



THE HEALTHY MINDS STUDY

2023-2024 Faculty and Staff Report

ABOUT THE HEALTHY MINDS STUDY (HMS)



STUDY TEAM

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STUDY PURPOSE AND DESIGN

The Healthy Minds Study provides a detailed picture of mental health and related issues in college faculty and staff 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.

SAMPLING

Each participating school provides the HMS team with a sample of current faculty and staff members. This typically includes the entire faculty and staff population at that institution.

DATA COLLECTION

HMS is a web-based survey. Faculty and staff 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. Reminders are only sent to those who have not yet completed the survey. Each communication contains a URL that faculty and staff members use to gain access to the survey.

ABOUT THIS REPORT

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

APPENDIX

The appendix includes values for a selection of measures in the three standard survey modules that are administered on all participating campuses: Demographics, Mental Health Status, and Mental Health Services Utilization/Help-Seeking. For each measure, the data tables display the following information: the value for the national sample and the 95% confidence interval for this value. 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 sample of faculty and staff, rather than a complete census of the population. Essentially, the confidence interval tells us that there is a 95% probability that the true population value is within this particular range.

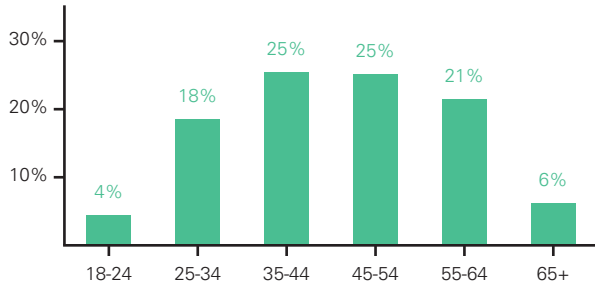
KEY FINDINGS

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

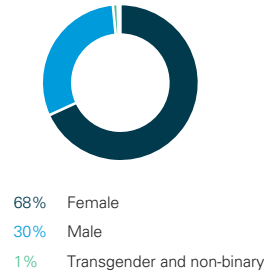
Estimated values of selected measures	Percentage of faculty/staff
Severe depressive symptoms (PHQ-9 \geq 15)	6%
Moderate or severe depressive symptoms (PHQ-9 \geq 10)	16%
Moderate or severe anxiety symptoms (GAD-7 \geq 10)	15%
Eating disorder (positive SCOFF screen)	8%
Non-suicidal self-injury (past year)	9%
Suicidal ideation (past year)	5%
Lifetime diagnoses of mental disorders	43%
Psychiatric medication (past year)	35%
Mental health therapy/counseling (past year)	32%
Any mental health therapy/counseling and/or psychiatric medication among faculty and staff with positive depression or anxiety screens (past year)	71%
Personal stigma: agrees with "I would think less of someone who has received mental health treatment."	4%
Perceived public stigma: agrees with "Most people would think less of someone who has received mental health treatment."	42%

SAMPLE CHARACTERISTICS (N=9970 from 30 colleges/universities)

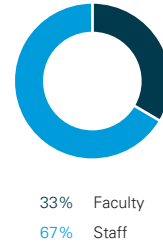
Age (years)



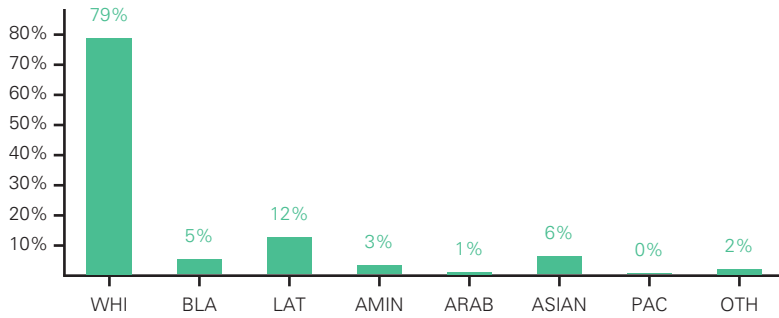
Gender



Primary Role

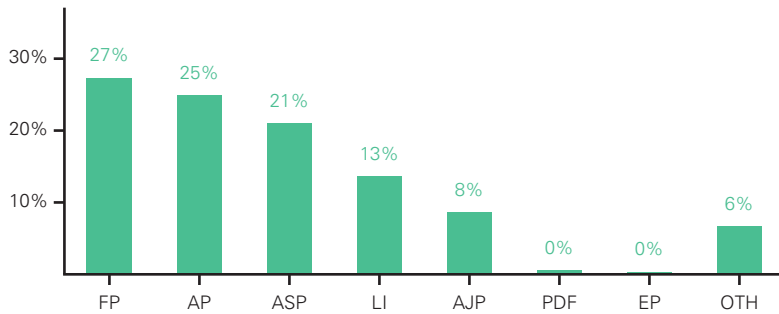


Race/ethnicity



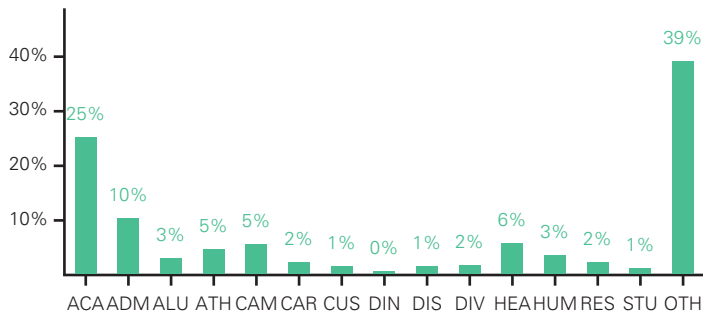
- WHI White or Caucasian
- BLA African American/Black
- LAT Hispanic/Latino
- AMIN American Indian/Alaskan Native
- ARAB Arab/Middle Eastern or Arab American
- ASIAN Asian/Asian American
- PAC Pacific Islander
- OTH Other

Faculty Position



- FP Full Professor
- AP Associate professor
- ASP Assistant professor
- LI Lecturer/instructor
- AJP Adjunct professor
- PDF Post-doctoral fellow
- EP Emeritus professor
- OTH Other

Staff position

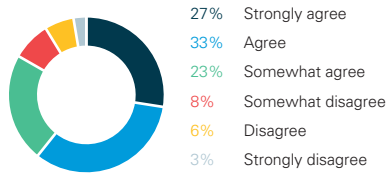


- ACA Academic services
- ADM Admissions, enrollment, financial aid
- ALU Alumni and advancement/development
- ATH Athletics and recreation
- CAM Campus life/student engagement
- CAR Career and employment services
- CUS Custodial
- DIN Dining services
- DIS Disability services
- DIV Diversity and inclusion/multicultural services
- HEA Health services/Counseling services
- HUM Human resources
- RES Residential life
- STU Student conduct
- OTH Other

SUPPORTING STUDENTS

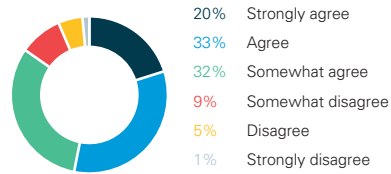
Conversations with Students

I am comfortable having conversations with students about their mental health.



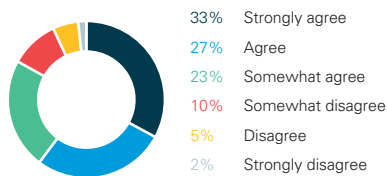
Emotional Distress

I have a good idea of how to recognize that a student is in emotional or mental distress.



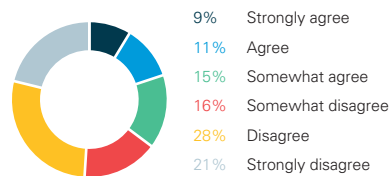
Worse Mental Health

Student mental health problems are significantly worse now compared to when I began my career.



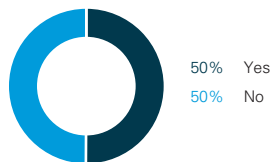
Mental Toll

Supporting students in mental and emotional distress has taken a toll on my own mental and emotional health.



One-on-One Conversations

In the past 12 months, have you had any one-on-one conversations with students (whether in person, by phone, video conference, or email) about their mental or emotional health?

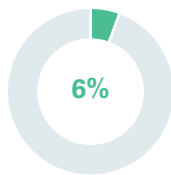


PREVALENCE OF MENTAL HEALTH PROBLEMS

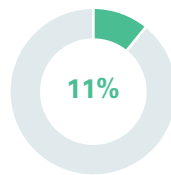
DEPRESSION SCREEN

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

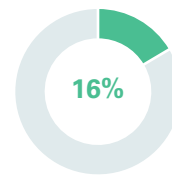
Severe depression



Moderate depression



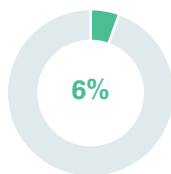
Any depression



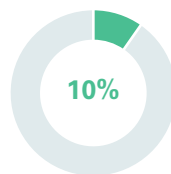
ANXIETY SCREEN

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

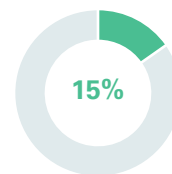
Severe anxiety



Moderate anxiety



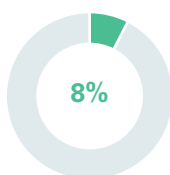
Any anxiety



EATING DISORDER SCREEN

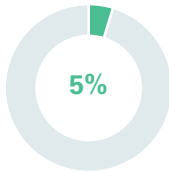
Eating disorders are measured using the written U.S. version of the SCOFF, a five-item screening tool designed to identify subjects likely to have an eating disorder (Morgan, Reid, & Lacey, 1999).

Eating disorders

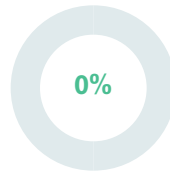


SUICIDALITY AND SELF-INJURIOUS BEHAVIOR

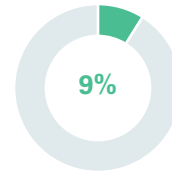
Suicidal ideation (past year)



Suicide attempt (past year)

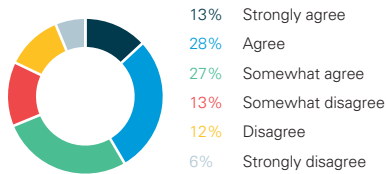


Non-suicidal self-injury (past year)

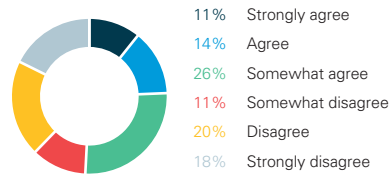


BURNOUT

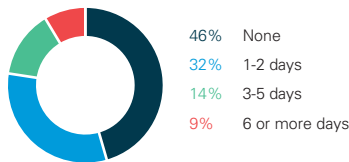
I achieve a healthy balance between my personal life and my professional life.



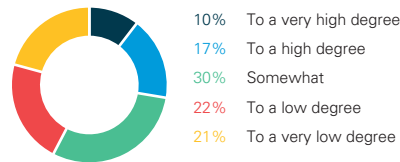
In the past 12 months, my job has taken a negative toll on my mental or emotional health.



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

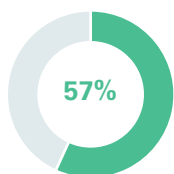


Do you feel burnt out because of your work? Work-related burnout is a state of prolonged physical and psychological exhaustion, which is perceived as related to the person's work.



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)

10%	Marijuana
0.1%	Cocaine (any form, including crack, powder, or freebase)
0.0%	Heroin
0.4%	Opioid pain relievers (such as Vicodin, OxyContin, Percocet, Demerol, Dilaudid, codeine, hydrocodone, methadone, morphine) without a prescription or more than prescribed
2%	Benzodiazepenes
0.0%	Methamphetamines (also known as speed, crystal meth, or ice)
0.3%	Other stimulants (such as Ritalin, Adderall) without a prescription or more than prescribed
0.1%	MDMA (also known as Ecstasy or Molly)
0.1%	Ketamine (also known as K, Special K)
0.1%	LSD (also known as acid)
0.6%	Psilocybin (also known as magic mushrooms, boomers, shrooms)
0.1%	Kratom
0.1%	Athletic performance enhancers (anything that violates policies set by school or any athletic governing body)
0.8%	Other drugs without a prescription
88%	No, none of these

Binge drinking

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

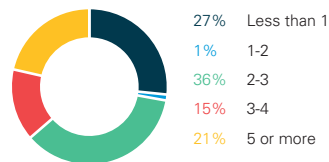
- A 12-ounce can or bottle of beer
- A 4-ounce glass of wine
- A shot of liquor straight or in a mixed drink

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



Exercise

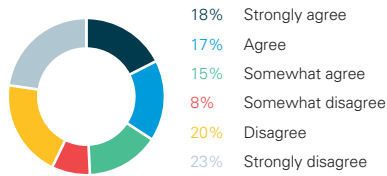
In the past 30 days, about how many hours per week on average did you spend exercising? (include any exercise of moderate or higher intensity, where "moderate intensity" would be roughly equivalent to brisk walking or bicycling)



ATTITUDES AND BELIEFS ABOUT MENTAL HEALTH SERVICES

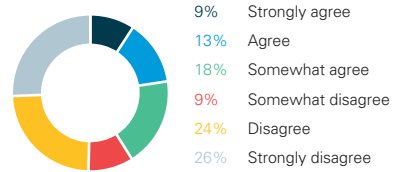
Perceived need (past year)

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)

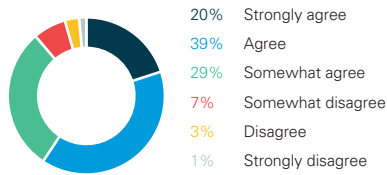
I currently need help for emotional or mental health problems such as feeling sad, blue, anxious or nervous.



SCHOOL CLIMATE

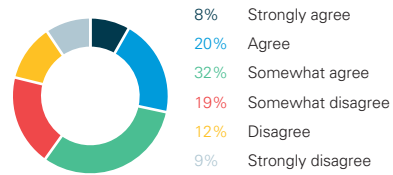
Mental Health Priority (Students)

At my institution, students' mental and emotional health is a priority.



Mental Health Priority (Faculty and Staff)

At my institution, faculty and staff mental and emotional health is a priority.



USE OF SERVICES

Psychotropic medication use, all faculty/staff (past year)

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

5%	Psychostimulants (e.g., methylphenidate (Ritalin, or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexedrine), etc.)
24%	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.)
12%	Anti-anxiety medications (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)
2%	Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), etc.)
9%	Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)
4%	Other medication for mental or emotional health
65%	None

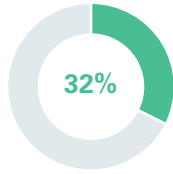
Psychotropic medication use among faculty/staff with positive depression or anxiety screens (past year)

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)

11%	Psychostimulants (e.g., methylphenidate (Ritalin, or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexedrine), etc.)
41%	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.)
23%	Anti-anxiety medications (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)
4%	Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), etc.)
15%	Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)
10%	Other medication for mental or emotional health
43%	None

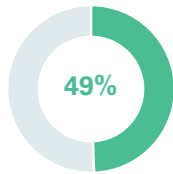
Mental health counseling/therapy, all faculty/staff (past year)

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)?



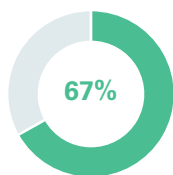
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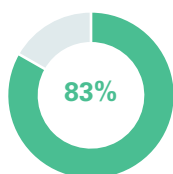
Mental health counseling/therapy, all faculty/staff (lifetime)

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



Mental health counseling/therapy among faculty/staff 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)

58%	Friend
51%	Significant other
44%	Family member
29%	Coworker or Colleague
9%	Religious counselor or other religious contact
4%	Support group
2%	Other non-clinical source
22%	None of the above

Barriers to help-seeking

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

6%	I haven't had the chance to go but I plan to
43%	No need for services
13%	Financial reasons (too expensive, not covered by insurance)
23%	Not enough time
14%	Not sure where to go
9%	Difficulty finding an available appointment
18%	Prefer to deal with issues on my own or with support from family/friends
7%	Privacy concerns
4%	People providing services don't understand me
9%	Other
13%	No barriers

APPENDIX: DESCRIPTIVE STATISTICS FOR SURVEY ITEMS

MEASURE

All Faculty/Staff

95% CONFIDENCE INTERVAL

Respondent Characteristics

Sample		
N	9970	
Response Rate	24%	
Gender		
Female	68%	(67%, 69%)
Male	30%	(29%, 31%)
Transgender and non-binary	1%	(1%, 1%)
Race/Ethnicity		
White / Caucasian	79%	(78%, 79%)
Black / African American	5%	(4%, 5%)
Hispanic / Latino	12%	(12%, 13%)
American Indian	3%	(3%, 3%)
Arab / Middle Eastern	1%	(1%, 1%)
Asian / Asian American	6%	(5%, 6%)
Pacific Islander	0%	(0%, 0%)
Other	2%	(2%, 2%)
Age		
18-24	4%	(4%, 5%)
25-34	18%	(18%, 19%)
35-44	25%	(24%, 26%)
45-54	25%	(24%, 26%)
55-64	21%	(20%, 22%)
65+	6%	(6%, 6%)
Educational attainment		
Less than high school degree	0%	(0%, 0%)
High school degree	9%	(9%, 10%)
College degree	28%	(27%, 29%)
Graduate degree	63%	(62%, 64%)
Sexual orientation		
Heterosexual	88%	(87%, 89%)
Bisexual	5%	(4%, 5%)
Gay	2%	(2%, 3%)
Lesbian	2%	(2%, 2%)
Queer	3%	(2%, 3%)
Questioning	1%	(1%, 1%)
Other	1%	(0%, 1%)

Mental Health Measures

Positive Mental Health		
Flourishing Scale (8-56)	46.9	(46.7, 47.0)
Imposter Syndrome Scale		
Overall score (5-30)	13.3	(13.1, 13.4)
In severe range (20-30)	21%	(20%, 22%)
Depression (PHQ-9)		
Overall score (0-27)	5.2	(5.1, 5.3)
In moderate range (10-14)	10%	(10%, 11%)
In moderately severe range (15-19)	4%	(3%, 4%)
In severe range (20-27)	1%	(1%, 2%)
Major depression (positive screen)	6%	(5%, 6%)
Other depression (positive screen)	11%	(10%, 11%)
Depression overall	16%	(16%, 17%)

Mental Health Measures

MEASURE	All Faculty/Staff	95% CONFIDENCE INTERVAL
<i>Impairment from depression (1)</i>		
Not difficult at all	48%	(47%, 49%)
Somewhat difficult	45%	(43%, 46%)
Very difficult	6%	(5%, 6%)
Extremely difficult	2%	(1%, 2%)
<i>Generalized anxiety (GAD-7)</i>		
Overall score (0-21)	4.7	(4.6, 4.8)
In moderate range (10-14)	10%	(9%, 10%)
In severe range (15-21)	6%	(5%, 6%)
Probable anxiety disorder (positive screen)	15%	(15%, 16%)
<i>Depression/Anxiety</i>		
Depression or anxiety disorder	23%	(22%, 23%)
<i>Disordered eating and body image</i>		
Probable eating disorder (3+ on SCOFF)	8%	(7%, 8%)

Self-Injury and Suicide

<i>Non-suicidal self-injury, past year</i>		
Any	9%	(8%, 9%)
Cutting self	1%	(0%, 1%)
Burning self	0%	(0%, 0%)
Punching or banging self	3%	(2%, 3%)
Scratching self	2%	(2%, 2%)
Pulling one's hair	3%	(2%, 3%)
Biting self	1%	(1%, 1%)
Interfering with wound healing	3%	(3%, 4%)
Carving words or symbols in skin	0%	(0%, 0%)
Rubbing sharp objects on skin	0%	(0%, 1%)
Punching or banging wall or object	2%	(1%, 2%)
Other	1%	(1%, 1%)
<i>Suicidality</i>		
Seriously thought about attempting suicide, past year	5%	(4%, 5%)
Attempted suicide, past year	0%	(0%, 0%)

Previous Diagnoses of Mental Disorders

<i>Mental disorders</i>		
Any	43%	(42%, 44%)
Depression or mood disorder	27%	(26%, 28%)
Bipolar and related disorders	2%	(2%, 2%)
Anxiety disorder	31%	(30%, 32%)
Obsessive-compulsive or related disorders	3%	(3%, 4%)
Trauma and stressor related disorders	9%	(8%, 9%)
Psychotic disorder	0%	(0%, 0%)
Neurodevelopmental disorder or intellectual disability	6%	(6%, 7%)
Eating disorder	2%	(2%, 3%)
Personality disorder	0%	(0%, 0%)
Substance abuse disorder	1%	(1%, 2%)

(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?

Health Behaviors and Lifestyle

MEASURE	All Faculty/Staff	95% CONFIDENCE INTERVAL
<i>Substance use, past 30 days</i>		
Cigarettes	4%	(4%, 4%)
Marijuana	10%	(9%, 10%)
Cocaine	0%	(0%, 0%)
Heroin	0%	(-0%, 0%)
Opioid pain relievers without a prescription or more than prescribed	0%	(0%, 1%)
Benzodiazepenes	2%	(2%, 2%)
Methamphetamines	0%	(0%, 0%)
Other stimulants without a prescription or more than prescribed	0%	(0%, 0%)
MDMA (also known as Ecstasy or Molly)	0%	(0%, 0%)
Ketamine (also known as K, Special K)	0%	(0%, 0%)
LSD (also known as acid)	0%	(0%, 0%)
Psilocybin (also known as magic mushrooms, boomers, shrooms)	1%	(0%, 1%)
Kratom	0%	(0%, 0%)
Athletic performance enhancers (anything that violates policies set by school or any athletic governing body)	0%	(0%, 0%)
Other drugs without a prescription	1%	(1%, 1%)
<i>In the past 2 weeks, about how many times did you have 4 [female]/5 [male]/4 or 5 [not female or male] or more alcoholic drinks in a row? (1 drink is a can of beer, a glass of wine, a wine cooler, a shot of liquor, or a mixed drink.)</i>		
More than one time	22%	(21%, 22%)
More than 3 times	6%	(6%, 7%)

Attitudes and Beliefs about Services

<i>...think less of someone who has received mental health treatment.</i>		
I...	4%	(4%, 4%)
Most people...	42%	(41%, 43%)

Help-Seeking

<i>Think you needed help for emotional or mental health problems, past year</i>		
Strongly agree	18%	(17%, 18%)
Agree	17%	(16%, 17%)
Somewhat agree	15%	(14%, 16%)
Somewhat disagree	8%	(7%, 8%)
Disagree	20%	(19%, 21%)
Strongly disagree	23%	(22%, 24%)
<i>Psychotropic medication use</i>		
Any, current	29%	(28%, 31%)
Psychostimulants	5%	(4%, 7%)
Anti-depressants	24%	(22%, 25%)
Anti-psychotics	1%	(1%, 2%)
Anti-anxiety	12%	(10%, 14%)
Mood stabilizers	2%	(2%, 3%)
Other	4%	(3%, 6%)
<i>Therapy or counseling for mental health</i>		
Past year	32%	(31%, 33%)
Current	18%	(17%, 18%)
<i>Visits in past year, among those with any</i>		
1-3	52%	(50%, 53%)
4-6	13%	(12%, 13%)
7-9	8%	(8%, 9%)
More than 10	6%	(5%, 6%)

Help-Seeking

MEASURE	All Faculty/Staff	95% CONFIDENCE INTERVAL
<i>Any medication or therapy for mental health</i>		
Past year	49%	(48%, 50%)
Current	88%	(87%, 89%)
<i>Any medication or therapy, among those with positive depression or anxiety screen</i>		
Past year	71%	(69%, 73%)
Current	90%	(88%, 91%)
<i>Received counseling or support for mental health from these sources, past year</i>		
Friend	58%	(57%, 59%)
Significant other	51%	(50%, 52%)
Family member	44%	(43%, 45%)
Colleague or coworker	29%	(28%, 30%)
Religious counselor or other religious contact	9%	(8%, 10%)
Support group	4%	(3%, 4%)
Other non-clinical source	2%	(2%, 3%)
None of the above	22%	(21%, 23%)

Barriers and Facilitators to Help-Seeking

<i>Reasons for receiving no or fewer services for mental health</i>		
I haven't had the chance to go but I plan to.	6%	(6%, 7%)
No need for services	43%	(42%, 44%)
Financial reasons	13%	(12%, 14%)
Not enough time	23%	(22%, 23%)
Not sure where to go	14%	(13%, 14%)
Difficulty finding an available appointment	9%	(8%, 10%)
Prefer to deal with issues on my own or with support from family/friends	18%	(17%, 19%)
Privacy concerns	7%	(7%, 8%)
People providing services don't understand me	4%	(4%, 5%)
Other	9%	(9%, 10%)
No barriers	13%	(12%, 13%)

Supporting Students

<i>I am comfortable having conversations with students about their mental health.</i>		
Agree or strongly agree	83%	(83%, 84%)
<i>I have a good idea of how to recognize that a student is in emotional or mental distress.</i>		
Agree or strongly agree	85%	(84%, 85%)
<i>Student mental health problems are significantly worse now compared to when I began my career.</i>		
Agree or strongly agree	83%	(82%, 84%)
<i>Supporting students in mental and emotional distress has taken a toll on my own mental and emotional health.</i>		
Agree or strongly agree	35%	(34%, 36%)

Supporting Students

MEASURE	All Faculty/Staff	95% CONFIDENCE INTERVAL
<i>In the past 12 months, have you had any one-on-one conversations with students (whether in person, by phone, video conference, or email) about their mental or emotional health?</i> Yes	50%	(49%, 51%)