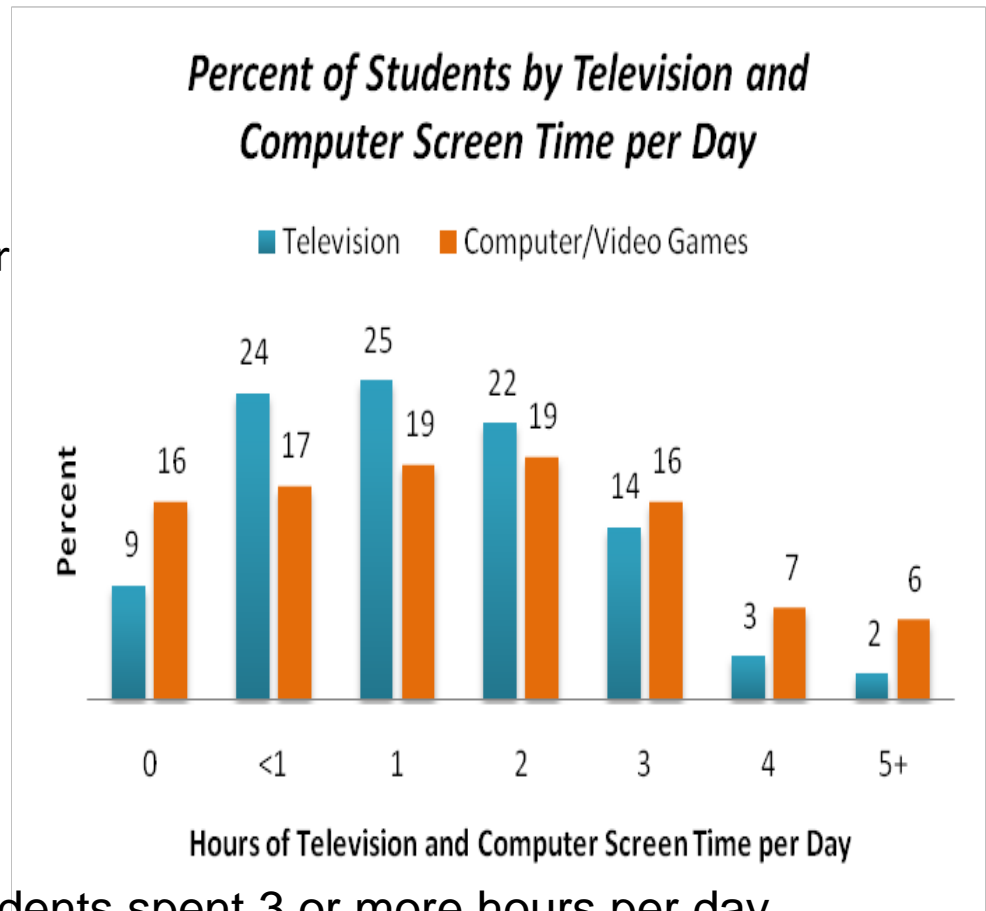
*Number of Mental Health Stressors and
Grade Point Average*



TV and Computer Screen Time Per Day and GPA

This chart indicates that UW-River Falls students tend to spend many more hours on their computers for non-school uses than they spend in front of the television.

In terms of the threshold values noted above, nearly 30% spend 3 or more hours on their computer for personal reasons.

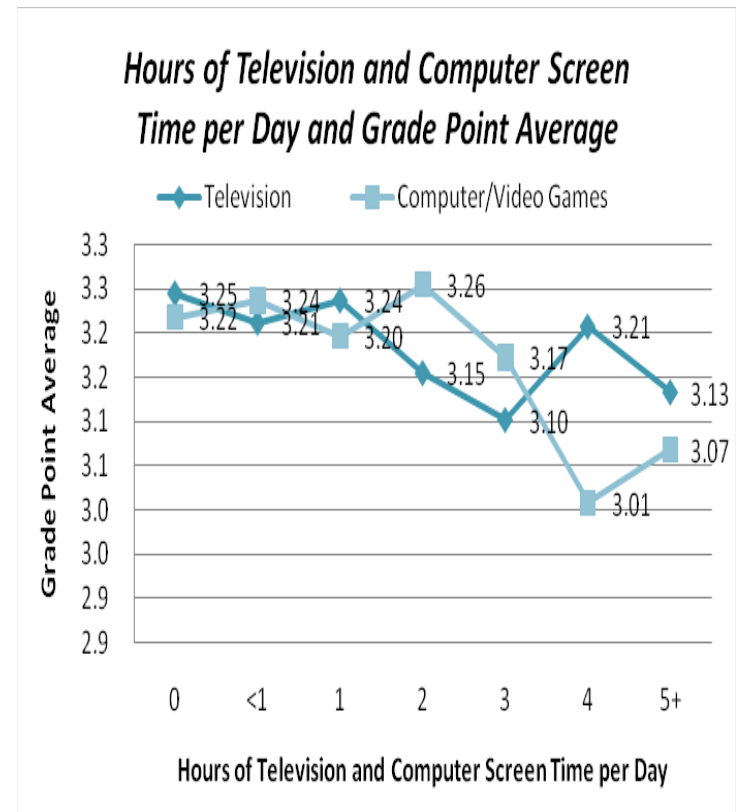


Almost 30% of student respondents spent 3 or more hours per day on the computer for non work/academic purposes

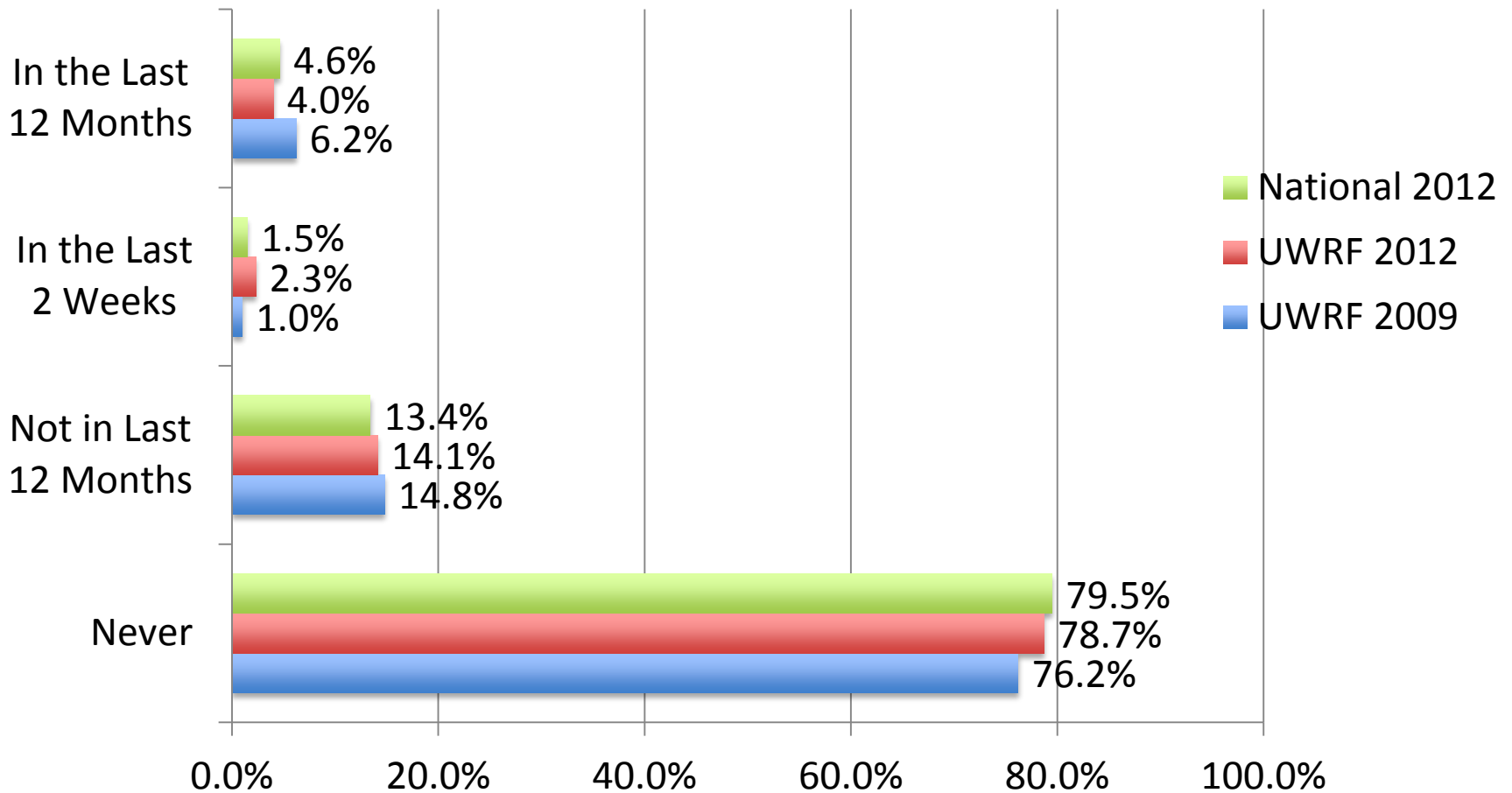
TV and Computer Screen Time Per Day and GPA

This graph compares the GPAs of students by the number of hours they spent watching television every day, and using the computer for non-school related activities/playing video games. There was not a statistically significant relationship between hours watching television and GPA.

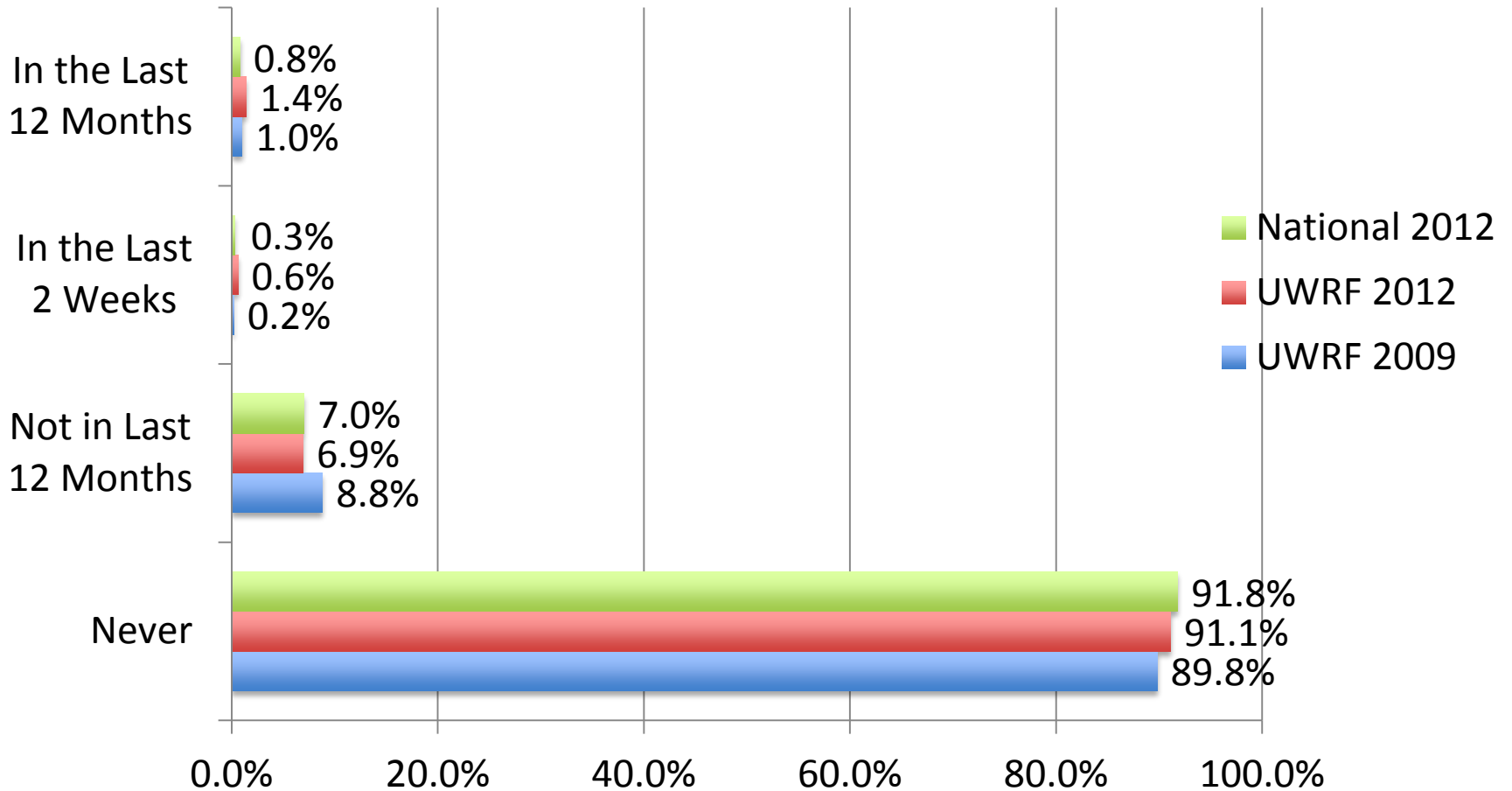
The lower GPAs associated with more hours spent using the computer for non-academic purposes, specifically for those spending 3 or more hours, were significant at the five percent level.



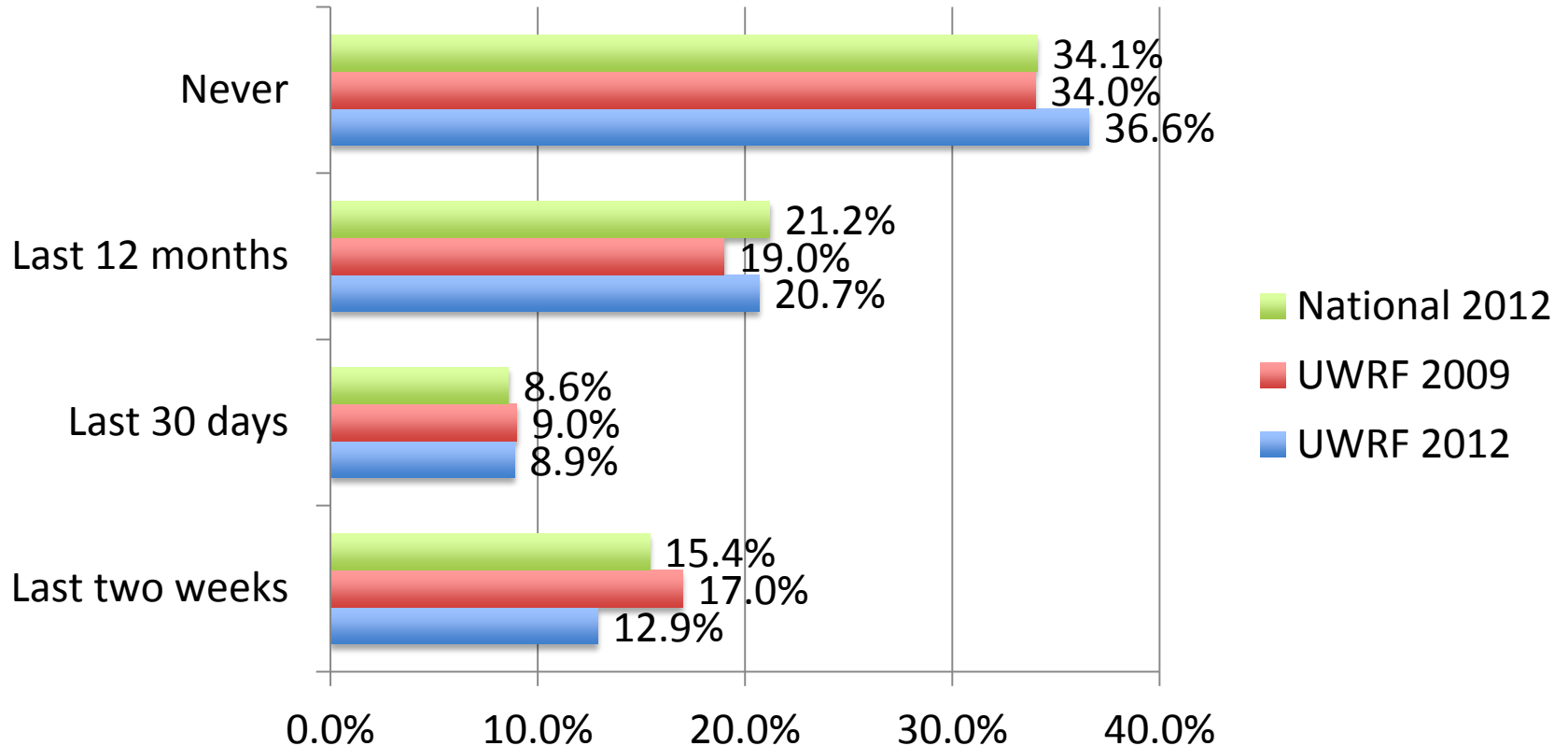
Have You Ever Seriously Considered Suicide?



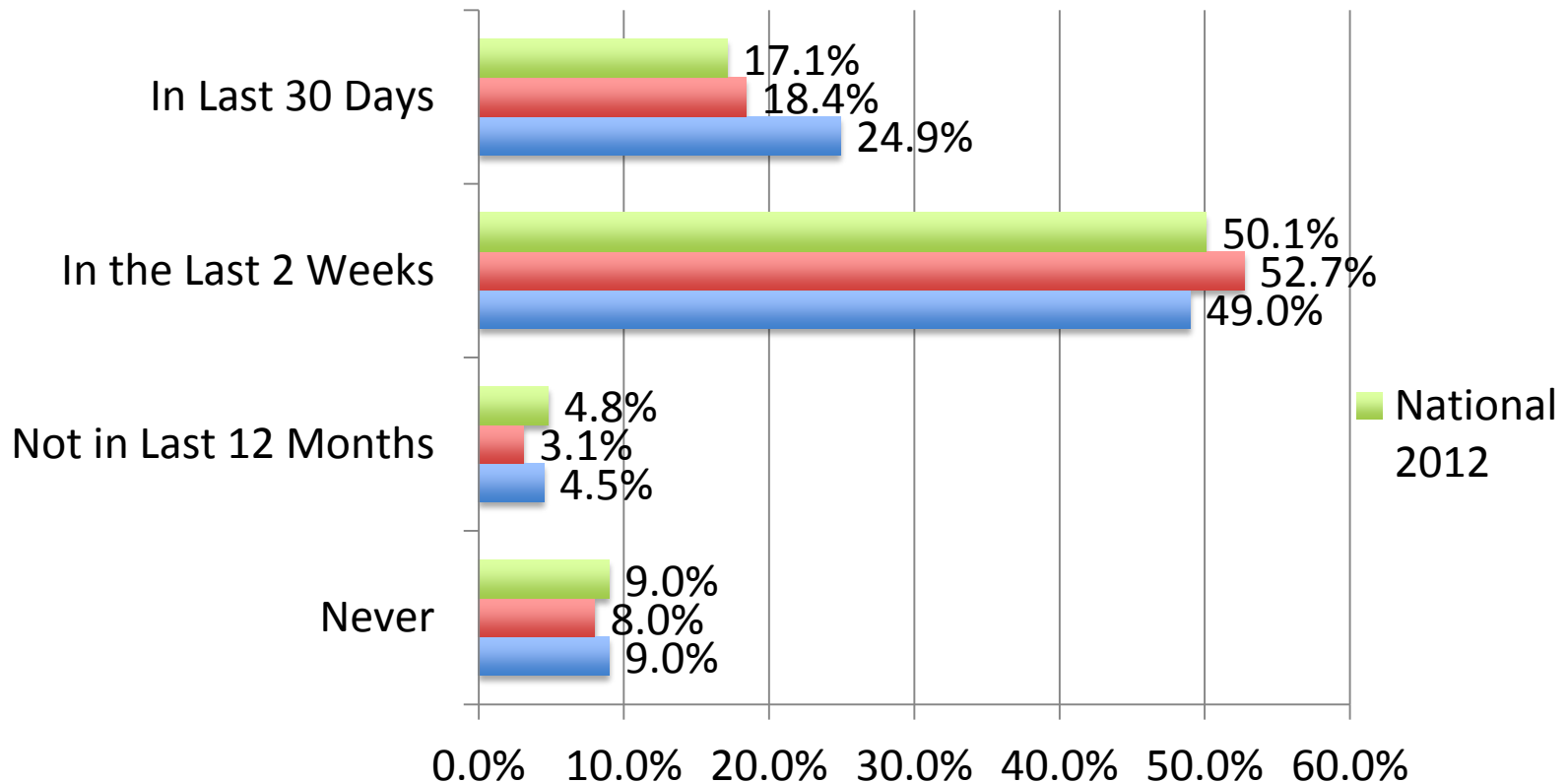
Have You Ever Attempted Suicide?



Have you ever felt things were hopeless?



Have You Ever Felt Overwhelmed by all you had to do

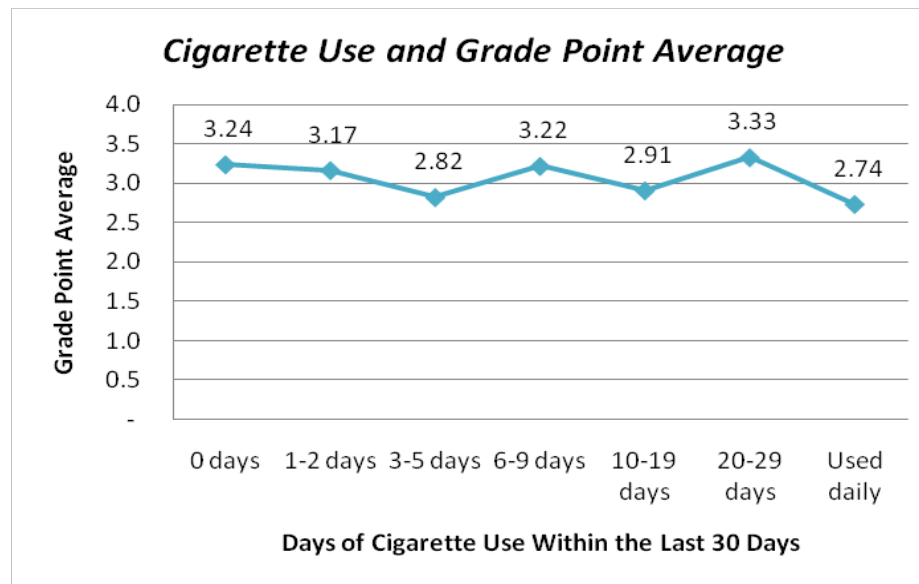


- Core Spring 1999: **52.5%** last two weeks five or more drinks in one sitting (42% nationally)
- ACHA-NCHA Spring 2000: **51.5%** last two weeks five or more alcoholic drinks at a sitting (38.2% nationally spring 2000)
- Core Spring 2002: **51.2%** last two weeks five or more drinks in one sitting (42% nationally)
- ACHA-NCHA Spring 2003: **39.0%** last two weeks five or more alcoholic drinks at a sitting (39.1% nationally spring 2003)
- UW System AODA Use Survey Spring 2005: **50.0%** last two weeks had at least five drinks in one sitting
- ACHA-NCHA Spring 2006: **38.3%** last two weeks five or more alcoholic drinks at a sitting (37.1% nationally spring 2006)
- UW System AODA Use Survey Spring 2007: **46.7%** last two weeks had at least five drinks in one sitting
- ACHA-NCHA Spring 2009: **36.2%** last two weeks five or more alcoholic drinks at a sitting (36.7% nationally spring 2009)
- UW System AODA Use Survey Spring 2009: **31.4%** last two weeks at least five drinks in a two hour time frame
- UW System AODA Use Survey Spring 2011: **31.2%** last two weeks had at least five drinks in a two hour time frame
- ACHA-NCHA Spring 2012: **29%** last two weeks five or more drinks of alcohol at a sitting (34.1% nationally 2012)

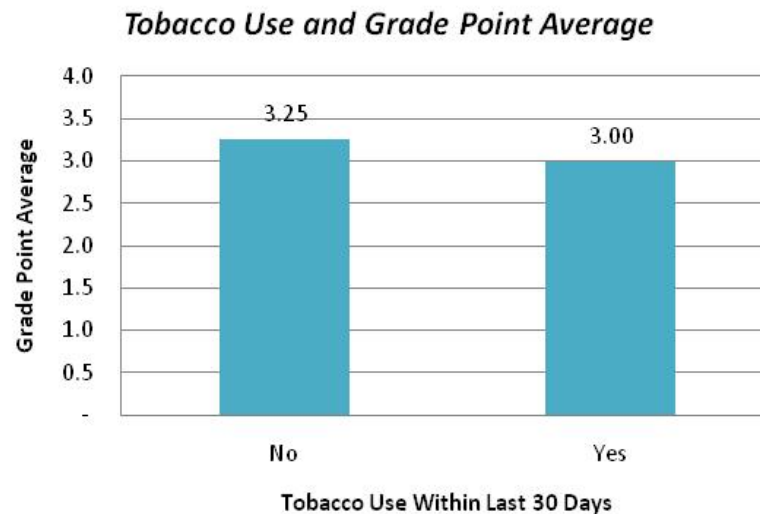
UW-River Falls Smoking Data

- 2000 Spring NCHA - **24.1%** used cigarettes in the last 30 days
- 2002 Spring Core Added Question - **22.6%** smoked one day or more in the last 30 days
- 2002 Fall Campus Tobacco Survey - **22%** smoked in the past month
- 2003 Spring NCHA - **19.2%** used cigarettes in the last 30 days
- 2003 Fall Campus Tobacco Survey - **22%** smoked in the past month
- 2005 Spring UW System AODA Use Survey - **20%** smoked over the past 30 days
- Spring 2006 NCHA - **14.9%** used cigarettes in the last 30 days (Used daily for the past 30 days **3.9%**)
- 2007 Spring UW System AODA Use Survey – **19%** smoked over the past 30 days (On 26-30 of the past 30 days **6.07%**)
- Spring 2009 NCHA – **17.7%** used cigarettes in the last 30 days (Used daily for the past 30 days **6%**)
- 2011 Spring UW System AODA Use Survey: **16.7%** say they have smoked over the past 30 days
- 2012 Spring NCHA: **14.8%** say they have used cigarettes in the last 30 days (5.5% Daily)

- Comparing the GPA of students who say they didn't smoke cigarettes at all during the previous month to those who did, non-smokers' GPAs were about one-fifth of a point higher. This difference is significant at the 1% level (2009 UWRF NCHA Secondary Analysis conducted by our campus Survey Research Center).



- The graph below shows the negative impact of any type of tobacco use on GPA. The difference in GPA between UWRF students who reported using tobacco of any kind during the last thirty days and those who didn't is highly significant (2009 UWRF NCHA Secondary Analysis conducted by our campus Survey Research Center).
- While this data does not mean that smoking or tobacco use causes a lower GPA, smoking or tobacco use goes along with other less healthy, riskier behaviors that overall negatively impact academics.



Students and faculty/staff were asked: Where are you regularly exposed to secondhand smoke (2008 Student and Faculty/Staff Tobacco-Free Survey)?

- Students: 82.7% on campus on my way to classes/work (such as sidewalks, parking lots) and 79% at on-campus entrances into campus buildings.
- Faculty/Staff: 66% at on-campus entrances into campus buildings and 48.6% on campus on my way to classes/work (such as sidewalks, parking lots).
- Hence, the top 2 places students are exposed to second-hand smoke are on our campus and the top place for faculty/staff is on campus.

- 47.4% of students somewhat or strongly supported a smoke-free campus (2002 Core Survey).
- 60.1% of students somewhat or strongly supported a smoke-free campus (2006 NCHA).
- 74% of employees somewhat or strongly supported a smoke-free campus (2007 Employee Health and Wellness Survey).
- 66% of students and 70.3% of faculty/staff indicated they were fairly or very likely to support a tobacco-free campus (2008 Tobacco-Free).
- 64.4% (2012) and 68% (2009) of students somewhat or strongly supported a tobacco-free campus (NCHA).
- 50% of residence hall students supported a tobacco-free campus (Mildly Agree, Agree, Strongly Agree), 17.7% were neutral, and 32.5% did not support a tobacco-free campus (Mildly Disagree, Disagree, Strongly Disagree) (2010 Residence Hall Educational Benchmarking, Inc. [EBI]).

Undergraduate and Graduate Student Coping
With Stressful Experiences, UWRF, Spring 2011

The cause of the most stressful periods of college for UWRF students (N=322)

- Academics 26%
- Death of a close family member or friend 4%
- Discrimination 1%
- Drug or alcohol overuse or addiction 1%
- Family problems 6%
- Financial Problems 13%
- Friendship Problems 7%
- Gender identity concerns 0.5%
- Legal trouble or violation of the law 1%
- Life transitions 9%
- Emotional health problems 5%
- Physical health problems 4%
- Problems at work 6%
- Problems experienced by close friend or family member 3%
- Relationship violence 1%
- Romantic relationship problems 9%
- sexual assault 1%
- Suicide of a close family member or friend 1%
- Other traumatic experience 1%
- Other specific stressors 3%

Top 5 Stressors

- 1) Academics
- 2) Financial Problems
- 3) Life transitions
- 4) Romantic relationship problems
- 5) Friendship/family problems

Examining the Effectiveness of Mental Health Services on University of Wisconsin System Campuses

A Pilot of the Learning Outcomes and Satisfaction Survey
University of Wisconsin System
Counseling Impact Assessment Subcommittee

Erin Winterrowd, Ph.D., &
Stacy J. Priniski, B. A.
University of Wisconsin Oshkosh

Does counseling have a positive impact on academics?

- Did those who responded “Agree/Strongly Agree” to “**Prior to counseling I was thinking of leaving school,**” report that counseling helped them stay in school?

	Strongly Disagree/ Disagree	Neutral	Agree/ Strongly Agree	Mean
	N (%)	N (%)	N (%)	(N)
Counseling has helped me stay at school.	0	0	16 100%	4.19 (16)

Note: Items scored on a five-point Likert-type scale from 1 = Strongly Disagree to 5 = Strongly Agree

	Strongly Disagree/ Disagree	Neutral	Agree/ Strongly Agree	Mean
	N (%)	N (%)	N (%)	(N)
The counseling environment was warm and inviting.	2 (3%)	2 (3%)	56 (93%)	4.50 (60)
It is important for me to have counseling services located on campus.	1 (2%)	1 (2%)	58 (97%)	4.68 (60)
The counseling center seems committed to helping students succeed.	2 (3%)	2 (3%)	56 (93%)	4.57 (60)
This counselor supported me in making my own decisions and reaching my personal goals.	5 (8%)	4 (7%)	51 (85%)	4.28 (60)

Note: Items scored on a five-point Likert-type scale from 1 = Strongly Disagree to 5 = Strongly Agree

	Strongly Disagree/ Disagree	Neutral	Agree/ Strongly Agree	Mean
	N (%)	N (%)	N (%)	(N)
I am better prepared to work through future concerns and achieve my goals.	7 (12%)	10 (17%)	43 (72%)	4.00 (629)
I have gained a greater understanding of myself or a clearer sense of identity.	7 (12%)	5 (8%)	48 (80%)	3.98 (628)
I increased my ability to think clearly and critically about my problems.	7 (12%)	7 (12%)	46 (77%)	3.80 (60)

Note: Items scored on a five-point Likert-type scale from 1 = Strongly Disagree to 5 = Strongly Agree

- Change scores were computed from responses to the following items:

	Poor	Fair	Good	Very Good	Excellent	Average
	N (%)	N (%)	N (%)	N (%)	N (%)	Mean (N)
My level of well-being when I started counseling.	23 (38%)	25 (42%)	9 (15%)	2 (3%)	1 (2%)	1.88 (60)
My level of well-being now.	2 (3%)	9 (15%)	23 (38%)	20 (33%)	6 (10%)	3.32 (60)