

THE HEALTHY MINDS STUDY

2016-2017 Data Report

ABOUT THE HEALTHY MINDS STUDY (HMS)



STUDY TEAM

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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 2016-2017 study was 23%. It is important to raise the question of whether the 23% who participated are different in important ways from the 77% who did not participate. We address this issue by constructing non-response weights using administrative data on full student populations. Most of the 54 schools in the 2016-2017 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 the University of Michigan 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.) using the aggregate sample of respondents across all colleges and universities that participated during the 2016-2017 academic year. In addition to the key measures highlighted in this report, an appendix is also included with descriptive statistics for each survey item (see below). During the 2016-2017 academic year, we administered two versions of HMS: (1) our standard survey, and (2) a modified version using mental health prevalence measures from the Counseling Center Assessment of Psychological Symptoms (CCAPS-34). Of the 54 campuses that participated during 2016-2017, 6 participated in the CCAPS version. This aggregate data report includes findings from all schools, with prevalence rates from both the standard and CCAPS mental health measures, as noted throughout.

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 national value for all students and the 95% confidence interval for 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.

EXPLORING THE DATA FURTHER

If you are interested in exploring the data beyond what is in this report, you can use a user-friendly website with drop-down menus, at data.healthymindsnetwork.org, or email us at healthyminds@umich.edu to request the full national data sets.

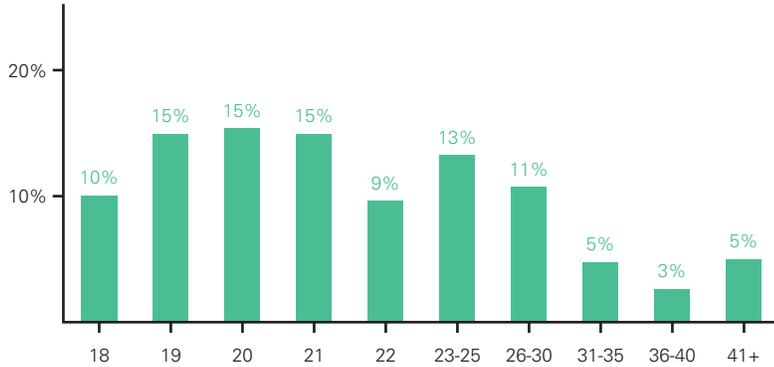
KEY FINDINGS

This section offers a quick look at results from key survey measures.

Estimated values of selected measures	Percentage of students
Major depression (positive PHQ-9 screen)	14%
Depression overall, including major and moderate (positive PHQ-9 screen)	31%
Elevated level of depression (positive CCAPS-34 screen)	25%
Anxiety disorder (positive GAD-7 screen)	26%
Elevated level of generalized anxiety (positive CCAPS-34 screen)	31%
Eating disorder (positive SCOFF screen)	9%
Elevated level of eating concerns (positive CCAPS-34 screen)	33%
Non-suicidal self-injury (past year)	21%
Suicidal ideation (past year)	11%
Lifetime diagnoses of mental disorders	36%
Psychiatric medication (past year)	22%
Mental health therapy/counseling (past year)	24%
Any mental health therapy/counseling and/or psychiatric medication among students with positive depression or anxiety screens (past year)	51%
Personal stigma: agrees with "I would think less of someone who has received mental health treatment."	6%
Perceived public stigma: agrees with "Most people would think less of someone who has received mental health treatment."	47%

SAMPLE CHARACTERISTICS (N=53760)

Age (years)

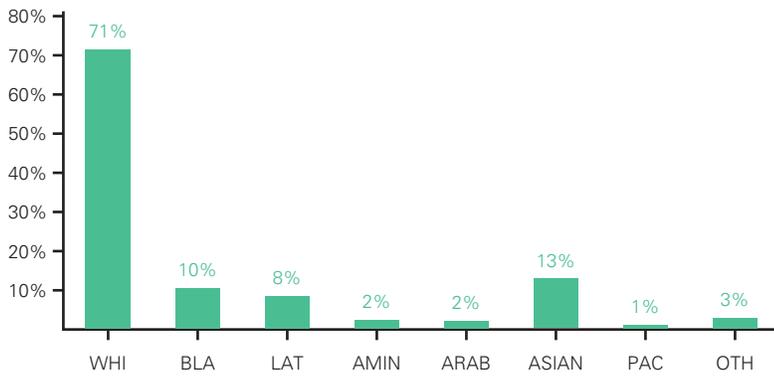


Gender



56% Female
42% Male
2% Other

Race/ethnicity



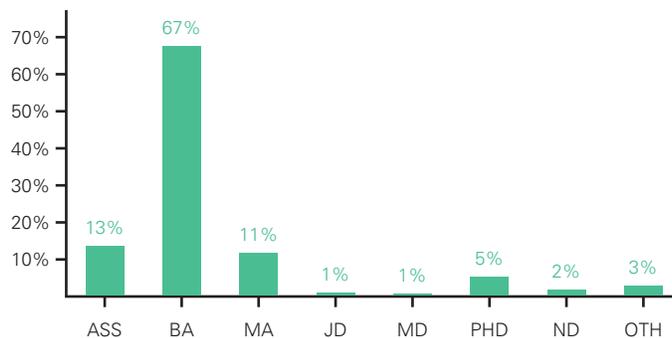
WHI White or Caucasian
BLA African American/Black
LAT Hispanic/Latino
AMIN American Indian/Alaskan Native
ARAB Arab/Middle Eastern or Arab American
ASIAN Asian/Asian American
PAC Pacific Islander
OTH Other

Living arrangement



26% Campus residence hall
1% Fraternity or sorority house
7% Other university housing
45% Off-campus, non-university housing
18% Parent or guardian's home
3% 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
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).

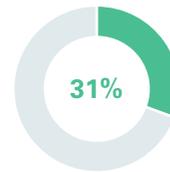
Severe depression



Moderate depression



Any depression

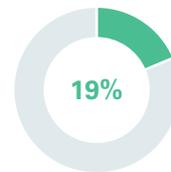


At the campuses that administered the CCAPS version of HMS, depression is measured using the CCAPS-34, a 34-item instrument related to psychological symptoms and distress in college students (CCMH, 2015). The CCAPS-34 contains 6 items that are used to measure depression. The depression score ranges from 0-4, with 1.76-4 being categorized as elevated levels of depression, and 1.01-1.75 being categorized as mild levels of depression.

Elevated level of depression



Mild level of depression



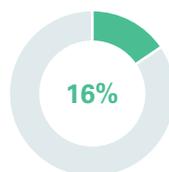
ANXIETY SCREEN

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.

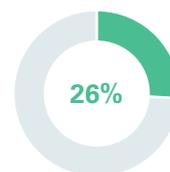
Severe anxiety



Moderate anxiety



Any anxiety

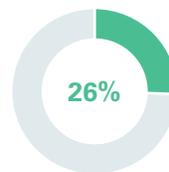


At the campuses that administered the CCAPS version of HMS, anxiety is measured using the CCAPS-34, a 34-item instrument related to psychological symptoms and distress in college students (CCMH, 2015). The CCAPS-34 contains 5 items that are used to measure generalized anxiety. The anxiety score ranges from 0-4, with 2.11-4 being categorized as elevated levels of generalized anxiety, and 1.31-2.10 being categorized as mild levels of generalized anxiety.

Elevated level of anxiety



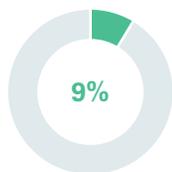
Mild level of anxiety



EATING DISORDER SCREEN

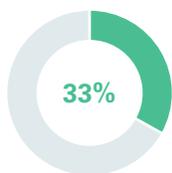
Eating disorders are measured using the written U.S. version of the SCOFF, a five-item screening tool designed to identify subjects likely to have an eating disorder (Morgan, Reid, & Lacey, 1999).

Eating disorders



At the campuses that administered the CCAPS version of HMS, eating concerns are measured using the CCAPS-34, a 34-item instrument related to psychological symptoms and distress in college students (CCMH, 2015). The CCAPS-34 contains 3 items that are used to measure eating concerns. The eating concerns score ranges from 0-4, with 1.51-4 being categorized as elevated levels of eating concerns, and 1.08-1.50 being categorized as mild levels of eating concerns.

Elevated level of eating concerns



Mild level of eating concerns



SUICIDALITY AND SELF-INJUROUS BEHAVIOR

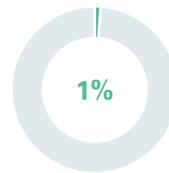
Suicidal ideation (past year)



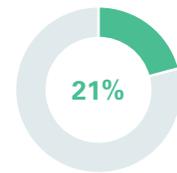
Suicide plan (past year)



Suicide attempt (past year)



Non-suicidal self-injury (past year)



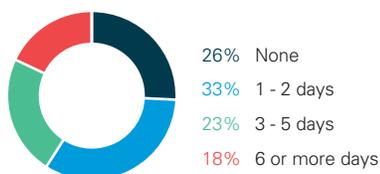
LIFETIME DIAGNOSES OF MENTAL DISORDERS

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)

23%	Depression or other mood disorders (e.g., major depressive disorder, bipolar/manic depression, dysthymia)
24%	Anxiety (e.g., generalized anxiety disorder, phobias, obsessive-compulsive disorder, post-traumatic stress disorder)
11%	Attention disorder or learning disability (e.g., attention deficit disorder, attention deficit hyperactivity disorder, learning disability)
3%	Eating disorder (e.g., anorexia nervosa, bulimia nervosa)
0%	Psychosis (e.g., schizophrenia, schizo-affective disorder)
1%	Personality disorder (e.g., antisocial personality disorder, paranoid personality disorder, schizoid personality disorder)
2%	Substance abuse disorder (e.g., alcohol abuse, abuse of other drugs)
64%	No, none of these

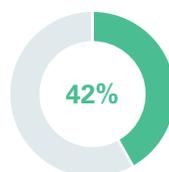
ACADEMIC IMPAIRMENT

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)

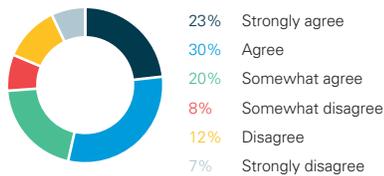
22%	Marijuana
2%	Cocaine (any form, including crack, powder, or freebase)
0%	Heroin
0%	Methamphetamines (also known as speed, crystal meth, or ice)
3%	Other stimulants (such as Ritalin, Adderall) without a prescription
1%	Ecstasy
2%	Other drugs without a prescription
77%	No, none of these

ATTITUDES AND BELIEFS ABOUT MENTAL HEALTH SERVICES

KNOWLEDGE

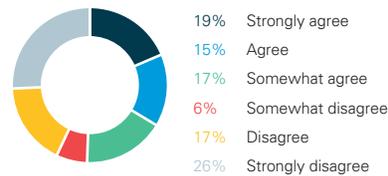
Knowledge of campus mental health resources

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



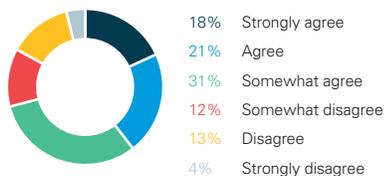
Perceived need (past year)

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)

6%	Psychostimulants (e.g., methylphenidate (Ritalin, or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexedrine), etc.)
13%	Anti-depressants (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), bupropion (Wellbutrin), etc.)
1%	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.)
2%	Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazapine (Tegretol), etc.)
4%	Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)
2%	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)

10%	Psychostimulants (e.g., methylphenidate (Ritalin, or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexedrine), etc.)
24%	Antidepressants (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.)
14%	Anti-anxiety medications (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)
4%	Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazapine (Tegretol), etc.)
7%	Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)
3%	Other medication for mental or emotional health
64%	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)

15%	Roommate
40%	Friend (who is not a roommate)
29%	Significant other
35%	Family member
4%	Religious counselor or other religious contact
2%	Support group
1%	Other non-clinical source
39%	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)

2%	I haven't had the chance to go but I plan to
35%	No need for services
23%	Financial reasons (too expensive, not covered by insurance)
35%	Not enough time
13%	Not sure where to go
13%	Difficulty finding an available appointment
28%	Prefer to deal with issues on my own or with support from family/friends
10%	Other
14%	No barriers

Note: Due to a survey programming error, the barriers questions were not asked of students who reported never receiving counseling or therapy.

REFERENCES

MENTAL HEALTH SCREENS

Center for Collegiate Mental Health (2015). CCAPS User Manual. University Park, PA.

Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2009). New measures of well-being: Flourishing and positive and negative feelings. *Social Indicators Research*, 39, 247-266.

Morgan, J. F., Reid, F., & Lacey, J. H. (1999). The SCOFF questionnaire: assessment of a new screening tool for eating disorders *BMJ*, 319(7223), 1467-1468.

Spitzer, R. L., Kroenke, K., Williams, J. B., & Patient Health Questionnaire Primary Care Study Group. (1999). Validation and utility of a self-report version of PRIME-MD: the PHQ primary care study. *JAMA*, 282(18), 1737-1744.

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.

SELECTED ARTICLES PUBLISHED WITH HMS DATA

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.

Eisenberg, D., Chung, H. (2012). Adequacy of Depression Treatment in College Student Populations. *General Hospital Psychiatry* 34(3):213-220.

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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APPENDIX: DESCRIPTIVE STATISTICS FOR SURVEY ITEMS

MEASURE

All Students

95% CONFIDENCE INTERVAL

Respondent Characteristics

Sample		
N	53760	
Response Rate	24%	
Gender		
Female	56%	(55%, 56%)
Male	42%	(42%, 43%)
Other	2%	(2%, 2%)
Race/Ethnicity		
White / Caucasian	71%	(71%, 72%)
Black / African American	10%	(10%, 11%)
Hispanic / Latino	8%	(8%, 9%)
American Indian	2%	(2%, 2%)
Arab / Middle Eastern	2%	(2%, 2%)
Asian / Asian American	13%	(12%, 13%)
Pacific Islander	1%	(1%, 1%)
Other	3%	(2%, 3%)
Country		
US Resident / Citizen	93%	(92%, 93%)
International	7%	(7%, 8%)
Residence		
Campus residence hall	26%	(25%, 26%)
Fraternity / sorority house	1%	(1%, 1%)
Other campus housing	7%	(7%, 8%)
Off-campus / non-university housing	45%	(45%, 46%)
Parent or guardian's home	18%	(17%, 18%)
Other	3%	(3%, 3%)
Academic level		
Associates	13%	(13%, 14%)
Bachelors	67%	(67%, 68%)
Masters	11%	(11%, 12%)
JD	1%	(1%, 1%)
MD	1%	(0%, 1%)
PhD or equivalent	5%	(5%, 5%)
Non-degree	2%	(1%, 2%)
Other	3%	(2%, 3%)
Ever trained for or served in the military (Armed Forces, Reserves, or National Guard)	3%	(3%, 4%)
Age		
18-22	63%	(62%, 63%)
23-25	13%	(13%, 13%)
26-30	11%	(10%, 11%)
31+	12%	(11%, 12%)
Highest educational attainment of either parent		
Less than high school degree	4%	(4%, 4%)
High school degree	25%	(24%, 25%)
College degree	39%	(39%, 40%)
Graduate degree	32%	(32%, 33%)
Religiosity		
Very important	18%	(18%, 19%)
Important	21%	(21%, 22%)
Neutral	26%	(25%, 26%)
Unimportant	16%	(16%, 17%)
Very unimportant	18%	(18%, 19%)

MEASURE

All Students

95% CONFIDENCE INTERVAL

Current financial situation		
Always stressful	14%	(13%, 14%)
Often stressful	25%	(25%, 26%)
Stressful	37%	(36%, 37%)
Rarely Stressful	18%	(18%, 19%)
Never Stressful	6%	(5%, 6%)
Financial situation growing up		
Always stressful	9%	(9%, 10%)
Often stressful	16%	(16%, 17%)
Stressful	27%	(27%, 28%)
Rarely Stressful	31%	(30%, 31%)
Never Stressful	17%	(16%, 17%)
Relationship status		
Single	49%	(48%, 50%)
In a relationship	36%	(35%, 36%)
Married or domestic partnership	13%	(13%, 13%)
Divorced	1%	(1%, 1%)
Sexual orientation		
Heterosexual	84%	(84%, 84%)
Bisexual	7%	(7%, 7%)
Gay / lesbian	4%	(4%, 4%)
Questioning	2%	(2%, 2%)
Other	3%	(3%, 3%)

Mental Health Measures

Positive Mental Health		
Flourishing Scale (8-56)	44.2	(44.1, 44.3)
Depression (PHQ-9)		
Overall score (0-27)	7.6	(7.5, 7.6)
In moderate range (10-14)	13%	(13%, 14%)
In moderately severe range (15-19)	7%	(7%, 7%)
In severe range (20-27)	4%	(4%, 4%)
Major depression (positive screen)	14%	(13%, 14%)
Other depression (positive screen)	17%	(17%, 18%)
Depression overall	31%	(30%, 31%)
Depression (CCAPS-34)		
Overall score (0-4)	1.1	(1.1, 1.1)
Elevated (1.76-4.0)	25%	(24%, 27%)
Mild (1.01-1.75)	19%	(17%, 20%)
Impairment from depression (1)		
Not difficult at all	31%	(30%, 31%)
Somewhat difficult	53%	(53%, 54%)
Very difficult	12%	(11%, 12%)
Extremely difficult	4%	(4%, 5%)
Generalized anxiety (GAD-7)		
Overall score (0-21)	6.4	(6.4, 6.5)
In moderate range (10-14)	16%	(15%, 16%)
In severe range (15-21)	10%	(10%, 11%)
Probable anxiety disorder (positive screen)	26%	(25%, 26%)
Generalized anxiety (CCAPS-34)		
Overall score (0-4)	1.6	(1.5, 1.6)
Elevated (2.11-4.0)	31%	(29%, 32%)
Mild (1.31-2.10)	26%	(24%, 27%)
Depression/Anxiety		
Depression or anxiety disorder (PHQ-9 and GAD-7)	38%	(37%, 39%)
Depression or anxiety disorder (CCAPS-34)	39%	(37%, 40%)

(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?

Mental Health Measures

Disordered eating and body image		
Probable eating disorder (3+ on SCOFF)	9%	(8%, 9%)
Elevated (CCAPS-34: 1.51-4.0)	33%	(32%, 35%)
Need to be very thin to feel good about self	21%	(21%, 22%)
Think you are very underweight	1%	(1%, 1%)
Academic impairment from mental health, past 4 weeks (1)		
None	26%	(25%, 26%)
1-2 days	33%	(33%, 34%)
3-5 days	23%	(22%, 23%)
6 or more days	18%	(18%, 18%)

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

Self-Injury and Suicide

Non-suicidal self-injury, past year		
Any	21%	(20%, 21%)
Cutting self	5%	(5%, 5%)
Burning self	2%	(1%, 2%)
Punching or banging self	7%	(7%, 8%)
Scratching self	8%	(7%, 8%)
Pulling one's hair	7%	(7%, 7%)
Biting self	5%	(4%, 5%)
Interfering with wound healing	6%	(6%, 7%)
Carving words or symbols in skin	1%	(1%, 1%)
Rubbing sharp objects on skin	3%	(2%, 3%)
Punching or banging wall or object	6%	(6%, 7%)
Other	1%	(1%, 2%)
Frequency of self-injury, past year (among those with any)		
Once or twice	54%	(53%, 56%)
Once a month or less	24%	(23%, 25%)
2 or 3 times a month	12%	(11%, 13%)
Once or twice a week	5%	(5%, 6%)
3 to 5 days a week	2%	(2%, 3%)
Nearly everyday, or everyday	2%	(2%, 3%)
Suicidality		
Seriously thought about attempting suicide, past year	11%	(11%, 11%)
Made a plan for attempting suicide, past year	5%	(4%, 5%)
Attempted suicide, past year	1%	(1%, 1%)

Previous Diagnoses of Mental Disorders

Mental disorders		
Any	36%	(35%, 37%)
Depression or mood disorder		
Any	23%	(22%, 23%)
Major depression	10%	(10%, 11%)
Dysthymia	2%	(2%, 2%)
Bipolar	3%	(2%, 3%)
Cyclothymia	0%	(0%, 0%)
Anxiety disorder		
Any	24%	(24%, 25%)
Generalized anxiety disorder	17%	(17%, 18%)
Panic disorder	4%	(4%, 4%)
Agoraphobia	0%	(0%, 0%)
Specific phobia	1%	(0%, 1%)
Social phobia	3%	(2%, 3%)
Obsessive-compulsive disorder (OCD)	3%	(2%, 3%)
Acute stress disorder	1%	(1%, 1%)
Post traumatic stress disorder (PTSD)	4%	(4%, 4%)

Previous Diagnoses of Mental Disorders

Attention or learning disorder		
Any	11%	(11%, 11%)
ADHD	10%	(9%, 10%)
Learning disorder	1%	(1%, 2%)
Eating disorder		
Any	3%	(3%, 3%)
Anorexia nervosa	1%	(1%, 2%)
Bulimia nervosa	1%	(1%, 1%)
Binge eating disorder	1%	(1%, 1%)
Psychotic disorder		
Any	0%	(0%, 0%)
Schizophrenia	0%	(0%, 0%)
Personality disorder		
Any	1%	(1%, 1%)
Substance abuse disorder		
Any	2%	(1%, 2%)
Alcohol abuse disorder	1%	(1%, 1%)

Health Behaviors and Lifestyle

Substance use, past 30 days		
Cigarettes	12%	(12%, 13%)
Marijuana	22%	(21%, 22%)
Cocaine	2%	(2%, 2%)
Heroin	0%	(0%, 0%)
Methamphetamines	0%	(0%, 0%)
Other stimulants without a prescription	3%	(2%, 3%)
Ecstasy	1%	(1%, 1%)
Other drugs without a prescription	2%	(2%, 2%)
Obese (BMI\geq30)	19%	(18%, 19%)
Time studying/doing homework		
Less than 1 hour/week	2%	(2%, 2%)
1-2 hours/week	7%	(6%, 7%)
3-5 hours/week	23%	(22%, 24%)
6-10 hours/week	28%	(28%, 29%)
11-15 hours/week	16%	(16%, 17%)
16-20 hours/week	12%	(11%, 12%)
More than 20 hours/week	12%	(12%, 12%)
Violence (past 12 months)		
Did anyone strike or physically injure you?	7%	(7%, 7%)

Attitudes and Beliefs about Services

...think less of someone who has received mental health treatment.		
I...	6%	(6%, 7%)
Most people...	47%	(47%, 48%)
Knows where to go for professional help for mental health		
Agree or strongly agree	74%	(73%, 74%)
Beliefs about effectiveness of treatment for depression		
Believes medication is helpful or very helpful for depression	59%	(59%, 60%)
Believes therapy is helpful or very helpful for depression	83%	(83%, 84%)

Help-Seeking

<i>Think you needed help for emotional or mental health problems, past year</i>		
Strongly agree	19%	(18%, 19%)
Agree	15%	(15%, 15%)
Somewhat agree	17%	(16%, 17%)
Somewhat disagree	6%	(6%, 7%)
Disagree	17%	(17%, 18%)
Strongly disagree	26%	(25%, 26%)
<i>Psychotropic medication</i>		
Any, past year	22%	(22%, 23%)
Any, current	16%	(16%, 17%)
Psychostimulants	6%	(6%, 7%)
Anti-depressants	13%	(13%, 14%)
Anti-psychotics	1%	(1%, 1%)
Anti-anxiety	8%	(7%, 8%)
Mood stabilizers	2%	(2%, 2%)
Other	2%	(2%, 2%)
<i>Prescriber (among those with any past-year medication use)</i>		
General practitioner/nurse practitioner/primary care physician	58%	(56%, 59%)
Psychiatrist	33%	(31%, 34%)
Other type of health provider	4%	(4%, 5%)
No prescription	10%	(9%, 11%)
Don't know	2%	(1%, 2%)
<i>Discussed medication with provider, past year (among those with medication use)</i>		
Not at all	14%	(13%, 15%)
1-2 times	37%	(36%, 39%)
3-5 times	26%	(25%, 27%)
More than 5 times	21%	(20%, 22%)
<i>Whom you would talk to, if you were experiencing serious emotional distress</i>		
Professional clinician	30%	(29%, 30%)
Roommate	17%	(17%, 18%)
Friend (who is not a roommate)	49%	(49%, 50%)
Significant other	36%	(35%, 37%)
Family member	47%	(47%, 48%)
Religious counselor / other religious contact	7%	(7%, 7%)
Support group	3%	(3%, 4%)
Other non-clinical source	2%	(1%, 2%)
No one	8%	(8%, 8%)
<i>Therapy or counseling for mental health</i>		
Past year	24%	(23%, 24%)
Current	11%	(10%, 11%)
<i>Visits in past year, among those with any</i>		
1-3	42%	(41%, 42%)
4-6	20%	(19%, 21%)
7-9	13%	(13%, 14%)
More than 10	7%	(7%, 8%)

Help-Seeking

<i>Use of specific providers for therapy or counseling for mental health</i>		
Campus Provider A	11%	(10%, 11%)
Campus Provider B	1%	(1%, 1%)
Campus Provider C	1%	(1%, 1%)
Psychiatric emergency services	0%	(0%, 1%)
Inpatient psychiatric hospital	1%	(0%, 1%)
Partial hospitalization program	0%	(0%, 0%)
Provider in the local community (not on campus)	7%	(7%, 7%)
Provider in another location (such as hometown)	7%	(7%, 8%)
Other	1%	(1%, 1%)
<i>Any medication or therapy for mental health</i>		
Past year	34%	(34%, 35%)
Current	22%	(21%, 22%)
<i>Any medication or therapy, among those with positive depression or anxiety screen</i>		
Past year	51%	(50%, 52%)
Current	35%	(34%, 36%)
<i>Any visit to a health provider</i>		
Past year	76%	(75%, 77%)
<i>Received counseling or support for mental health from these sources, past year</i>		
Roommate	15%	(15%, 15%)
Friend (other than roommate)	40%	(40%, 41%)
Significant other	29%	(28%, 29%)
Family member	35%	(34%, 35%)
Religious contact	4%	(4%, 4%)
Support group	2%	(2%, 2%)
Other non-clinical source	1%	(1%, 1%)
None of the above	39%	(38%, 39%)
<i>How helpful, overall, do you think the medication(s) was or has been for your mental or emotional health?</i>		
Very helpful	36%	(35%, 38%)
Helpful	31%	(30%, 32%)
Somewhat helpful	23%	(22%, 24%)
Not helpful	9%	(9%, 10%)
<i>How helpful, overall, do you think therapy or counseling was or has been for your mental or emotional health?</i>		
Very helpful	31%	(30%, 31%)
Helpful	27%	(26%, 28%)
Somewhat helpful	27%	(26%, 28%)
Not helpful	15%	(15%, 16%)

Satisfaction with Therapy, Campus Providers

<i>Convenient hours</i>		
Very dissatisfied	4%	(3%, 5%)
Dissatisfied	5%	(4%, 5%)
Somewhat dissatisfied	7%	(6%, 8%)
Somewhat satisfied	18%	(17%, 20%)
Satisfied	43%	(42%, 45%)
Very satisfied	23%	(21%, 24%)
<i>Location</i>		
Very dissatisfied	1%	(1%, 2%)
Dissatisfied	2%	(1%, 2%)
Somewhat dissatisfied	4%	(3%, 4%)
Somewhat satisfied	10%	(9%, 11%)
Satisfied	47%	(46%, 49%)
Very satisfied	36%	(34%, 37%)
<i>Quality of therapists</i>		
Very dissatisfied	4%	(3%, 4%)
Dissatisfied	5%	(4%, 5%)
Somewhat dissatisfied	6%	(5%, 6%)
Somewhat satisfied	16%	(15%, 17%)
Satisfied	36%	(34%, 37%)
Very satisfied	34%	(33%, 36%)
<i>Respect for privacy concerns</i>		
Very dissatisfied	2%	(1%, 2%)
Dissatisfied	1%	(1%, 2%)
Somewhat dissatisfied	2%	(1%, 2%)
Somewhat satisfied	7%	(6%, 8%)
Satisfied	39%	(37%, 40%)
Very satisfied	50%	(48%, 51%)
<i>Scheduling appointments w/o long delays</i>		
Very dissatisfied	7%	(6%, 8%)
Dissatisfied	7%	(6%, 8%)
Somewhat dissatisfied	9%	(8%, 10%)
Somewhat satisfied	15%	(13%, 16%)
Satisfied	34%	(32%, 35%)
Very satisfied	29%	(28%, 31%)

Satisfaction with Therapy, Non-Campus Providers

<i>Convenient hours</i>		
Very dissatisfied	3%	(2%, 3%)
Dissatisfied	3%	(3%, 4%)
Somewhat dissatisfied	6%	(5%, 7%)
Somewhat satisfied	18%	(16%, 20%)
Satisfied	44%	(41%, 46%)
Very satisfied	27%	(25%, 29%)
<i>Location</i>		
Very dissatisfied	2%	(2%, 3%)
Dissatisfied	4%	(4%, 5%)
Somewhat dissatisfied	7%	(6%, 8%)
Somewhat satisfied	18%	(16%, 19%)
Satisfied	40%	(38%, 41%)
Very satisfied	29%	(27%, 30%)
<i>Quality of therapists</i>		
Very dissatisfied	3%	(2%, 3%)
Dissatisfied	4%	(4%, 5%)
Somewhat dissatisfied	6%	(5%, 7%)
Somewhat satisfied	14%	(13%, 15%)
Satisfied	30%	(29%, 32%)
Very satisfied	42%	(41%, 44%)
<i>Respect for privacy concerns</i>		
Very dissatisfied	1%	(1%, 2%)
Dissatisfied	1%	(1%, 2%)
Somewhat dissatisfied	2%	(2%, 3%)
Somewhat satisfied	7%	(6%, 8%)
Satisfied	33%	(32%, 35%)
Very satisfied	54%	(53%, 56%)
<i>Scheduling appointments w/o long delays</i>		
Very dissatisfied	3%	(3%, 4%)
Dissatisfied	4%	(4%, 5%)
Somewhat dissatisfied	6%	(6%, 7%)
Somewhat satisfied	14%	(13%, 15%)
Satisfied	34%	(32%, 35%)
Very satisfied	38%	(37%, 40%)

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

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.	2%	(2%, 2%)
No need for services	35%	(34%, 36%)
Financial reasons	23%	(22%, 23%)
Not enough time	35%	(34%, 36%)
Not sure where to go	13%	(12%, 13%)
Difficulty finding an available appointment	13%	(13%, 14%)
Prefer to deal with issues on my own or with support from family/friends	28%	(27%, 29%)
Other	10%	(9%, 10%)
No barriers	14%	(13%, 14%)
Reasons for seeking help		
Decided on my own	74%	(73%, 75%)
Friend encouraged or pressured me	21%	(20%, 22%)
Family member encouraged or pressured me	35%	(34%, 36%)
Other person encouraged or pressured me	7%	(6%, 7%)
I was mandated by campus staff	2%	(2%, 3%)
I acquired more information about my options	1%	(1%, 2%)
Other reasons	6%	(5%, 6%)
Source of health insurance		
None (uninsured)	3%	(3%, 3%)
Parent's employer	50%	(49%, 51%)
Own employer	8%	(8%, 9%)
Spouse's employer	3%	(3%, 3%)
Student plan	9%	(9%, 10%)
Embassy or other international source	1%	(1%, 1%)
Individual market	2%	(2%, 3%)
Public insurance	10%	(10%, 10%)
Uncertain whether insured	1%	(1%, 1%)
Insured but uncertain of source	3%	(2%, 3%)
Plan provides any coverage for local mental health visits (among those with a plan)		
Yes, it definitely would	28%	(27%, 28%)
I think it would but am not sure	29%	(28%, 30%)
I have no idea	34%	(33%, 34%)
I think it would not but am not sure	7%	(7%, 7%)
No, it definitely would not	3%	(2%, 3%)
Plan meets needs for mental health services (among those with a plan)		
Have not needed plan to cover services	64%	(63%, 64%)
Yes, everything I have needed is covered	29%	(28%, 30%)
No, the coverage is inadequate to meet my needs	7%	(7%, 8%)

Note: Due to a survey programming error, the barriers questions were not asked of students who reported never receiving counseling or therapy.

Supportiveness of Academic and Social Environment

<i>Talked with any academic personnel about mental health problems affecting performance</i>	13%	(12%, 13%)
<i>Supportiveness of response by academic personnel</i>		
Very supportive	51%	(49%, 52%)
Supportive	40%	(39%, 42%)
Not supportive	7%	(6%, 8%)
Very unsupportive	2%	(2%, 3%)
<i>Whom would you talk to about mental health problems affecting academic performance</i>		
Professor from one of classes	30%	(30%, 31%)
Academic advisor	28%	(28%, 29%)
Another faculty member	6%	(6%, 6%)
Teaching assistant	2%	(2%, 2%)
Student services staff	11%	(11%, 11%)
Dean of Students or Class Dean	4%	(4%, 4%)
Other	32%	(31%, 32%)
No one	6%	(5%, 6%)
<i>Persistence/retention</i>		
Am confident I will finish my degree no matter the challenges	83%	(82%, 83%)