December 23, 2019

To: GFEC members
From: Associate Dean Lisa Martin
Re: Discussion of Mental Health Study Report

Thank you for taking the time to read the report from the Graduate and Professional Student Mental Health Taskforce. In preparation for our discussion on January 10, please think about the following issues, in addition to any other thoughts you have about the report.

- Which recommendations should be prioritized?
- Which unit – Graduate School, individual school/college, Dean of Students Office, UHS, other – should be responsible for implementing various recommendations?
- Which other units around campus should review and discuss the report?

If you aren’t able to attend the meeting on January 10, please feel free to send me your comments at lisa.martin@wisc.edu, or let me know if you’d like to find a time to talk.
Report of the workgroup examining the state of UW-Madison graduate and professional student mental health

Participants and/or report authors:

Mazdak Bradberry, MD/PhD student, Medical Scientist Training Program

Chris Bradfield, Professor of Oncology; Director of the UW Biotechnology Center

Kaitlin Davis, Postdoctoral Research Associate, Medical Microbiology & Immunology

Elaine Goetz-Berman, Graduate and Professional Student Assistance Specialist, Dean of Students Office

Yang Hu, MD/PhD student, Medical Scientist Training Program

Christina Hull, Professor of Biomolecular Chemistry and Medical Microbiology & Immunology; Director of Molecular Biosciences Training Grant Program

Jim Keck (workgroup organizer), Professor of Biomolecular Chemistry; Associate Dean for Basic Research Training, School of Medicine and Public Health

Mark Marohl, Student Services Coordinator, Molecular & Environmental Toxicology

Lisa Martin, Professor of Political Science; Associate Dean of Graduate Education, UW-Madison Graduate School

Katherine Mueller, Graduate Student, Cellular and Molecular Biology

Mallory Musolf, Associate Director, Office of Training Grant Support, School of Medicine and Public Health

Sebastien Ortiz, PhD Student, Integrated Program in Biochemistry

Sara Patterson, Emeritus Professor of Horticulture; Former Director of the Science and Medicine Graduate Research Scholars Program

Martha Reck, Education Program Manager, Department of Psychiatry

John Svaren, Professor of Comparative Biology

Sydney Thomas, PhD Student, Cellular and Molecular Biology

Abbey Thompson, Associate Director, Science and Medicine Graduate Research Scholars Program

Lauren Weitkamp, Student Services Coordinator, Cellular and Molecular Biology

Emily Young, PhD Student, Educational Policy Studies; Co-Director of Graduate and Professional Students with Disabilities Initiative

Britt Marie Zeidler, PhD Student, Curriculum and Instruction; Founder and Director of Graduates and Professionals with Disabilities Initiative.
Summary: Several recent studies have identified significant mental health challenges that are faced by graduate students. These include levels of anxiety and depression that are up to six times higher than those in the general population (~40% in some studies). A workgroup of graduate students, faculty, staff and administrators met from November 2018 to August 2019 to examine the current state of mental health services for graduate and professional students on the UW-Madison campus and to generate recommendations for improving campus mental health support structures. The study occurred in two phases. Phase one focused on how mental health information and resources are distributed to graduate and professional students on campus. Phase two comprised a needs assessment to complement a similar study carried out by a task force from UW-Madison Student Affairs that examined mental health needs for the undergraduate population. After examining the results, the workgroup developed recommendations that seek to expand and diversify UW-Madison mental health resources to serve the specific needs of UW-Madison graduate and professional students. These include recruitment of additional University Health Services mental health professionals to focus on the needs of graduate and professional students, expansion of outreach to these populations with the Let’s Talk and Health Ambassadors programs, and support and expansion of graduate student peer groups that focus on mental health challenges, wellness, and resiliency.
Mental health challenges for graduate and professional students

Studies from the past several years have uncovered a striking mental health crisis within graduate student populations. A 2014 UC-Berkeley study found that 47% of their PhD and 37% of their masters students suffer from depression\(^1\). A 2015 University of Arizona report found very similar results, with a majority of PhD students reporting more than average or tremendous stress\(^2\). Stressors include challenging career prospects, overall health decline during graduate training, stressful living conditions, differing levels of student academic engagement, variable quality of advising relationships, and limiting social structures\(^3\). LGBTQ+ graduate students have notably higher rates of depression, as do older students and underrepresented minority students\(^1,3\).

The results from multisite surveys further underscore the challenges facing graduate students. Among 5,700 doctoral students surveyed by Nature in 2017, 27% listed mental health as a concern and 12% sought counseling for anxiety or depression “caused by their PhD”\(^4\). In a 2019 follow-up survey of 6,000 doctoral students, Nature reported that the percentage of PhD students who sought counseling had increased to 36%\(^5\). A separate 2018 study of 2,279 PhD and masters students indicated that graduate students were six times more likely to suffer from anxiety and depression than members of the general public\(^3\). Major concerns noted in these studies included poor work-life balance, challenging career prospects, difficult relationships with advisors, and financial insecurity, among others\(^3,4,5\).

More locally, the Healthy Minds survey, in which UW-Madison participates, has reported worsening mental health indicators over the past five years. Depression among surveyed undergraduate, graduate, and professional students has increased from 21% to 37%, anxiety has increased from 22% to 31%, and suicidal ideation has increased from 10% to 13% within the past five years\(^6-10\). UW-Madison University Health Services (UHS) reported that 1,451 unique UW-Madison graduate or professional students used campus mental health resources during the 2017-18 timespan, with 6,553 total visits. These data indicate that ~15% of all graduate or professional students used UHS mental health resources in 2017-18.

In light of these findings, our committee examined current mental health support for graduate and professional students at UW-Madison.
Overview of workgroup process & outcomes

PHASE 1 -- November 2018-April 2019: In November 2018, several faculty, staff, and students formed an informal working group to examine graduate student mental health services on the UW-Madison campus. Members of this group first met with UHS mental health staff to better understand the current state of mental health support on campus. The group then formed subgroups that reviewed available resources in greater detail and focused on three aspects that appeared most in need of attention:

• **Information dissemination:** This subgroup examined how information about mental health services for graduate students is conveyed to faculty, staff, and students and proposed suggestions for improved information delivery. Subgroup members: Christina Hull, Jim Keck, Mallory Musolf, Sebastien Ortiz, Abbey Thompson.

• **Needs assessment:** This subgroup was asked to conduct a needs assessment to determine if new resources were warranted. Subgroup members: Chris Bradfield, Lisa Martin, Katherine Mueller, and Lauren Weitkamp.

• **Resource dissemination:** This subgroup examined the current range of mental health resources available for graduate students. Subgroup members: Kaitlin Davis, Elaine Goetz-Berman, Sara Patterson, John Svaren, Sydney Thomas.

Upon learning that Lori Reesor, Vice Chancellor for Student Affairs, was leading a task force to assess campus-wide mental health needs, our needs assessment subgroup was paused. The information dissemination and resource dissemination subgroups continued, and all subsequent workgroup communications were shared with Vice Chancellor Reesor to ensure transparent data exchange. The Vice Chancellor’s report is attached (**Appendix A**). Our group also reported out to Vice Chancellor Reesor’s Mental Health Task Force on April 18, 2019.

Each group partnered with UHS representatives who served as outstanding subject-matter resources for our study.

Outcomes from the information dissemination and resource dissemination subgroups were summarized at a meeting on April 24, 2019.

• **Information dissemination:** Based on the subgroup’s collective experiences, we determined that faculty and graduate/professional student awareness of available mental health resources are insufficient. To counter this deficiency, the subgroup designed several tools that could be used to enhance campus-wide recognition of the available resources. The tools are intended to improve our readiness for crisis and non-crisis mental health situations and to counter the stigma associated with mental health struggles among graduate students. These included:
- “Business card” sized information resource cards for students, faculty, and staff that can be readily customized and distributed by graduate programs (Appendix B). The committee endorsed distribution of these cards every year to all graduate program faculty, staff, and new students. This distribution should ideally be coordinated with an introduction to campus mental health resources during program orientation activities. The cards were adapted from a similar card that had been developed by the Neuroscience Training Program.

- Graduate student-specific signage that advertises UHS resources and provides contact information (Appendix C). The committee found that mental health signage commonly found in undergraduate-rich environments such as residence halls was largely lacking in buildings frequented by graduate students. Mental health signage serves both to provide information and to normalize mental health challenges. The latter point is critical for countering the stigma of mental health issues, which remains a persistent barrier preventing students in need from asking for help. Notably, there are terrific examples of placards/signage/magnets that UHS has already deployed primarily in residence halls and other undergraduate-heavy sites. In some cases these may be appropriate for graduate student settings. The committee also created examples of graduate student-specific signage and shared these designs with UHS.

- The committee endorsed creation of simple flow charts featuring if/then situations to focus on mental health care situations that can arise – what to look for, who to contact, and how to proceed. These are designed to provide advisors, faculty, program administrators, and others with information to encourage proactive responses to graduate students who appear to be struggling, and to provide a framework for action. UHS already has flow charts that could be distributed more broadly to stakeholders.

- UHS has agreed to review the mental health business card and signage for compliance and to ensure that they can be appropriately branded. UHS intends to have graduate student focus groups review the materials prior to implementation.

- Resource dissemination: The subgroup examined the use of Health Ambassadors and Let’s Talk programs. They considered the benefits (and costs) of expanding programming to additional graduate programs.

- The group found that there were several means by which mental health resources were delivered to graduate students. These include UHS resources (individual and group services), the Health Ambassadors program, the Let’s Talk program, unique school/college-based resources, and peer-based groups. The Health Ambassadors program connects a mental health liaison
directly to students in a program (https://www.uhs.wisc.edu/mental-health/healthambassadors/). Use of this program is not evenly distributed to all students, likely due to cost. Let’s Talk provides frequent drop-in mental health consultation for students in a more informal setting (https://www.uhs.wisc.edu/mental-health/lets-talk/). An excellent summary of current UHS resources has recently been detailed in Vice Chancellor Reesor’s mental health task force report (Appendix A). The committee felt that the Health Ambassadors and Let’s Talk programs were very beneficial and should be expanded to increase their impact. A fuller discussion of the available resources also follows in our report of the second phase of our workgroup’s efforts.

- The committee identified two innovative peer-based groups that are addressing mental health and resilience among graduate students. One group, GPSD (Graduate and Professional Students with Disabilities Initiative), is a recognized student organization that creates peer-supportive environments for graduate and professional students who are struggling with mental health challenges. A second group from the Wisconsin Institutes for Discovery, BADGRS (Brilliant and Diverse Graduate Research Scholars), aims to foster peer communities enabling trainees to explore, acknowledge, and address environmental factors impacting graduate student mental health, and to provide productive, sustained channels for communication between students and faculty regarding trainee welfare. BADGRS features monthly meetings facilitated by trainees that use student-written case studies and discussion questions to tackle a wide range of topics that can affect mental health, including impostor syndrome, mentor/mentee relationships, discrimination, and others. The curricula are designed to be modular and easily implemented by other students. Additionally, the BADGRS materials include a climate survey developed in collaboration with the LEAD (Learning through Evaluation, Adaptation, and Dissemination) Center, which is designed to assess student wellbeing on a program-specific basis. It would be advantageous to develop similar affinity peer groups in buildings or within graduate/professional programs across UW-Madison.

- Kaitlin Davis reported on her experiences with the RESILIENCE program at NIH, which is a well-developed curriculum covering mental health and wellness (https://www.training.nih.gov/wellness). She noted that similar curricula could be replicated here.

**PHASE 2 – May 2019-August 2019.** Upon completion of phase one, our groups met to discuss our next steps. Given that Vice Chancellor Reesor’s Mental Health Task Force focused primarily on the undergraduate population, the committee felt that a companion examination of needs for mental health services for graduate and professional students would be useful. Our committee divided into two new needs assessment subgroups that considered graduate mental health needs
from either proactive or responsive perspectives. The groups focused on potential interventions for individuals and for groups, specifically looking for ways to systematically improve conditions across the trainee environment. We note that there were redundancies in the findings and recommendations from the first and second phases of our study and that these are included here to reflect their importance.

**The overall needs assessment process:** Our groups (1) performed an analysis of gaps between the UW-Madison graduate student mental health services and current needs, (2) assessed options, including considerations of cost, impact (large vs incremental), and time, and (3) reported findings to the entire group. The subgroups met several times from May to August 2019 to gather data and make assessments and as a combined group at the end of the summer to report our recommendations in anticipation of preparing a report with recommendations to be shared with campus leadership.

**Proactive subgroup:** Yang Hu, Mallory Musolf, Abbey Thompson, Sebastien Ortiz, and Britt Marie Zeidler.

**Topics that were considered:** Benchmarking, peer support, UHS outreach programs, stigma reduction approaches, and best proactive activities from peer institutions. Findings included:

- Healthy Minds surveys indicate a rising need for mental health services at UW-Madison. In the most recent survey, 37% of all students were reported to suffer from depression, 31% displayed symptoms of anxiety, and 13% have experienced suicidal ideation. These percentages have elevated significantly over the past five years\(^6\text{-}10\). Rates in other studies have been found to be higher for underrepresented minority and LGBTQ+ students\(^1\text{-}3\). Evidence of a student-perceived stigma associated with seeking mental health treatment was also noted. UHS has experienced a 30% increase in mental health visits in the last five years. UHS currently falls in line with recommended provider:student ratio of 1:1,000-1,150. However, with rising demands, it may be that this ratio is not sufficient for UW-Madison student needs. We noted that UHS is currently expanding its staff to include new counsellors, which is an excellent step forward. We recommend that some of the new staff be dedicated to graduate and professional student-specific needs.

- The committee noted that the UW-Madison graduate student population has environmental conditions that make their mental health care needs distinct from the undergraduate population. These include the asynchronous nature of their academic challenges (e.g. qualifying exams, research-related stressors, thesis/dissertation defenses) limiting the effectiveness of peer support within their cohort. Moreover, differing departmental and program climates toward mental health challenges and the degree to which the mentor/mentee relationship is supportive of student mental health make student experiences
quite uneven. These challenges can result in increased anxiety and depression as has been noted in several national and international studies.

- The committee deemed that finer-scale data on graduate and professional student mental health demands are needed to better address their unique challenges.

- The UHS Ambassadors program, which connects Health Ambassadors to programs (https://www.uhs.wisc.edu/mental-health/healthambassadors/), was seen as a strength. This program currently has 35 partnerships in which health care professionals work with departments, programs, or schools. The program is limited by staffing. The Let’s Talk program, which provides frequent drop-in mental health consultation (https://www.uhs.wisc.edu/mental-health/lets-talk/), was also seen as an important outreach link to graduate and professional students.

- Several examples of universities with innovative mental health support for graduate and professional students were noted:
  
  o **Stanford**: Stanford University has developed an outstanding search tool for quickly locating specific mental health resources for students, staff, and faculty. A similar tool could greatly improve the UHS website.
  
  o **Several universities**: Multiple universities (e.g. UC-San Diego, Stanford, NIH, UW-Madison School of Medicine and Public Health) have created graduate and professional student lounges that are designed to improve wellbeing for students. Similar sites could operate as functional spaces for Let’s Talk meetings as well.
  
  o **Wellness initiatives**: Excellent examples of graduate and professional student “wellness” initiatives have been embedded in student programming and resilience/wellness training modules. These include (1) a combination of resilience workshops, discussion groups, wellness advising, and mindfulness meditation at the NIH and (2) a “fail better” video series, competency training on resiliency and wellness, and a mindfulness series for postdocs at Washington University. The committee noted that resiliency and wellness are included as one of nine facets of professional development in the UW-Madison Graduate School DiscoverPD.

*Responsive subgroup*: Mazdak Bradberry, Elaine Goetz-Berman, Jim Keck, Mark Marohl and Emily Young.

*Topics that were considered*: Benchmarking, treatment options (group, individual), non-traditional approaches (e.g. telemedicine), efficiency of mental health services appointments through UHS, possibility of expanding mental health liaisons for each
department/graduate program, and best responsive activities from peer institutions. Findings included:

- From data provided by UHS, the committee found that 27% of UHS mental health admits were for graduate/professional students, whereas 70% were for undergraduates in 2017-18. This roughly correlates with the relative size of each group on the UW-Madison campus. In total, 1,451 unique UW-Madison graduate or professional students used UHS mental health resources during the 2017-18 timespan, with 6,553 visits. These data indicate that ~15% of all graduate or professional students used UHS mental health resources in 2017-18.

- Data from past Healthy Minds surveys indicate markers of depression and anxiety have been increasing in the undergraduate populations. This rise predicts that these issues will increase in future graduate student cohorts.

- A range of local mental health services exist in different programs on the UW-Madison campus, leading to significant service differences for students. Some units (College of Engineering and School of Medicine and Public Health) have partnered with UHS to fund UHS counselors for graduate or medical students (0.5 and 1.0 FTE, respectively). A number of other units have hired counselors outside of the UHS umbrella. While these units should be applauded for seeking solutions to the growing need for graduate and professional student mental health support, such support can create missed opportunities for integration in campus-wide healthcare solutions. Examples include:
  - The School of Veterinary Medicine has a mental health support system (Personal Wellness and Support Services, PAWSS) with counselors.
  - The School of Pharmacy partners with the Psychological Research and Training Clinic (PRTC).
  - The Law School has recently hired a counselor (modeled after the School of Veterinary Medicine).

- The committee noted that there are several mental health access and treatment options available through UHS. These include one-on-one counseling, psychiatry, group counseling, Health Ambassadors, Let’s Talk, and mental health assessments. These are limited by available FTEs and growing demand has led to increased wait times during the semester, limiting students’ ability to access resources. Many graduate and professional students are having to seek out care from the community because the wait times at UHS are too long.

- The committee found that the university and UHS are working to determine trends in the mental health needs of their students and provide a streamlined system of support that upholds a consistent standard of care. However, a
clearer definition of scope of care and responsibility for UHS would help to provide more consistent care across the campus. There are many ways to better define the current state of mental health support needed by UW-Madison graduate and professional students. Current examples include recent climate surveys from the Chemistry Department and the Wisconsin Institute for Discovery, surveys on mental health and student experiences, the Healthy Minds study, and studies carried out by specific programs and UHS to assess mental health needs and design tailored approaches.

- Several examples of universities with innovative mental health support for graduate and professional students were noted:

  - **Ohio State University** *(text from their website)*: “The Graduate Association of Mental Health Action and Advocacy (GAMHAA) is organized for the purpose of providing support and advocating for the needs of OSU graduate students' mental health and wellness. The association provides the opportunity for students to join together to make the university a healthier, more egalitarian place by spreading awareness, enacting anti-stigma initiatives, and advocating for positive grassroots change in the way graduate study is conducted at OSU”

  - **University of North Carolina School of Medicine**: Hired a mental health specialist for their medical and ~500 PhD students. Accessibility was key; counselor is embedded with students.
Recommendations

The workgroup is proposing several recommendations for improvement of graduate and professional student mental health services at UW-Madison.

Communications:

- Improve communications by providing a resource card to faculty, staff, and students, ensuring they have accurate information about services and refer appropriately when mental health issues arise (see Appendix B).

- Work to ensure that mental health services are visible to graduate students, including graduate and professional student-specific signage in buildings (see Appendix C) and intentional communication of mental health resources to graduate students through a weekly email digest.

- Develop an easily navigated search tool for UW–Madison’s UHS and community services allowing filtering by various parameters to orient users to appropriate resources.

- Ensure that policies surrounding both voluntary and involuntary medical leave for students in crisis are well-defined and compassionate. Unclear policies may result in significant added stress for students who are already struggling, and any policy must be balanced between protecting the university from liability and avoiding unnecessary or punitive barriers for students seeking to reenter the university. Our working group recommends the formation of a legally vetted policy to define conditions under which students in crisis may be asked to take an involuntary medical leave, as well as specific steps for reentry after treatment. Stanford recently released a new policy on involuntary medical leave that could serve as a model for UW-Madison. Additionally, we note that Amy Kuether, director of Academic Services for the Graduate School, is chairing a committee to develop an academic leave policy that seeks to restructure the current continuous enrollment policy so that it integrates with the medical leave policy being developed by UHS. These policies will be critical for ensuring compassionate, consistent, and fair leave processes to protect vulnerable students.

Data:

- Obtain finer scale utilization data to better inform how to meet the mental health needs of graduate students.

- Overcome the current “patchwork” approach to graduate student mental health services, which leads to uneven levels of service across the campus environment.

- A campus-wide survey of graduate student mental-health experiences should be carried out to determine gaps between institutional perceptions of student needs, institutional
responsiveness to student needs, and student expectations and experiences. Two climate surveys developed by students in the Chemistry Department and at the Wisconsin Institutes for Discovery could be used as guides for individual graduate programs.

**Staffing & Services:**

- Pursue the creation of provider position(s) within UHS dedicated to graduate and professional students. Providers must be accessible and preferably specialized to students in varied disciplines.

- Expand UHS Ambassador Program and explore the development of peer ambassador model for UHS.

- Expand Let’s Talk drop-in sessions to increase accessibility for graduate and professional students.

- Expand counselor-led peer group wellness sessions that are more accessible on a regular basis.

- Support the expansion of peer-led groups such as BADGRS across other graduate programs. These groups can be complementary to counselor-led peer groups in that they provide a proactive model for graduate students to foster community support, normalize struggles, and build resilience. The BADGRS curricula are in active development at the Wisconsin Institute for Discovery and are expanding this year to new chapters in the Integrated Program in Biochemistry and Cell and Molecular Biology graduate programs. The committee recommends supporting dissemination of the BADGRS concept more broadly within the Graduate School.

- One-on-one counseling services should be expanded. This should include increasing the maximum appointment number (currently set at ten) and implementing use of human-monitored technology to have text check-ins during gaps between appointments. The convenience of counselling services in the Schools of Veterinary Medicine and Medicine and Public Health is seen as a positive.

- Following best practices of peer institutions, develop resilience programming and workshops offered through the Graduate School’s Professional Development framework and UHS.

- Establish graduate and professional student lounge(s) on campus where wellness and mental health programming could occur.

- With the noted importance of the mentor/mentee relationship in graduate student mental health\(^1,3-5\), the committee recommends expanding and mandating mentorship training for all mentors. UW-Madison is a recognized leader in mentoring, with expertise that includes two members who served on the 2019 National Academy of Science, Engineering, and
Medical committee that examined the science of mentoring in STEMM, the Center for the Improvement of Mentored Experiences in Research (ictr.wisc.edu/mentoring/), and the Wisconsin Institute for Science Education and Community Engagement (WISCIENCE, which offers mentor training, wiscience.wisc.edu/mentor-training). We urge UW-Madison to tap its local resources to ensure we create the conditions and the expectations for exemplary mentorship for graduate and professional students.
References

1 UC Berkeley Graduate Assembly (2014) *Graduate Student Happiness and Well-being Report.*

2 Smith, E & Brooks, Z (2015) *Graduate Student Mental Health (University of Arizona).*


Appendix A: Report from the Dean of Student’s Office Mental Health Task Force, May 2019
PURPOSE AND SUMMARY

Provost Sarah Mangelsdorf and Vice Chancellor for Student Affairs Lori Reesor commissioned the Mental Health Task Force in response to the numerous concerns heard from students, faculty, and staff about the wellbeing of our students and how their needs were being met. Specifically, many student concerns related to wait times for mental health services, the need for more diversity among counselors, and a request to hire additional mental health providers beyond an original proposal submitted by University Health Services (UHS) during their annual budget request to the Student Services Finance Committee (SSFC) of Associated Students of Madison (ASM).

Initial Charge:

With the increase in acuity of mental health concerns and increased utilization of services by undergraduate and graduate/professional students, there is a growing need for relevant, sustainable, and accessible mental health services. This ad hoc task force has been asked to (1) review mental health resources and related supports on campus including current services, prevention programming, and campus tools, and (2) provide recommendations for a comprehensive, multi-faceted approach to address the mental health needs of our students, including prevention efforts, resiliency training, treatment services, and capacity building in students, faculty and staff.

Chancellor Blank requested an initial report in May. Due to the short timeframe, the task force was charged with responding to student requests for increased capacity of mental health services for all students. In addition, they were charged with reviewing the need to: acquire additional physical space; extend appointment times to nights and weekends; increase campus awareness and better identify at-risk students; and expand and develop supplementary programs.

This document summarizes the work of the task force through the end of April 2019. While the time frame for preparing information for this document was limited, six task force meetings were held, and members were very engaged in the meetings.
OVERVIEW OF THE TASK FORCE

Task force members included:

- Gina Bryan, DNP, RN, Clinical Professor, Psychiatric Mental Health Certificate Coordinator, School of Nursing
- Valerie Donovan, MS, Suicide Prevention & Mental Health Promotion Coordinator, UHS
- Laura Downer, Legislative Affairs Chair, Associated Students of Madison
- Christina Frank, MS, Personal and Wellness Support Services, School of Veterinary Medicine
- Diane Gooding, PhD, Professor of Psychology & Psychiatry
- Stephanie Graham, PhD, Clinical Associate Professor & Director, Counseling Psychology Training Clinic
- Marlena Holden, MA, Interim Director of Marketing & Prevention Services, UHS
- Tiffany Jones, graduate student in counseling psychology
- Charlotte Ladd, MD, PhD, Medical Director of Ambulatory Services and Clinical Associate Professor of Psychiatry
- Andrea Lawson, LCSW, Interim Director of Mental Health Services, UHS
- Lisa Martin, PhD, Associate Dean, Graduate School
- Manasi Mohan, Health Care Advisory Committee student representative
- Amanda Ngola, MSW, LCSW, Clinical Assistant Professor, School of Social Work
- Madeline Noreika, student president, National Alliance on Mental Illness, UW–Madison
- Lori Reesor, PhD, Vice Chancellor for Student Affairs
- Tony Utrie, Case Manager, Dean of Students Office
- Billy Welsh, Chair, Associated Students of Madison

Additional information was obtained from subject matter experts:

- Linnea Burk, PhD and Christopher Gioia, PhD, Psychology Research Training Center
- Hannah Delong, APNP, Psychiatry, UHS
- Jim Keck, PhD, Professor and Associate Dean for Basic Sciences, Biomolecular Chemistry
MENTAL HEALTH SERVICES AVAILABLE AT UW-MADISON

The task force spent much of its initial time reviewing services available on campus through a variety of clinics, so we could understand the baseline of our services and identify strengths, concerns, gaps, and opportunities. The following information is a highlight of campus mental health services.

1. University Health Services (UHS)
   https://www.uhs.wisc.edu/mental-health/

   UHS is the UW-Madison student health center. UHS was recognized by the Princeton Review as the best college health service in the United States in 2016, 2017, and 2018. Mental Health Services are available in English, Spanish, and Mandarin. UHS is fully accredited by the Accreditation Association for Ambulatory Health Care (AAAHC).

   UHS holds a strong commitment to the diverse UW-Madison community and promoting social justice. Its Diversity and Inclusion statement affirms this commitment. Its experienced staff is committed to understanding and respecting every individual who comes through the doors.

   Mental Health Services counselors primarily provide brief treatment with students to attend to developmental, identity-related, and mental health concerns of students. Most students attend between 1 and 4 sessions to address their concerns. For students whose needs would best be addressed through specialized, longer-term, or open-ended services a community referral may be recommended, and care managers will help to complete the connection to services.

   Fees
   All enrolled UW-Madison students may access services at no cost. Cost of services are covered by student tuition and fees. UHS does not accept or bill insurance.

   Hours
   UHS Mental Health Services is open Monday, Tuesday, Wednesday, and Friday from 8:30 a.m. to 5 p.m.; Thursday from 9:30 a.m. to 5:00 p.m. There is a 24-hour mental health crisis line available at 608-265-5600, option 9.

   Services
   • 24-hour crisis intervention available (608-265-5600, option 9)
   • Brief individual and couple/partner counseling
   • More than three dozen group counseling groups each semester
   • Assessment for substance abuse and disordered eating
   • Campus Based Services
   • Gender identity consultations
• Psychiatric consultation and medication management
• Care management and referral
• Self-help online mental health support
• Survivor Services
• Integrated Primary Care Behavioral Health

UHS uses a stepped care model to provide the appropriate level of care for each student.

The only service that has a session limit is individual counseling services, where students may access 10 sessions an academic year, up to a total of 20 during their academic career. In circumstances in which students require additional care, have limited resources, and have an established therapeutic relationship at MHS, exceptions may be made to this limitation.

Utilization
In 2017-18, 5,658 students accessed UHS Mental Health Services for more than 25,000 appointments.

Wait Times
Wait times vary greatly during the semester and depend on which service is being sought and which service is indicated. The primary point of entry for Mental Health Services is the Access Appointment, which can be made online, and the time to appointment for this service ranges from same day to about a week. Drop-in services are available the same day for students who cannot wait until their scheduled appointment. For routine care, psychiatry visits can range from a wait time of two to four weeks, and individual counseling
can see similar wait times. Urgent counseling and psychiatry visits are typically available within one to two weeks. During the semester, 20 hours of Let’s Talk is provided each week for drop-in informal counseling at locations across campus – no appointment is needed for this service.

2. Counseling Psychology Training Clinic (CPTC), Department of Counseling Psychology, School of Education
https://counselingpsych.education.wisc.edu/

The UW-Madison Counseling Psychology Training Clinic is a training facility for the Counseling Psychology (PhD and MA) graduate training programs administered by the University of Wisconsin-Madison Department of Counseling Psychology. The clinic seeks to offer high quality, cost efficient and multiculturally competent psychological and mental health services to students and residents of Madison and the surrounding areas. The clinic also supports the research of program faculty and students and seeks to advance understanding of psychological health conditions and services.

The clinic provides a range of counseling and psychological services for children, adolescents, adults, couples, and families. Clients needing services unavailable through the clinic are referred to local professionals, agencies, or hospitals equipped to provide appropriate services.

Fees
Fees for counseling services are on a sliding scale determined by income. Payment is expected at the time services are rendered. Medicare, Medicaid, or other insurances are not accepted, nor does CPTC bill insurance companies directly.

Hours
Weekday afternoon and evening sessions are available.

Services
- Individual therapy for work, school, or personal concerns
- Marriage/divorce counseling
- Family counseling
- Couples counseling
- Career and life-planning counseling
- Group counseling

Clients may refer themselves, or they may be referred by friends, family or other professionals.
In partnership with the Counseling Psychology Training Clinic (CPTC), the Community Support Specialists provide mental health-related services to UW-Madison students enrolled under Division of Diversity, Equity & Educational Achievement programs such as CeO, Chancellor’s Scholars, First Wave, Pathways, PEOPLE, POSSE, and Powers-Knapp Scholars. Services are intended to offer students culturally competent mental health support that enhances their academic engagement and performance. The Community Support Specialists integrate cultural knowledge, awareness and skills to provide counseling and mental health interventions that are tailored to underrepresented minority students’ needs. All clinical work is supervised by licensed psychologists affiliated with the Department of Counseling Psychology.

**Psychology Research & Training Clinic (PRTC)**
https://psych.wisc.edu/graduate-program/clinical-psychology-program/research-and-training-clinic/

The Psychology Research and Training Clinic (PRTC), located within the Department of Psychology at UW-Madison has been serving the campus and local community for over 30 years by providing confidential psychological services to adults, adolescents, and children. The graduate clinicians are advanced clinical and counseling psychology doctoral students who are supervised by licensed psychologists.

The PRTC provides outpatient treatment for issues such as depression, anxiety, problems with stress and adjustment, relationship and couples problems, eating disorders, substance use, learning problems, child/adolescent emotional and behavior problems, and parent-child relational difficulty. Therapy services are provided using individual, parent-child, couples, and family formats.

The PRTC conducts psychological testing and evaluation, including tests of intelligence, memory, academic function, personality, and psychopathology.

The PRTC does not have a psychiatrist on staff and cannot provide management of psychiatric medications. However graduate clinicians are available to consult with physicians if referred clients are currently prescribed medication.

**Fees**
The PRTC is a fee-for-service clinic and does not accept private insurance, Medicaid, or Medicare.

The initial intake fee is $30, and each client’s session fees are determined using a sliding scale based on after-tax income and family size. The standard session fee of $60 may be adjusted to as low as $10 per session. This brings the cost of therapy within the reach of many people who otherwise might forgo services.
Psychological testing is billed at a set fee; intelligence testing including feedback and report is $150, other evaluations including testing for learning disability, ADHD, psychopathology, and adaptive function range from $200 to $400 (includes feedback, recommendations, and report).

The PTCT offers free and confidential psychotherapy services for School of Pharmacy students: http://psych.wisc.edu/graduate-program/clinical-psychology-program/pharmacy-students/.

**Hours**
The PRTC is open Monday through Thursday 9 a.m. to 5 p.m. Evening appointments are available for established clients upon approval from the Director.

**Services**
- Individual Psychotherapy
- Family/Parent-Child Therapy
- Psychological Assessment
  - General diagnostic evaluations
  - Assessment of ADHD & Learning Disabilities
  - Brief Alcohol Use Assessment & Intervention
- Community Psychoeducational Presentations
- Law School
  - Wellness Presentations
- School of Pharmacy
  - Individual Therapy
  - Brief Alcohol Use Assessment & Intervention
  - Wellness Presentations

**Utilization**
Forty percent of clients at the PRTC are affiliated with UW-Madison and sixty percent are community members.

**Accessing Services**
Interested clients call the PRTC for a screening and intake appointment.

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3. **School and College Providers**

**School of Veterinary Medicine**
https://www.vetmed.wisc.edu/dvm-students/current-students/pawss/
The School of Veterinary Medicine provides confidential in-house counseling for all of their professional students.

**Fees**  
There is no cost for enrolled students

**Hours**  
Hours are Monday-Friday, 8:30 a.m. to 4:30 p.m.

**Services**  
- Short-term individual counseling for a variety of concerns  
- Referral to community mental health agencies  
- Presentations and facilitated discussions on wellness/communication related topics  
- General wellness support

**Utilization**  
While the School of Veterinary Medicine doesn’t systematically measure utilization, between 25-50% of the student body seeks care or referrals from the PAWSS services. No prescribing or on-call hours are available, and students are referred to clinics listed above for additional care.

**School of Medicine and Public Health, College of Engineering**  
The School of Medicine and Public Health and the College of Engineering also provide no-cost confidential counseling.

**Fees**  
There is no cost for enrolled students. Services are paid for by the academic units and staffed by UHS. Providers have office hours at the school and college locations, in addition to at the main UHS location.

**Services**  
Same as UHS services, with exception that there is no limit to individual counseling sessions. Participate in a nation-wide veterinary mental health provider group.

**Utilization**  
Captured in overall UHS numbers.
DATA AND STRATEGY

UW-Madison uses a variety of data sources to consider clinical and prevention services, including Healthy Minds and the ACHA-NCHA.

2016 Healthy Minds
Key findings on overall mental health:
• 21 percent of students screened positively for depression overall.
• 16 percent of students screened positively for an anxiety disorder.
• 9 percent of students indicated they experienced suicide ideation in the last year.
• 27 percent of students have been diagnosed with a mental health disorder during their lifetime.

For more information about the 2016 findings, read the executive summary. Results from the 2019 Healthy Minds survey will be available in the fall of 2019.

The most recent administration of the ACHA-NCHA survey did not have sufficient responses to prepare findings usable for clinical or prevention services.

Student Mental Health Committee 3-Tier Model
This model was presented to the UW System Board of Regents in 2006 and again in 2019 as a targeted strategy to address the mental health crisis. The model is actualized when the majority of resources are utilized in tier 3, followed by tier 2, thus minimizing the need for tier 1 services. The model is adapted from the University of California’s Student Mental Health Resources and Promising Practices: www.ucop.edu/student-mental-health-resources. This is the model which guides the work of UHS in supporting the mental health needs of UW-Madison students.

Tier 1: Direct Service and Crisis Intervention
Tier 1 represents the critical mental health services that need to be restored in order for UW campuses to fully respond to basic student mental health needs on our campuses. Resources targeted at this tier directly reduce wait times and support the provision of crisis services.

Tier 2: Targeted Interventions for Vulnerable Groups
Tier 2 outlines targeted interventions for vulnerable groups through education, support and prevention programs, restores key services to help students manage stress and increases staffing levels in those campus life areas most impacted by student mental health issues, such as disability services, student judicial affairs and student life.

Tier 3: Comprehensive Approach to Prevention
Tier 3 requires enhancing the full spectrum of student life services towards a comprehensive approach to creating healthier learning environments through actively
engaging faculty and academic staff and facilitating proactive communication and collaboration among mental health stakeholders.

**Continuum Model for Interventions Supporting Student Mental Health and Well-Being**

*Further adapted for UW-Madison*

<table>
<thead>
<tr>
<th>Tier 1 Crisis Intervention</th>
<th>Scope &amp; Focus</th>
<th>Examples</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• Students most at-risk</td>
<td>• UHS Crisis Stabilization/On Call Services</td>
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<td></td>
<td>• Serious psychiatric distress</td>
<td>• Behavioral Intervention Team (BIT)</td>
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<table>
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<tr>
<th>Tier 2 Direct Service</th>
<th>Scope &amp; Focus</th>
<th>Examples</th>
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<tbody>
<tr>
<td></td>
<td>• Students experiencing high rates of stress, behavioral issues</td>
<td>• UHS Mental Health Individual Counseling</td>
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<td></td>
<td>• Professional mental health support</td>
<td>• PRTC</td>
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<td></td>
<td></td>
<td>• CPTC</td>
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<tr>
<td></td>
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<td>• Embedded counselors</td>
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<tr>
<th>Tier 3 Targeted Interventions for Vulnerable Populations</th>
<th>Scope &amp; Focus</th>
<th>Examples</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• Students at elevated risk based on particular experiences, conditions, identities</td>
<td>• UHS MH partnership with MSC, GCC, ISS, BCC, among others.</td>
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<tr>
<td></td>
<td>• Health inequities</td>
<td>• Let’s Talk, etc.</td>
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<td></td>
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<td>• UHS Health Ambassadorships</td>
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<td>• CPTC DDEEA partnership</td>
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<tr>
<th>Tier 4 Capacity-Building for Individuals</th>
<th>Scope &amp; Focus</th>
<th>Examples</th>
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<tbody>
<tr>
<td></td>
<td>• Students who experience some stress but do not require clinical services</td>
<td>• Psychoeducational sessions by UHS staff</td>
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<td></td>
<td>• Focus on teaching healthy lifestyle and self-care skills as prevention</td>
<td>• Consultation for faculty, staff and students by UHS MH providers</td>
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<td></td>
<td>• Non-clinical programs</td>
<td>• Suicide Prevention Training</td>
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<td></td>
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<td>• UHS Meditation sessions</td>
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<td>• SilverCloud</td>
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<tr>
<th>Tier 5 Capacity-Building for Community Members</th>
<th>Scope &amp; Focus</th>
<th>Examples</th>
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<tbody>
<tr>
<td></td>
<td>• Build capacity of members of campus community to respond to students in distress</td>
<td>• UHS Suicide Prevention Training</td>
</tr>
<tr>
<td></td>
<td>• Build culture of care and sense of responsibility to one another</td>
<td>• At-Risk online training module</td>
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<td></td>
<td></td>
<td>• UHS Healthy Campus destigmatization social norms campaign</td>
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</tbody>
</table>
| Tier 6 Creating Healthy Learning Environments | • Orient systems and policies toward supporting student mental health and well being  
• Practice environmental management strategies that support student health | • Suicide Prevention Council  
• **UWell Partnership Council**  
• Jed Foundation Campus Program benchmarking and comprehensive strategy implementation (see next page) |

UW-Madison is a [JED campus](#) and uses the JED comprehensive approach. A UW-Madison specific report using the JED Foundation criteria will be available by fall 2019 from the Suicide Prevention Council.
We believe in a comprehensive, public health approach to promoting emotional and mental health and preventing suicide. JED's programs are grounded in our Model for Comprehensive Mental Health Promotion and Suicide Prevention for Colleges and Universities.

Supporting life skills education is valuable in teaching healthy ways to cope with the stress of college life. Some of the life skills that are important to a student's well-being include managing friendships and relationships, problem solving, decision making, identifying and managing emotions, healthy living, and finding life purpose, meaning, and identity.

It has been well established that if the means to self-harm are removed or limited in an environment, it can prevent suicide and even limit accidental deaths. This is called “means restriction.” Limiting students’ access to weapons, poisonous chemicals and rooftops, windows or other high places are all means restriction activities. Each campus should do an environmental scan for potential access to lethal or dangerous means.

The campus should have access to a well-publicized 24/7 crisis phone and/or chat line either through campus resources or local/national services. There should be a process in place to share information (as legally appropriate) between local EPs and school health and/or counseling services.

We believe in a comprehensive, public health approach to promoting emotional and mental health and preventing suicide. JED's programs are grounded in our Model for Comprehensive Mental Health Promotion and Suicide Prevention for Colleges and Universities.

Research has shown that loneliness and isolation are significant risk factors for mental health problems and/or suicidal behavior. Therefore, supportive social relationships and feeling connected to campus, family and friends are protective factors that can help lower risk.

It is important to take action to identify students at risk for mental health problems and/or suicidal behavior, and also to promote emotional health awareness among those who interact with students the most — “gatekeepers” such as residence hall staff, academic advisors, faculty and even fellow students — as it is vital for these people to be able to recognize and refer a student who might be in distress.

Many students who need help may be reluctant or unsure of how to seek it out. Obstacles to help-seeking include lack of awareness of mental health services, skepticism about the effectiveness of treatment, prejudices associated with mental illness, and uncertainty about costs or insurance coverage. Campuses should engage in a variety of activities designed to increase the likelihood that a student in need will seek help.

It is essential to offer accessible, consistent and high-quality mental health services to students. To make mental health and substance abuse care more comprehensive, it should include strong and flexible services, adequate staffing levels and staff diversity reflective of the student population, flexibility in treatment approaches, and clinic hours that are reflective of student schedules. Since most college clinics are free, the length of treatment is often limited. Therefore, it is important that campus mental health services can assist students in finding off-campus resources that can provide long-term care if needed.
RECOMMENDATIONS

At the end of the process for reviewing current services, the task force generated a number of recommendations. The student representatives on the task force agreed to consider additional student engagement moving forward. Additional suggestions called for increased engagement and participation from graduate, professional, and undergraduate students.

The general themes that emerged include:

Communications

- Provide better communication regarding services available, including hours open, range of services available, social norms messaging. Review website information to make sure easy access to all services on campus and address narrative of long wait times at UHS.
- Ask campus to partner on university-wide message and campaign.
- Continue to decrease stigma, focusing primarily on international populations and underrepresented students.
- Provide additional resources and communication to students, faculty, and staff to make sure all have accurate information about services and know how to respond and refer appropriately when mental health issues arise.
- Review current efforts in promotion and prevention and consider opportunities to integrate additional information or new methods throughout campus.
- Review current efforts and provide more and better information for parents about mental health concerns, which could include more visibility at SOAR.

Continue to Assess Student Needs

- Evaluate data around student mental health and adjust services accordingly. Healthy Minds information will be available fall 2019.

Increased Collaboration

- Increasing connections between counselors in the other clinics on campus and UHS could be beneficial to the providers as well as the students. Discussing strategies for clinical collaboration, sharing training and professional development opportunities and increasing overall support could be beneficial.
Provider Engagement

- Provide greater resources to prevent staff burnout.
- Engage and more effectively support underrepresented providers in UHS.

Clinical Services

- Hire additional providers at UHS.
- Create more space for providers to work at UHS.
- Enhance the accessibility of clinical services.
- Bolster integrated primary care behavioral health.
- Increase drop-in hours across campus.
- Create an established satellite location on west side of campus.
- Consider offering more counseling resources in residence halls or in academic buildings.

Training

- Provide semester trainings for student organizations focused on supporting mental health which could include NAMI-Dane County, NAMI Wisconsin and UHS Suicide Prevention training, and compassion fatigue.
- Invite fraternity and sorority leaders, students of color, and international students to participate in these trainings.
- Increase peer-to-peer training especially in the residence halls, fraternities, and sororities.

Other Models to Consider

Community Health Assessment & Health Improvement Planning
https://www.cdc.gov/publichealthgateway/cha/index.html

Equity in Mental Health
https://equityinmentalhealth.org/
**NEXT STEPS**

There was strong consensus that the work of the task force should continue. We only had time to review current clinical services and provide initial recommendations on those areas. We know the needs are also great in the areas of prevention, communications, and support for faculty and staff who work with students in distress. The initial task force was comprised of individuals who care deeply about this subject and many also have expertise in providing clinical treatment. Reviewing opportunities to enhance prevention work and collaboration is an area that should be pursued and most likely would involve other professionals and faculty on campus. A separate committee is already working on increasing mental health support and services for graduate and professional students. A discussion should happen whether this work be folded into this task force or continue with some coordination. The Suicide Prevention Council has also been working on the prevention and environmental factors related to the areas of mental health promotion and suicide prevention since 2014. The continuation of the task force should also work in collaboration and coordination with this and other established committees on campus.

Now that a new UHS Executive Director has been hired, Jake Baggott, in coordination with UHS leadership, should be engaged in this conversation and propose a model for continuing to study and support the mental health needs of all students on campus.
APPENDIX

Media Reports:

The Mental Health Task Force was featured in local news in the spring of 2019:

“The year in review: Chancellor Blank on UW’s biggest stories,” Badger Herald, April 30, 2019

“Students, staff working to address growing demand for mental health services,” news.wisc.edu, April 9, 2019

“Regents focus attention on rising student behavioral health challenges (day 1 news summary),” April 4, 2019

“Mental Health Task Force to renew UW-Madison’s mental health resources,” Daily Cardinal, March 8, 2019

“Task force will recommend strategies to strengthen student mental health services,” news.wisc.edu, March 6, 2019

“More funding, support needed for campus mental health services,” Daily Cardinal, February 14, 2019

“As need for mental health services ‘skyrockets,’ university officials look to meet demand,” Badger Herald, February 6, 2019
Appendix B: Mental Health Resource Cards
Mental Health Resources for Students:

University Health Services Mental Health & Wellness Guides
www.uhs.wisc.edu/mental-health

- University Health Services
  General questions: 608-265-5000 option 2
  24-hour crisis line: 608-265-5000 option 9
  www.uhs.wisc.edu
  Free UHS mental health services include individual and group counseling, drop-in hours, stress management, psychiatry services, and crisis services

- Silver Cloud
  www.uhs.wisc.edu/mental-health/silvercloud/
  24/7 online, self-guided, interactive mental health resource provides students with accessible treatment options

UW Police Department
uwpd.wisc.edu
Immediate and life-threatening emergencies call 911
Welfare Checks & Crisis Response: 608-264-2677

Free UHS mental health services include individual and group counseling, drop-in hours, stress management, psychiatry services, and crisis services

Campus Resources

Program Office: 608-xxx-xxxx
www.program.wisc.edu

- Ombudsman: 608-265-9992
  ombuds.wisc.edu
  A safe place where UW-Madison employees and grad students can seek guidance regarding workplace concerns at any time, without fear of reprisal, and at no cost to them.

- Rape Crisis Center: 608-265-6389
  24-Hour Crisis Line: 608-251-7273
  thercc.org
  Providing free and confidential services for survivors of all forms of sexual violence

Dean of Students Office: 608-263-2400
doso.students.wisc.edu
Works directly with students, navigating difficult situations, resolving academic concerns, empower students explore options, and make informed decisions, connects students to appropriate campus resources

= Confidential resource

Mental health resources for Faculty/Staff to assist students

University Health Services Mental Health & Wellness Guides
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- University Health Services
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  24-hour crisis line: 608-265-5000 option 9
  www.uhs.wisc.edu
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doso.students.wisc.edu
Works directly with students, navigating difficult situations, resolving academic concerns, empower students explore options, and make informed decisions, connects students to appropriate campus resources

How to describe reporting?

- Employee Assistance Office: 263-2987
  www.ena.wisc.edu
  Assistance supporting faculty and staff through personal or work-related concerns
Appendix C: Mental Health Signage
Graduate Student Mental Health Matters.

Big or small, please call.

24/7 Mental Health Help Line for Students

University Health Services

608-265-5600

Free and Confidential
Graduate Student Mental Health Matters.
Call for any Reason. Big or Small, Please call.