Willamette University

THE HEALTHY MINDS STUDY

Fall 2021 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.

SAMPLING

Each participating school provides the HMS team with a sample of currently enrolled students over the age of 18, either randomly selected or their entire student population. 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. 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. It is important to raise the question of whether the percentage of students who participated are different in important ways from those who did not participate. We address this issue by constructing non-response weights using administrative data on full student populations. The analysis of these administrative data, separated from any identifying information, was approved in the IRB application at Advarra and at each participating school. We used the following variable, when available, to estimate which students were more or less likely to respond: gender. We used this variable 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.) from the sample of respondents at your institution 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 (PROVIDED SEPARATELY)

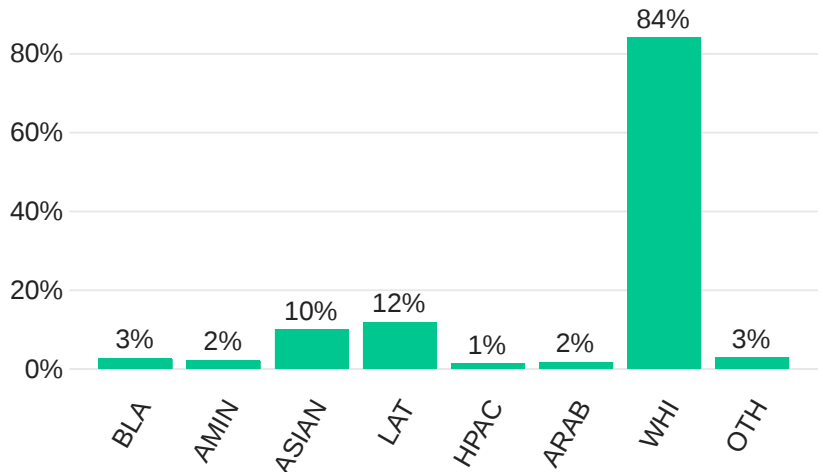
The appendix includes values for most measures in the three standard survey modules that are administered on all participating campuses: Demographics, Mental Health Status, and Mental Health Services Utilization/Help-Seeking. For each measure, the data tables display the following information: the value table for your institution, the 95% confidence interval for your institution's value, the value for the national sample, and an indicator if your institution's value is significantly higher or lower than 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. Because both the school-level and national values are only estimates based on random sampling, we cannot say for certain that your institution's true value is above or below the national value. But in cases where we can say that there is a 95% or higher statistical probability that your institution's value is higher or lower than the national value, we indicate this.

EXPLORING YOUR DATA FURTHER

There are two options for exploring your data beyond what is in this report. First, you can use statistical software (e.g., SPSS, Stata, etc.) to analyze the full data set for your students, which has been provided to your school. Second, you will be able to log on to a user-friendly website with drop-down menus, at data.healthymindsnetwork.org.

SAMPLE CHARACTERISTICS

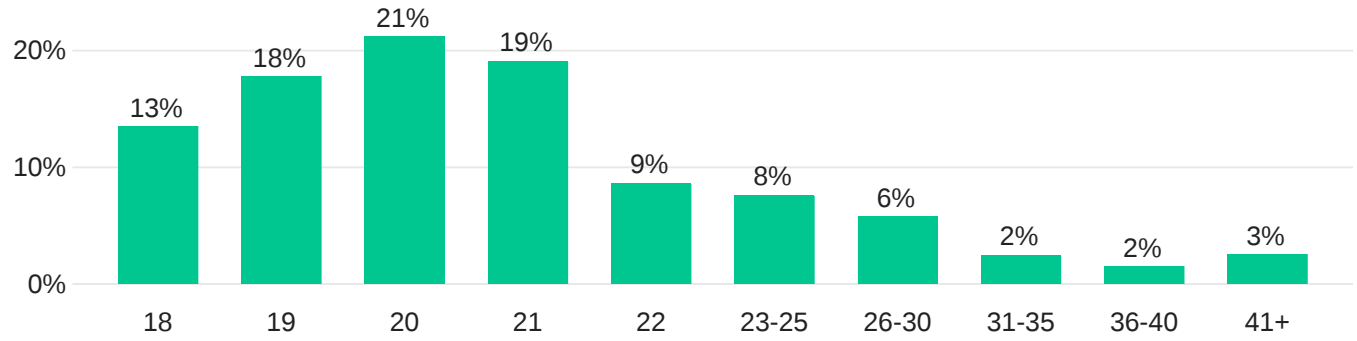
Race/Ethnicity



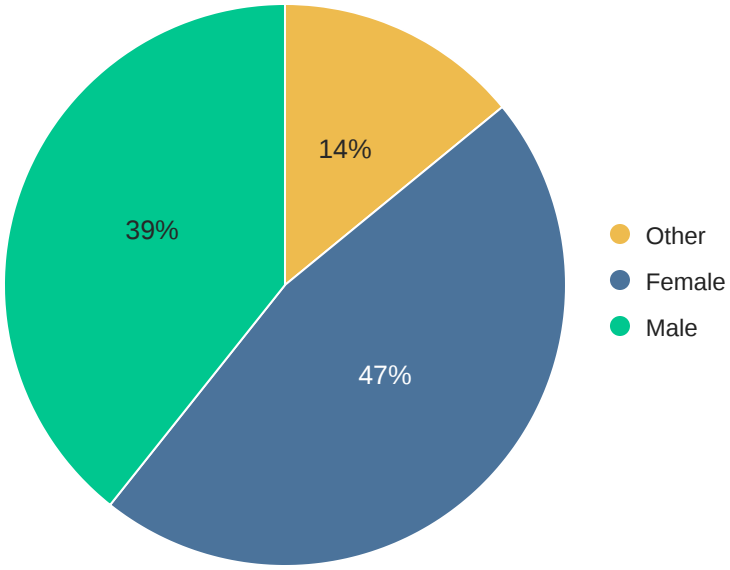
Abbreviations:

- 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
- HPAC Pacific Islander
- OTH Other/Self-Identify

Age



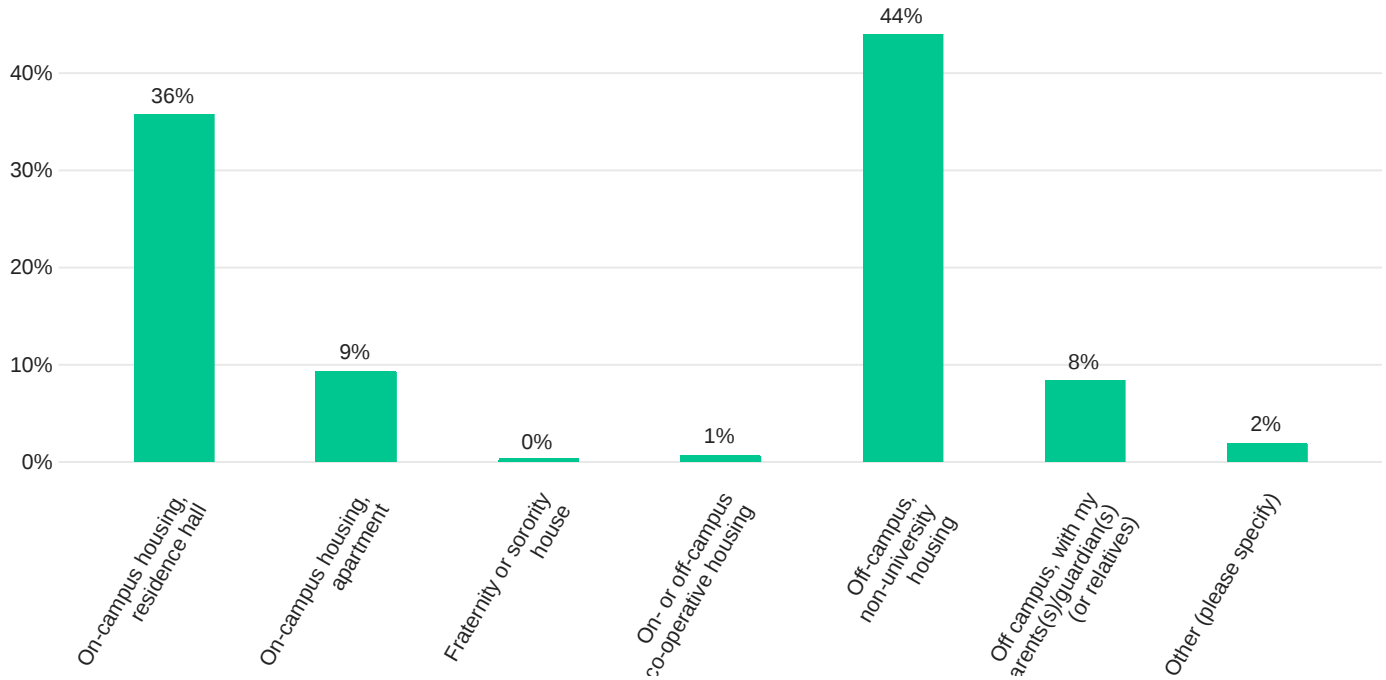
Gender



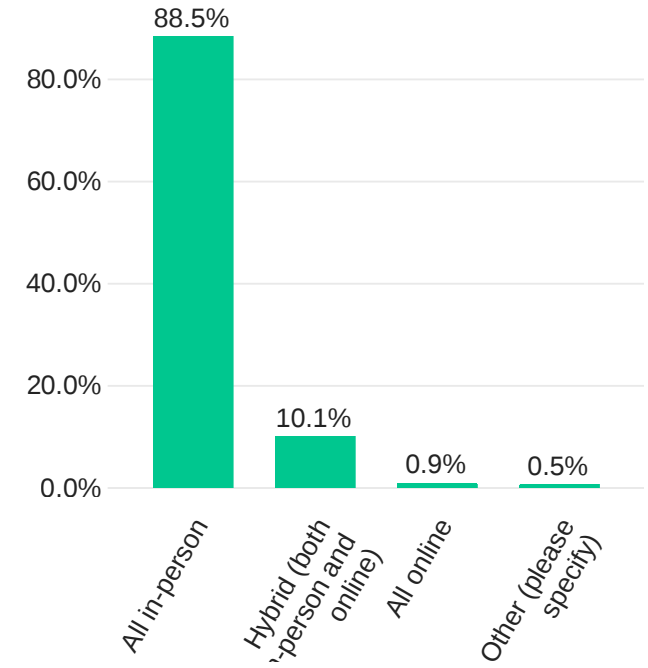
Other Gender category includes:

- Trans man / Trans woman
- Genderqueer/Gender nonconforming
- Gender non-binary
- Self-identify

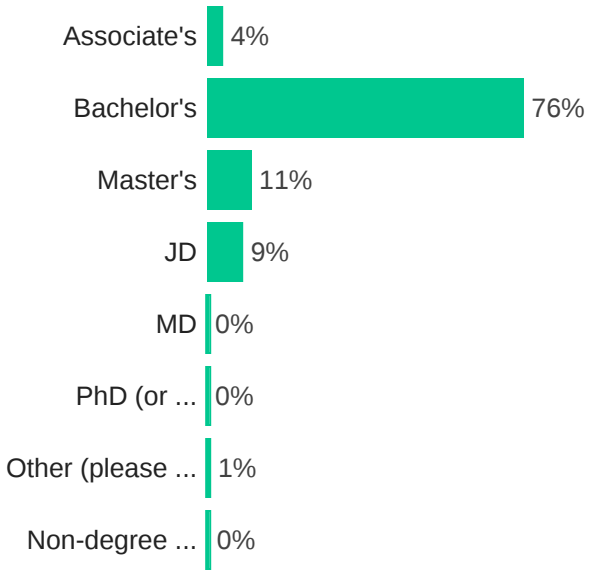
Living Arrangement



Class Format



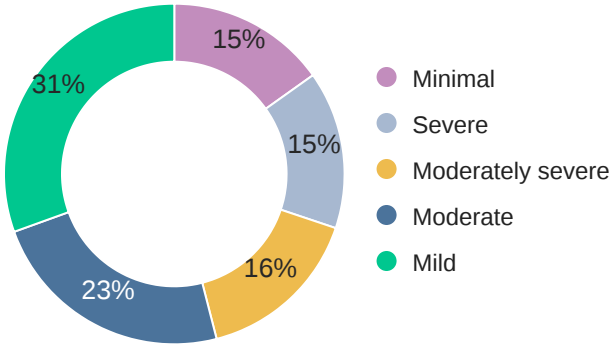
Degree Program



PREVALENCE OF MENTAL HEALTH PROBLEMS

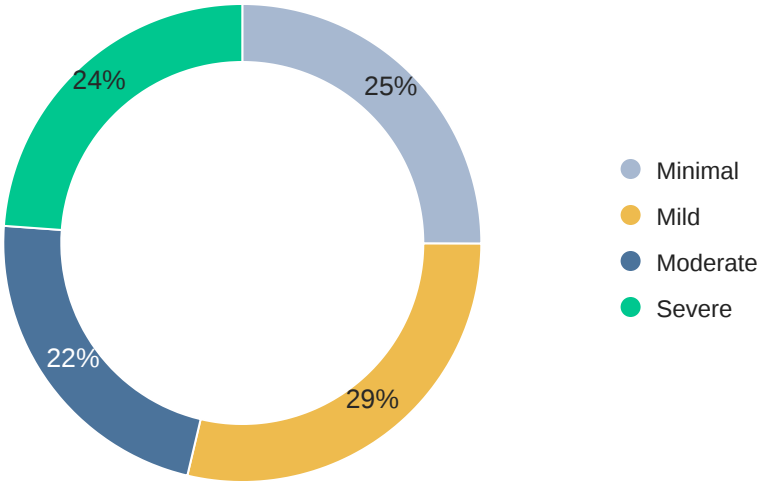
DEPRESSION SCREEN

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).



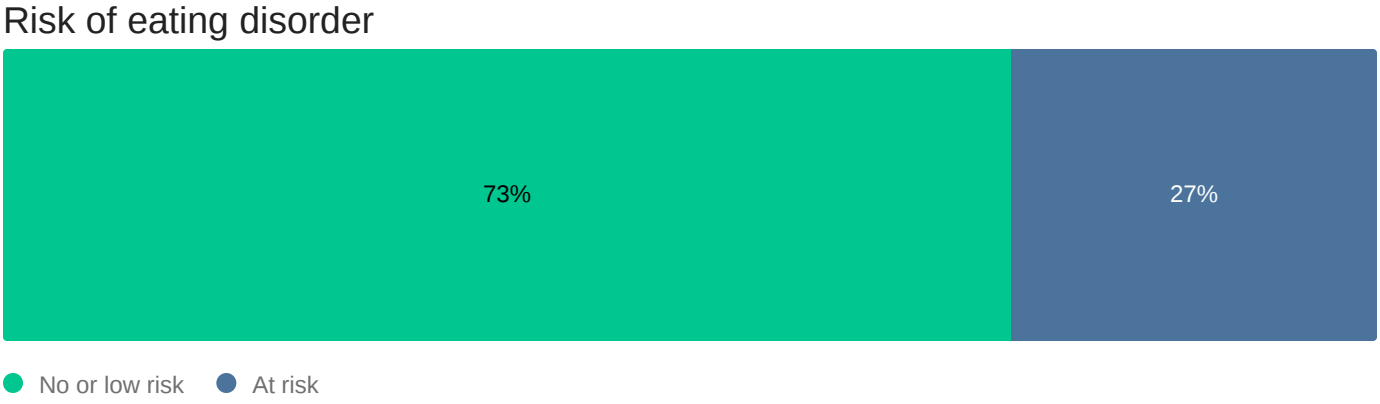
ANXIETY SCREEN

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.



EATING DISORDER SCREEN

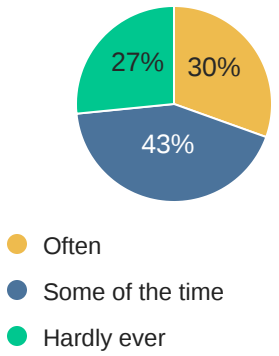
Eating disorders are measured using the written U.S. version of the SCOFF, a five-item screening tool designed to identify subjects likely to have an eating disorder (Morgan, Reid, & Lacey, 1999).



LONELINESS

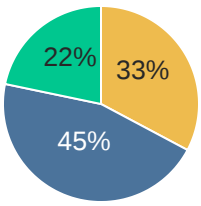
Loneliness is measured using the UCLA three-item Loneliness Scale (Hughes, Waite, Hawkley, & Cacioppo, 2004).

How often do you feel...



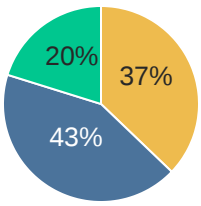
Often
Some of the time
Hardly ever

that you lack companionship



Often
Some of the time
Hardly ever

left out

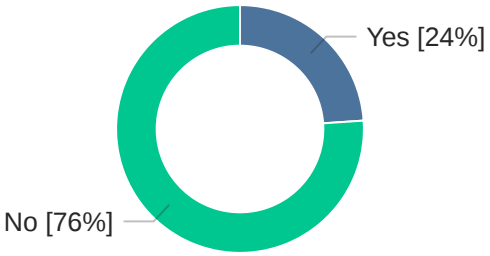


Often
Some of the time
Hardly ever

isolated from others

SUICIDALITY AND SELF-INJURIOUS BEHAVIOR

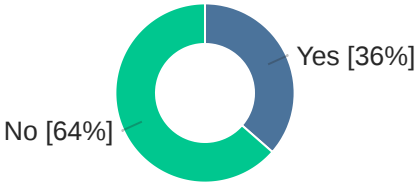
Suicidal Ideation (past year)



Suicide Plan

(past year, of those with suicidal ideation)

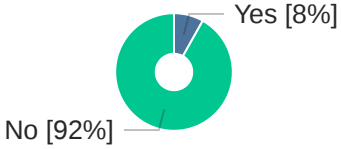
184 Responses



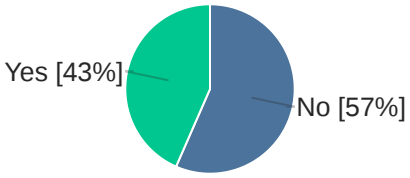
Attempted Suicide

(past year, of those with suicidal ideation)

183 Responses



Non-suicidal self injury (past year)



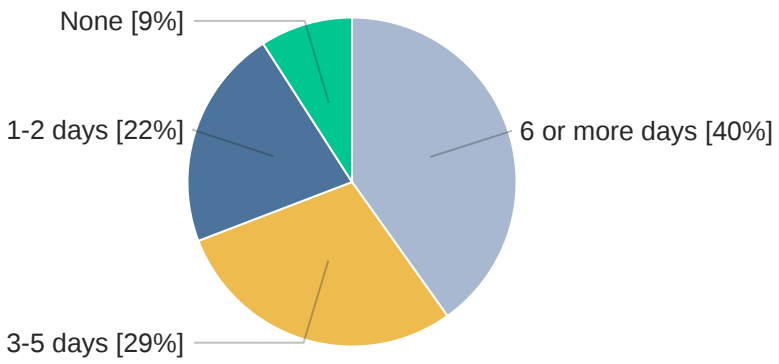
LIFETIME DIAGNOSES OF MENTAL DISORDERS

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)

Field	Percentage of Responses
Depression (e.g., major depressive disorder, persistent depressive disorder)	40%
Anxiety (e.g., generalized anxiety disorder, phobias)	44%
Eating disorder (e.g., anorexia nervosa, bulimia nervosa)	9%
Psychosis (e.g., schizophrenia, schizo-affective disorder)	1%
Personality disorder (e.g., antisocial personality disorder, paranoid personality disorder, schizoid personality disorder)	2%
Substance use disorder (e.g., alcohol abuse, abuse of other drugs)	2%
Bipolar (e.g., bipolar I or II, cyclothymia)	3%
Obsessive-compulsive or related disorders (e.g., obsessive-compulsive disorder, body dysmorphia)	9%
Trauma and Stressor related disorders (e.g., post-traumatic stress disorder)	13%
Neurodevelopmental disorder or intellectual disability (e.g., attention deficit disorder, attention deficit hyperactivity disorder, intellectual disability, autism spectrum disorder)	18%
No, none of these	41%
Don't know	5%

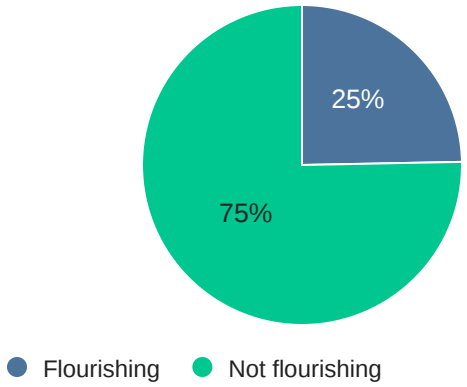
ACADEMIC IMPAIRMENT

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 (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)

Field	Percentage of Responses
Marijuana	42%
Cocaine (any form, including crack, powder, or freebase)	1%
Heroin	0%
Methamphetamines (also known as speed, crystal meth, Tina, T, or ice)	0%
Other stimulants (such as Ritalin, Adderall) without a prescription or more than prescribed	2%
MDMA (also known as Ecstasy or Molly)	1%
Other drugs without a prescription (please specify)	0%
Opioid pain relievers (such as Vicodin, OxyContin, Percocet, Demerol, Dilaudid, codeine, hydrocodone, methadone, morphine) without a prescription or more than prescribed	1%
Benzodiazepines (such as Valium, Ativan, Klonopin, Xanax, or Rohypnal/Roofies) without a prescription or more than prescribed	1%
Ketamine (also known as K, Special K)	0%
LSD (also known as acid)	1%
Psilocybin (also known as magic mushrooms, boomers, shrooms)	2%
Kratom	0%
Athletic performance enhancers (anything that violates policies set by your school or any athletic governing body)	0%
No, none of these	57%

Alcohol Use

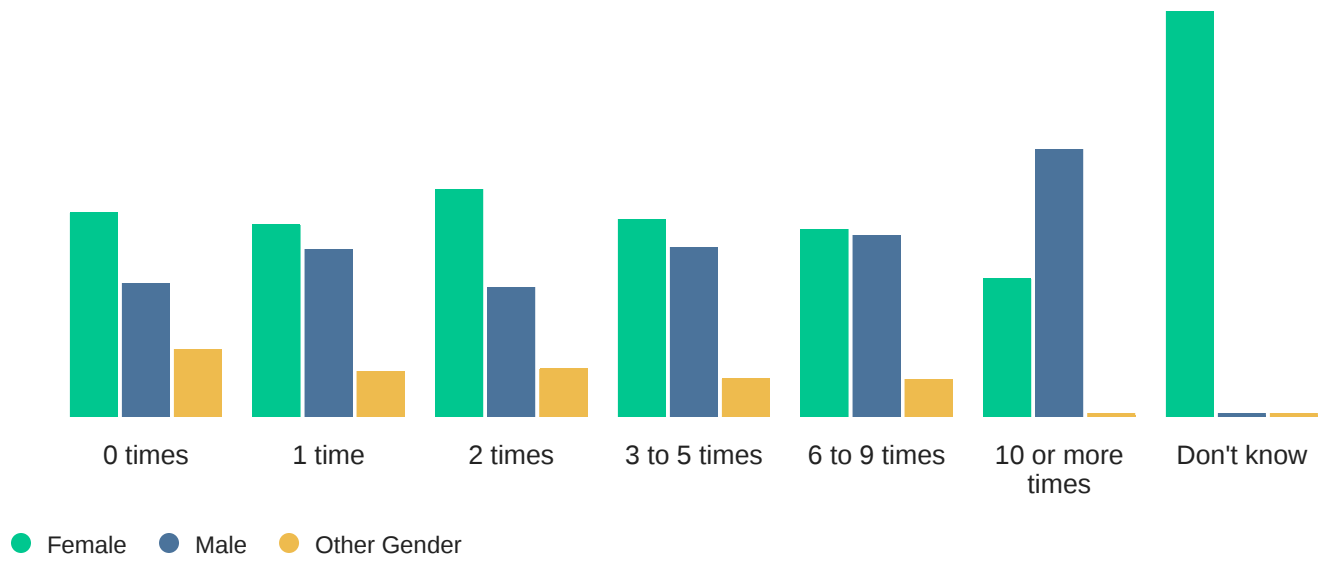
The following questions ask about how much you drink. A "drink" means any of the following:

A 12-ounce can or bottle of beer

A 4-ounce glass of wine

A shot of liquor straight or in a mixed drink

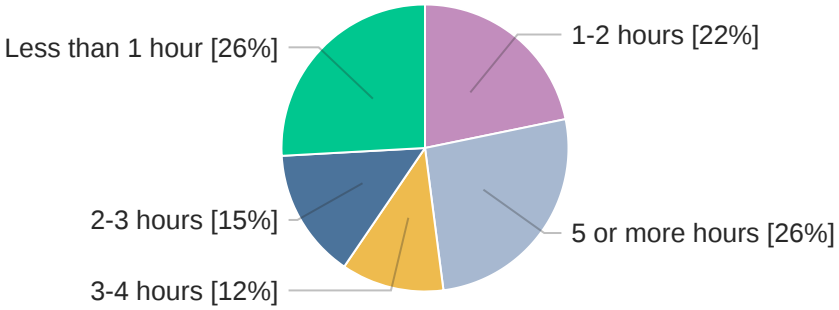
During the last two weeks, how many times have you had 4 (if female), 5 (if male), 4 or 5 (if other gender) or more drinks in a row? (among those with any alcohol use)



Field	0 times	1 time	2 times	3 to 5 times	6 to 9 times	10 or more times	Don't know
Female	36%	24%	19%	16%	4%	0%	0%
Male	32%	29%	14%	19%	5%	1%	0%
Other Gender	47%	23%	15%	13%	3%	0%	0%

Exercise

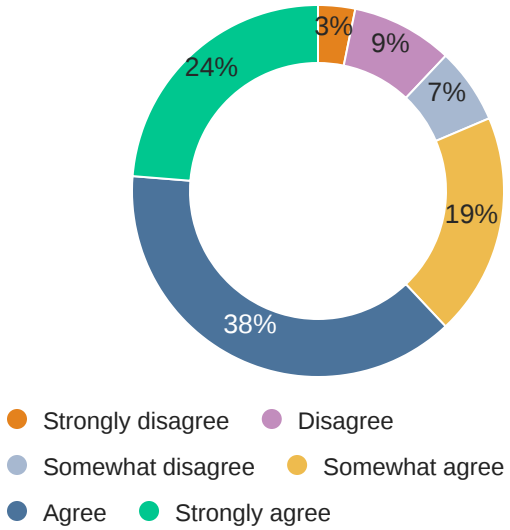
In the past 30 days, about how many hours per week on average did you spend exercising? (Include any exercise of moderate or higher intensity, where "moderate intensity" would be roughly equivalent to brisk walking or bicycling)



ATTITUDES AND BELIEFS ABOUT MENTAL HEALTH SERVICES

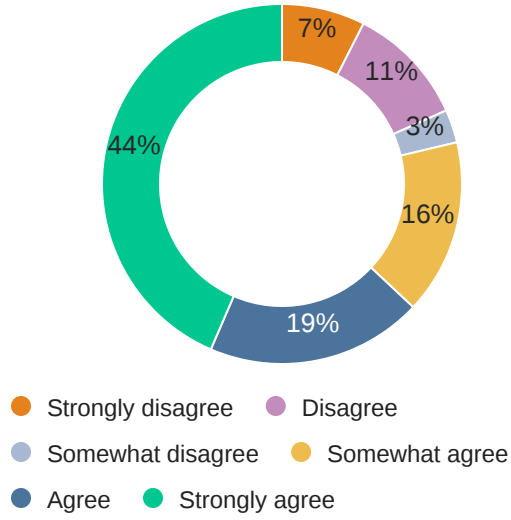
KNOWLEDGE OF CAMPUS RESOURCES

How much do you agree with the following statement?:If I needed to seek professional help for my mental or emotional health, I would know where to go on my campus.

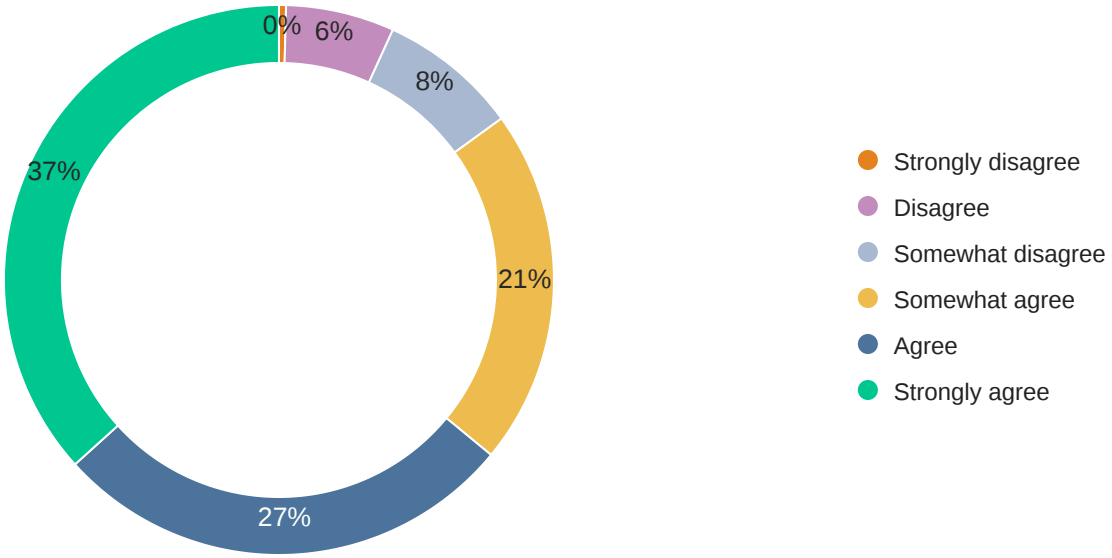


PERCEIVED NEED

How much do you agree with the following statement?: In the past 12 months, I needed help for emotional or mental health problems or challenges such as feeling sad, blue, anxious or nervous.



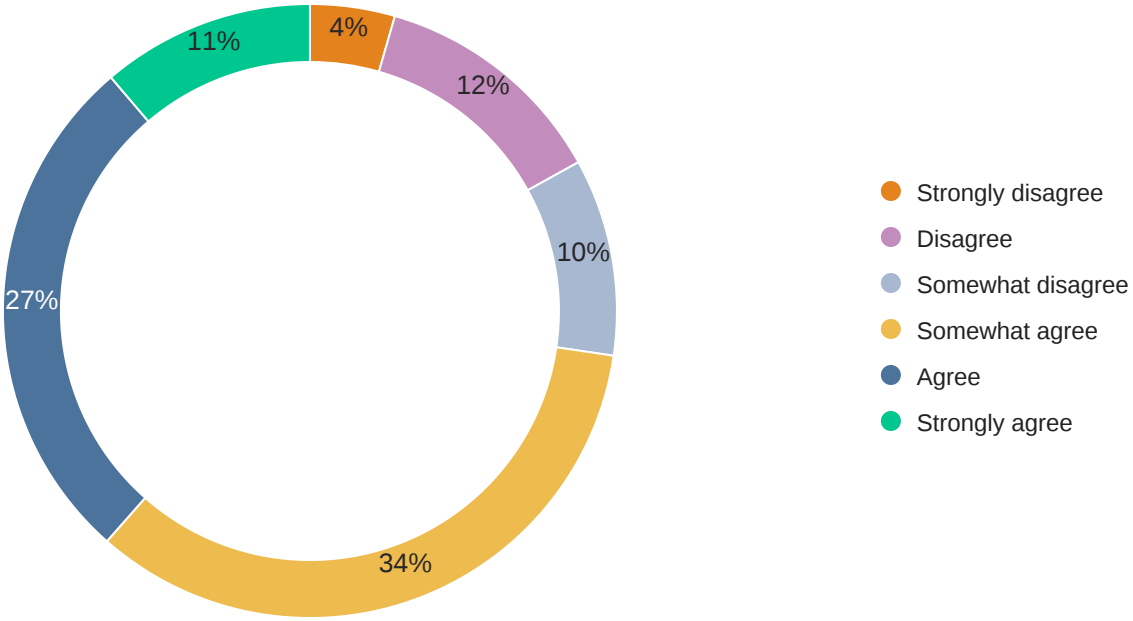
How much do you agree with the following statement?: I currently need help for emotional or mental health problems or challenges such as feeling sad, blue, anxious or nervous.



SCHOOL CLIMATE

Anti-racism

I believe my school actively works towards combating racism within the campus community.



USE OF SERVICES

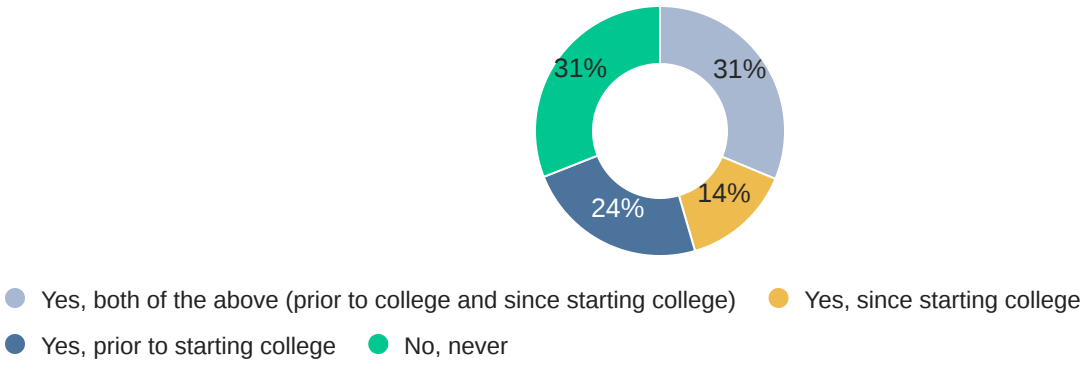
Psychotropic Medication Use, all students (past year)

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

Field	Percentage of Choices
Psychostimulants (e.g. methylphenidate (Ritalin or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexerdine), etc.)	8%
Antidepressants (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), buproprion (Wellbutrin), etc.)	23%
Anti-psychotics (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexas), etc.)	2%
Anti-anxiety medications (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)	8%
Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), etc.)	2%
Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)	3%
Other medication for mental or emotional health (please specify)	4%
No, none of these	50%
Don't know	0%

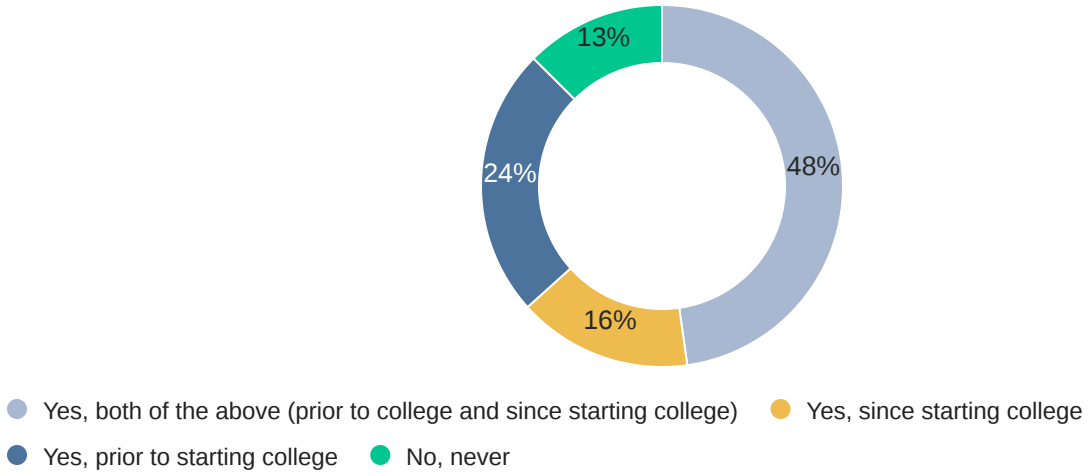
Therapy Use (Lifetime)

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



Therapy Use (Lifetime), among students at high risk for anxiety and/or depression

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



Therapy Use (current), all students

Are you currently receiving counseling or therapy?

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)

Field	Percentage of Responses
Roommate	26%
Friend (who is not a roommate)	57%
Significant other	35%
Family member	50%
Religious counselor or other religious contact	2%
Support group	3%
Other non-clinical source (please specify)	1%
No, none of these	20%
Faculty member/professor	9%
Staff member	4%

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)

Field	Percentage of Responses
No need for services	15%
Financial reasons (too expensive, not covered by insurance)	35%
Not enough time	43%
Not sure where to go	28%
Difficulty finding an available appointment	34%
Prefer to deal with issues on my own or with support from family/friends	20%
Other (please specify)	9%
No barriers	9%
Privacy concerns	4%
People providing services don't understand me.	19%

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MENTAL HEALTH SCREENS

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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.

CONTACT

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Website: www.healthymindsnetwork.org

SELECTED ARTICLES PUBLISHED WITH HMS DATA

Moskow, D, Lipson, S, & Tompson, M (2022). Anxiety and suicidality in the college population. *Journal of American College Health*.

Lipson, S, Zhou, S, Abelson, S, Heinze, J, Jirsa, M, Morigney, J, Patterson, A, Singh, M, & Eisenberg, D (2022). Trends in college student mental health and help-seeking by race/ethnicity: findings from the national Healthy Minds Study, 2013-2021. *Journal of Affective Disorders*.

Auty, S, Lipson, S, Stein, M, & Reif, S (2022). Mental health service use in a national sample of college students with co-occurring depression or anxiety and substance use. *Drug and Alcohol Dependence Reports.*

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