OUTCOME
Students will utilize preventive education resources related to their health and wellness.

OUTCOME SUPPORTS
☐ University: Goal 2
☐ Division: Goal 2
☐ Department:
☐ Other:

DATA COLLECTION METHODS
• Self-assessment survey

OUTCOME TYPE
☒ Performance Outcome
☐ Student Learning Outcome

ASSESSMENT APPROACH
☒ Direct assessment
☐ Indirect assessment

METHODS AND MEASURES
Health Services (HS) is dedicated to providing quality health care that supports students’ health and wellness. Students are encouraged to be a partner in their health and health care by engaging in conversations with their health care providers about treatment options and alternatives, effective prevention techniques and strategies, and appropriate testing, results and medications. National surveys on collegiate mental health have shown that anxiety disorders are the most frequent disorders and are associated with substantial social and educational impairment. According to the Healthy Minds Study (2016-2017), 26% of college students will suffer from anxiety. In general, the majority of these individuals receive treatment in general medical rather than specialty mental health settings. Primary care patients with anxiety disorders are high users of primary care services and have many medically unexplained symptoms (that is, chest pain and rapid heart rate), clinically significant decrements in function, and high medical costs because the physical manifestations of anxiety often prompt expensive diagnostic procedures. Anxiety disorders are also associated with adverse health behaviors, such as smoking and sedentary lifestyle, which may contribute to the high levels of medical comorbidity found in adults with anxiety disorders. In primary care, only a small minority of anxious patients receive treatment targeting their anxiety.

Measures: The Generalized Anxiety Disorder 7 (GAD-7) is a self-reported questionnaire for screening and severity measuring of generalized anxiety disorder (GAD). GAD-7 has seven items, which measure the severity of various signs of GAD according to reported response categories with assigned points. Assessment is indicated by the total score, which made up by adding together the scores for the scale all seven items. Scores of 5, 10, and 15 are taken as the cut-off points for mild, moderate and severe anxiety, respectively. When used as a screening tool, further evaluation is recommended when the score is 10 or greater. GAD-7 is a sensitive self-administrated test to assess generalized anxiety disorder, normally used in outpatient and primary care settings for a referral to mental health provider.

Methods: For six weeks during the spring semester, all students who came to see one select medical provider within Student Health Services was administered the GAD 7. Students completed the self-report inventory while waiting for their provider to come into the exam room.
Once the provider entered the exam room, the provider scored the GAD 7. For this study, we utilized a cut score of 10, as it was evidenced by previous studies to demonstrate high sensitivity (89%) and high specificity (82%).

If students responses revealed a score of 10 or higher the medical provider would recommend that the student met with the center’s Wellness Integration Specialist to learn about treatment options for their anxiety. During the optional meeting with the Wellness Integration Specialist student were provided with a variety of treatment options depending on their severity. If students were having specific issues, like poor sleep, then specific psychoeducational resources were provided. However, if students were dealing with more severe symptoms or possibly a dual diagnosis, then a referral to Counseling and Psychological Services for psychotherapy or psychiatry would be provided. After students completed the screen and/or met with the Wellness Integration Specialist, the results from the screens were compiled into a de-identified dataset for future research purposes.

**CRITERIA OF SUCCESS**
- 60% of students with a score of 10 or above on the GAD 7 (and who were not currently receiving treatment) would meet with the Wellness Integration Specialist.

**DATA COLLECTION AND ANALYSIS**
Data was collected from April 2018 – May 2018. 298 student completed the GAD 7 317 times during these six weeks. Data from the de-identified data set was analyzed using SPSS to understand the frequency of the data. Following is a summary of the results:

- Out of all of the administrations, the mean score was 7.43
  - The median was 6
- 66.66% of students (212) had responses below the cut score of 10
  - 33.33% of students had a score over 10.
- 12.89% of students (41) had responses over 15 (High Range)
- 105 students were given a referral to the Wellness Integration Specialist (scores above 10)
  - However, only 51 students met with the Wellness Integration Specialist
    - 41 of the 105 students referred reported that they were currently receiving treatment and therefore did not need another referral
  - 82% of students (who were not already in treatment) met with the Wellness Integration Specialist and followed through on the referral from the medical provider.
One limitation of this study was the relatively small sample size. When we compared the percentages of students with scores above the cut off to national samples, we noticed a discrepancy.

**IMPROVEMENT ACTIONS**

All outcome expectations were met for this pilot study. Given the strong success that this pilot demonstrated, we are recommending that the program be expanded and continued. By expanding this study, we will hopefully be able to achieve a larger data set as well as reach different students. We are aware that certain medical providers are sought after for certain specialties, and by branching out to other providers in the future, we can hopefully help to target different students.