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# THE HEALTHY MINDS STUDY

2015-2016 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

The 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 2015-2016 study was 27%. It is important to raise the question of whether the 27% who participated are different in important ways from the 73% who did not participate. We address this issue by constructing non-response weights using administrative data on full student populations. Most of the 23 schools in the 2015-2016 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, where 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.) for a set of key measures using the aggregate sample of respondents across all colleges and universities that participated during the 2015-2016 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).

## 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](http://data.healthymindsnetwork.org), or email us at [healthyminds@umich.edu](mailto:healthyminds@umich.edu) to request the full national data sets.

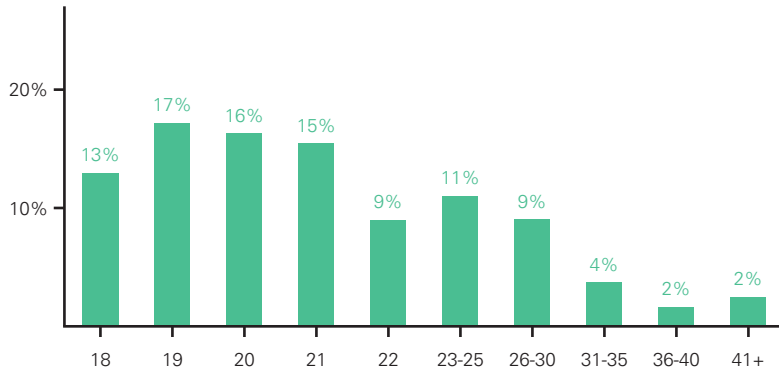
# KEY FINDINGS

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

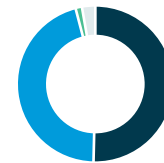
Estimated values of selected measures	Percentage of students
Major depression (positive PHQ-9 screen)	10%
Depression overall, including major and moderate (positive PHQ-9 screen)	25%
Anxiety disorder (positive GAD-7screen)	21%
Eating disorder (positive SCOFF screen)	8%
Non-suicidal self-injury (past year)	20%
Suicidal ideation (past year)	10%
Lifetime diagnoses of mental disorders	30%
Psychiatric medication (past year)	18%
Mental health therapy/counseling (past year)	23%
Any mental health therapy/counseling and/or psychiatric medication among students with positive depression or anxiety screens (past year)	49%
Personal stigma: agrees with "I would think less of someone who has received mental health treatment."	13%
Perceived public stigma: agrees with "Most people would think less of someone who has received mental health treatment."	52%

# SAMPLE CHARACTERISTICS (N=34217)

**Age (years)**

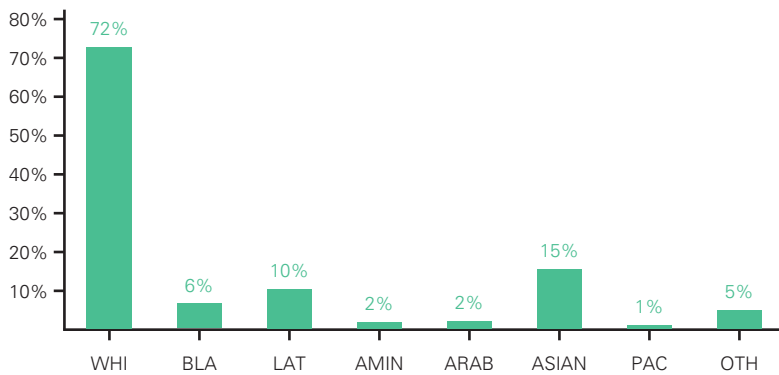


**Gender**



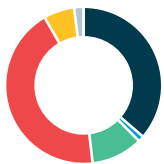
50% Female  
46% Male  
1% Other

**Race/ethnicity**



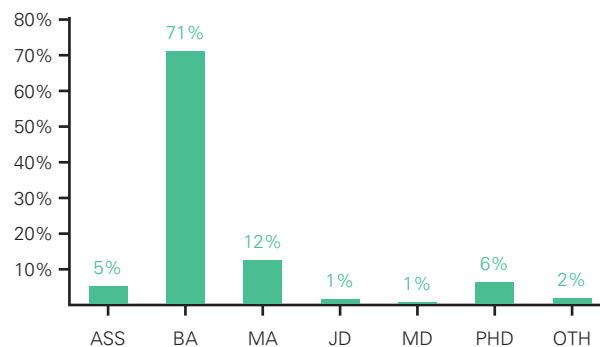
WHI White or Caucasian  
BLA African American/Black  
LAT Hispanic/Latino  
AMIN American Indian/Alaskan Native  
ARAB Arab/Middle Eastern or Arab American  
ASIAN Asian/Asian American  
PAC Pacific Islander  
OTH Other

**Living arrangement**



36% Campus Residence Hall  
1% Fraternity or sorority house  
11% Other university housing  
44% Off-campus, non-university housing  
6% Parent or guardian's home  
2% Other

**Degree program**



ASS Associate's degree  
BA Bachelor's degree  
MA Master's degree  
JD JD  
MD MD  
PHD PhD or equivalent  
OTH Other

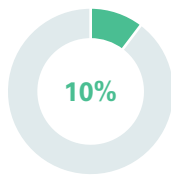


# PREVALENCE OF MENTAL HEALTH PROBLEMS

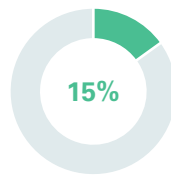
## DEPRESSION SCREEN

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 major depression, other depression (less severe depression such as dysthymia or depression not otherwise specified), or neither.

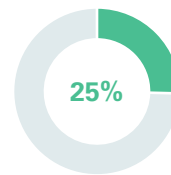
Major depression



Other depression



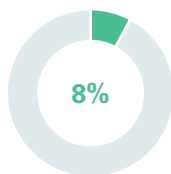
Any depression



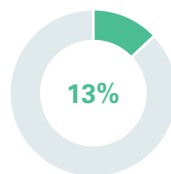
## ANXIETY SCREEN

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.

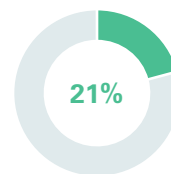
Severe anxiety



Moderate anxiety



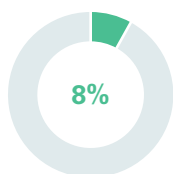
Any anxiety



## EATING DISORDER SCREEN

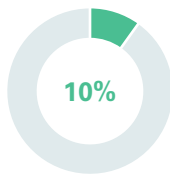
Eating disorders are measured using the written U.S. version of the SCOFF, a five-item screening tool designed to identify subjects likely to have an eating disorder (Morgan, Reid, & Lacey, 1999).

Eating disorders

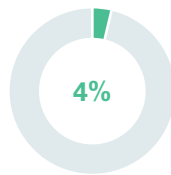


## SUICIDALITY AND SELF-INJUROUS BEHAVIOR

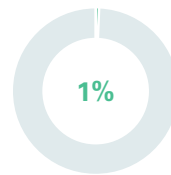
Suicidal ideation (past year)



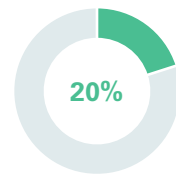
Suicide plan (past year)



Suicide attempt (past year)



Non-suicidal self-injury (past year)



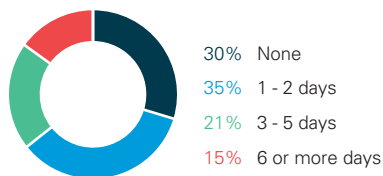
## LIFETIME DIAGNOSES OF MENTAL DISORDERS

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)

18%	Depression or other mood disorders (e.g., major depressive disorder, bipolar/manic depression, dysthymia)
20%	Anxiety (e.g., generalized anxiety disorder, phobias, obsessive-compulsive disorder, post-traumatic stress disorder)
8%	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)
1%	Substance abuse disorder (e.g., alcohol abuse, abuse of other drugs)
70%	No, none of these

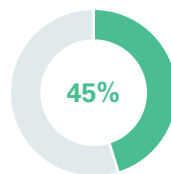
## ACADEMIC IMPAIRMENT

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)

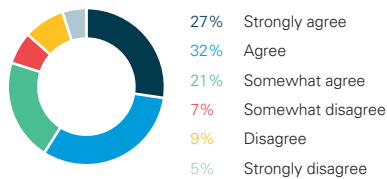
21%	Marijuana
2%	Cocaine (any form, including crack, powder, or freebase)
0%	Heroin
0%	Methamphetamines (also known as speed, crystal meth, or ice)
3%	Other stimulants (such as Ritalin, Adderall) without a prescription
1%	Ecstasy
2%	Other drugs without a prescription
77%	No, none of these

# ATTITUDES AND BELIEFS ABOUT MENTAL HEALTH SERVICES

## KNOWLEDGE

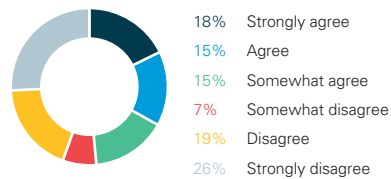
### Knowledge of campus mental health resources

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



### Perceived Need

In the past 12 months, I needed 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.)
11%	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.)
6%	Anti-anxiety medications (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)
1%	Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), etc.)
3%	Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)
1%	Other medication for mental or emotional health
82%	None

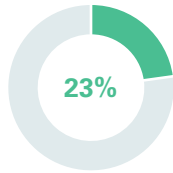
## Psychotropic medication use among students with positive depression or anxiety screens (past year)

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.)
21%	Antidepressants (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.)
13%	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.)
6%	Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)
3%	Other medication for mental or emotional health
67%	None

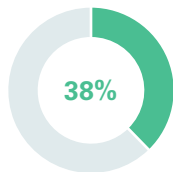
### Mental health counseling/therapy, all students (past year)

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)?



### 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)

20%	Roommate
44%	Friend (who is not a roommate)
28%	Significant other
39%	Family member
4%	Religious counselor or other religious contact
2%	Support group
1%	Other non-clinical source
36%	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)

3%	I haven't had the chance to go but I plan to
52%	No need for services
10%	Financial reasons (too expensive, not covered by insurance)
19%	Not enough time
8%	Not sure where to go
6%	Difficulty finding an available appointment
28%	Prefer to deal with issues on my own or with support from family/friends
6%	Other
13%	No barriers

# REFERENCES

## MENTAL HEALTH SCREENS

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## SELECTED ARTICLES PUBLISHED WITH HMS DATA

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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.
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- 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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