



CHAPMAN UNIVERSITY

Drug-Free Schools and Campuses Regulations [Edgar Part 86] Biennial Review: Academic Years 2018-2019 & 2019-2020

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Introduction

In order to receive federal funding or other financial assistance, institutions of higher education are required by the Drug Free Schools and Campuses Act (DFSCA) to certify that they have adopted and are implementing a program to prevent the unlawful possession, use, and distribution of alcohol and illegal drugs on their campuses and as part of their activities. In compliance with the DFSCA, Chapman University conducted a biennial review of its alcohol and drug programs and services. The Vice President for Student Affairs and Dean of Students, or designee, shall chair a Committee of University employees to perform the biennial review in even years. The Committee shall be comprised of, at a minimum, a representative from the Dean of Students Office, the Director of PEER and Health Education, a representative from the faculty, and a representative from Human Resources.

Biennial Review Process

This biennial review covers academic years 2018-2019 and 2019-2020. The Biennial Review Committee was convened in April 2020. Data for the biennial review was collected by the Committee chair, with the assistance of Committee members, and reviewed by the entire Committee. Data on student conduct code violations and sanctions were supplied by the Director of Student Conduct and data on Human Resources policy violations were provided by Human Resources. Committee members and their campus titles are available on the cover page.

The Biennial Review Committee shall be comprised of one representative, at a minimum, from the following areas: the Dean of Students Office, PEER Education, Residence Life and First Year Experience, Athletics, Student Engagement, Human Resources, the Provost's Office, Public Safety, and the Office of Institutional Compliance. The committee shall be chaired by the Vice President for Student Affairs or their designee. After the report has been drafted by the chair and approved by the Committee, it shall be reviewed and approved by the Vice President for Student Affairs and Dean of Students and the Chief Operating Officer.

The biennial reviews are kept in the office of the Vice President for Student Affairs and Dean of Students. Any requests for copies of the current or previous biennial reviews can be made to this office. Biennial reviews are kept on file and are available for review for three years after the fiscal year it was created pursuant to **34 C.F.R. § 86.103**.

The Biennial Review Committee did not meet in between the completion of one review and the start of another. However, to better track and meet the goals set forth in this document, the Committee will meet more regularly than during the summer/fall semesters in which the review is completed.

Annual Policy Notification Process

Students and employees are notified annually via campus email of the annual policy notification. Additionally, the policy notification is available on the website for review. Students who begin during the spring or summer terms receive a separate email with the same notification after the census date for their start term. New employees receive this notification with their new hire paperwork.

Policies are available on the University's website for the respective groups to access as appropriate.

The University maintains recordkeeping requirements that include keeping a copy of the biennial review and other compliance documents for three years after the fiscal year in which the record was created pursuant to **34 C.F.R. § 86.103**.

Alcohol and Other Drug Trend Data

In the Spring 2020 semester, Chapman University participated in the Healthy Minds Survey and collected data on student alcohol and drug use. This data is included as an appendix, however, it cannot be considered trend data as it only contains one year of assessment.

Alcohol and Other Drug Policies

Policies which are applicable to this report are included in the appendices. Links are included below, but some may only be accessible behind the University firewall. Publicly accessible policies within the documents listed below are included as appendices.

- [Staff Handbook](#)
- [Faculty Manual](#)
- [Student Conduct Code](#)
 - [Alcohol Policy](#)
 - [Illegal Substances Policy](#)
 - [Medical Amnesty Policy](#)
 - [Good Samaritan Policy](#)
- [Student Sexual Misconduct Policy](#)
 - [Sexual Misconduct Amnesty Policy](#)
- [Smoke Free Campus Policy](#)
- [Athletics Department Alcohol and Drug Policy](#)
- [Student Organization on Campus Events with Alcohol Policy](#)

The administration of employee policies is overseen by Human Resources in consultation with the appropriate administrative office. The administration of the Student Conduct Code is overseen by the Vice President for Student Affairs and Dean of Students. The Athletics Department administers the Athletic Department policy, although alleged violations of the Student Conduct Code are also subject to adjudication by Student Affairs.

Alcohol and Other Drug Policy Enforcement

There were no alcohol- or drug-related fatalities reported at Chapman University or at Chapman University related events during the time period of this biennial review.

Student Policy Violations and Sanctions

The Student Conduct Code is enforced for both on- and off-campus student behavior. It is the general practice of the University to defer a student's first and second violation of the alcohol policy, as long as the incident did not involve harm to another person, property, failure to comply or abusive behavior directed at another individual. It is also the general practice of the University to defer a student's first violation of the illegal substances policy if the incident involved only

marijuana and also met the aforementioned criteria. A found violation means that a student was found responsible for violating the policy; a deferred violation means that a student is responsible for a violation, but that violation will be held in abeyance as long as no other violations of the conduct code occur.

2018-2019

Policy	Found Violations	Deferred Violations
Alcoholic Beverages	114	340
Illegal Substances	44	40

2019-2020

Policy	Found Violations	Deferred Violations
Alcoholic Beverages	120	264
Illegal Substances	55	43

Students who are found responsible for violating the alcohol or illegal substances policies may be sanctioned. Sanctions can include a change in student status (ranging from formal warning to expulsion) or may be educational in nature. Students may receive a status sanction and an educational sanction(s). Students are required to complete the sanction as assigned. Students who fail to complete the assigned sanction will have a dean's hold placed on their account, which will prevent them from adding courses or receiving transcripts from the University. The Director of Student Conduct, or designee, reviews incomplete sanctions on at least a monthly basis to place holds. Staff who review sanctions are trained on consistently enforcing them.

2018-2019

<u>Sanction</u>	<u>Assigned Frequency</u>
Deferred Suspension	2
Probation	4
Conduct Review	16
Formal Warning	17
Change in Status (Other)	1
Write a reflection paper	42
Meet with a University official	22
Write a research paper	15
Create an educational PowerPoint presentation	7
Participate in Choicepoints and Post Choicepoints Reflection	4
Review a Video	4
Restitution	1
Create an educational brochure	1

2019-2020

<u>Sanction</u>	<u>Assigned Frequency</u>
Deferred Suspension	1
Probation with Loss of Privileges	3
Probation	1
Conduct Review	24
Formal Warning	22
Write a Reflection Paper	42
Other	33
Meet with a University Official	28
Write a Research Paper	10
Review a Video	9
Create an Educational Powerpoint Presentation	5
Participate in Choicepoints Program and Reflection Post Choicepoints	3
Good Neighbor Course	3
Letter of Apology	2
Under the Influence (Alcohol Education Program)	1
Marijuana 101	1
Restitution	1

Employee Policy Violations and Sanctions

For 2018-2019 and 2019-2020, Human Resources reported no employee violations of the University's alcohol policy.

Alcohol and Other Drug Prevention/Intervention Programs

During the 2018-2019 and 2019-2020 academic years, the Office of PEER and Health Education continued to emphasize healthy and wise decision-making for students, focusing on alcohol and other drug prevention education programming and sexual assault prevention with presentations conducted for new and transfer undergraduate students, fraternity and sorority members, classes, and individual students. Several training programs were designed and presented for campus groups and academic classes throughout the year covering physical, social, psychological wellness. Passive educational efforts continue with information available to all Chapman University community members.

Some of the programs offered by PEER and Health Education include:

Healthy Panther Initiative

In-house, integrated health education prevention orientation strategy. Strong emphasis on the responsible consumption and the dangers of excessive alcohol consumption, the dangers of other drugs including prescription drug abuse, and sexual misconduct. (See Appendix E for information on the effectiveness of Healthy Panther.)

Title IX Educational Programs

All Title IX education presented by Dr. Smith includes an alcohol education component. This is strongly tied to capacity in relation to consent. Peer reviewed literature is used to give supportive evidence.

Customized Programs

PEER and Health Education provides programs customized to specific student organization or group needs. Some of the groups who have hosted such programs include men's and women's athletic teams, fraternities, and sororities. While the content is customized as appropriate for each group, the programs review healthy and responsible decision-making about one's alcohol and drug use, as well as educating about alternative healthy ways to cope with life stressors.

Mocktails

Mocktails is a passive alcohol education program offered during Orientation for new students and their families that provides information on the importance of families to continually discuss alcohol and other drug use with their students. Additionally, Mocktails are held again in conjunction with our Walk Against Violence with the emphasis being the dangers of hazing in regard to alcohol and drug use.

Choicepoints

An individualized program for students who are sanctioned or voluntarily connect with Dr. Smith. During the program, Dr. Smith reviews a student's risk for alcohol and other drug abuse and provides skills and strategies to reduce consumption. Clubs and organizations, including sororities, fraternities, athletic teams often refer students to meet with Dr. Smith for support and education. Additional referrals are also made when appropriate including referral to our on-campus AA recovery meetings.

Passive Programming

Passive educational campaigns include campus wide access to informational handouts regarding reducing alcohol consumption, smoking cessation, and healthy strategies for stress management (to be used in lieu of alcohol or other drug use). Information also include dangers of over-the-counter drugs, marijuana, cocaine, vaping and related health prevention drug related information.

Banners, posters, and other modes of communication are also used to educate our campus community regarding alcohol and drug use and abuse.

Resource / referral information is available for our community and referral to Chapman Campus Student Psychological Counseling Services are made for assessment when indicated.

See Appendix F for information on program attendance.

Some of the programs offered by other departments include:

Student Concern Intervention Team (SCIT)

The goal of SCIT is to create a network of care and support for students with concerns that emphasizes early intervention and academic success/progress for students dealing with difficulties and to connect students with appropriate resources or individuals that may help address their needs. The difficulties students may be experiencing could be academic, social, relationship-based (family, romantic, friends, etc.), psychological, substance abuse, financial, or behavioral. SCIT assesses student behaviors of concern in the community and develop appropriate intervention plans. Any community member concerned about a student can notify SCIT by filling out the [Student Concern Informational Report](#).

Operation Safe Ride

Students, faculty, staff, and visitors can utilize this free escort service. Operation Safe Ride operates the following times: Monday-Wednesday, 7:30 PM to 12:15 AM (PDT) Thursdays 7:30 PM to 1:45 AM (PDT) , Fridays-Saturdays 7:30 PM to 2:15 AM (PST)) during the fall and spring semesters. The designated Safe Ride drivers are in constant radio contact with Public Safety. If a student needs an escort and it is after the scheduled hours, students can still call Public Safety at (714) 997-6763 to receive an escort. Additional information on Operation Safe Ride can be obtained on the [Operation Safe Ride website](#).

Rape Awareness Defense (R.A.D.)

RAD is a unique crime prevention program just for women that focuses on women's safety and self-defense techniques. To schedule a RAD training seminar for a group, campus community members are encouraged to [email Sergeant Josephine Wright](#) or call Public Safety at (714) 997-6763 or register for other Public Safety training sessions [with their online scheduler](#).

Student Athlete Programming

All Chapman University student-athletes are required to attend annual compliance and education meetings to discuss the Athletics Department's Drug and Alcohol Policy. Each athlete is required to sign NCAA consent to drug testing and understand the consequences if they were to test positive for an NCAA banned substance. Each team is also required to draft their own team drug and alcohol policy with clearly defined rules and consequences, signed by each team member prior to their first date of competition. Finally, the mandatory fall educational programming for student-athletes has partnered with the Healthy Panther Initiative and Dr. Smith addressing drugs, alcohol, and sexual violence. There is also a mandatory spring educational program.

Alcohol and Other Drug Free Programming

Various campus departments/organizations including University Program Board, Student Engagement, and Residence Life and First Year Experience frequently offer substance-free programs to provide students with entertainment opportunities that do not center around alcohol or other drug consumption.

Life Assistance Program

Employees receive automatic enrollment in Cigna's Life Assistance Program as part of their benefits package. The program offers confidential assistance, information, and resources, including access to in-person behavioral health assistance, telephonic counseling, and online tools.

Mandatory Alcohol and Drug Assessments for Students

At times, student behavior results in required alcohol and drug screenings through the University's Student Psychological Counseling Services and may result in mandated ongoing counseling.

Program Assessment Method

When assessing the programming, the Committee reviewed the above programs using the National Institute on [Alcohol Abuse and Alcoholism's CollegeAIM](#) guide. The majority of the program efforts fell into the IND-7 (skills training, alcohol focus), IND-11 (skills training, alcohol plus general life skills), IND-1 (information/knowledge/education alone), which are shown by the CollegeAIM guide to either be not effective or for there to be too little research to rate effectiveness. A previous study of the Healthy Panther program, demonstrated effectiveness in reducing student's risky behavior as it relates to alcohol and/or drug use, but the study has not

been recently repeated. Additionally, individual student meetings with Dr. Dani Smith would fall into a higher effectiveness level. Dr. Smith meets with students who are sanctioned to meet with her, but also with those who seek out her assistance.

Environmental-level strategies in use at the University (including the establishment of an amnesty policy, enacting noisy assembly laws, and implementing a safe-ride program) have not been researched enough to rate their effectiveness.

Review of Alcohol and Other Drug Program Goals

The goals and objectives for the current biennium are listed below along with a status update.

2018 Recommendation	Status
To better track and meet the goals set forth in this document, the Committee will meet more regularly than during the summer/fall semesters in which the review is completed. A meeting of the entire Committee will be called at least once a semester, and once during the summer, in odd academic years. Additionally, the entire Committee will meet at least once in the semester following the review.	While the Committee did meet more regularly, the closure of campus and refocus of staff efforts to support students resulted in the Chair not calling regular meetings.
After completion of the CORE survey, the Committee and other appropriate stakeholders should meet to discuss the appropriate programmatic and policy responses to the results.	After consideration, and challenges with the Institutional Review Board and the CORE Survey, the Dean of Students Office elected to administer the Healthy Minds Survey. The survey was administered in Spring 2020 and the Committee reviewed it as part of this Biennial Review. Recommendations in this review are, in part, a result of the survey.
Enhance programming targeted at first year students.	Working with Resident Advisors, programming was developed and implemented focusing on alcohol and other drug education for residential students. Initiatives were both passive and active.
With the addition of the Wellness Coordinator in Residence Life, creating pre-packaged materials (such as bulletin boards) and programs related to student well-being, including information on alcohol and other drug use.	Bulletin Boards related to bystander intervention and alcohol were available for residence hall advisors to check out and utilize in their community. The Wellness Coordinator worked with student staff on delivering evening programming related to alcohol and other drug education.
Develop programming, focused on first year students, to build strategies on declining offers of substances, how to avoid over consumption, the BAC curve, and	The Wellness Coordinator held one-on-one meetings with first-year residential high-risk students focusing on risk reduction behaviors related to substance use. Conversations included information on strategies to; avoid

2018 Recommendation	Status
recognizing and intervening in alcohol emergencies.	overconsumption, decline offers of substances, and recognize and intervene in emergencies due to substance use. Conversations also included education on the BAC curve and how substances
Enhance training for student staff in Residence Life so they are better able to identify alcohol and other drug emergencies and know when to call for medical assistance.	During Fall and Winter training, Resident Advisors received training on identifying alcohol and other drug emergencies and the proper steps of intervention. Student staff also received training on the best practices related to interacting with someone under the influence of a substance.
Develop a standardized educational process for students who are transported for alcohol or drug intoxication.	Residence Life and First Year Experience staff and student conduct staff were provided with the expectation that students who were transported due to alcohol or drug intoxication were to assign the student to meet with either Dr. Dani Smith or Sam Martinez.
Develop programming for students in recovery on campus by hosting an Alcoholics Anonymous or similar meeting on campus.	After facing some challenges with Risk Management , Chapman brought a weekly Alcoholics Anonymous meeting to campus in Fall of 2019.
Develop a resource guide for students, staff and faculty to find current information on local mental health and addiction resources.	This recommendation was not reviewed and will continue to be a recommendation for the next biennium.
Coordinate with eCHECKUPToGo to offer the alcohol and marijuana online prevention and education programs to students to provide a personalized and evidence-based strategy for students on campus.	The University coordinated with 3 rd Millennium for alcohol and marijuana sanctioning. As part of the online program, students complete the eCHECKUPtoGO modules and also receive additional, personalized alcohol and/or marijuana education.
Implement Healthy Minds Survey to assess alcohol and other drug attitudes, perceptions, and use.	The Healthy Minds Survey was implemented during the Spring 2020 semester with over 700 student responses. Data is being utilized to evaluate current alcohol and other drug initiatives as well as identify areas for growth.

Review of Current Alcohol and Other Drug Program

Strengths and Opportunities

- The Committee noted that the Alcoholics Anonymous meeting that occurs on campus (or virtually, after the pandemic began in March 2020), is a strength and an opportunity for students who are recovering from addiction.

- The completion of an assessment of student alcohol and other drug use will provide additional information about how to better target programming efforts for students.
- Increased sanction options that provide personalized feedback intervention for students found in violation of the policy. (Listed as a moderately effective individual level strategy by CollegeAIM.)

Challenges/Threats

- The Alcohol and Drug Policy in the Staff Handbook needs to be updated.
- The Healthy Minds survey showed a concerning amount of cocaine use among students.
- Programming efforts currently don't extend to graduate students, particularly those at the Rinker campus.
- Few students were sanctioned to the sanctions which provided personalized educational feedback.

Goals and Objectives for next Biennium

- The Alcohol and Drug Policy in the Staff Handbook has not been updated in recent memory. The Committee recommends that Human Resources update this policy by August 2021.
- The Committee recommends developing a website with resources for students, families, faculty, and staff needing referrals for alcohol and drug related counseling/resources with completion in Spring/Summer 2020.
- As the pandemic response efforts on campus took much of the staff's time, the Committee recommends better analyzing the Healthy Minds data, with a subcommittee creating programming recommendations by the end of Spring Semester 2021, for implementation in Fall 2021.
- Implement another Healthy Minds Survey within the next biennium to have additional data on student alcohol and drug use.
- Schedule at least one meeting during the fall and spring semesters, as well as at least one meeting during summer.
- Provide greater training for student conduct hearing officers about available sanctions and resources for students who have been found to violate the alcohol and illegal substances policies before Spring Semester 2021.
- Increase student programming about vaping beginning in Fall 2021 Semester.

Drug Free Schools and Campuses Biennial Review Signature Page

I have reviewed and approved the contents of this 2020 Biennial Review.

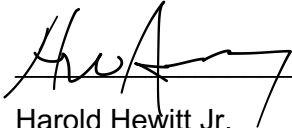


12/21/20

Date

Dr. Jerry Price
Vice President for Student Affairs and Dean of Students

I have reviewed and approved the contents of this 2020 Biennial Review.

 12/21/20

Date

Harold Hewitt Jr.
Executive Vice President and Chief Operating Officer

Appendices

Appendix A: Related Student Conduct Code Policies

To comply with the Drug Free Schools and Communities Act of 1989 (DFSCA) and subsequent amendments, students and employees of Chapman University are informed that strictly enforced policies are in place which prohibit the possession, use or distribution of any illicit drugs, including alcohol, on Chapman University property or as part of any Chapman University-sponsored activity unless event-specific permission is given for of-age students to consume alcohol moderately. Students are also subject to all applicable legal sanctions under local, state and federal law for any offenses involving illicit drugs on Chapman University property or at Chapman University-sponsored activities.

Chapman University affirms that illegal drug use is unlawful and harmful. The use of illegal drugs and alcohol abuse by students and employees could result in cognitive deficits, loss of productivity, and other health risks. These risks include an increased risk of accidents, which may result in death or permanent injury. Free, confidential counseling for alcohol and other drug abuse issues is available to students and employees through the Chapman University Counseling Services, Health Services, and the Employee Assistance Program. Other resources may include assessment, individual counseling, educational programs, materials, and referral and case management through community agencies, all of which might include a fee.

Alcohol Policy

The following sections describe Chapman University policy regarding the sale, service, distribution, and consumption of alcoholic beverages on university property or at Chapman University-sponsored events in accordance with federal, state and local laws.

Basic Guidelines

Students who are 21 years of age or older are permitted to possess and consume alcohol in designated University housing rooms. Students who are of legal drinking age may not share or provide alcohol to any students, employees or guests who are under 21 years of age. Those under the minimum legal drinking age of 21 years are not permitted to possess or consume alcohol anywhere on university property or at University-sponsored events. Violations of this policy include:

- The sale, possession, use, consumption, production, purchase, or provision of alcoholic beverages to or by any person under the age of 21.
- Requiring medical attention and/or engaging in disorderly or disruptive conduct due to intoxication causing University officials to respond, even if the subject is over the age of 21.
- Hosting events providing alcohol without first securing authorization from the Vice President and Dean of Students or designee and adhering to the guidelines provided.

- Possessing open containers or consuming alcoholic beverages in any outside location on the University's premises, near any University-owned pool or swimming facility, at events without prior authorization, or in public areas inside University buildings including: residence halls, Davis Community Center, Student Union, campus or residence hall fitness centers, residence hall floor lounges, hallways, or quad areas, except with permission from the Vice President and Dean of Students or designee.
- Consuming alcohol in a University residence when an individual under the age of 21 is present in the same setting.
- Being under the age of 21 and knowingly in the presence of alcohol in a University residence hall space regardless of the amount of time spent in that residence hall space.
- Possessing kegs, common source containers or devices designed for the rapid consumption of alcohol (e.g., beer bong, funnels.); engaging in behavior (e.g., games like beer pong, flip cup) that promotes the rapid or excessive consumption of alcohol.
- Providing alcohol with the intent of taking advantage of another.

Illegal/Controlled Substance Policy

The following sections describe Chapman University's policy regarding the sale, manufacture, distribution, possession and use of illegal/controlled substances on or off Chapman University property or at Chapman University-sponsored events or programs in accordance with federal, state and local laws. Violations of this policy include:

- Use, possession, sale, distribution and/or production of narcotic or other controlled substances (including marijuana), or acting as an accessory, liaison, or facilitator for any of the above, except as expressly permitted by law.
- The possession or use of marijuana, even with a medical recommendation or medical license, is prohibited on University property in compliance with federal law. Any drugs and/or paraphernalia found to be in a student's possession, University residence, vehicle, or assigned area will be considered to be in the possession of the student whether or not the student is the individual who purchased or furnished the drugs, paraphernalia, or handmade drug use device. Confiscated paraphernalia will not be returned to students at any time.
- Being in the presence of and having knowledge of an illegal substance in a University residence regardless of the amount of time spent in that residence.
- Illegal or improper use of prescription or over-the-counter medicines, even where lawfully prescribed. All prescription medicines must be kept in their original bottle and must have the prescription from the doctor noted on the bottle. Prescription medicines found without their prescription attached will be confiscated until such time that the prescription can be produced. All prescription medications must be prescribed to the person in possession of the medication.

- Possession of drug paraphernalia (i.e., rolling papers, pipes, bong, etc.) for intended or implied use of any form of illegal substance) regardless of whether it is purchased or handmade, even as props for filming.
- Possessing paraphernalia that contains or appears to contain any form of an illegal substance.
- Use of a legal substance in an improper manner (e.g. ingesting a cleaning chemical, inhaling other chemical substances for the purpose of intoxication).
- Providing drugs with the intent of taking advantage of another.
- Using mail services to purchase, pass, or distribute illegal substances

The possession or use of marijuana, even with a medical recommendation or when the student is 21 years of age or older, is prohibited on University property.

Any drugs and/or paraphernalia found to be in a student's possession, residence, vehicle, or assigned area will be considered to be in possession of the student whether or not the student is the individual who purchased or furnished the drugs or paraphernalia.

Students must be able to provide a prescription (such as a bottle or a written prescription from a doctor) for prescribed medications. Prescription medicines found without their prescription will be confiscated until such a time that a prescription can be produced.

This policy provides flexibility for Chapman University in addressing drug-related offenses which occur on- or off-campus. Moreover, it permits the Chapman University to address its fundamental mission of holistic education and the development of human potential. While recognizing that there is a need to address violations related to the use or possession of controlled substances, the Chapman University must address the education and well-being of all its students and employees. In addition to Chapman University imposed sanctions, students and employees are subject to all legal sanctions under federal, state and local law for any offenses involving illegal drugs on Chapman University property or at Chapman University activities.

Safe Harbor

The Chapman University has a Safe Harbor rule for students. The Chapman University believes that students who have a drug and/or alcohol addiction problem deserve help. If any Chapman University student brings their own use, addiction or dependency to the attention of Chapman University officials outside the threat of drug tests or imposition of the conduct process and seeks assistance, a conduct complaint will not be pursued. A written action plan may be used to track cooperation with the Safe Harbor program by the student. Failure to follow the action plan will nullify the Safe Harbor protection and the campus conduct process will be initiated.

Information Regarding the Impact of Alcohol and Other Drug Use

Information regarding health risks of alcohol and drug use can be found in [the University's Annual Policy Notification](#).

Appendix 6: Good Samaritan and Amnesty Policies

Chapman University cares about the safety and welfare of each member of its community. At times, community members may need assistance. Sometimes students are hesitant to call assistance for fear that the student needing assistance or themselves may be charged with University policy violations. Chapman University hopes to remove this fear by clarifying the policies to encourage students to report sexual misconduct and to seek assistance for themselves or others who need help.

The Good Samaritan Policy applies to students seeking help on behalf of other students and the Medical Amnesty Policy applies to the person(s) in need of medical attention. The Sexual Misconduct Amnesty policy applies to both any witnesses and the complainant in an incident. These policies only apply to violations of the Code. All other matters (such as employment, athletic eligibility/participation, leadership or volunteer positions and similar circumstances) may be addressed separately as appropriate by University personnel. This policy does not prevent action by police or other legal authorities. See also the [Student Sexual Misconduct Policy](#).

Good Samaritan Policy

The Good Samaritan policy allows the University to eliminate conduct consequences as articulated in the Student Conduct Code for students, who may be under the influence of alcohol or other substances, who make a good faith call for medical or other help on behalf of another student (See also Sexual Misconduct Policy). This policy applies in situations involving alcohol, other drugs, interpersonal violence, and other situations considered dangerous by a reasonable individual. This means that no formal university conduct actions or sanctions will be assigned to the reporting student(s) for minor violations relating to the incident. The incident will still be documented and educational interventions may be required as an alternative to conduct action. This policy does not protect against repeated or serious violations of the Code such as, but not limited to, abusive behavior, failure to comply, interpersonal violence, and distribution of alcohol and/or other drugs, hazing, theft, property damage, etc.

Medical Amnesty Policy

The medical amnesty policy is a reduction in the conduct consequences for students who receive medical attention due to alcohol intoxication, alcohol poisoning, or other drug intoxication. Students who receive medical attention for alcohol and other drug intoxication will be required to complete educational interventions. This means that no formal University conduct actions or sanctions will be assigned to the student, unless the student fails to complete the assigned educational interventions. This policy shall only apply to a student's first alcohol/drug policy violation that requires medical attention, regardless of how the response was initiated. Additionally, this policy does not protect against serious violations of the Code such as, but not limited to, abusive behavior, failure to comply, interpersonal violence, and distribution of alcohol and/or other drugs, hazing, theft, property damage, etc.

Sexual Misconduct Amnesty Policy

To encourage and support the reporting of incidents of sexual misconduct, students who participate as witnesses or complainants in sexual misconduct investigations covered by the

Student Sexual Misconduct Policy will not be held accountable for violations of the Code that may have occurred at the time of or as a result of the incident in question (for example, being under the influence of alcohol or other drugs), unless the University determines that the violation was egregious. Egregious violations include, but are not limited to, actions that place the health or safety of another other person at risk or that involve academic dishonesty.

Appendix B: Smoking Policy

Chapman University is committed to a philosophy of good health and a safe learning and working environment. In keeping with this philosophy, it is important that our environment reflect the University's concern for wellness.

The Chapman University campus in Orange, and the Harry and Diane Rinker Health Science Campus in Irvine have been designated as smoke free environments. Based on this designation, smoking is absolutely prohibited on both campuses and all university-owned property. This policy applies to all university faculty, staff, students and visitors. Visitors include university volunteers, contractors, vendors, prospective students and all other guests that enter onto Chapman University property.

For the purposes of this policy, smoking is defined as inhaling, exhaling, burning or carrying a lighted cigarette and other tobacco or plant products, including electronic devices, such as electronic cigarettes that deliver nicotine or other vaporized liquids. The sale or distribution of any tobacco product, including smokeless tobacco products, is also prohibited. Additionally, sponsorship of a university activity or event by a tobacco product manufacturer is prohibited unless explicitly authorized in writing by the Office of the President.

It is expected that compliance will be achieved by the thoughtfulness, civility and cooperation of all members of the campus community, including visitors. We also encourage respect and consideration of our neighboring community and their property. Please dispose of cigarette butts and related materials in appropriate receptacles. Compliance is grounded in an informed and educated campus community. Egregious infractions or ongoing and unresolved issues related to this policy will be addressed through the applicable administrative processes.

In the interest of good health, faculty and staff who are interested in smoking cessation programs are encouraged to access information through their [Cigna](#) or [Kaiser](#) health plan, and/or through the [Life Assistance Program](#).

Students interested in smoking cessation programs are encouraged to access information available through the Student Health Center.

The following links also provide information and support that may be helpful:

- [National Cancer Institute](#)
- [Orange County Health Public Health Services](#)

Appendix C: Chapman University Athletics Department Drug and Alcohol Policy

By having the opportunity to participate in collegiate athletics, student athletes not only represent themselves, but also represent their team, the athletics department, and the entire Chapman University community. The actions of individual athletes reflect upon these various organizations. Chapman athletics promotes athletic opportunities in which student athletes can excel in competition, achieve success in sports and have fun while participating in athletics in a safe and healthy environment.

In order to represent the University in a positive manner, support the competitive abilities of athletes, and follow NCAA requirements, each team program shall create a drug and alcohol policy. This mandatory policy must adhere to the California State Law, Chapman University Student Conduct Code Policies, and NCAA Rules pertaining to drug and alcohol use.* Athletes are encouraged to be included in the process of developing the policy. This policy shall address both in and off season issues, and include consequences for failure to follow the policy. The written policy shall be submitted to the Athletic Director for approval and be communicated to the student athletes before the first competition every year. In addition to consequences regulated by the team policy, any behavior that is disruptive or detrimental to the Chapman community due to drug or alcohol use is subject to discipline through the athletic department and the institution. Disciplinary actions may include but are not limited to attendance in a drug rehabilitation program, counseling, and suspension from athletics and Chapman University.

The team policy shall include the athletics department policy regarding team events. Team events shall include but are not limited to travel, barbeques, fund raisers, clinics, scouting, recruiting, banquets or any other function. **The athletics department maintains a zero tolerance policy on the use of alcohol or illegal drugs by any athletics department representative during team events.** Students, Coaches, athletic administrators, and athletic trainers shall adhere to this policy while involved in official team activities. Violation of this policy may result in the suspension of the individual(s) involved in the violation. Recognizing that the activities of parents and fans cannot be mandated, coaches and administrators are encouraged to communicate the Chapman University athletics department policy with all individuals involved in team activities.

The athletics department also requires student athlete attendance at department-sponsored educational programs once a semester. Student athletes concerned about their own substance use or that of a teammate are encouraged to seek assistance. Campus resources include the Athletic Training Department, the Department of Peer and Health Education, Student Health Services, and athletics department staff.

Chapman University student athletes have enjoyed a long history of success not only in athletic competition, but also in many other endeavors. Student athletes are encouraged to continue this tradition by making choices that allow them to be safe, show respect for their teammates and coaches, and also reflect the University's standards of excellence.

*These guidelines can be viewed at the following websites:

<http://www.hmc.edu/admin/deanstu/alcohol.html> (Scroll down to California Business and Professions Code)

[http://www.chapman.edu/studentlife/condu](http://www.chapman.edu/studentlife/conduct/)

[ct/ http://www.ncaa.org](http://www.ncaa.org)

Appendix D: Student Organization On-Campus Events with Alcohol Policy

Any **on campus** event planned by a student group at which alcohol service is requested must follow this policy*:

1. The possession, sale, use or consumption of alcoholic beverages must be in compliance with any and all applicable federal, state, county, and city laws, as well as the Chapman University Student Conduct Code.
2. Per the Student Conduct Code, all events at which alcohol is served must also include provisions of a free alternate non-alcoholic beverage and free food throughout the event. The amount of food is to be arranged with Sodexo catering, as there must be sufficient food present in relationship to the amount of alcohol being served.
3. Per the Student Conduct Code, the service and/or consumption of alcohol beverage is to be complementary to the event, and under no circumstance should an event have the consumption of alcohol as its primary purpose. As a result, advertising for any event may not include the information that alcoholic beverages will be served as a primary component of marketing.
4. Only beer and wine may be served. The use of common containers (e.g. kegs) is prohibited. The amount of alcoholic beverages present at the event must be predetermined and stated on the alcohol permit application.
5. Alcohol must be procured by Sodexo. It should not be provided by the student group.
6. No alcoholic beverages may be purchased through or with University funding, including student fees (e.g. SGA or UPB funding).
7. All alcohol must be purchased by the drink from Sodexo bartenders (or their contracted designee).
8. The bartenders will be responsible for checking IDs. Whenever possible, student IDs should also be checked to verify age and identity.
9. A separate, contained area must be designated for those over 21 for alcohol consumption. No alcohol will leave this area.
10. All recruitment/rush, new member, ritual, and initiation activities associated with any student group will be non-alcoholic.
11. No event shall include or encourage "drinking games." The definition of drinking games includes but is not limited to the consumption of shots of alcohol, liquor or alcoholic beverages, the practice of consuming shots equating to one's age, "beer pong," "century club," "dares" or any other activity involving the consumption of alcohol which involves duress or encouragement related to the consumption of alcohol.
12. A designated event host shall be required for any event at which alcohol is served. The host must be present to supervise during the entire event to assure compliance. The host must be at least 21 years of age and refrain from consuming alcohol before, and throughout the event.
13. Public Safety Officers or additional security may be required to be present at any student event at which alcohol is served. The number of officers needed for the event will be determined by the Department of Public Safety on the basis of the anticipated attendance and the amount of alcohol served. Student groups may be responsible for covering the cost of additional officers.
14. Public Safety maintains the right to turn intoxicated students away from the event or to shut down the event early due to safety concerns.

15. In the interest of maintaining good community relations with the neighbors, the hosting group will make a good faith attempt to keep trash from the event from being left or deposited on adjacent property, sidewalks, and streets and will be responsible for cleaning up any trash within 12 hours following the event.
16. Gatherings/events shall be limited to the physical boundaries of the property of the host group. Spillover into the street or surrounding properties is prohibited.

*Each event is considered on its own merits and content and specific additions or changes to this policy may be necessary to accommodate the variety of events occurring on campus.

Alcohol Permit Process

1. Students should review the above policy and plan their event accordingly.
2. Students must complete the Alcohol Permit application with appropriate signatures.
3. Students must attend the Student Events Advisory Committee meeting on Fridays from 12-1pm in the Argyros Forum Student Union Stage Area. Appropriate signatures may be obtained at the committee meeting.
4. After the permit is signed by the Dean of Students, the event organizer will be contacted to pick up the permit from the Department of Student Engagement.
5. A copy of the permit must be available at the event to review upon request.

Appendix E: Dissertation Discussion Chapter Discussing the Effectiveness of the Healthy Panther Presentation

(Smith, D. [2013] Alcohol, consent, sex: Reducing college students' risky behaviors utilizing an integrated orientation model (Doctoral Dissertation). Retrieved from <https://pqdtopen.proquest.com/pubnum/3576648>

The results of the present study suggest that an integrated health education model offering prevention information, including operationally defined prevention skills and strategies regarding alcohol abuse, sexual assault, and high-risk sexual behaviors can lead to behavior change in a college student population. These results are consistent with other findings that alcohol use is amenable to change (Testa & Livingston, 2009) and that programs that combine alcohol and sexual assault prevention are effective (Foubert & Newberry, 2006). The new findings of the current study are that students who received the integrated health education intervention also reported a decrease in risky sexual behaviors. Another finding was that the program was more effective for students planning on rushing a fraternity or sorority than it was for other students. At both pre-test and post-test, students planning to rush a fraternity or sorority reported more risky behavior around alcohol than their peers who were not planning to rush, but the magnitude of that effect was smaller at post-test than at pre-test. For risk related to the combination of alcohol and sexual assault, risk declined at post-test also. This suggests that while there was a reduction in risky behavior overall for participants in the IHEP, the reduction was even greater for students planning to affiliate with a fraternity or sorority.

A mandatory orientation program that integrates issues of alcohol, sexual assault, and safer sexual behaviors can be the first step toward community change on a college campus. If all students are required to attend the same program during orientation, students will share a common understanding of these social topics. Concepts and behaviors that are operationally defined become less ambiguous and easier for students to understand. Important concepts from the IHEP are the definitions of consent, coercion, rape, sexual assault, binge drinking, responsible consumption, and safer sexual behaviors. Students must know the resources available to provide early intervention and help to mitigate the consequences of high risk behaviors. The most distinguishing element of the IHEP is the integrated nature of the topics, including focus on their co-occurrence on campus.

There is increasing national attention on the topics of this study, including: The White House Task Force to Protect Students From Sexual Assault (2014), and the federal mandate that all institutions of higher education receiving federal funds must provide rape prevention programs (McMahon, 2010). Findings from the current study indicate that efforts to protect students from sexual assault should also include educational programming around alcohol. Moreover, such programming can protect the health of students if it also includes information about the ways that alcohol can impair one's decision making regarding safer sexual practices. Integrated strategies like the IHEP model seem to be an effective step in working toward creating safer campuses. According to the NIAAA (2012) "strong leadership from a concerned college president in combination with an involved campus community and a comprehensive program of evidence-based strategies can help address harmful student drinking" (p. 4). Part of that comprehensive plan should be educational programming that addresses the intersecting risks related to alcohol, sexual assault, and sexual behaviors.

Another contribution of this study is as an example of institutional assessment relative to these topics. The White House Task Force (2014) charges institutions to assess their campuses in terms of their effectiveness at maintaining a safe environment for students around

sexual assault. The White House report references work of the CDC (2014) arguing that “Rigorous research methods, like randomized controlled trials, that examine the impact of prevention strategies on sexually violent behavior provide the strongest evidence of effectiveness” (p. 4). The IHEP assessment is not a randomized controlled trial, but it does examine the impact of prevention strategies and it statistically controls for differences between groups. In the CDC’s review of effective educational programs, they found only two that met their criteria for effectively reporting behavior change, and those two were conducted with middle-school students. The CDC argues for more comprehensive assessment that focuses on behavior change. The IHEP assessment identifies changes in student behavior before and after program intervention and also compares behavior of participants to non-participants, thus offering two strategies for determining program effectiveness.

Appendix F: Attendance for the Department of PEER and Health Education's Programs

2018-2019

- Healthy Panther: 2,132
- Alcohol and Other Drugs for Greek students: 325
- Sexual Misconduct, Consent, Reporting, Alcohol for Greek Students: 625
- Orientation Mocktails: 1,600

2019-2020

- Alcohol Education and other drugs: 875
- How to Help a Friend / Alcohol, Drugs: 80
- Chapman Walk/ Anti Hazing Event and Mocktails: 112
- Orientation Mocktails Alcohol Education: 2220
- Individual Meetings about alcohol and other drugs: 47
- Passive Programming Numbers
 - Brochures: 800
 - Banners: 250

Appendix G: Employee Policies Related to Alcohol and Drugs

Alcohol and Substance Abuse Policy

Statement of Philosophy

In keeping with its institutional mission, Chapman University seeks to provide an environment which is conducive to the pursuit and acquisition of knowledge and which fosters the social, cultural and intellectual growth of students. Responsibility for the preservation of a quality academic environment rests with faculty, staff, and students alike. Chapman University is committed to teaching responsible, mature decision making and concern for self and others rooted in solid values and in a life-preparatory philosophy. This Alcohol and Substance Abuse Policy is imbued with these philosophies. Chapman University seeks to fulfill this commitment first and foremost through educational means relying heavily on positive staff and faculty role modeling, the formation and use of a peer education network and curriculum infusion whenever possible. Factual information and knowledge regarding alcohol and drugs, skills and strategies for achieving and maintaining healthy behaviors, creation of a cooperative and consistent campus peer environment and compliance with all local federal regulations are components of this educational agenda. Illegal and abusive use of alcohol and other drugs by any member of the campus community constitutes an untenable threat to the community and signals a need for intervention on the part of the University. There are a number of individuals and offices that can provide confidential information and consultation regarding alcohol and drug issues. These include Student Psychological Counseling Services, Student Health Services, and the Director of Peer and Health Education. In addition, the Dean of Students, Director of Student Activities and Organizations, the University Chaplain, Director of Human Resources, and/or an alcohol and substance abuse peer educator can be contacted for assistance.

Federal, State and Local Laws Regarding Drug and Alcohol

It is the University's belief that all disciplinary sanctions should assist in education and provide the opportunity for personal growth; to that end, counseling and referral for individual assessment may be included as a condition of any sanction. However, the University is required to adhere to all laws applicable to the dissemination and use of drugs and alcohol. In compliance with the Drug Free Schools and Communities Amendments Act and Drug-Free Workplace Act, the following summarizes the principal laws applicable to Chapman University. Complete copies of these laws and advice regarding their application are available from the Office of Student Activities and Organizations.

a) Laws Regarding Drug Use

The Federal Controlled Substances Act provides penalties of up to 15 years imprisonment and fines up to \$25,000 for unlawful distribution or possession with intent to distribute narcotics. for unlawful possession of a controlled substance, a person is subject to up to one year of imprisonment and fines up to \$5,000. Any person who unlawfully distributes a controlled substance to a person under twenty-one years of age may be punished by up to twice the term of imprisonment and fine otherwise authorized by law. Criminal Sanctions under California Law for the unlawful possession or distribution of illicit drugs and alcohol include the following:

1) Imprisonment in State prison for possession of specified controlled substances, including opium derivatives and cocaine (Health and Safety Code Section 11350).

- 2) Imprisonment in State prison for two to four years for possession or sale of specified controlled substances including opium derivatives and cocaine (Health and Safety Code Section 11351).
- 3) Imprisonment in state prison for three to five years for possession for sale of cocaine base (Health and Safety Code Section 11351.1).
- 4) Fine not exceeding \$50,000 for possession for sale of heroin (Health and Safety Code Section 11352.2).
- 5) Fine of not more than \$100 for possession of less than 28.5 grams of marijuana; imprisonment in county jail and/or fine of not more than \$500, or imprisonment in State prison for possession of concentrated cannabis (Health and Safety Code Section 11357).
- 6) Imprisonment in State prison for possession for sale of marijuana (Health and Safety Code Section 11359).

b) Laws Regarding Alcohol Use

Chapman University has established an alcohol use policy based on the tenet that those serving and drinking alcohol will do so responsibly, with concern for others around them, and with an understanding of the social, personal and legal issues involved. It is the responsibility of the persons or organization requesting an alcohol permit (see Chapman University Alcohol Permit) to be familiar with and abide by all laws regarding the sale and use of alcoholic beverages. The following is a summary of the more important laws that directly relate to the University's Alcohol Policy:

- 1) Minors Definitions: The State of California requires that individuals be twenty-one (21) years of age to purchase alcoholic beverages or to consume it in any on-sale premises (Business and Profession Code §256658 (b)). Minors who use any form of false identification in order to obtain alcoholic beverages are guilty of a misdemeanor and subject to at least a \$200.00 fine (Business and Professional Code §25661). It is also unlawful to provide a minor with a false identification for any purpose (Business and Professional Code §25660.5).

Additionally:

- a) It is a misdemeanor for anyone to sell, furnish, or give or cause to sell, furnish, or give any alcoholic beverage to a minor (Business and Professional Code §25658(a)).
- b) It is prohibited to advertise alcoholic beverage in such a way as to encourage minors to drink (Business and Professional Code §25664).
- c) It is a misdemeanor for a minor to have any alcoholic beverage in his or her possession on any street or highway or in any public place or in any place open to the public (Business and Professional Code §25662(a)).
- d) Any minor who purchases any alcoholic beverage, or any minor who consumes any alcoholic beverage, or any minor who consumes any alcohol beverage in any on-sale premises, is guilty of a misdemeanor and shall be punished by a fine of not less than \$200.00, no part of which shall be suspended (Business and Professional Code §25658(b)).

e) Minors attempting to purchase alcoholic beverages will be fined \$100.00 for the first offense and \$250.00 for a second or subsequent offense. Violators may also be required to perform 36 hours of community service (Business and Professional Code §25658.5).

f) No minor shall knowingly drive any motor vehicle carrying any alcoholic beverage, unless the minor is accompanied by a parent or legal guardian (Business and Professional Code §23224(a)).

g) Peace officers who lawfully enter a premises may confiscate alcoholic beverages which are in plain view and possessed by or provided to minors at social gatherings. The gatherings must be open to the public, have 10 or more minors in attendance, with minors consuming alcoholic beverages and no supervision by the parent or guardian of one or more of the participants. Alcoholic beverages in open containers that are confiscated may be destroyed while those in unopened containers shall be impounded for not more than seven (7) working days after which they too may be destroyed. Unopened containers may be released within the seven (7) days to the owner or resident of the property provided they are 21 years of age (Business and Professional Code §25662(b)).

h) Any person providing an alcoholic beverage to a minor will be contributing to the delinquency of a minor and guilty of a misdemeanor (Penal Code §272).

2) Possession of Alcohol in a Public Place It is unlawful to be in possession of alcoholic beverages in a public place (Orange Municipal Code 9.16.050). A public place is defined as any location where all members of the public have unrestricted access. This includes, but is not limited to, outside walkways within the University Campus and walkways and balconies within the Residence Halls and apartments.

3) Intoxicated Person Definition: The use of intoxicating liquor by the average person in such quantity as to produce intoxication causes many commonly known outward manifestations which are "plain" and "easily seen or discovered". [People of the State of California v. Johnson, 185 P.2d 105 (Cal.App. Sup. Ct. L.A. Cty. 1947), p. 106]. Additionally, the sale or furnishing of alcoholic beverages to an obviously intoxicated person is a misdemeanor (Business and Professional Code §25602).

4) Operation of Vehicle

a) It is unlawful for any person who is under the influence of an alcoholic beverage or any drug, or under the combined influence of an alcoholic beverage and any drug, to operate a bicycle or a motor vehicle (Business and Professional Code §23152(a)).

b) No person shall drink any alcoholic beverage while driving a motor vehicle upon any highway (Business and Professional Code §23220).

c) No person shall have in his or her possession, on his or her person, while driving a motor vehicle upon any highway, any bottle, can or other receptacle, containing an alcoholic beverage which has been opened, or a seal broken, or the contents of which have been partially removed (Business and Professional Code §23223).

5) Sale of Alcohol It is a misdemeanor to sell alcoholic beverages without a license from the State Alcoholic Beverage Control Board (Business and Professional Code §23300 and §23301). Included are forms of indirect sales such as selling tickets which may be exchanged for drinks,

tickets of admission which include an alcoholic beverage or "passing the hat" during an event to cover the cost of alcohol.

Health Risks Associated with the Use of Drugs and Alcohol

The use of any mind or mood-altering substance, including alcohol, can lead to psychological dependence, which is defined as a need or craving for the substance and feelings of restlessness, tension or anxiety when the substance is not used. In addition, with many substances use can lead to physical tolerance, characterized by the need for increasing amounts of the substance to achieve the same effect, and/or symptoms when the substance is no longer being used. As tolerance and psychological or physical dependence develop, judgement becomes impaired and people often do not realize they are losing control over the use of the substance and that they need help. It is impossible to accurately predict how an individual will react to a specific drug or alcohol because effects vary depending on the person, environmental variables, the dosage and potency of the substance, the method of taking the substance, the history of use, and whether the substance is taken in conjunction with other substances. Illegal drugs have particularly unpredictable effects due to variability in dosage and purity. Further, the overall potency of street drugs has increased dramatically making users increasingly susceptible to negative effects. Alcohol acts as a depressant to the central nervous system and can cause serious short and long-term damage. Short-term effects include nausea, vomiting, and ulcers; more chronic abuse can lead to brain, liver, kidney and heart damage, and eventually death. Ingesting a large amount of alcohol at one time can lead to alcohol poisoning, coma and death. Drugs such as LSD, amphetamines, marijuana, and alcohol alter emotion, cognition, perception, physiology, and behavior in a variety of ways. Health risks include but are not limited to depression, apathy, hallucination, paranoia, and impaired judgement, and all substances can have adverse effects on pregnancy. When two or more substances are combined, there is often an effect that is stronger than their additive sum.

Chemical Dependency Recognition and Counseling Policy

Student Psychological Counseling Services (SPCS) operated by the principle that the University has a responsibility to educate, prevent, and/or help procure treatment for individuals with chemical dependency or difficulties origination from family problems involving chemical dependency. SPCS believes that chemically dependent persons can and should be effectively treated and rehabilitated, and views the problem primarily as a disease which can be treated, and not reflective of the moral character of the student. The goal is to help restore the person to full physical and psychological health so that he/she can function productively in personal, academic, and professional pursuits.

SPCS also believes that adequate chemical dependency treatment often requires specialized care, involving intervention, assessment, medical evaluation and detoxification procedures, as well as treatment and adequate follow-up. Facilities at SPCS do not allow for a complete chemical dependency program to be carried out on campus, therefore services provided by SPCS are limited and specific (see Procedures and Protocols for SPCS).

A student who has concerns about personal chemical dependency problems may contact SPCS for a preliminary assessment at 997- 6778. Possible outcomes may include assignment to a counselor at SPCS if the problem is deemed low-risk and appropriate to the level of treatment

and expertise available at SPCS; referral to the Director of Peer & Health Education for education concerning drugs and/or alcohol; referral to Student Health for medical assessment; and/or referral for further assessment by a treatment facility in the community. University administrators, faculty, staff, and students who have concerns about a student's possible chemical dependency should either refer the student to SPCS, or come to the Wellness Center in person. Referrals do not have to be based on a formal diagnosis of chemical dependency. Behavioral or academic problems, impaired work performance, difficulties in interpersonal relationships due to alcoholism or drug abuse are sufficient reasons for referral.

Any student, faculty, administrator, or staff contacting SPCS or Human Resources for chemical dependency issues will be assured of confidentiality. No information will be released without written permission.

Nothing in this statement is to be interpreted as constituting a waiver of the University's responsibility to maintain an environment conducive to education and personal safety or the right to take disciplinary measures in the case of conduct violation that may result from chemical dependency. Students involved in illegal activities are not exempt from their legal liabilities, civilly or criminally.

Life Assistance Program (LAP)

The University has contracted with Cigna's Life Assistance Program to provide ongoing assistance to employees and their family members with a variety of matters including alcohol and substance abuse problems. Information about this program can be found on the Human Resources website.

Education Programs

a) Peer Education Program (PEP)

Chapman University Maintains a Peer Education Program (PEP) to train selected students to provide initial education of students with potential substance abuse problems. PEP training is designed for students whose special position within the University places them in regular, personal contact with other students. An example of such a position is that of the Resident Advisor. Each academic year, the Peer and Health Education Director will solicit students who desire to become Peer Educators. In consultation with the Dean of students and the Director of Student Activities and Organizations/Assistant Dean of Students, the Director of Peer and Health education will select a minimum of two students to enter the PEP. Through appropriate courses presently within the University curriculum, students will receive instruction in the causes and effects of alcohol and substance abuse. During supervised internships, students will receive training in peer education techniques. Supervision of PEP educators will be provided by the Director of Peer and Health Education.

b) Continuing Education Programs (CEP) The University sponsors a number of programs designed to provide students with an understanding of alcohol and substance use and abuse.

Procedures for Students, Staff, Administrators, and Faculty Involved in Alcohol and Substance Abuse

All members of Chapman University must comply with all University policies as well as with local, state, and federal laws with regard to alcohol and drug use. Chapman University and participating law enforcement agencies have agreed to work in a cooperative manner to assist members of the University involved in substance abuse. Procedures outlined have been reviewed by the agencies involved and will be in effect until such time as it is mutually agreed to revise them. All agencies involved in assisting persons involved in substance abuse have agreed to cooperate and work together in assisting corrective measures to avoid duplication and unfair punishment. The University has agreed to release all substance confiscated from its members to the appropriate law enforcement agency.

a) Procedures for Faculty, Staff, and Administrators Involved in Alcohol and Substance Abuse

Chapman University, in compliance with and in support of the Drug-Free Workplace Act of 1988 and the Drug-Free School and Communities Act Amendments of 1989, hereby notifies all employees that the unlawful manufacture, distribution, dispensing, possession or use of illicit drugs and alcohol is prohibited at Chapman University.

Violation of this prohibition by an employee shall result in Chapman University taking appropriate personnel action against the employee, up to and including termination of employment, or requiring the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency. As a condition of employment, each employee shall abide by the terms of this statement and shall notify Chapman University through the Department of Human Resources of any criminal drug statute conviction for a violation occurring at Chapman University no later than five (5) days after such conviction. Within ten (10) days after receiving notice from an employee or otherwise receiving actual notice of such conviction, the Human Resources Department shall notify the U.S. Department of Education of said conviction. Within thirty (30) days of the Department of Human Resources being notified of said criminal conviction, the Department of Human Resources shall notify the U.S. Department of Education of the personnel action taken.

Chapman University is committed to maintaining a drug-free workplace as outlined in the preceding paragraph and will provide employee assistance through referral drug counseling and/or rehabilitation upon request through the Department of Human Resources. Employees deemed by Chapman University to be in violation of the prohibition short of actual conviction, and short of requesting referral through the Department of Human Resources, shall be subject to the personnel action deemed appropriate by the University as outlined in the preceding paragraph.

b) Procedures for Students Involved in Alcohol and Substance Abuse

The Chapman University Student Conduct Code, Student Handbook and the Guide to Residence Living provide information regarding the codes of conduct and referral sources for Chapman University students involved in alcohol and substance abuse violations.

Appendix H: Healthy Minds Data



Chapman University

THE HEALTHY MINDS STUDY

2019-2020 Data Report

ABOUT THE HEALTHY MINDS STUDY (HMS)



STUDY TEAM

Principal Investigators: Daniel Eisenberg, PhD & Sarah Ketchen Lipson, EdM, PhD

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STUDY PURPOSE

The Healthy Minds Study provides a detailed picture of mental health and related issues in college student populations. Schools typically use their data for some combination of the following purposes: to identify needs and priorities; benchmark against peer institutions; evaluate programs and policies; plan for services and programs; and advocate for resources.

STUDY DESIGN

The Healthy Minds Study is designed to protect the privacy and confidentiality of participants. HMS is approved by the Health Sciences and Behavioral Sciences Institutional Review Board at University of Michigan. To further protect respondent privacy, the study is covered by a Certificate of Confidentiality from the National Institutes of Health.

SAMPLING

Each participating school provides the HMS team with a randomly selected sample of currently enrolled students over the age of 18. Large schools typically provide a random sample of 4,000 students, while smaller schools typically provide a sample of all students. Schools with graduate students typically include both undergraduates and graduate students in the sample.

DATA COLLECTION

HMS is a web-based survey. Students are invited and reminded to participate in the survey via emails, which are timed to avoid, if at all possible, the first two weeks of the term, the last week of the term, and any major holidays. The data collection protocol begins with an email invitation, and non-responders are contacted up to three times by email reminders spaced by 2-4 days each. Reminders are only sent to those who have not yet completed the survey. Each communication contains a URL that students use to gain access to the survey.

NON-RESPONSE ANALYSIS

A potential concern in any survey study is that those who respond to the survey will not be fully representative of the population from which they are drawn. In the HMS, we can be confident that those who are invited to fill out the survey are representative of the full student population because these students are randomly selected from the full list of currently enrolled students. However it is still possible that those who actually complete the survey are different in important ways from those who do not complete the survey. The overall participation rate for the 2019-2020 study was 13%. It is important to raise the question of whether the 13% who participated are different in important ways from the 87% who did not participate. We address this issue by constructing non-response weights using administrative data on full student populations. Most of the 43 schools in the 2019-2020 HMS were able to provide administrative data about all randomly selected students. The analysis of these administrative data, separated from any identifying information, was approved in the IRB application at Advarra and at each participating school. We used the following variables, when available, to estimate which types of students were more or less likely to respond: gender, race/ethnicity, academic level, and grade point average. We used these variables to estimate the response propensity of each type of student (based on multivariate logistic regressions), and then assigned response propensity weights to each student who completed the survey. The less likely a type of student was to complete the survey, the larger the weight they received in the analysis, such that the weighted estimates are representative of the full student population in terms of the administrative variables available for each institution. Finally, note that these sample weights give equal aggregate weight to each school in the national estimates. An alternative would have been to assign weights in proportion to school size, but we decided that we did not want our overall national estimates to be dominated by schools in our sample with very large enrollments.

ABOUT THIS REPORT

This data report provides descriptive statistics (percentages, mean values, etc.) from the sample of respondents at your institution for a set of key measures. In addition to the key measures highlighted in this report, an appendix is also included with descriptive statistics for each survey item (see below).

APPENDIX

The appendix includes values for most measures in the three standard survey modules that are administered on all participating campuses: Demographics, Mental Health Status, and Mental Health Services Utilization/Help-Seeking. For each measure, the data tables display the following information: the value table for your institution, the 95% confidence interval for your institution's value, the value for the national sample, and an indicator if your institution's value is significantly higher or lower than the national value. All values in the appendix have been weighted to be representative of the full student populations to which they refer (see Non-response Analysis). Also note that for some measures, respondents were allowed to check more than one response category (e.g., they might have gone to more than one type of provider for mental health services), so the percentages sometimes add up to more than 100% across response categories. The 95% confidence intervals give a sense of how much uncertainty there is about each estimated value. This uncertainty exists because our estimates are based only on a random sample of students, rather than a complete census of the student population. However, some schools that had less than 4,000 students (the typical requested sample size), provided their entire population. For consistency sake, these schools were not treated any differently than those schools that provided a 4,000 student sample of their full population. Essentially, the confidence interval tells us that there is a 95% probability that the true population value is within this particular range. Because both the school-level and national values are only estimates based on random sampling, we cannot say for certain that your institution's true value is above or below the national value. But in cases where we can say that there is a 95% or higher statistical probability that your institution's value is higher or lower than the national value, we indicate this.

EXPLORING YOUR DATA FURTHER

There are two options for exploring your data beyond what is in this report. First, you can use statistical software (e.g., SPSS, Stata, etc.) to analyze the full data set for your students, which has been provided to your school. Second, you will be able to log on to a user-friendly website with drop-down menus, at data.healthymindsnetwork.org.

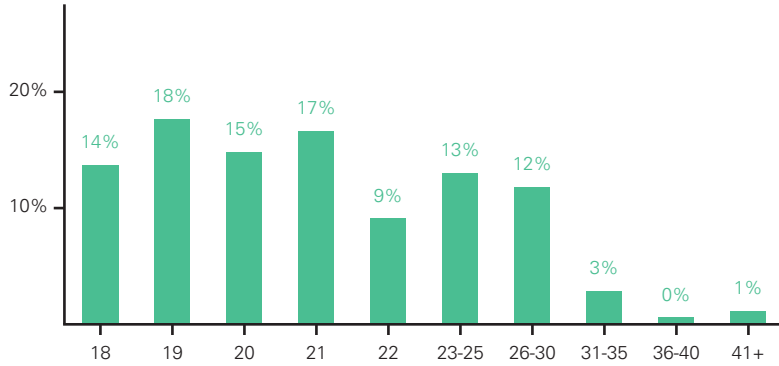
KEY FINDINGS

This section offers a quick look at results that may be of special interest to your institution.

Estimated values of selected measures for Chapman University	Percentage of students
Major depression (positive PHQ-9 screen)	17%
Depression overall, including major and moderate (positive PHQ-9 screen)	36%
Anxiety disorder (positive GAD-7 screen)	34%
Eating disorder (positive SCOFF screen)	15%
Non-suicidal self-injury (past year)	27%
Suicidal ideation (past year)	11%
Lifetime diagnoses of mental disorders	41%
Psychiatric medication (past year)	22%
Mental health therapy/counseling (past year)	37%
Any mental health therapy/counseling and/or psychiatric medication among students with positive depression or anxiety screens (past year)	58%
Personal stigma: agrees with "I would think less of someone who has received mental health treatment."	5%
Perceived public stigma: agrees with "Most people would think less of someone who has received mental health treatment."	50%

SAMPLE CHARACTERISTICS (N=712)

Age (years)

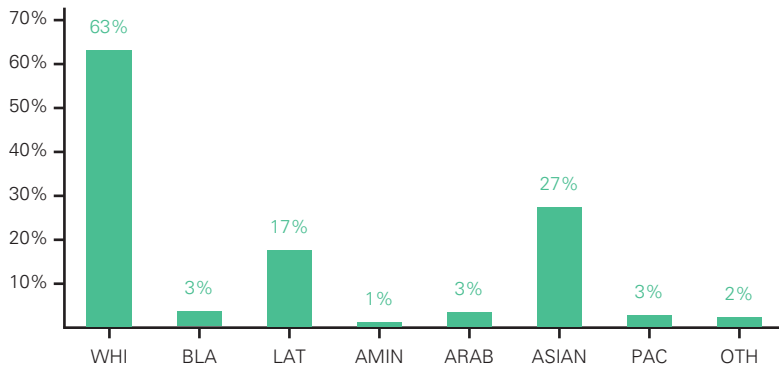


Gender



59% Female
39% Male
2% Other

Race/ethnicity



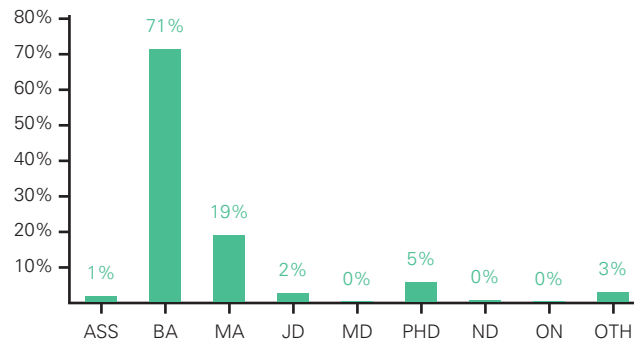
WHI White or Caucasian
BLA African American/Black
LAT Hispanic/Latino
AMIN American Indian/Alaskan Native
ARAB Arab/Middle Eastern or Arab American
ASIAN Asian/Asian American
PAC Pacific Islander
OTH Other

Living arrangement



24% Campus residence hall
0% Fraternity or sorority house
18% Other university housing
38% Off-campus, non-university housing
20% Parent or guardian's home
0% Other

Degree program



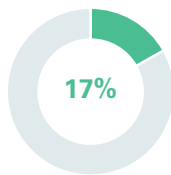
ASS Associate's degree
BA Bachelor's degree
MA Master's degree
JD JD
MD MD
PHD PhD or equivalent
ND Non-degree student
ON Online Student
OTH Other

PREVALENCE OF MENTAL HEALTH PROBLEMS

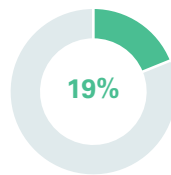
DEPRESSION SCREEN

Depression is measured using the Patient Health Questionnaire-9 (PHQ-9), a nine-item instrument based on the symptoms provided in the Diagnostic and Statistical Manual for Mental Disorders for a major depressive episode in the past two weeks (Spitzer, Kroenke, & Williams, 1999). Following the standard algorithm for interpreting the PHQ-9, symptom levels are categorized as severe (score of 15+), moderate (score of 10-14), or mild/minimal (score <10).

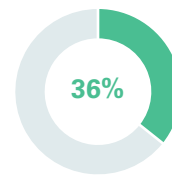
Severe depression



Moderate depression



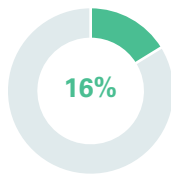
Any depression



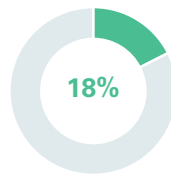
ANXIETY SCREEN

Anxiety is measured using the GAD-7, a seven-item screening tool for screening and severity measuring of generalized anxiety disorder in the past two weeks (Spitzer, Kroenke, Williams, & Lowe, 2006). Following the standard algorithm for interpreting the GAD-7, symptom levels are categorized as severe anxiety, moderate anxiety, or neither.

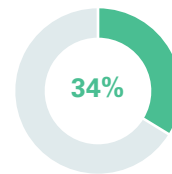
Severe anxiety



Moderate anxiety



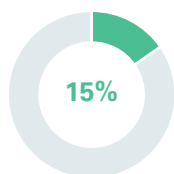
Any anxiety



EATING DISORDER SCREEN

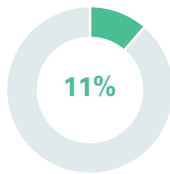
Eating disorders are measured using the written U.S. version of the SCOFF, a five-item screening tool designed to identify subjects likely to have an eating disorder (Morgan, Reid, & Lacey, 1999).

Eating disorders

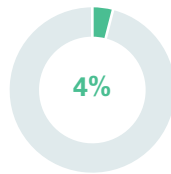


SUICIDALITY AND SELF-INJUROUS BEHAVIOR

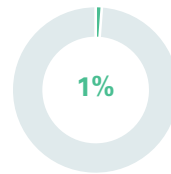
Suicidal ideation (past year)



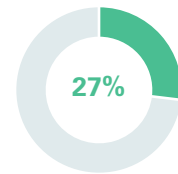
Suicide plan (past year)



Suicide attempt (past year)



Non-suicidal self-injury (past year)



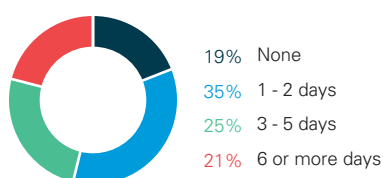
LIFETIME DIAGNOSES OF MENTAL DISORDERS

Have you ever been diagnosed with any of the following conditions by a health professional (e.g. primary care doctor, psychiatrist, psychologist, etc.)? (Select all that apply)

26%	Depression or other mood disorders (e.g., major depressive disorder, persistent depressive disorder)
3%	Bipolar (e.g., bipolar I or II, cyclothymia)
33%	Anxiety (e.g., generalized anxiety disorder, phobias)
3%	Obsessive-compulsive or related disorders (e.g., obsessive-compulsive disorder, body dysmorphia)
6%	Trauma and Stressor Related Disorders (e.g., posttraumatic stress disorder)
5%	Neurodevelopmental disorder or intellectual disability (e.g., attention deficit disorder, attention deficit hyperactivity disorder, intellectual disability, autism spectrum disorder)
6%	Eating disorder (e.g., anorexia nervosa, bulimia nervosa)
1%	Psychosis (e.g., schizophrenia, schizo-affective disorder)
1%	Personality disorder (e.g., antisocial personality disorder, paranoid personality disorder, schizoid personality disorder)
1%	Substance use disorder (e.g., alcohol abuse, abuse of other drugs)
59%	No, none of these

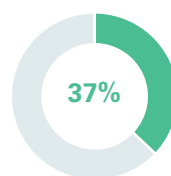
ACADEMIC IMPAIRMENT

In the past 4 weeks, how many days have you felt that emotional or mental difficulties have hurt your academic performance?



POSITIVE MENTAL HEALTH

Positive mental health



Positive mental health (psychological well-being) is measured using The Flourishing Scale, an eight-item summary measure of the respondent's self-perceived success in important areas such as relationships, self-esteem, purpose, and optimism (Diener, Wirtz, Tov, Kim-Prieto, Choi, Oishi, & Biswas-Diener, 2009). The score ranges from 8-56, and we are using 48 as the threshold for positive mental health.

HEALTH BEHAVIORS AND LIFESTYLE

Drug use

Over the past 30 days, have you used any of the following drugs? (Select all that apply)

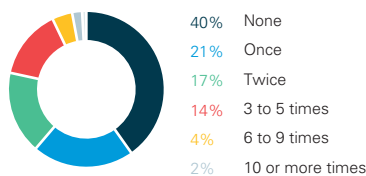
30%	Marijuana
4%	Cocaine (any form, including crack, powder, or freebase)
0%	Heroin
0%	Opioid pain relievers (such as Vicodin, OxyContin, Percocet, Demerol, Dilaudid, codeine, hydrocodone, methadone, morphine) without a prescription or more than prescribed
1%	Benzodiazepenes
0%	Methamphetamines (also known as speed, crystal meth, or ice)
2%	Other stimulants (such as Ritalin, Adderall) without a prescription or more than prescribed
1%	MDMA (also known as Ecstasy or Molly)
0%	Ketamine (also known as K, Special K)
1%	LSD (also known as acid)
2%	Psilocybin (also known as magic mushrooms, boomers, shrooms)
0%	Kratom
0%	Athletic performance enhancers (anything that violates policies set by school or any athletic governing body)
1%	Other drugs without a prescription
68%	No, none of these

Binge drinking

The following questions ask about how much you drink. A "drink" means any of the following:

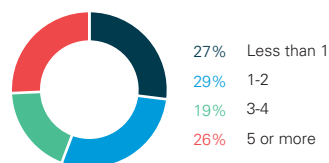
- A 12-ounce can or bottle of beer
- A 4-ounce glass of wine
- A shot of liquor straight or in a mixed drink

During the last two weeks, how many times have you had 4 (female), 5 (male), 4 or 5 (other gender) or more drinks in a row? (among those with any alcohol use)



Exercise

In the past 30 days, about how many hours per week on average did you spend exercising? (include any exercise of moderate or higher intensity, where "moderate intensity" would be roughly equivalent to brisk walking or bicycling)

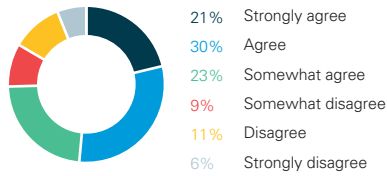


ATTITUDES AND BELIEFS ABOUT MENTAL HEALTH SERVICES

KNOWLEDGE

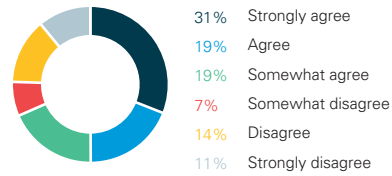
Knowledge of campus mental health resources

If I needed to seek professional help for my mental or emotional health, I would know where to go on my campus.



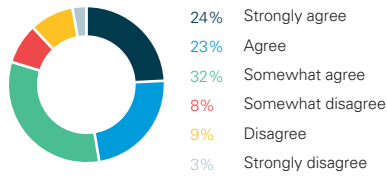
Perceived need (past year)

In the past 12 months, I needed help for emotional or mental health problems such as feeling sad, blue, anxious or nervous.



Perceived need (current)

I currently need help for emotional or mental health problems such as feeling sad, blue, anxious or nervous.



USE OF SERVICES

Psychotropic medication use, all students (past year)

In the past 12 months have you taken any of the following types of medications? Please count only those you took, or are taking, several times per week. (Select all that apply)

5%	Psychostimulants (e.g., methylphenidate (Ritalin, or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexedrine), etc.)
16%	Anti-depressants (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), bupropion (Wellbutrin), etc.)
2%	Anti-psychotics (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.)
8%	Anti-anxiety medications (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)
3%	Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), etc.)
4%	Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)
1%	Other medication for mental or emotional health
78%	None

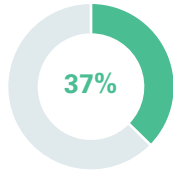
Psychotropic medication use among students with positive depression or anxiety screens (past year)

In the past 12 months have you taken any of the following types of medications? Please count only those you took, or are taking, several times per week. (Select all that apply)

7%	Psychostimulants (e.g., methylphenidate (Ritalin, or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexedrine), etc.)
26%	Antidepressants (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), bupropion (Wellbutrin), etc.)
3%	Anti-psychotics (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.)
13%	Anti-anxiety medications (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)
6%	Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), etc.)
5%	Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)
2%	Other medication for mental or emotional health
66%	None

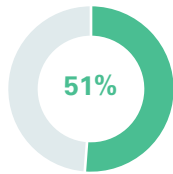
Mental health counseling/therapy, all students (past year)

In the past 12 months have you received counseling or therapy for your mental or emotional health from a health professional (such as psychiatrist, psychologist, social worker, or primary care doctor)?



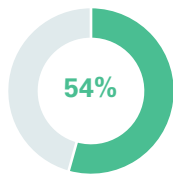
Mental health counseling/therapy among students with positive depression or anxiety screens (past year)

In the past 12 months have you received counseling or therapy for your mental or emotional health from a health professional (such as psychiatrist, psychologist, social worker, or primary care doctor)?



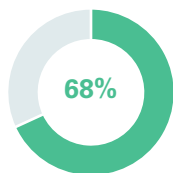
Mental health counseling/therapy, all students (lifetime)

Have you ever received counseling or therapy for mental health concerns?



Mental health counseling/therapy among students with positive depression or anxiety screens (lifetime)

Have you ever received counseling or therapy for mental health concerns?



Informal help-seeking

In the past 12 months have you received counseling or support for your mental or emotional health from any of the following sources? (Select all that apply)

23%	Roommate
54%	Friend (who is not a roommate)
30%	Significant other
48%	Family member
3%	Religious counselor or other religious contact
2%	Support group
1%	Other non-clinical source
24%	None of the above

Barriers to help-seeking

In the past 12 months, which of the following factors have caused you to receive fewer services (counseling, therapy, or medications) for your mental or emotional health than you would have otherwise received? (Select all that apply)

6%	I haven't had the chance to go but I plan to
38%	No need for services
21%	Financial reasons (too expensive, not covered by insurance)
31%	Not enough time
14%	Not sure where to go
11%	Difficulty finding an available appointment
25%	Prefer to deal with issues on my own or with support from family/friends
6%	Other
11%	No barriers

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MENTAL HEALTH SCREENS

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- Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of Internal Medicine*, 166(10), 1092-1097.

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- Eisenberg, D., Golberstein, E., Hunt, J. (2009). Mental Health and Academic Success in College. *B.E. Journal of Economic Analysis & Policy* 9(1) (Contributions): Article 40.
- Eisenberg, D., Hunt, J.B., Speer, N., Zivin, K. (2011). Mental Health Service Utilization among College Students in the United States. *Journal of Nervous and Mental Disease* 199(5): 301-308.
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- Eisenberg, D., Speer, N., Hunt, J.B. (2012). Attitudes and Beliefs about Treatment among College Students with Untreated Mental Health Problems. *Psychiatric Services* 63(7): 711-713.
- Eisenberg, D., Hunt, J.B., Speer, N. (2013). Mental Health in American Colleges and Universities: Variation across Student Subgroups and across Campuses. *Journal of Nervous and Mental Disease* 201(1): 60-67.
- Lipson, S., Gaddis, S.M., Heinze, J., Beck, K., Eisenberg, D. (2015). Variations in Student Mental Health and Treatment Utilization Across US Colleges and Universities. *Journal of American College Health*, 63(6): 388-396.
- Lipson, S., Zhou, S., Wagner, B., Beck, K., Eisenberg, D. (2016). Major differences: Variations in student mental health and service utilization across academic disciplines. *Journal of College Student Psychotherapy*, 30(1), 23-41.

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Website: www.healthymindsnetwork.org



APPENDIX: DESCRIPTIVE STATISTICS FOR SURVEY ITEMS

MEASURE	All Students	95% CONFIDENCE INTERVAL	NATIONAL SAMPLE	Significantly Different from National Sample
Respondent Characteristics				
<i>Sample</i>				
N	712			
Response Rate	18%			
<i>Gender</i>				
Female	59%	(56%, 63%)	53%	X
Male	39%	(35%, 43%)	45%	X
Other	2%	(1%, 2%)	2%	
<i>Race/Ethnicity</i>				
White / Caucasian	63%	(59%, 66%)	64%	
Black / African American	3%	(2%, 5%)	13%	X
Hispanic / Latino	17%	(14%, 20%)	13%	X
American Indian	1%	(0%, 2%)	1%	
Arab / Middle Eastern	3%	(2%, 5%)	2%	X
Asian / Asian American	27%	(24%, 31%)	13%	X
Pacific Islander	3%	(1%, 4%)	1%	X
Other	2%	(1%, 3%)	2%	
<i>Country</i>				
US Resident / Citizen	94%	(92%, 96%)	91%	X
International	6%	(4%, 8%)	9%	X
<i>Residence</i>				
Campus residence hall	24%	(21%, 27%)	20%	X
Fraternity / sorority house	0%	(0%, 1%)	1%	
Other campus housing	18%	(15%, 21%)	8%	X
Off-campus / non-university housing	38%	(34%, 41%)	39%	
Parent or guardian's home	20%	(17%, 23%)	28%	X
Other	0%	(0%, 1%)	4%	X
<i>Academic level</i>				
Associates	1%	(1%, 2%)	22%	X
Bachelors	71%	(67%, 75%)	60%	X
Masters	19%	(16%, 22%)	10%	X
JD	2%	(1%, 3%)	0%	X
MD	0%	(0%, 0%)	1%	
PhD or equivalent	5%	(4%, 7%)	5%	
Online Student	0%	(0%, 0%)	2%	
Other	3%	(1%, 4%)	2%	
Non-degree	0%	(0%, 1%)	1%	
<i>Ever trained for or served in the military (Armed Forces, Reserves, or National Guard)</i>	1%	(0%, 2%)	3%	
<i>Age</i>				
18-22	71%	(68%, 75%)	66%	X
23-25	13%	(10%, 15%)	13%	
26-30	12%	(9%, 14%)	10%	
31+	4%	(3%, 6%)	11%	X
<i>Highest educational attainment of either parent</i>				
Less than high school degree	4%	(2%, 5%)	5%	
High school degree	13%	(11%, 16%)	26%	X
College degree	42%	(38%, 45%)	39%	
Graduate degree	42%	(38%, 45%)	29%	X

MEASURE	All Students	95% CONFIDENCE INTERVAL	NATIONAL SAMPLE	Significantly Different from National Sample
Respondent Characteristics				
Religiosity				
Very important	14%	(11%, 17%)	25%	X
Important	16%	(13%, 19%)	21%	X
Neutral	25%	(22%, 28%)	24%	
Unimportant	21%	(18%, 24%)	14%	X
Very unimportant	24%	(21%, 27%)	16%	X
Current financial situation				
Always stressful	12%	(9%, 15%)	16%	X
Often stressful	17%	(14%, 20%)	24%	X
Stressful	35%	(31%, 39%)	36%	
Rarely Stressful	22%	(19%, 26%)	19%	X
Never Stressful	13%	(10%, 16%)	6%	X
Financial situation growing up				
Always stressful	6%	(4%, 8%)	12%	X
Often stressful	12%	(10%, 15%)	18%	X
Stressful	25%	(21%, 28%)	28%	
Rarely Stressful	31%	(27%, 35%)	28%	
Never Stressful	26%	(22%, 30%)	15%	X
Relationship status				
Single	60%	(56%, 63%)	51%	X
In a relationship	34%	(30%, 38%)	33%	
Married or domestic partnership	6%	(4%, 7%)	14%	X
Divorced	0%	(0%, 1%)	1%	
Sexual orientation				
Heterosexual	81%	(78%, 84%)	83%	
Bisexual	10%	(8%, 12%)	9%	
Gay / lesbian	3%	(2%, 5%)	3%	
Queer	4%	(2%, 5%)	2%	X
Questioning	4%	(2%, 5%)	2%	
Other	2%	(1%, 2%)	3%	X
Chronic disease				
Diabetes	1%	(0%, 1%)	1%	
High blood pressure	3%	(1%, 4%)	3%	
Asthma	16%	(13%, 18%)	14%	
Thyroid disease (e.g., hypothyroid or hyperthyroid)	2%	(1%, 3%)	3%	
Gastrointestinal disease (e.g., Crohn's Disease, Ulcerative Colitis)	2%	(1%, 3%)	2%	
Arthritis	1%	(0%, 2%)	2%	
Sickle cell anemia	0%	(0%, 0%)	0%	
Seizure disorders (e.g., epilepsy)	1%	(0%, 1%)	1%	
Cancers	0%	(0%, 1%)	1%	
High cholesterol	1%	(0%, 2%)	2%	
HIV/AIDS	0%	(0%, 0%)	0%	
Other autoimmune disorder (please specify)	2%	(1%, 3%)	2%	
Other chronic disease (please specify)	3%	(2%, 5%)	4%	

Mental Health Measures

Positive Mental Health				
Flourishing Scale (8-56)	43.5	(42.8, 44.1)	43.5	
Depression (PHQ-9)				
Overall score (0-27)	8.5	(8.0, 9.0)	8.5	
In moderate range (10-14)	17%	(14%, 20%)	18%	
In moderately severe range (15-19)	10%	(7%, 12%)	10%	
In severe range (20-27)	6%	(4%, 7%)	6%	
Major depression (positive screen)	17%	(14%, 20%)	18%	
Other depression (positive screen)	19%	(16%, 22%)	19%	
Depression overall	36%	(32%, 39%)	37%	

MEASURE	All Students	95% CONFIDENCE INTERVAL	NATIONAL SAMPLE	Significantly Different from National Sample
Mental Health Measures				
<i>Impairment from depression (1)</i>				
Not difficult at all	24%	(20%, 27%)	26%	
Somewhat difficult	56%	(52%, 60%)	53%	
Very difficult	14%	(11%, 17%)	15%	
Extremely difficult	6%	(4%, 8%)	6%	
<i>Generalized anxiety (GAD-7)</i>				
Overall score (0-21)	7.8	(7.4, 8.3)	7.2	X
In moderate range (10-14)	18%	(15%, 20%)	17%	
In severe range (15-21)	16%	(13%, 19%)	14%	
Probable anxiety disorder (positive screen)	34%	(30%, 37%)	31%	
<i>Depression/Anxiety</i>				
Depression or anxiety disorder	45%	(41%, 49%)	44%	
<i>Disordered eating and body image</i>				
Probable eating disorder (3+ on SCOFF)	15%	(13%, 18%)	11%	X
Need to be very thin to feel good about self	28%	(24%, 31%)	25%	X
Think you are very underweight	1%	(0%, 2%)	1%	
<i>Academic impairment from mental health, past 4 weeks (2)</i>				
None	19%	(16%, 22%)	23%	X
1-2 days	35%	(31%, 38%)	31%	X
3-5 days	25%	(22%, 29%)	24%	
6 or more days	21%	(18%, 24%)	22%	

Self-Injury and Suicide

<i>Non-suicidal self-injury, past year</i>				
Any	27%	(23%, 30%)	23%	X
Cutting self	5%	(3%, 6%)	5%	
Burning self	1%	(0%, 2%)	2%	
Punching or banging self	11%	(8%, 13%)	9%	
Scratching self	11%	(9%, 14%)	8%	X
Pulling one's hair	8%	(6%, 10%)	8%	
Biting self	5%	(4%, 7%)	4%	
Interfering with wound healing	8%	(6%, 10%)	7%	
Carving words or symbols in skin	0%	(0%, 0%)	1%	
Rubbing sharp objects on skin	3%	(2%, 4%)	3%	
Punching or banging wall or object	10%	(7%, 12%)	7%	X
Other	1%	(0%, 2%)	1%	
<i>Frequency of self-injury, past year (among those with any)</i>				
Once or twice	60%	(52%, 68%)	55%	
Once a month or less	26%	(19%, 33%)	24%	
2 or 3 times a month	11%	(6%, 15%)	13%	
Once or twice a week	3%	(0%, 5%)	4%	
3 to 5 days a week	0%	(0%, 0%)	2%	
Nearly everyday, or everyday	2%	(0%, 3%)	1%	
<i>Suicidality</i>				
Seriously thought about attempting suicide, past year	11%	(9%, 14%)	14%	
Made a plan for attempting suicide, past year	4%	(3%, 6%)	6%	X
Attempted suicide, past year	1%	(0%, 2%)	1%	

(1) How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

(2) How many days have you felt that emotional or mental difficulties have hurt your academic performance?

MEASURE	All Students	95% CONFIDENCE INTERVAL	NATIONAL SAMPLE	Significantly Different from National Sample
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Previous Diagnoses of Mental Disorders

Mental disorders Any	41%	(37%, 45%)	35%	X
Depression or mood disorder Any Major depression Dysthymia Premenstrual dysphoric disorder	26% 12% 2% 1%	(23%, 30%) (9%, 15%) (1%, 3%) (0%, 1%)	24% 12% 2% 0%	
Bipolar and related disorders Any Bipolar I disorder Bipolar II disorder Cyclothymic disorder	3% 0% 1% 0%	(1%, 4%) (0%, 1%) (0%, 2%) (0%, 0%)	3% 1% 1% 0%	
Anxiety disorder Any Generalized anxiety disorder Panic disorder Agoraphobia Specific phobia Social anxiety disorder or social phobia	33% 27% 4% 0% 1% 8%	(29%, 37%) (23%, 31%) (3%, 6%) (0%, 0%) (0%, 2%) (6%, 11%)	27% 21% 4% 0% 1% 6%	X X X
Obsessive-compulsive or related disorders Any Obsessive-compulsive disorder	6% 5%	(4%, 8%) (3%, 7%)	4% 3%	X X
Trauma and stressor related disorders Any Posttraumatic stress disorder Acute stress disorder	6% 5% 0%	(4%, 7%) (3%, 7%) (0%, 1%)	6% 5% 1%	
Psychotic disorder Any Schizophrenia	1% 0%	(0%, 1%) (0%, 0%)	0% 0%	
Neurodevelopmental disorder or intellectual disability Any ADHD Other intellectual disability Autism spectrum disorder	5% 4% 0% 0%	(3%, 7%) (3%, 6%) (0%, 0%) (0%, 1%)	5% 4% 0% 0%	
Eating disorder Any Anorexia nervosa Bulimia nervosa Binge eating disorder	6% 4% 2% 2%	(4%, 8%) (2%, 5%) (1%, 2%) (1%, 3%)	3% 1% 1% 1%	X X X X
Personality disorder Any	1%	(0%, 2%)	1%	
Substance abuse disorder Any Alcohol abuse disorder	1% 1%	(0%, 2%) (0%, 1%)	1% 1%	

MEASURE	All Students	95% CONFIDENCE INTERVAL	NATIONAL SAMPLE	Significantly Different from National Sample
Health Behaviors and Lifestyle				
<i>Substance use, past 30 days</i>				
Cigarettes	7%	(5%, 9%)	8%	
Vape pen or E-Cigarette	20%	(17%, 23%)	14%	X
Marijuana	30%	(26%, 33%)	19%	X
Cocaine	4%	(2%, 6%)	1%	X
Heroin	0%	(0%, 0%)	0%	
Opioid pain relievers without a prescription or more than prescribed	0%	(0%, 0%)	1%	
Benzodiazepenes	1%	(0%, 1%)	1%	
Methamphetamines	0%	(0%, 0%)	0%	
Other stimulants without a prescription or more than prescribed	2%	(1%, 3%)	2%	
MDMA (also known as Ecstasy or Molly)	1%	(0%, 2%)	0%	X
Ketamine (also known as K, Special K)	0%	(0%, 1%)	0%	
LSD (also known as acid)	1%	(0%, 1%)	1%	
Psilocybin (also known as magic mushrooms, boomers, shrooms)	2%	(1%, 3%)	1%	X
Kratom	0%	(0%, 0%)	0%	
Athletic performance enhancers (anything that violates policies set by school or any athletic governing body)	0%	(0%, 0%)	0%	
Other drugs without a prescription	1%	(0%, 1%)	1%	
<i>In the past 2 weeks, about how many times did you have 4 [female]/5 [male]/4 or 5 [not female or male] or more alcoholic drinks in a row? (1 drink is a can of beer, a glass of wine, a wine cooler, a shot of liquor, or a mixed drink.)</i>				
More than one time	37%	(34%, 41%)	30%	X
More than 3 times	13%	(10%, 16%)	10%	X
<i>Obese (BMI>=30)</i>				
	9%	(7%, 11%)	21%	X
<i>Time studying/doing homework</i>				
Less than 1 hour/week	1%	(0%, 2%)	3%	
1-2 hours/week	5%	(4%, 7%)	8%	X
3-5 hours/week	24%	(21%, 27%)	26%	
6-10 hours/week	33%	(29%, 36%)	29%	
11-15 hours/week	15%	(13%, 18%)	15%	
16-20 hours/week	10%	(8%, 12%)	10%	
More than 20 hours/week	11%	(9%, 14%)	10%	
<i>Violence (past 12 months)</i>				
Did anyone strike or physically injure you?	6%	(4%, 8%)	6%	
Attitudes and Beliefs about Services				
<i>...think less of someone who has received mental health treatment.</i>				
I...	5%	(3%, 7%)	7%	X
Most people...	50%	(46%, 54%)	51%	
<i>Knows where to go for professional help for mental health</i>				
Agree or strongly agree	75%	(71%, 78%)	72%	
<i>Beliefs about effectiveness of treatment for depression</i>				
Believes medication is helpful or very helpful for depression	61%	(57%, 65%)	61%	
Believes therapy is helpful or very helpful for depression	81%	(78%, 84%)	82%	

MEASURE

All Students

95% CONFIDENCE INTERVAL

NATIONAL SAMPLE

Significantly Different from National Sample

Help-Seeking

<i>Think you needed help for emotional or mental health problems, past year</i>				
Strongly agree	31%	(27%, 35%)	25%	X
Agree	19%	(16%, 22%)	18%	
Somewhat agree	19%	(15%, 22%)	16%	
Somewhat disagree	7%	(5%, 9%)	6%	
Disagree	14%	(11%, 16%)	16%	
Strongly disagree	11%	(8%, 14%)	18%	X
<i>Psychotropic medication</i>				
Any, past year	22%	(19%, 25%)	22%	
Any, current	18%	(15%, 20%)	16%	
Psychostimulants	5%	(3%, 6%)	5%	
Anti-depressants	16%	(13%, 19%)	15%	
Anti-psychotics	2%	(1%, 2%)	1%	
Anti-anxiety	8%	(6%, 10%)	7%	
Mood stabilizers	3%	(2%, 4%)	2%	
Other	1%	(1%, 2%)	2%	
<i>Prescriber (among those with any past-year medication use)</i>				
General practitioner/nurse practitioner/primary care physician	36%	(28%, 44%)	60%	X
Psychiatrist	58%	(50%, 67%)	34%	X
Other type of health provider	2%	(0%, 5%)	4%	
No prescription	4%	(0%, 7%)	7%	
Don't know	2%	(0%, 5%)	1%	
<i>Discussed medication with provider, past year (among those with medication use)</i>				
Not at all	8%	(4%, 13%)	11%	
1-2 times	29%	(22%, 37%)	38%	X
3-5 times	30%	(22%, 37%)	28%	
More than 5 times	32%	(24%, 39%)	21%	X
<i>Whom you would talk to, if you were experiencing serious emotional distress</i>				
Professional clinician	43%	(39%, 47%)	33%	X
Roommate	23%	(19%, 26%)	16%	X
Friend (who is not a roommate)	53%	(49%, 57%)	46%	X
Significant other	33%	(29%, 36%)	35%	
Family member	49%	(45%, 53%)	45%	X
Religious counselor / other religious contact	6%	(4%, 7%)	8%	X
Support group	3%	(2%, 4%)	3%	
Other non-clinical source	1%	(0%, 1%)	1%	
No one	6%	(4%, 7%)	9%	X
<i>Therapy or counseling for mental health</i>				
Past year	37%	(34%, 41%)	27%	X
Current	17%	(14%, 20%)	12%	X
<i>Visits in past year, among those with any</i>				
1-3	31%	(26%, 36%)	37%	X
4-6	20%	(16%, 25%)	21%	
7-9	16%	(12%, 20%)	15%	
More than 10	9%	(6%, 12%)	8%	
<i>Use of specific providers for therapy or counseling for mental health</i>				
Campus Provider A	17%	(14%, 20%)	10%	X
Campus Provider B	0%	(0%, 1%)	1%	X
Campus Provider C	2%	(1%, 2%)	2%	

MEASURE

All Students

95% CONFIDENCE INTERVAL

NATIONAL SAMPLE

Significantly Different from National Sample

Help-Seeking

<i>Use of specific providers for therapy or counseling for mental health</i>				
Psychiatric emergency services	1%	(0%, 1%)	1%	
Inpatient psychiatric hospital	1%	(0%, 1%)	1%	
Partial hospitalization program	0%	(0%, 1%)	0%	
Provider in the local community (not on campus)	11%	(8%, 13%)	8%	X
Provider in another location (such as hometown)	16%	(13%, 19%)	10%	X
Other	1%	(1%, 2%)	1%	
<i>Any medication or therapy for mental health</i>				
Past year	42%	(39%, 46%)	36%	X
Current	27%	(24%, 31%)	22%	X
<i>Any medication or therapy, among those with positive depression or anxiety screen</i>				
Past year	58%	(53%, 64%)	51%	X
Current	39%	(33%, 45%)	33%	X
<i>Any visit to a health provider</i>				
Past year	76%	(72%, 79%)	74%	
<i>Received counseling or support for mental health from these sources, past year</i>				
Roommate	23%	(20%, 26%)	15%	X
Friend (other than roommate)	54%	(50%, 58%)	41%	X
Significant other	30%	(26%, 34%)	31%	
Family member	48%	(44%, 52%)	37%	X
Religious contact	3%	(2%, 5%)	5%	
Support group	2%	(1%, 3%)	2%	
Other non-clinical source	1%	(0%, 1%)	1%	
None of the above	24%	(20%, 28%)	35%	X
<i>How helpful, overall, do you think the medication(s) was or has been for your mental or emotional health?</i>				
Very helpful	37%	(28%, 45%)	38%	
Helpful	38%	(30%, 46%)	30%	
Somewhat helpful	22%	(15%, 29%)	22%	
Not helpful	4%	(0%, 8%)	9%	
<i>How helpful, overall, do you think therapy or counseling was or has been for your mental or emotional health?</i>				
Very helpful	34%	(29%, 39%)	35%	
Helpful	32%	(26%, 37%)	27%	X
Somewhat helpful	24%	(19%, 29%)	25%	
Not helpful	11%	(7%, 14%)	14%	

MEASURE	All Students	95% CONFIDENCE INTERVAL	NATIONAL SAMPLE	Significantly Different from National Sample
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Satisfaction with Therapy, Campus Providers

Convenient hours				
Very dissatisfied	2%	(0%, 5%)	4%	
Dissatisfied	8%	(3%, 13%)	6%	
Somewhat dissatisfied	11%	(5%, 17%)	9%	
Somewhat satisfied	18%	(11%, 25%)	21%	
Satisfied	46%	(36%, 55%)	41%	
Very satisfied	15%	(9%, 22%)	19%	
Location				
Very dissatisfied	1%	(0%, 2%)	2%	
Dissatisfied	0%	(0%, 0%)	3%	
Somewhat dissatisfied	2%	(0%, 6%)	6%	
Somewhat satisfied	13%	(7%, 20%)	14%	
Satisfied	45%	(36%, 54%)	47%	
Very satisfied	39%	(30%, 48%)	28%	X
Quality of therapists				
Very dissatisfied	5%	(1%, 9%)	5%	
Dissatisfied	3%	(0%, 6%)	5%	
Somewhat dissatisfied	7%	(2%, 11%)	8%	
Somewhat satisfied	21%	(14%, 29%)	17%	
Satisfied	34%	(25%, 43%)	35%	
Very satisfied	31%	(22%, 39%)	30%	
Respect for privacy concerns				
Very dissatisfied	1%	(0%, 2%)	1%	
Dissatisfied	1%	(0%, 4%)	1%	
Somewhat dissatisfied	1%	(0%, 2%)	2%	
Somewhat satisfied	12%	(6%, 19%)	9%	
Satisfied	43%	(34%, 53%)	40%	
Very satisfied	41%	(32%, 51%)	46%	
Scheduling appointments w/o long delays				
Very dissatisfied	6%	(2%, 11%)	11%	
Dissatisfied	8%	(3%, 13%)	9%	
Somewhat dissatisfied	13%	(7%, 19%)	11%	
Somewhat satisfied	13%	(7%, 20%)	16%	
Satisfied	34%	(26%, 43%)	31%	
Very satisfied	25%	(17%, 33%)	23%	

Note: the confidence intervals are wide for these numbers, because the sample sizes are small (these questions were only asked of service users).

MEASURE

All Students

95% CONFIDENCE INTERVAL

NATIONAL SAMPLE

Significantly Different from National Sample

Satisfaction with Therapy, Non-Campus Providers

<i>Convenient hours</i>				
Very dissatisfied	2%	(0%, 5%)	2%	
Dissatisfied	4%	(0%, 8%)	4%	
Somewhat dissatisfied	9%	(2%, 15%)	5%	
Somewhat satisfied	24%	(14%, 34%)	20%	
Satisfied	38%	(27%, 49%)	42%	
Very satisfied	24%	(14%, 33%)	27%	
<i>Location</i>				
Very dissatisfied	1%	(0%, 3%)	2%	
Dissatisfied	4%	(1%, 7%)	4%	
Somewhat dissatisfied	7%	(3%, 11%)	6%	
Somewhat satisfied	18%	(12%, 24%)	16%	
Satisfied	41%	(33%, 49%)	43%	
Very satisfied	28%	(21%, 35%)	28%	
<i>Quality of therapists</i>				
Very dissatisfied	4%	(1%, 7%)	3%	
Dissatisfied	3%	(0%, 5%)	3%	
Somewhat dissatisfied	8%	(4%, 12%)	6%	
Somewhat satisfied	16%	(10%, 22%)	14%	
Satisfied	34%	(26%, 41%)	32%	
Very satisfied	36%	(29%, 44%)	42%	
<i>Respect for privacy concerns</i>				
Very dissatisfied	2%	(0%, 5%)	1%	
Dissatisfied	1%	(0%, 3%)	1%	
Somewhat dissatisfied	3%	(0%, 5%)	2%	
Somewhat satisfied	6%	(2%, 10%)	6%	
Satisfied	36%	(28%, 44%)	36%	
Very satisfied	52%	(44%, 60%)	54%	
<i>Scheduling appointments w/o long delays</i>				
Very dissatisfied	4%	(1%, 8%)	3%	
Dissatisfied	4%	(1%, 7%)	5%	
Somewhat dissatisfied	4%	(1%, 8%)	6%	
Somewhat satisfied	13%	(8%, 19%)	14%	
Satisfied	37%	(29%, 45%)	35%	
Very satisfied	37%	(29%, 45%)	37%	

MEASURE	All Students	95% CONFIDENCE INTERVAL	NATIONAL SAMPLE	Significantly Different from National Sample
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Barriers and Facilitators to Help-Seeking

Reasons for receiving no or fewer services for mental health				
I haven't had the chance to go but I plan to.	6%	(5%, 8%)	5%	X
No need for services	38%	(34%, 42%)	42%	
Financial reasons	21%	(18%, 24%)	17%	X
Not enough time	31%	(27%, 35%)	22%	X
Not sure where to go	14%	(11%, 16%)	12%	
Difficulty finding an available appointment	11%	(8%, 13%)	9%	
Prefer to deal with issues on my own or with support from family/friends	25%	(22%, 29%)	25%	
Other	6%	(4%, 8%)	7%	
No barriers	11%	(8%, 13%)	13%	
Reasons for seeking help				
Decided on my own	73%	(68%, 78%)	72%	
Friend encouraged or pressured me	19%	(15%, 24%)	21%	
Family member encouraged or pressured me	46%	(40%, 52%)	36%	X
Other person encouraged or pressured me	4%	(2%, 7%)	8%	X
I was mandated by campus staff	2%	(0%, 4%)	3%	
I acquired more information about my options	2%	(0%, 3%)	2%	
Other reasons	4%	(2%, 7%)	4%	
Source of health insurance				
None (uninsured)	3%	(2%, 4%)	6%	X
Parent's employer	61%	(57%, 65%)	51%	X
Own employer	3%	(1%, 4%)	8%	X
Spouse's employer	2%	(1%, 3%)	3%	
Student plan	11%	(9%, 13%)	10%	
Embassy or other international source	1%	(0%, 1%)	0%	
Individual market	1%	(0%, 2%)	2%	
Public insurance	7%	(5%, 9%)	8%	
Uncertain whether insured	1%	(0%, 1%)	1%	
Insured but uncertain of source	3%	(2%, 4%)	3%	
Plan provides any coverage for local mental health visits (among those with a plan)				
Yes, it definitely would	27%	(24%, 31%)	29%	
I think it would but am not sure	33%	(29%, 37%)	28%	X
I have no idea	28%	(24%, 31%)	31%	
I think it would not but am not sure	8%	(6%, 10%)	8%	
No, it definitely would not	4%	(2%, 6%)	3%	
Plan meets needs for mental health services (among those with a plan)				
Have not needed plan to cover services	57%	(53%, 61%)	60%	
Yes, everything I have needed is covered	33%	(29%, 37%)	30%	
No, the coverage is inadequate to meet my needs	11%	(8%, 13%)	10%	

MEASURE

All Students

95% CONFIDENCE INTERVAL

NATIONAL SAMPLE

Significantly Different from National Sample

Supportiveness of Academic and Social Environment

<i>Talked with any academic personnel about mental health problems affecting performance</i>	15%	(12%, 18%)	13%	
<i>Supportiveness of response by academic personnel</i>				
Very supportive	50%	(39%, 60%)	51%	
Supportive	42%	(32%, 53%)	41%	
Not supportive	4%	(0%, 8%)	6%	
Very unsupportive	4%	(0%, 8%)	2%	
<i>Whom would you talk to about mental health problems affecting academic performance</i>				
Professor from one of classes	33%	(30%, 37%)	29%	X
Academic advisor	17%	(14%, 20%)	28%	X
Another faculty member	7%	(5%, 9%)	6%	
Teaching assistant	1%	(0%, 1%)	2%	X
Student services staff	13%	(10%, 15%)	11%	
Dean of Students or Class Dean	7%	(5%, 8%)	4%	X
Other	5%	(4%, 7%)	5%	
No one	34%	(30%, 38%)	34%	
<i>Persistence/retention</i>				
Am confident I will finish my degree no matter the challenges	82%	(79%, 85%)	80%	