

**Health and Wellness Strategic Initiative  
Year End Report FY 08**

Committee Members

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## **Health and Wellness Strategic Initiative FY 08 Final Report**

### **Goals of the Health and Wellness Strategic Initiative:**

- ⇒ To oversee the implementation of the recommendations identified by the health and wellness task force.
- ⇒ To collect data on campus that responds to gaps in the task force report
- ⇒ To communicate findings, recommendations and accomplishments to the President and the campus community.
- ⇒ To provide feedback from the health and wellness strategic initiative that can be used in completing the Strategic Report Card.

The health and wellness initiative met approximately every three weeks for the duration of the Fall and Spring Semester FY 08. Initially group members signed up to work on goals in areas of interest. Appendix A contains the major objectives of the report and identifies progress toward each of the objectives. Several members were on more than one group working on these objectives. To simplify the process, the group restructured in the spring into five primary teams:

### **Physical Health**

This group is looking at ways to promote physical health in students and employees. This group also conducted data analysis to look at sleep, stress, and colds and flu since these are the major areas affecting academic success. In fall, 2008 this group will survey students to learn more information about the specific causes of stress so programming needs can be better determined. The Health and Wellness Strategic Initiative will work in collaboration with the employee wellness committee to address employee physical health concerns.

### **Mental/Emotional Health**

This group identified gaps in information regarding mental health issues for enrolled students. While we know that depression and anxiety are affecting many students at MSU and know that issues of physical, mental and emotional abuse are also of concern, the NCHA survey does not collect detailed data looking at other, more serious mental health concerns or co-occurring illnesses. This group is seeking to survey the student population in fall 08 to learn more about the variety of mental health issues existing on campus today and to better identify the needs of this group and to specifically identify the service gaps that may be affecting retention.

This group will also need to work with the campus to identify the best way to assist employees who are dealing with mental health issues. Part of this will involve increasing awareness of the services presently available through the EAP and decreasing the stigma associated with this. It will also be important to recognize that psychiatric consult services are needed not just for students but for faculty and staff as well.

### **Alcohol, Tobacco, and Other Drugs**

One of the recommendations of the Health and Wellness Task Force Summary Report was that the Alcohol Working Group serves as the sub-committee for this strategic initiative concerning alcohol issues. The recommendation was adopted and the AWG is now in the process of requesting to become an official campus committee. This will allow for full shared governance representation on the committee and more campus involvement into alcohol initiatives. Tobacco cessation for students has been made available in the past and the best response rate to this was via an online cessation offering. Faculty and staff cessation offerings are being considered once the new policy is in effect.

### **Environmental Health**

Much of the work of this group is coordinated out of the Environmental Health and Safety Office. Future identified needs include National Incident Management Training of the Cabinet, additional training/drills such as “Shots Fired”, tornado safety drills, additional fire evacuation drills; greater involvement in employee orientation, continued ergonomic assessments of work spaces, and development of a more comprehensive webpage with environmental health information. A campus tobacco policy, coordinated by the Office of Environmental Health and Safety, was submitted this year for campus review and adoption.

### **Other Related Health Issues**

This group is looking at the remainder of the recommendations that do not fall into the other major categories but may be significantly impacting student retention and success. Examples include financial health, nutrition, violence prevention, harassment, etc. For example we know that many students are stressed significantly from financial concerns but we do not know the root cause of these concerns. This group will determine the primary factors directly contributing to financial health. Is it tuition increases, number of hours working, academic load, gambling addiction, credit card debt, etc? Once the major causes of financial stress are known, we can develop programs and services to try and assist with alleviating the stressors. This group is also seeking to identify areas affecting faculty /staff wellness and employee satisfaction at MSU since these areas directly impact employee performance and morale issues.

### **Strategic Report Card**

The Health and Wellness Strategic Initiative was asked by Provost Olson to review the MSU Strategic Report Card and provide feedback. Most of the group felt that the report card for our Task Force was somewhat misleading because many of the objectives continue to be “in-progress” rather than “completed”. The committee suggested “on-going” as another categorical option on the report card.

## **Comments on Report Card Objectives for Health and Wellness area:**

Objective #1: *To Identify the health and wellness needs of the MSU campus.*

This objective needs to be regularly and systematically reassessed and therefore is “ongoing”.

Objective #2: *To recommend an array of programs and services that assist faculty, staff and students to optimize their wellness and enhance personal and professional productivity.*

An array of programs and services were identified in the final report submitted in 2006 but adequate funding has not been available to implement many of these recommendations. This objective is also “on-going.” Movement has occurred on the alcohol issue, the psychiatric services issue, and the mental health counseling issues but lack of funding has prevented implementation of all other objectives.

Objective #3: *To work as a University community to make recommendations that optimally address health/wellness issues that impact absenteeism, workers compensation and cost of care issues at MSU.*

Parts of this objective were found to be unfeasible due to inability to further analyze absentee and worker’s compensation data because of limitations of data availability and data collection methods. Employee resources to provide analysis are not available and some confidentiality issues have been raised with use of these data. Questions were raised as to whether some aspects of this objective should be given to the Safety Committee for implementation.

Objective #4: *To identify professional development educational initiatives that address major health concerns on our campus leading to worker’s compensation claims.*

In 2006, 2007, and 2008 professional development workshops were offered on injury prevention and ergonomics. Fire safety, tripping hazards, lifting safely and other prevention information was made available at the resource fair.

Objective #5: *To make recommendations that incorporate wellness initiatives into campus professional development programming and into the curriculum.*

Recommendations have been made for professional development presentations. Professional Development Day presentations were made in January 2007 and January 2008 and we will continue to work with this group in the future to identify health and wellness needs and ensure that workshops are available. Of the top three workshops attended, two were based on health and wellness initiatives. Health and wellness initiatives at this event included: nutrition and healthy cooking, fitness, disaster planning, and preparing your family for a flu pandemic. Family Consumer Science is currently researching whether students who take a healthy cooking class make better food choices. This and other curriculum objectives are still “in progress”.

Objective #6: *To review support services for health and wellness initiatives and make recommendations for needed infrastructure.*

Recommendations have been made in this area but base funding has yet to be made available to meet all recommendations. The primary areas where base funded has been requested are: psychiatric services, alcohol programming, sexual violence education coordinator position and mental health counseling position. The Sexual Violence Education Coordinator position has been funded to base at this time. Additional summer counseling hours have been added. Requests have been made in each of the other three areas and while strategic priority funding has provided some services, this does not provide base funding.

Objective #7: *To utilize campus health and wellness data and employee health insurance claims data to recommend programmatic initiatives that align with the Healthy Campus 2010 National Objectives.*

Recommendations were made in the 2006 report based on availability of data at that time.

Objective # 8: *To develop a resource needs analysis and funding plan for all recommendations.* \*\*

Resources needs were identified by the Task Force however a funding plan is not in place. We continue to delineate needs identified and will spend FY 09 developing a funding plan specific for each objective.

\*\*Note: This objective was accidentally omitted from the Strategic Report Card. We have contacted the planning office and it will be added for future reference.

Objective #9: *To present a preliminary proposal to the President for campus consideration in 2006. This objective is complete.*

A preliminary proposal was presented to the President for campus consideration in 2006. As part of that proposal the President accepted the recommendation to form this group and continue to implement other recommendations identified in the report.

### **Mid – Year Report**

The planning sub-meet and confer requested a mid-year report on the progress of the Strategic Initiatives that were funded in FY 2007. A summary of these mid-year reports is in Appendix B.

### **Continued Evidence for the Need for Health and Wellness Initiatives**

FY 08 has been a difficult year for MSU, Mankato. The year began with the tragic death of one of our cross country athletes, a Presidential Scholar, and the serious injury of another athlete. Shortly following, a young women died of alcohol poisoning on her 21<sup>st</sup> birthday. Very shortly after that two more students were struck by a car after attending a fraternity/sorority semi-formal event. One was killed and one seriously injured. These tragic events left the campus in grief and pain. Each of these events also reminded the campus of past tragedies that

it has faced including the loss of three men in an automobile accident two years ago, and the suicide of two other students within the same year. When these events occur, MSU is in the limelight and the campus and community want and need answers. Unfortunately there are no answers to explain these tragedies and no responses seem adequate.

What MSU has gone through over the last several years is not an anomaly but evidence of changing times. Some tragic events are accidents and no amount of planning will prevent them. Others are preventable but adequate resources must be made available to implement evidence based strategies that can directly impact behavior. All of these situations have a direct affect on the family, friends, and loved ones of the students lost or injured and have deeply affect the MSU community. In addition to a continued need for programming in the areas of alcohol, safety, fitness, and violence prevention, other psychological and mental health services are continually needed and inadequately funded.

### **Accomplishments to Date**

This year strategic initiative funds were awarded for Psychiatric Consultation Services (\$40,000). This allowed for the hiring of a psychiatrist to both see patients and serve as a consultant with the campus. Strategic initiative funds were also received for mental health counseling (\$14,500). This provided the counseling center with additional hours to see students with mental health concerns. The health and wellness strategic initiative is appreciative of these funds.

The Alcohol Working Group initiated a “retreat” in May 2007 to identify late night programming gaps. Mavericks After Dark (MAD) was implemented for FY08. A budget proposal for Strategic Initiative funding was submitted for MAD alternative programming. The CORE faculty/staff alcohol survey was administered in spring 2007. The AWG also assisted in coordinating and facilitating dialogue for the Campus Alcohol Summit in December 2007. Updates on the City of Mankato moratorium and new laws and ordinances were discussed. David Hellstrom was brought to campus in December 2007 to discuss alcohol issues on campus and social norms messages. Dan Reilly came in April 2008 as a consultant to work with the Expanded Cabinet, Students, AWG, and Mankato Community Coalition.

Campus environmental health initiatives included campus fire alarm training, new faculty orientation, OSHA & EPA Refresher for CSET, fire and tornado training for Residential Life staff, wellness fair booth, Professional Development Day presentations, summary of work injuries report (LWDII), informal and formal review of smoking policy, development of smoking cessation program, MnSCU Emergency Response Policy, Continuing Operation Plan (COOP) and training, abatement on major campus construction projects, clean-up of mercury spills, work station ergonomic assessments, hearing safety assessment, electronic safety assessment, maintaining EHS website, and creating pamphlets

In FY 07 a student gambling survey was conducted and results were received at the end of the fiscal year. In FY 08 this data was reviewed and compared to other MnSCU Schools and to national gambling trend data of college students. Significant findings from this study are presented in Appendix C.

The Student Senate support \$40,000 to base for a psychiatrist with the stipulation that this was for direct services to students and not for consultation, training, or faculty and psychiatric staff services.

### **Next Step for FY 09**

By September 2008, a flyer about the cost of domestic violence to the campus will be created and distributed to all employees. This will identify support services and other resource information. If completed earlier, this flyer will be made available at the Resource Fair on September 3, 2008.

By October 2008, the Health and Wellness Strategic Initiative will work closely with the Employee Wellness Committee to identify programming that corresponds to the information provided in the faculty and staff needs and interest survey. This survey will provide detailed information about programs employees want, would attend, and how they want programs offered. This will be shared with the Employee Wellness Committee and the two groups will work together to plan wellness activities that meet identified needs, as cost allows.

By November 2008, a student survey will be designed and conducted to assess causes of stress in students and the array of mental health and co-occurring illnesses that challenge students. Stress is the number one factor affecting academic performance. To properly address this, we need to identify the most prevalent stressors and most appropriate intervention strategies. A short student survey should provide us with this information. The NCHA data set collects information on student depression and anxiety but does not identify other mental health issues or co-occurring disorders. Given the increase in prevalence in mental health problems that campuses are facing today, it will be helpful to have a thorough understanding of issues affecting MSU students and how mental health issues might be affecting the campus learning environment.

By December 2008, the web site for the health and wellness initiative will be updated by the categories identified in this report and relevant information will be available at on each topic for the campus community.

By January 2009, a Violence Free Zone workshop will be conducted as part of Professional Development Day.

By February 2009, an IRB-approved faculty/ staff survey will be developed that looks specifically at physical and mental health issues in-depth so programming can be planned based on employee needs.

By April 2009, a subcommittee of the health and wellness strategic initiative will work with the Commission on the Status of Women to look at the bullying survey and specifically identify if bullying is affecting physical health, days out of work, stress, mental health, etc. This analysis will provide the campus with concrete information about the cost of bullying to MSU.

By May 2009, we will develop two or three 10-15 minute online courses in conjunction with the wellness committee in topics that were identified in the 06 report by the Health and Wellness Task Force. These courses, geared to employees but available to anyone, will be engaging, interactive when possible, and fun. They will provide online learning opportunities for interested employees. This will meet the need for online education identified in the health and wellness initiatives 06 Report .

### **Funding Request FY 09**

The Health and Wellness strategic initiative requests

\$4,500.00 Graduate Assistant salary (10 hours/week)

\$2,678.00 Tuition (for ½ of the position)

\$1,000.00 Material supplies, copying, surveys, mailings

\$8,177.95 TOTAL

Appendix A – Wellness Grid

Wellness Area	Program Initiative	Program completed
Physical Health	<p>Campus Fitness</p> <ul style="list-style-type: none"> <li>Programming (strength training, aerobics, exercise, etc)</li> <li>Fitness Assessments</li> <li>Training on weight lifting to reduce back pain</li> <li>Offer weight management program for faculty and staff</li> </ul>	<p>Ongoing</p> <p><b>Offered \$30.00</b></p> <p>Lift Smart???</p> <p>Ongoing - Weight Watchers</p>
	<p>Nutrition</p> <ul style="list-style-type: none"> <li>Nutrition Assessments F/S</li> <li>Nutrition assessments (stud.) assistance for illness (diabetes, HBP, Chol, etc)</li> <li>Cost issues related to on-campus dining, nutrition choices, vending</li> </ul>	<p><b>Offered \$30.00 F/S</b></p> <p>Free Students</p> <p>Campus Dining Committee</p>
	<p>Stress</p> <ul style="list-style-type: none"> <li>Yoga</li> <li>Relaxation</li> <li>Time Management</li> <li>Stress Management</li> </ul>	
	<p>Sleep</p> <ul style="list-style-type: none"> <li>Sleep issues as the effect academic performance</li> <li>Evidence based programs to impact sleep issues</li> </ul>	<p>Aim For Eight</p> <p><b>NCCHA Grant Funded</b></p>
	<p>Screenings</p> <ul style="list-style-type: none"> <li>Mental Health Screenings - Depression screening, anxiety, bi-polar</li> <li>Health Fair to offer a variety of health screenings, alcohol, BP. etc.</li> </ul>	<p>Ongoing</p>
Mental Health	<p>Psychiatric Services</p> <ul style="list-style-type: none"> <li>Campus emergency psychological response team</li> <li>Consultation hours with psychaitrist for students</li> <li>Education / training for psychaitric illnesses - faculty/staff</li> <li>Additional pharmacy coverage</li> </ul>	<p><b>Funded \$40,000 FY 08</b></p> <p>Professional Development Day</p> <p>Funded 07, Eliminated 08</p>
	<p>Counseling Resources</p> <ul style="list-style-type: none"> <li>Additional Counseling staff, doctoral Interns</li> <li>Summer counseling staff</li> <li>Community Resources</li> </ul>	<p><b>Funded \$14,300 FY 08</b></p> <p><b>Funded to Base FY 06</b></p>
	<p>Sexual Violence</p> <ul style="list-style-type: none"> <li>Support hiring of sexual violence coordinator</li> </ul>	<p><b>Funded to Base FY 07</b></p>
Occupational Health Environmental Health	<p>Occupational Safety</p> <ul style="list-style-type: none"> <li>Ergometry Training</li> <li>Lifting / Ladder safety</li> <li>OSHA requirements</li> <li>Collect and analyze data about unavoidable injury vs. preventable injury</li> </ul>	<p>ongoing - Risk Management</p> <p>Offered Annually</p>
	<p>Campus Emergency Response</p> <ul style="list-style-type: none"> <li>Flu pandemic</li> <li>Emergency Response</li> <li>Continuity of Operations</li> <li>Environmentally Green Campus</li> </ul>	<p>Plan Written</p> <p>In Process</p> <p>In Process</p>
	<p>Employee Health</p> <ul style="list-style-type: none"> <li>Services to assist employees in careers and professional development</li> <li>Develop procedure for employees to access \$ for conferences/continuing ed.</li> <li>Systematically collect and analyze sick leave data</li> <li>Preventable disease trainings based on cost to campus</li> <li>Employee absentee issues</li> </ul>	<p>Professional Development Day</p> <p><b>Completed</b></p> <p>incomplete data/not analysed</p>
	<p>Tobacco Free Campus</p> <ul style="list-style-type: none"> <li>Increase compliance in no smoking at entryways</li> <li>Eliminate smoking room in student union</li> <li>Move campus toward tobacco free campus</li> </ul>	<p>Ongoing</p> <p><b>Completed</b></p> <p><b>Completed</b></p>
Alcohol	<p>Alcohol</p> <ul style="list-style-type: none"> <li>AWG as official campus committee</li> <li>Evidence based programming or promising programs</li> <li>Base funding for alcohol initiatives after grant ends</li> </ul>	<p>Requested</p> <p>NIAAA grant, matrix completed</p>
Social/ Intellectual	<p>Web Information</p> <ul style="list-style-type: none"> <li>Identify web resources for retention, performance effectiveness and cost</li> <li>Set up online health web resources</li> </ul>	<p>Ongoing</p>
	<p>Data Sharing</p> <ul style="list-style-type: none"> <li>Share NCHA data across campus to faculty, students and staff</li> </ul>	<p>Ongoing</p>
	<p>Health Education</p> <ul style="list-style-type: none"> <li>Align health education with evidence based programming / academic impacts</li> <li>Offer programs/services that impact retention, connectedness, acad. success</li> <li>Provide educaiton that provides health and wellness as a developmental issue</li> </ul>	<p>ongoing</p>
Spiritual Health	<p>Spiritual Health</p> <ul style="list-style-type: none"> <li>Survey Campus Ministries to assess gaps</li> </ul>	
Financial Health	<p>Source Identification</p> <ul style="list-style-type: none"> <li>Tuition / Financial Aid</li> <li>Gambling</li> <li>Credit Card Debt</li> </ul>	

## **Appendix B**

### **Mid Year Report President Strategic Priority Funding Initiative for Psychological Consultation and Services (\$40,000)**

Strategic initiative funds were allocated for Campus Psychological Consultation and Services. Dr. Michael Farnsworth, M.D., Forensic Psychiatrist, was hired to provide consultation to the campus and to specifically assist with seeing and stabilizing our students with the most severe psychological problems. Due to limited consultation hours with him, students were not able to set up an appointment directly with him but were only allowed to see him once seen by either one of the medical providers at the Student Health Services Medical Clinic, or by the Counseling Center. If it was determined that this patient could not be managed or stabilized without seeing a psychiatrist and/or that the situation was urgent (threat of immediate violence, suicidality, etc.) the patient was referred for evaluation and stabilization with the psychiatrist. Once stabilized the patient was referred back to the referral source, either the health service medical staff or the counseling center for ongoing follow-up.

Also, if counseling or health services felt the needs presented by the patient were more complex and treatment was failing, consultation with Dr. Farnsworth occurred. In addition to direct patient care and patient direct consultation, Dr. Farnsworth has provided education and training to both counseling and health services staff, Residential Life staff, and security and did a workshop on The Challenges Facing Returning Veterans at Professional Development Day. Finally his skills have been utilized as part of case review where he has been available to provide expert assessment advice and medication recommendations to allow our providers to medically manage many more patients with psychiatric illnesses than in the past. This has helped to stabilize students living in the residence halls, attending classes, and participating in clubs and organizations on campus.

It has been a huge asset to this campus to have direct contact to a psychiatrist and regularly scheduled appointments available. The waiting list for psychiatric service in the community is better than six weeks and in a crisis situation this does not provide a viable option. Dr Farnsworth's linkages to the Crisis Center, Blue Earth County Mental Health and St. Peter's Treatment facility have assisted us in getting people services in the very same day in some situations.

Finally, over the summer a group of people from campus (health services, disability services, student rights and responsibilities, security, residential life, and others) visited the crisis center to meet the staff, learn about how services worked and meet the case manager that covers after hours. We were able to discuss our needs as a campus and learn how to best access services in the community when a crisis is occurring. Psychiatric services are essential to campuses today. The tragedy at Virginia Tech provided the greatest example of why these services are so important and need to continue.

## **Mid Year Report**

### **President Strategic Priority Funding Initiative for Mental Health Services (\$14,300)**

Funding was allocated to provide more extensive mental health services to students at MSU. The Counseling Center is presently inadequately funded and the student per staff ratio is the worst in the State of Minnesota. Upon their accreditation a year ago this problem was noted and they have been seeking a corrective plan since. In an attempt to secure additional counseling hours, strategic initiative funds were sought and awarded. This was one of the highest needs identified by the health and wellness strategic initiative in its report to the President and the Campus.

These additional funds allowed the counseling center to hire two part-time counselors to assist with client needs. In November, Lisa Rinehart was hired to work two days a week for seven hours/day to see patients. In January Jennifer Schwartz was hired as an additional counselor to work two days a week for six hours a day to see clients. These additional counseling hours have provided the Counseling Center with better coverage and more immediate treatment for students. Having additional counseling hours has been a good service to students and needs to continue to be available in the future. We are appreciative of this funding and hope there is a way to continue to receive future funds.

## Minnesota State University, Mankato: Student Gambling Research



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### Study Information

- Completed 105 online surveys in November 2006 with current students, providing a statistical reliability of +/-9.9% at the 95% confidence level.
- According to a 2003 survey conducted by the Minnesota State Lottery, 85% of Minnesotans ages 18-24 say they gambled during the past year.
- Results of this survey are comparable, with 85% of MSUM students saying they have engaged in some form of gambling (86% of men; 84% of women).

1

Have You Done Any of the Listed Activities  
During the Last 12 Months?  
(Yes Responses)

Activity	MSUM	Project Average
Bought lottery tickets	63%	61%
Played slots, video poker or other electronic gaming machines	49%	44%
Played cards or board games for money with family or friends	46%	43%
Played table games at a commercial business or casino	38%	32%
Bet on games of personal skill (like pool, golf or bowling)	28%	28%
Played commercial bingo	26%	28%
Bet on sports cards or football pools	18%	17%

Multiple responses allowed

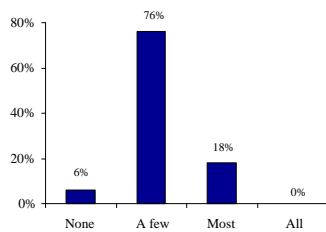
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Activity	MSUM	Project Average
Wagered on the Internet on casino or other games	12%	9%
Played the stock or commodities market	11%	9%
Bet on horse or dog races	11%	8%
Shot dice or played craps	8%	8%
Wagered on intercollegiate games with an off-campus bookie	2%	4%
Wagered on intercollegiate games with a campus bookie	1%	2%
Engaged in some other type of gambling	27%	26%

Multiple responses allowed

3

How Many of Your Friends Gamble?

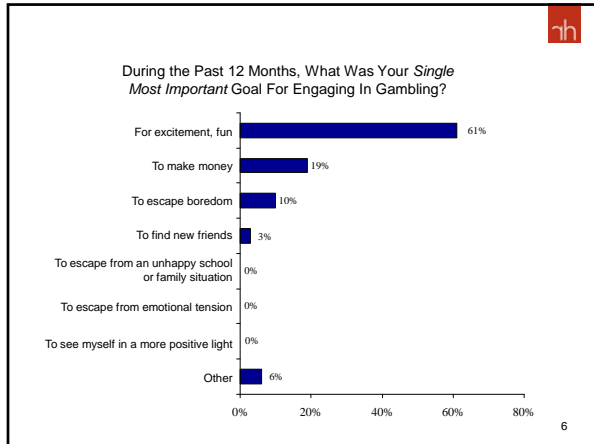


4

"Past U.S. and Canadian studies have consistently shown that money is not the predominant reason younger adults gamble. Money is the vehicle that enables continued play. The primary driver is excitement and enjoyment."

- Derevensky, Gupta, Della Cioppa; National Research Council

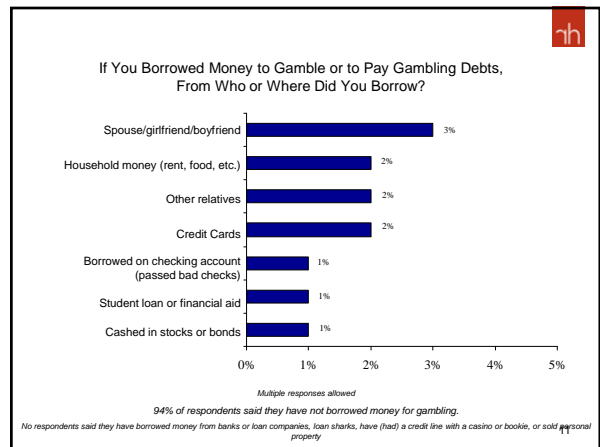
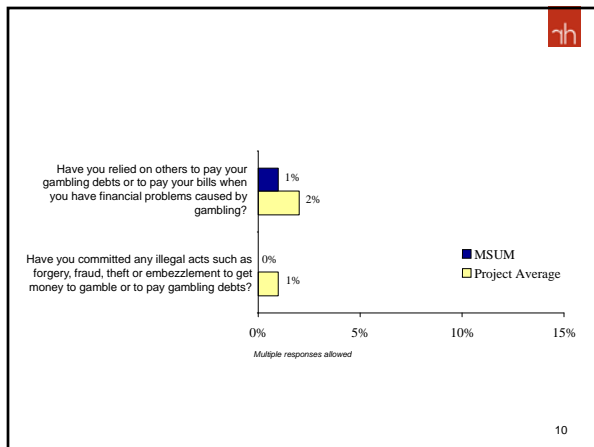
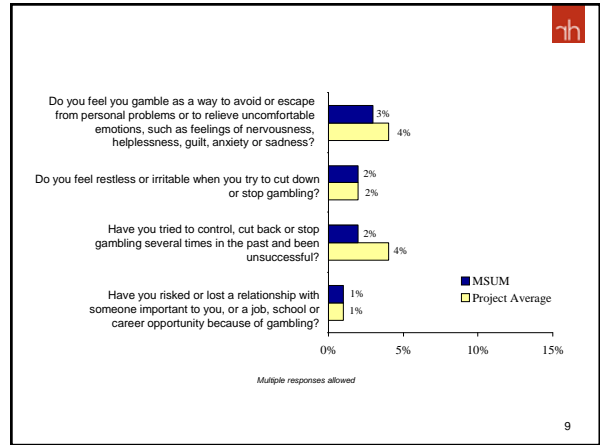
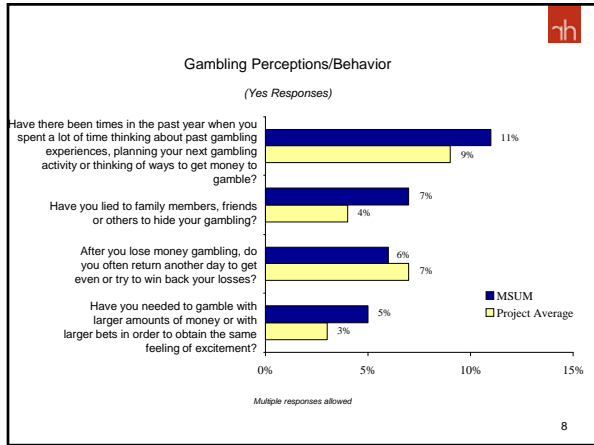
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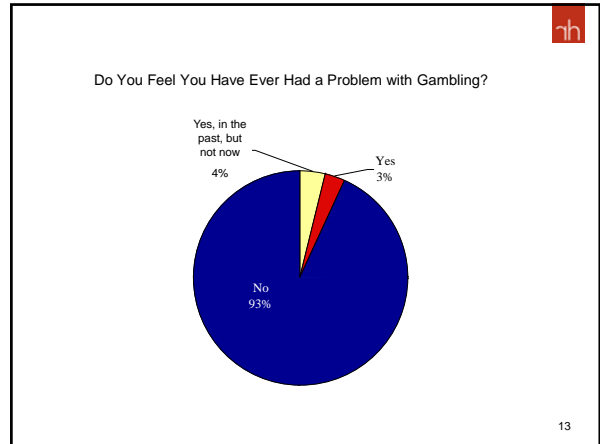
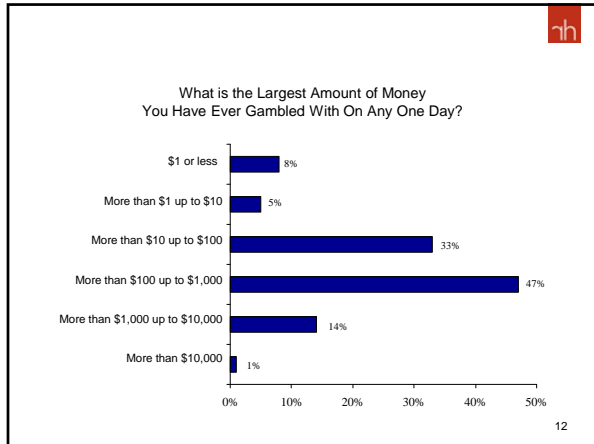


### Student Beliefs

Statement	Yes
Problem gambling is an addiction like alcohol or drug addiction.	85%
Controlling problem gambling can be changed through will power.	62%
I would know where to go for information about problem gambling treatment.	43%
Treatment for problem gambling is usually successful.	42%
I believe gambling is more about skill than luck.	27%
I am personally opposed to gambling for moral or religious reasons.	7%

*Multiple responses allowed*





### MSUM Problem Gambling Risk Assessment

	Male	Female	Overall
Probable Pathological Gambler	5%	0%	2%
Problem Gambler	9%	0%	4%
Potential Problem	12%	8%	10%

**16%**

*Using DSM-IV gambling screen methodology, those students answering yes to 1-2 questions are classified as a potential gambler; 3-4 questions, problem gambler; 5 or more questions, probable pathological gambler.*

