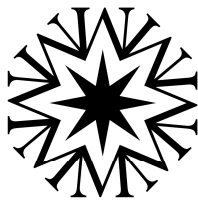


Student Mental Health Task Force

Final Report

Academic and Student Affairs

April 2009



Minnesota
STATE COLLEGES
& UNIVERSITIES

Executive Summary
Student Mental Health Task Force Report

In recent years, student mental health issues have drawn heightened national attention, with colleges and universities reporting unprecedented numbers of students in psychological distress. According to the American College Health Association (2007), “The mental health of students attending college is increasingly becoming a cause for concern.” At the same time, there has been mounting interest on the part of constituents, including families, individual students, student organizations, community members and faculty and staff, in the issue of student mental health and the impact on student retention.

While system campuses have many programs and services addressing these issues in varying and exciting ways, concerns remain. In a study by Boynton Health Service of the University of Minnesota, co-sponsored by the Office of the Chancellor, Minnesota State Colleges and Universities (2008), a random sample of students at eight system colleges and five universities reported having a mental health condition at some point in their lifetime. Specifically,

Students with Mental Health Conditions

All campuses	34.2%
2-year campuses	38.6%
4-year campuses	31.2%

Students from the same group of colleges and universities reported a diagnosis of depression within the past twelve months at a rate (8.3% overall and 9.7% at system colleges) that is much higher than the national prevalence rate in the population (5.4%) according to the Center for Disease Control and Prevention (CDC). This study also linked the issue of mental health with student performance as measured by grade point average. This is discussed further under System Context on page 4.

In December 2007, the senior vice chancellor for academic and student affairs, Linda Baer, charged the Academic and Student Affairs division of the Office of the Chancellor to undertake a comprehensive, college- and university-wide review of student mental health issues and the challenges associated with providing appropriate services within the campus community.

The task force concluded that mental health trends visible nationally are present at system campuses. The task force urged the Minnesota State Colleges and Universities to take action that ensures its campuses can create healthful learning environments. A comprehensive response to these concerns is summarized in a plan of action delineated by the task force. The plan envisions action in the following areas:

Recommendations

1. Development of a Healthy Environment

A. The system should include student mental health as an inherent component to achieving its strategic priorities of increasing access and opportunity, and promoting and measuring high-quality learning programs and services.

B. System campuses should focus on best practices and programming that encourage students to make connections and become engaged in the collegiate experience.

C. The system should collect consistent campus data regarding the mental health of students and the longitudinal impact of programs and intervention.

D. The system should provide ongoing training on student mental health issues for staff, faculty, administrators, and student leaders.

2. Targeted Interventions

A. System campuses should improve processes to effectively address concerns about student mental health and make appropriate referrals.

B. The system should develop and/or utilize an on-call after hours mental health center for student information and referral.

C. The system should examine mental health staffing and service/program models including external collaborations to best meet the needs of students.

D. The system should take measures to keep mental health services as accessible as possible.

Definition

Within the context of this report, the word “system” refers to the Minnesota State Colleges and Universities system, meaning the Office of the Chancellor and the 32 member colleges and universities.

For further information, please contact:

Steve Frantz
System Director of Student Life
Minnesota State Colleges and Universities
Steve.Frantz@so.mnscu.edu
651-296-0672

Table of Contents

- I. Background to the Report.....1
 - Rationale.....1
 - National Context.....3
 - System Context.....5
- II. Recommendations.....7
 - 1. Development of a Healthy Environment.....7
 - A. Strategic Priority.....7
 - B. Student Engagement.....8
 - C. Assessment.....10
 - D. Training.....11
 - 2. Targeted Interventions.....12
 - A. Gateway.....12
 - B. Call Center.....13
 - C. Staffing.....14
 - D. Accessibility.....15
- III. Appendices
 - Task Force Members Appendix A
 - Wellness Wheels Appendix B
 - References Appendix C

Section I: Background to the Task Force

The Minnesota State Colleges and Universities system comprises 32 colleges and universities, including 25 two-year colleges and seven state universities. The system serves more than 390,000 students in credit and non-credit courses each year.

In 2007, students from the Minnesota State University Student Association expressed concern regarding student mental health services available on campus and particularly crisis assistance after normal hours and on weekends. It is within this context that Senior Vice-Chancellor for Academic and Student Affairs Linda Baer charged the Academic and Student Affairs division of the Office of the Chancellor to undertake a comprehensive, college and university wide review of student mental health issues and the challenges associated with providing appropriate services within the campus community.

The charge of the task force was to identify issues related to the mental health of students at system campuses and develop recommendations to better address these issues. The task force met nine times between February 2008 and January 2009. Members included teaching faculty, counselors, students, system and campus administrators, system legal counsel, disability coordinators, and a health service director.

During the course of its deliberations, the task force included a review of relevant literature, an examination of practices at system colleges and universities, perspectives from a wide variety of campus stakeholders, and presentations by the University of Minnesota's Boynton Health Services and Keeling and Associates, a higher education consulting firm.

Rationale

Central to the importance of mental health in academics is the notion that students are better able to realize their academic potential if they are emotionally and physically healthy. Mental health affects a student physically, psychologically, emotionally and mentally. Good mental health leads to student retention and academic success.

Student mental health isn't just about the mentally ill and what role colleges and universities ought to play; rather it is the spectrum of emotional well-being ranging from the occasional stress and depression that many students feel to clinically defined mental illnesses.

Therefore mental health is about the stressors students face on a daily basis and how they cope with those stressors. Further, mental health relates to all aspects of students' lives, touching the majority of students in varying degrees.

While there is no one standard definition of mental health, the U.S. Surgeon General stated in 1999, "Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and one's contribution to community and society."

Further, the Surgeon General's Report points out the importance of considering community and spiritual components as integral and "necessary" to mental health and central to cultural responsiveness and competence in mental health practice. As the general population becomes increasingly diverse, which is reflected in our student population and as we become more cognizant of and sensitive to our geo-cultural locations, mental health requires broader, more encompassing definitions, as do our teaching and practice. The Surgeon General's Report notes the importance of reaching out to "other cultures" and to "linguistically and culturally competent services" as "pertinent both to the field's conception of mental health and to the diagnosis and treatment of mental disorders."

In the book, "College of the Overwhelmed: The Campus Mental Health Crisis and What to do About It," Richard Kadison describes many of the stressors that students face when first going to college, including academic, extracurricular, parental, racial and cultural issues. Underrepresented and international students face additional stressors.

Combining these factors then leads to a summary understanding of mental health as an overall state of balance within a person and between the person and his/her environment that results in positive self-regard and well being, fulfilling relationships, engagement with the broader community, and the ability to negotiate life's stresses, making decisions and taking action when necessary. Mental health reflects overall well being across the dimensions of human development and functioning.

These dimensions are envisioned differently within different academic disciplines and through different cultural lenses, but often include some or all of the following dimensions:

- Cognitive or intellectual
- Physical
- Emotional or psychological
- Cultural
- Social and interpersonal relationships
- Employment or occupation
- Spiritual
- Gender
- Sexuality
- Aesthetics

Further, these dimensions are often used to illustrate holistically the concept of wellness in the form of a pictogram or “wellness wheel.” Several of these wellness wheels are listed in the appendix.

National Context

Student mental health issues have historically been defined by the developmental-based dynamics facing students when moving from high school to college. These dynamics include greater independence, financial responsibilities, shared living space (with a non-family member), and homesickness. In addition, stressors such as peer pressure, changes in relationships, increased access to alcohol and other drugs, and irregular sleep patterns often have a significant influence on a student’s state of mental health.

In addition to developmental changes, national research data suggests there is an increase in the percentage of students experiencing depression. For example, the percentage of students nationwide reporting a diagnosis of clinical depression on the National College Health Assessment increased from 10% in 2000 to 16% in 2005. According to the 2008 American College Health Assessment that figure is again 16% (American College Health Association, 2007 and 2008). Additionally, a poll conducted in March 2008 of 2,253 undergraduates at four-year institutions indicated that 80 percent of students said they felt stressed. They reported that 16 percent of their friends had talked about suicide and 11 percent had made an attempt. Over a quarter of the respondents had considered talking to a mental health professional since starting school (mtvU-Associated Press College Survey, March 2008).

Here in Minnesota, recent data from the 2008 College Student Health Survey Report conducted by Boynton Health Services at the University of Minnesota indicates that 24% of students report having been given a diagnosis of depression and 18% a diagnosis of anxiety within their lifetime.

From another perspective, and lending further support to the notion that more of our students with mental illness are attending our institutions of higher learning, a report sponsored by the system's Center for Teaching and Learning indicates that during the past ten years, colleges across the country have experienced an increase in the number of students with psychological disabilities. Many of these students have the opportunity to attend college due to earlier identification and treatment for learning and mental health disabilities, appropriate accommodations, and advances in medications and therapies which allow people with psychological disabilities a more likelihood of functioning in a college or university setting.

While student mental health has been highlighted by the tragedies at Virginia Tech and Northern Illinois, mental health concerns involving students are more pervasive and should be viewed in a broader context. National and state data suggest increased numbers of students struggling with mental illnesses. Along with the increasing prevalence is the heightened concern about identifying and addressing student mental health problems generally, while also stepping up efforts to prevent more tragedies on campuses. Finding the resources to address these issues in a more comprehensive fashion is one challenge, and establishing reasonable expectations for providing clinical care, outreach and training by our providers will also be important.

No single traditional model of college counseling seems to sufficiently address the complex mental health concerns of our students in today's world. While developmental issues may characterize the majority of our students' struggles, there also appears to be a need to focus on fostering mental health generally, often referred to as a "healthy campus." Additionally, there is an increasing sense of concern for the care of students with existing and emerging mental illness. Thus, the task force sees the need for a multi-pronged approach that fosters healthful campuses by addressing student development concerns while identifying and providing support to students with existing and emerging mental illnesses.

System Context

The mental health of students has a very strong connection to the system's strategic plan under the new Accountability Dashboard's persistence and completion rate. Student success and persistence is greatly affected by the overall student experience (Tinto, 1982), the campus atmosphere (Johnson, 1994), and the state of mental health of each student (Boynton Health Service, 2008).

Minnesota State Colleges and Universities System currently has many successful programs and structures in place that address student mental health. From counseling centers, to disability offices, to student life programming and to faculty and staff members, system campuses have concentrated efforts to support students. Best practices are recognized through the Academic and Student Affairs awards and are shared at conferences.

Significant differences among the Minnesota State Colleges and Universities institutions should be considered. The differences include whether a campus has residential housing, psychiatrists on contract, health clinics on campus, or the student body demographics (e.g. commuter/resident, 2 year/4 year, traditional/nontraditional, age, gender, culture, veterans, full-time/part-time, or online). These differences have important implications for determining the best programmatic approach to improve student mental health. The Student Mental Health Task Force hopes that this report will illuminate the primary issues relating to student mental health within the Minnesota State Colleges and Universities, and encourages each campus to consider the recommendations that best fit within the local environment.

In 2008, thirteen system institutions were involved in a survey conducted by the University of Minnesota Boynton Health Services in which the authors demonstrated a clear correlation between mental health stressors/issues and academic success. Specifically, the higher the number of "mental health stressors" reported, the lower was the student's grade point average. In addition, the study found, "Students who report being diagnosed with a mental health condition within the past twelve months have a lower mean grade point average than students who were not diagnosed within the past 12 months ($p < 0.0001$). In addition, students who report being diagnosed with a mental health condition within their lifetime have a lower mean GPA than those who were never diagnosed with a mental health condition ($p = 0.01$)."

These findings suggest that mental health concerns negatively affect the academic success of large numbers of students based on the percentages cited below:

Impact of Mental Health on Grade Point Average

Mental Health Stressors	Grade Point Average
0	3.45
8+	2.88

Another finding by the Healthy Campus Initiative is that students at the Minnesota State Colleges and Universities sometimes are unable to obtain mental health services due to a lack of insurance. At the campuses participating in the study, 12.7% of students were uninsured. There was a difference between colleges and universities with students at colleges having an uninsured rate of 14% while university students were uninsured at a lower rate, 11.7%. Another recent study conducted at three system universities, using the National College Health Association survey, suggested that 81.9% of the students knew they were insured while 8.6% didn't know whether they were insured, leaving an uninsured rate no lower than 9.5% and possibly as high as 18.1%.

Section II: Recommendations

1. Development of a Healthy Environment

A. The system should include student mental health as an inherent component to achieving its strategic priorities of increasing access and opportunity, and promoting and measuring high-quality learning programs and services.

The goal is that the stigma of mental illness will be reduced, a healthful climate will result in a safer campus community, and student success will be enhanced.

The system should promote student mental health on all campuses through education and training of faculty, staff and students. Eliminating campus organizational silos and creating campus-wide partnerships and relationships that support student success are also important to create a healthy atmosphere for students. Therefore, the entire campus community plays a vital role in student success and retention. Sufficient staffing in all student service areas is critical.

Simply put, students learn better when they are healthy, physically and psychologically (2008, Boynton Health Service).

B. System campuses should focus on best practices and programming that encourage students to make connections and become engaged in the collegiate experience.

The goal is to create a healthful campus climate so students succeed.

Studies show that connecting students with faculty, staff, or other students greatly increases their chances for student success. Often, students begin that connection at orientation. In addition, parent orientations should provide mental health resources and encourage a dialogue between students and their parents.

Some possible orientation models include creating a one-credit course, 1-5 days of orientation at the start of the year or semester, a first-year experience, and cohort-based models such as nursing students, elementary education students, or online learners. Other learner segments to consider include traditional students, non-traditional students, transfer students, underrepresented students, international students, Post-Secondary Education Option (PSEO) students, and online students.

Each step of higher education has its unique challenges, and programs should be created to address those steps. The steps include choosing or changing a major and preparing for transfer. Campuses are encouraged to use new technologies (e.g. text and instant messaging, live chat options) to communicate with students, while looking for new ways to connect with students in person.

Connecting students to campus must go far beyond orientation in an ongoing manner that is relevant to the student's journey (e.g. students in their sophomore year often decide or change a major). Campuses must also find ways of connecting with students who know they need help but struggle with coming forward, and also with students who don't know they need help. Campuses must increase connections with community health services and improve methods of making students aware of on-campus and off-campus services. Finally, campuses must find the balance of available resources to serve the most students as effectively as possible.

Whether for online students or any student seeking information online, the system should develop a Web template for student mental health based on best practices. The system should review nationwide best practices for student mental health Web sites. The Web template should include screening tools, mental illness information and/or referral units, debt reduction strategies and support (e.g. FinancePlan), insurance, security, and emergency notification information.

In addition, campuses are encouraged to use the federally required Drug and Alcohol Free Campus template, which has a statement of philosophy, descriptions of depression and psychological disabilities, and a description of available services (e.g. 24 hour hot lines, walk-in clinics, appointments for counselors). The information should be distributed proactively on an annual basis to students and staff, and to new students and new staff (typically at orientation). A biennial review would assess an institution's programmatic approach to the mental health of its students. In terms of distributing information to students, campuses should consider the use of new tools to communicate, such as Facebook, email, web, text messaging, etc.

C. The system should collect consistent campus data regarding the mental health of students, and the longitudinal impact of programs and intervention.

The goal is to determine the breadth of the issue of student mental health issues on campuses and to enable campuses to continually improve the quality of programs addressing these concerns.

Systematic methodologies should be established to collect student survey data on academic impact, culture, and student expectations of mental health services. Data from assessment could feed back into screening and intervention models. Online surveys could be used to collect broad-based data, while face-to-face surveys could be used to gain more in-depth information. Also, data would be helpful in terms of mental health service activity: how many students are we seeing, how long does it take for a student to get an appointment (availability), and what method of service and approach (proactive or reactive) is used.

There should be institutional assessment of the ease of student service delivery (all processes and policies) to determine the impact on student mental health. In terms of determining the impact on student mental health, system campuses should also review facilities, security, emergency notification methods, insurance availability, and need and/or feasibility of supporting a 24/7 crisis response plan.

The system should consider institutional assessment instrument(s) that can be used by all campuses to provide consistent and comparative data. The data received from such an effort would provide information on the prevalence of mental health concerns among the campus student population. This data will also assist the campus in determining the need for possible services to be provided. Many colleges and universities currently use the Healthy Campus survey in cooperation with Boynton Health Services of the University of Minnesota. Other campuses use the National College Health Assessment available through the American College Health Association.

D. The system should provide ongoing training on student mental health issues for staff, faculty, administrators, and student leaders.

The goal is to empower staff, faculty and student leaders to better recognize and respond to situations where student mental health may be the issue or an underlying issue.

All training should include referral processes, dispel myths about mental health, address specific mental illnesses, explain cultural differences, reduce stigma, and recognize distressed students. In addition, the training should encourage all to help create a positive campus climate. The training should be rooted in the holistic student experience model aimed at improving student success.

Staff should also be aware of data privacy issues regarding appropriate sharing of information about students within the campus community and with third parties, including parents. Memos from the Office of the General Counsel that address data privacy are posted on the Office of General Counsel Web site: www.ogc.mnscu.edu.

The uniqueness of each group (e.g. faculty, staff, administrators, security, emergency medical technicians, student workers, and resident advisors) should be considered in designing the training. Student mental health should be part of new employee training, and faculty and staff development programs.

Depression ought to be a key area of training because of its prevalence on campuses and with students. The Office of the Chancellor should focus the content of a conference on identifying and treating student depression.

Students should be provided information on a regular basis through resident assistants, counseling centers, health centers, websites, course syllabi, and other ways.

2. Targeted Interventions

A. System campuses should improve processes to effectively address concerns about student mental health and make appropriate referrals.

The goal is that each campus will develop counseling and referral protocols to guide faculty and student affairs professionals in responding to students seeking assistance with mental health issues.

Campuses should develop screening methodologies and intervention protocols for depression and other mental health issues. Campuses could adopt a screening methodology in the health service intake process. Each campus should consider the feasibility of participating in a campus study on identifying and treating depression and other health concerns.

For all campuses, outreach, referral and follow-up methodologies should be established for screening students. Mental health screening tools should be reviewed. The tool should allow for a quick and easy process for students. Online options should be considered. The screening tool should be capable of handling the diversity of students in terms of culture, age, and gender.

Referral methodologies should be responsive to mental health issues that appear across the campus classrooms, at health services, residence halls, student services, etc. Proactive screening is critical given the difficulty students have with seeking mental health services. Particularly critical in this screening is the role of the faculty member, who should be familiar with mental health warning signs and the protocol for referral.

Each campus should consider establishing an at-risk student intervention team that meets at least monthly to review concerns about students that have arisen through faculty and staff observations. The team should include representatives from student affairs and academic areas, and hold meetings to determine the approach that is best for the student and the institution.

In addition, an emergency response plan to various scenarios should be created and tested, in conjunction with each institution's all-hazards plan, that include linkages to parents/families and an aftercare plan for the campus (roommate, parents, campus).

B. The system should develop and/or utilize an on-call after hours mental health center for student information and referral.

The goal is to extend the availability of mental health resources to students beyond the existing service hours.

One of the initial concerns from students prior to the establishment of the task force was the availability of mental health professional resources after hours for all students. This concern arose especially from students residing in campus housing.

An on-call center could respond to student crises that occur after campus hours as well as serve as an after hour referral resource. The center would have access to national and local crisis lines. An option might be to develop or utilize an existing help center or infrastructure such as the MN Online Help Center. Another option might be to use an existing mental health care call center. The call center should be operated by appropriate professionals and have special access to mental health referral networks.

The call center could be available to the entire system, and could be of benefit to both smaller institutions in remote locations with minimal access to referrals as well as larger institutions where the complexity of the referral system can be discouraging.

C. The system should examine mental health staffing and service/program models including external collaborations to best meet the needs of students.

The goal is to provide students with the best possible service.

Determining staffing needs in terms of quantity, background, and structure is very complex, and is an issue with which the task force struggled. Some members of the task force felt that job classifications and local campus practices and structures for providing mental health services should be clarified. In addition, there is concern about providing service after normal business hours and on weekends with current staffing and resources.

Nationally, professional associations have reviewed the services potentially available on university and college campuses. Due to the diversity of missions and circumstances, location and resources, campuses choose to provide different levels of staffing and services. Professional associations that have attempted to develop standards and benchmarks for service include: International Association of Counseling Services (www.iasinc.org), Council for the Advancement of Standards in Higher Education (www.cas.edu), and Accreditation Association for Ambulatory Health Care (www.aaahc.org).

International Association of Counseling Services (IACS) standard is between 1,000 and 1,500 students to 1 FTE professional staff member. The task force recommends that campuses consider this standard as they make staffing decisions. In addition to counseling, campuses are experiencing an expanding need for psychiatric services. The task force encourages campuses to minimally explore collaborative arrangements, such as jointly contracting with another institution or community agency for long-term mental and/or psychiatric services, or hiring their own psychiatrist.

All system campuses are encouraged to have internal services or external relationships to provide mental health services. Also, campuses are encouraged to improve collaboration with community resources and outside partners. How to better provide psychological/psychiatric services on campus and how to better refer students to those services were discussed. In addition, the group discussed how a campus provides crisis, emergency and off hours services. The task force recommends that campuses explore creative ways to address these issues.

Other ideas include leveraging mental health services among campuses, and applying for external grants for student mental health initiatives.

D. The system should take measures to keep mental health services as accessible as possible.

The goal is to facilitate student access to mental health services.

Analyzing the cost of student mental health service accessibility is complex and includes issues regarding insurance, service provision, and liability. In a difficult economic environment, solutions to these issues can be even more elusive. The task force suggests a three pronged approach to include:

- Student responsibility
- System responsibility
- New alternatives

First, students and their families have primary responsibility for their mental health care services. Students range from having no health insurance to having adequate health insurance. There is currently a pilot at Minnesota State University Moorhead testing the benefits and costs of a universal health insurance plan. Some members of the task force recommend expanding the pilot for system students, while others remained concerned about the affordability of such a requirement.

Second, the system currently demonstrates its concern for this issue by incorporating a student services component into the funding allocation formula. While the funding formula does consider national models of student services, including student mental health services, the task force recommended a review of the model to ensure that it reflects the commitment to integrating all aspects of students from a holistic viewpoint: physical, mental and emotional well-being.

Third, since neither of the sources above provides fully for student mental health services, new alternative sources should be explored. Perhaps campuses could explore whether student mental health services might be funded from the student life fee or from the student health services fee. Perhaps a new mental health services fee might be instituted. Perhaps campus foundations could consider establishing a fund for students whose insurance does not cover needed mental health services. Perhaps new partnerships can be established with existing community mental health services. Although none of these options have great potential as sole funding sources, continued exploration of new sources will continue to be important.

Appendix A Task Force Members

Chair: Steve Frantz, System Director of Student Life

Anoka-Ramsey Community College
Scott Bay, Director Access Services

Bemidji State University
Mary Ann Reitmer, Field Director/Associate Director Social Work Program

Central Lakes College
Kathy Blake, Mathematics Faculty

Inver Hills Community College
LeAnne Schmidt, Counselor

Minneapolis Community and Technical College
Cheryl Saunders, Dean of Students

Minnesota State University Moorhead
Warren Wiese, Vice-President for Student Affairs

Minnesota State University Student Association
Shannah Moore, Director of Communications
Holly Davis, Director of Research and Policy

Minnesota State University, Mankato
Christine Connolly, Director of Health Services
Patricia Swatfager-Haney, Vice-President for Student Affairs

Normandale Community College
Debbie Tillman, Director of Academic Support Services

Office of the Chancellor
Don Beckering, State Director, Fire/EMS/Safety Center
Jonathan Eichten, Assistant System Director of Financial Aid
Scott Goings, Assistant General Counsel

Rochester Community and Technical College
Stan Cram, Vice President for Student Development Services

St. Cloud State University

John Eggers, Director of Counseling and Psychological Services

Stephen Jenkins, State University Faculty

Wanda Overland, Vice President for Student Life and Development

Vermilion Community College

Nick Cooley, Minnesota State College Student Association

Public Relations Coordinator

Appendix B

Wellness Wheel websites:

http://wellness.ucf.edu/images/wellness_wheel_small.gif

<http://www.thefitnessguru.net/thefitnessguru/wheel.gif>

<http://www.unionofyouth.org/wp-content/uploads/mind-body-spirit.gif>

<http://www.reslife.okstate.edu/handbook/wheel.png>

Appendix C

References

College of the Overwhelmed: The Campus Mental Health Crisis and What to do About It, Kadison and DiGeronimo, 2004.

Depression: When The Blues won't Go Away, National Institute of Mental Health, <http://www.nimh.nih.gov>, 2007.

Healthy Campus Initiative, Boynton Health Services, University of Minnesota, 2008.

Learning and Psychological Disabilities: Classroom Strategies, MnSCU Center for Teaching and Learning, 2004.

Limits of Theory and Practice in Student Attrition, Tinto, V, The Journal of Higher Education, 53 (6) 687-700, 1982.

Mental Health: Report of the Surgeon General, Office of the Surgeon General, 1999, www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter4.

Mental Health: Strengthening Mental Health Promotion, World Health Organization, 2007, www.who.int/mediacentre/factsheets/fs220/en.

MTV U Shows that Many College Students are Stressed, Edison Media Research, www.edisonresearch.com, 2008.

National College Health Assessment: Reference Group Executive Summary Fall 2007, American College Health Association, 2008.

Reflecting the High Rate of Functional Impairment, Pratt and Brody, Center for Disease Control and Prevention, 2008.

Undergraduate Student Attrition: A Comparison of the Characteristics of Students Who Withdraw and Students Who Persist, Johnson, G.M., The Alberta Journal of Educational Research XL(3) 337-353, Johnson, G. M., 1994.



Minnesota
STATE COLLEGES
& UNIVERSITIES

WELLS FARGO PLACE
30 7TH ST. E., SUITE 350
ST. PAUL, MN 55101-7804

ph 651.296 0672 Academic and Student Affairs
fx 651.649 5749 April 2009
www.mnscu.edu



The Minnesota State Colleges and Universities System is an Equal Opportunity educator and employer.
This document can be made available in alternate formats upon request.