Wabash College

THE HEALTHY MINDS STUDY

Fall 2020 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 Advarra, an independent Institutional Review Board. 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 8,000 students or more, 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 fall 2020 study was 14%. It is important to raise the question of whether the 14% who participated are different in important ways from the 86% who did not participate. We address this issue by constructing non-response weights using administrative data on full student populations. Most of the 36 schools in the fall 2020 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 Advarra 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: sex, 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.) from the sample of respondents at your institution for a set of key measures.

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.

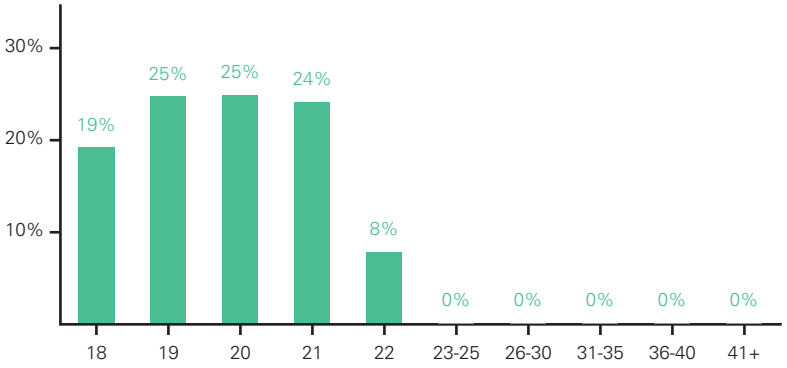
KEY FINDINGS

This section offers a quick look at results that may be of special interest to your institution.

Estimated values of selected measures for Wabash College	Percentage of students
Major depression (positive PHQ-9 screen)	19%
Depression overall, including major and moderate (positive PHQ-9 screen)	32%
Anxiety disorder (positive GAD-7 screen)	28%
Eating disorder (positive SCOFF screen)	7%
Non-suicidal self-injury (past year)	26%
Suicidal ideation (past year)	9%
Lifetime diagnoses of mental disorders	29%
Psychiatric medication (past year)	15%
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)	41%
Personal stigma: agrees with "I would think less of someone who has received mental health treatment."	7%
Perceived public stigma: agrees with "Most people would think less of someone who has received mental health treatment."	37%

SAMPLE CHARACTERISTICS (N=128)

Age (years)



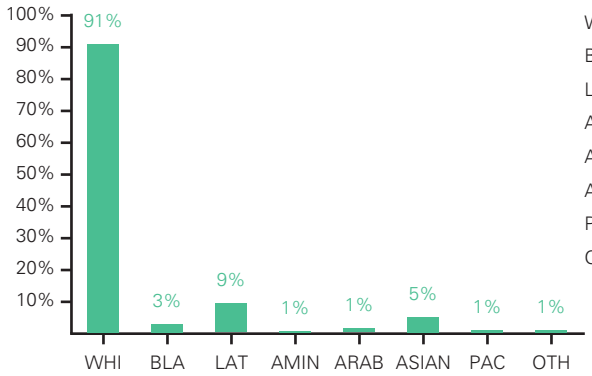
Gender

0%	Female
98%	Male
0%	Transgender/gender non-conforming

Living arrangement

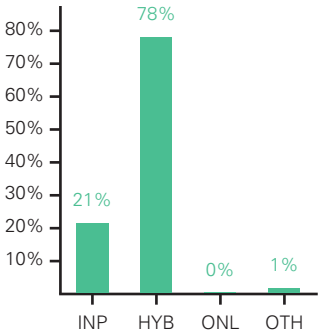
38%	Campus residence hall
56%	Fraternity or sorority house
2%	Other university housing
1%	Off-campus, non-university housing
2%	Parent or guardian's home
1%	Other

Race/ethnicity



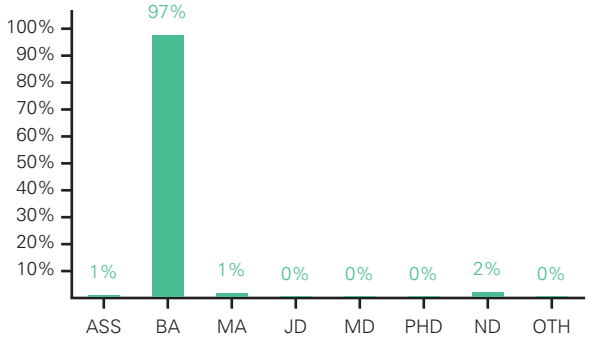
WHI	White or Caucasian
BLA	African American/Black
LAT	Hispanic/Latino
AMIN	American Indian/Alaskan Native
ARAB	Arab/Middle Eastern or Arab American
ASIAN	Asian/Asian American
PAC	Pacific Islander
OTH	Other

Class Format



INP	All In-Person
HYB	Hybrid
ONL	All Online
OTH	Other

Degree program



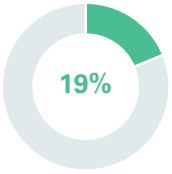
ASS	Associate's degree
BA	Bachelor's degree
MA	Master's degree
JD	JD
MD	MD
PHD	PhD or equivalent
ND	Non-degree student
OTH	Other

PREVALENCE OF MENTAL HEALTH PROBLEMS

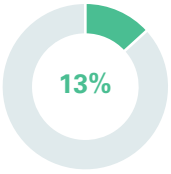
DEPRESSION SCREEN

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).

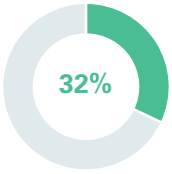
Severe depression



Moderate depression



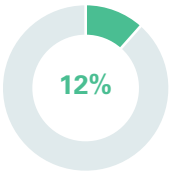
Any depression



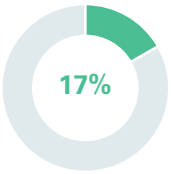
ANXIETY SCREEN

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.

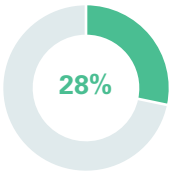
Severe anxiety



Moderate anxiety



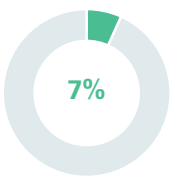
Any anxiety



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



LONELINESS

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

How often do you feel...

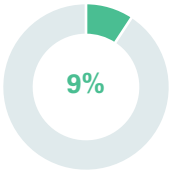
that you lack companionship

left out

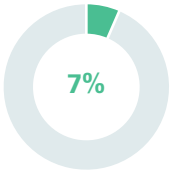
isolated from others

SUICIDALITY AND SELF-INJURIOUS BEHAVIOR

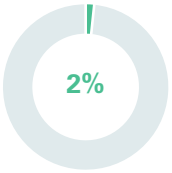
Suicidal ideation (past year)



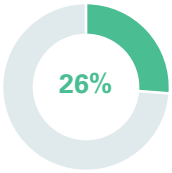
Suicide plan (past year)



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)

16%	Depression or other mood disorders (e.g., major depressive disorder, persistent depressive disorder)
1%	Bipolar (e.g., bipolar I or II, cyclothymia)
13%	Anxiety (e.g., generalized anxiety disorder, phobias)
1%	Obsessive-compulsive or related disorders (e.g., obsessive-compulsive disorder, body dysmorphia)
0%	Trauma and Stressor Related Disorders (e.g., posttraumatic stress disorder)
9%	Neurodevelopmental disorder or intellectual disability (e.g., attention deficit disorder, attention deficit hyperactivity disorder, intellectual disability, autism spectrum disorder)
0%	Eating disorder (e.g., anorexia nervosa, bulimia nervosa)
1%	Psychosis (e.g., schizophrenia, schizo-affective disorder)
2%	Personality disorder (e.g., antisocial personality disorder, paranoid personality disorder, schizoid personality disorder)
0%	Substance use disorder (e.g., alcohol abuse, abuse of other drugs)
71%	No, none of these

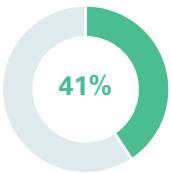
ACADEMIC IMPAIRMENT

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

17% None
29% 1 - 2 days
31% 3 - 5 days
23% 6 or more days

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)

32%	Marijuana
0%	Cocaine (any form, including crack, powder, or freebase)
0%	Heroin
0%	Opioid pain relievers (such as Vicodin, OxyContin, Percocet, Demerol, Dilaudid, codeine, hydrocodone, methadone, morphine) without a prescription or more than prescribed
1%	Benzodiazepenes
0%	Methamphetamines (also known as speed, crystal meth, or ice)
7%	Other stimulants (such as Ritalin, Adderall) without a prescription or more than prescribed
0%	MDMA (also known as Ecstasy or Molly)
1%	Ketamine (also known as K, Special K)
0%	LSD (also known as acid)
6%	Psilocybin (also known as magic mushrooms, boomers, shrooms)
0%	Kratom
1%	Athletic performance enhancers (anything that violates policies set by school or any athletic governing body)
2%	Other drugs without a prescription
67%	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 (transgender/gender non-conforming) or more drinks in a row? (among those with any alcohol use)

15% None
32% Once
24% Twice
21% 3 to 5 times
4% 6 to 9 times
4% 10 or more times

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)

22% Less than 1
16% 1-2
16% 3-4
46% 5 or more

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 to access resources from my school.

48% Strongly agree
40% Agree
10% Somewhat agree
1% Somewhat disagree
0% Disagree
1% Strongly disagree

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.

21% Strongly agree
19% Agree
18% Somewhat agree
11% Somewhat disagree
16% Disagree
16% Strongly disagree

Perceived need (current)

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

18% Strongly agree
18% Agree
25% Somewhat agree
18% Somewhat disagree
12% Disagree
8% Strongly disagree

SCHOOL CLIMATE

Anti-racism

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

88% Agree

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)

8%	Psychostimulants (e.g., methylphenidate (Ritalin, or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexedrine), etc.)
10%	Anti-depressants (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), buproprion (Wellbutrin), etc.)
1%	Anti-psychotics (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.)
1%	Anti-anxiety medications (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)
0%	Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazapine (Tegretol), etc.)
0%	Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)
2%	Other medication for mental or emotional health
85%	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)

11%	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), buproprion (Wellbutrin), etc.)
4%	Anti-psychotics (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.)
2%	Anti-anxiety medications (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)
0%	Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazapine (Tegretol), etc.)
0%	Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)
0%	Other medication for mental or emotional health
74%	None

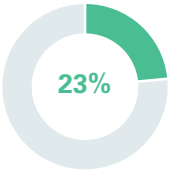
Mental health care access

How has your access to mental health care been affected by the COVID-19 pandemic?

6%	Much more difficult or limited access
16%	Somewhat more difficult or limited access
34%	No significant change in access
2%	Somewhat less difficult or limited access
2%	Much less difficult or limited access
40%	Don't know or not applicable (have not tried to access care)

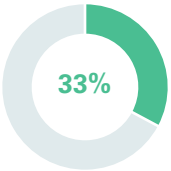
Mental health counseling/therapy, all students (past year)

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)?



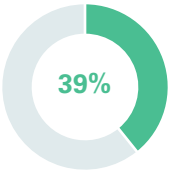
Mental health counseling/therapy among students with positive depression or anxiety screens (past year)

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)?



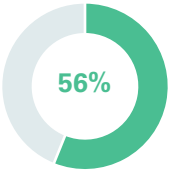
Mental health counseling/therapy, all students (lifetime)

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)

28%	Roommate
41%	Friend (who is not a roommate)
24%	Significant other
29%	Family member
2%	Religious counselor or other religious contact
0%	Support group
0%	Other non-clinical source
42%	None of the above
11%	Faculty member/professor
3%	Staff member

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)

5%	I haven't had the chance to go but I plan to
43%	No need for services
3%	Financial reasons (too expensive, not covered by insurance)
12%	Not enough time
3%	Not sure where to go
1%	Difficulty finding an available appointment
28%	Prefer to deal with issues on my own or with support from family/friends
3%	Privacy concerns
2%	People providing services don't understand me
6%	Other
23%	No barriers

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