



T e Hea M d Ne

Wabash College

Fall 2020

REPORT OF DATA FROM THE
HEALTHY MINDS STUDY



HEALTHY MINDS STUDY TEAM

STUDY TEAM

Principal Investigators: Daniel Eisenberg, PhD, Sarah Ketchen Lipson, PhD, Justin Heinze, PhD, Sasha Zhou, PhD

Research Study Coordinators: Haley Henry, BA, Brenda Vyletel, MSE, Juliana Fucinari, MPH

REPORT TEAM

Juliana Fucinari, MPH, Erin Voichoski, MPH, Julia Bell, MPH

TABLE OF CONTENTS

INTRODUCTION	4
ABOUT THIS REPORT	5
SAMPLE CHARACTERISTICS	6-7
PREVALENCE OF MENTAL HEALTH PROBLEMS	8-10
POSITIVE MENTAL HEALTH	10
HEALTH BEHAVIORS AND LIFESTYLE	11-12
CAMPUS CLIMATE	12
ATTITUDES AND BELIEFS ABOUT MENTAL HEALTH SERVICES	13
USE OF SERVICES	14-16
REFERENCES	17

INTRODUCTION

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 IRB. 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 4,000-12,000 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 2-10 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.

Question Randomization

There are some questions in the HMS student survey that aren't fielded to all students, and are instead randomly fielded at the individual level. This serves as a way to shorten the survey without giving up data. Qualtrics generates a random decimal greater than 0 and less than 1 for each respondent, and the questions that have been selected for randomization are fielded in two sets: respondents for which the random number is greater than 0 and less than 0.5, and those which the random number is greater than or equal to 0.5 and less than 1. These randomized questions are generally not those we use in our reporting, but those that do appear in this report will be indicated.

ABOUT THIS REPORT

This data report provides descriptive statistics (percentages, mean values, etc.) using the responses from the administration of the Healthy Minds Student Survey at Wabash College during the Fall 2020 Academic Semester.

Non-Response Weighting

This report utilizes Qualtrics' Cell-based Weighting, a single variable weighting scheme. In this report, we use overall distribution of sex of enrolled students as a target distribution for responses.

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, or the students invited are all of the school's eligible 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. The non-response weights adjust specifically for the fact that female students have consistently higher response rates than male students in our survey (and in most other survey studies). We construct the weights by comparing the female-male composition of our respondent sample to the reported female-male ratio for the full student population at each institution (which is typically available from basic enrollment statistics). If the respondent sample has a smaller percentage of males and larger percentage of females, as compared to the composition of the full student population, then male students in our sample are assigned a higher non-response weight value than female students. This means that weighted estimates are representative of the female-male distribution in the full student population.

For students with nonbinary gender identities, we are not able to use this same process, however, because we are generally not able to obtain accurate statistics from administrative data on the representation of these groups in the full student population. Therefore, rather than making assumptions, we assign a weight value to students with nonbinary identifiers that leaves their representation in the weighted sample the same as in the unweighted sample. In the future, if and when more reliable information becomes available at the full student population level, we will be able to incorporate that information into sample weights for groups other than female and male gender identities.

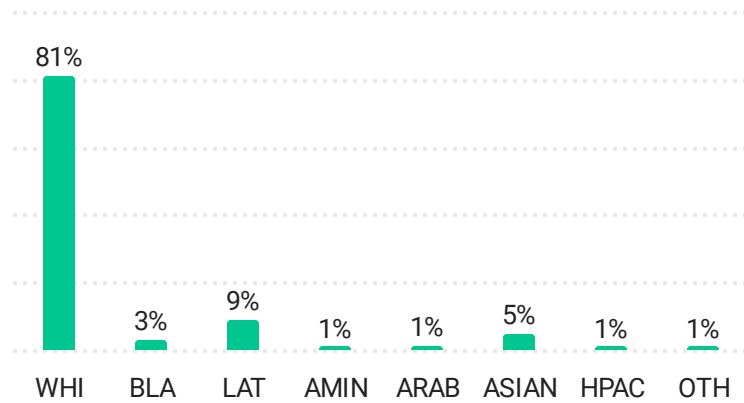
SAMPLE CHARACTERISTICS (N=155)

Measures are calculated among all respondents unless otherwise indicated

RACE/ETHNICITY

ABBREVIATIONS:

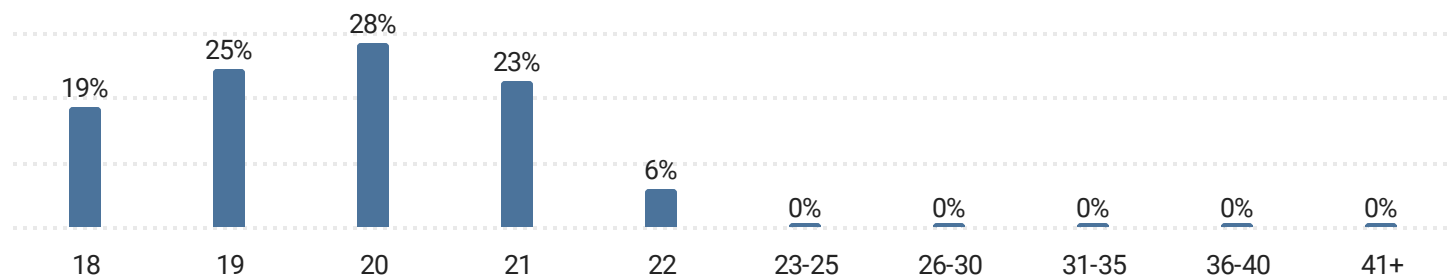
155 Responses



- 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 Native Hawaiian / Pacific Islander
- OTH Other/Self-Identify

AGE

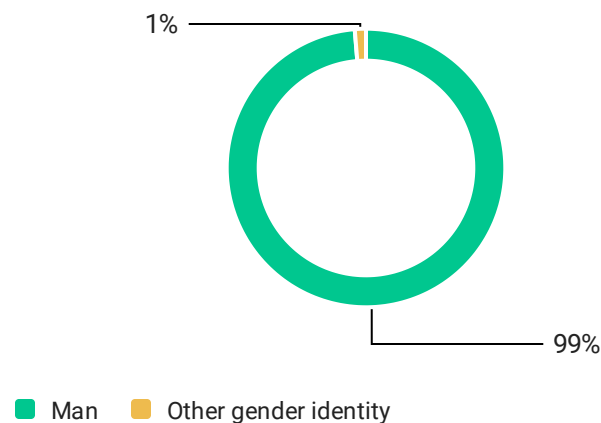
155 Responses



GENDER IDENTITY

"OTHER GENDER IDENTITY" INCLUDES:

155 Responses

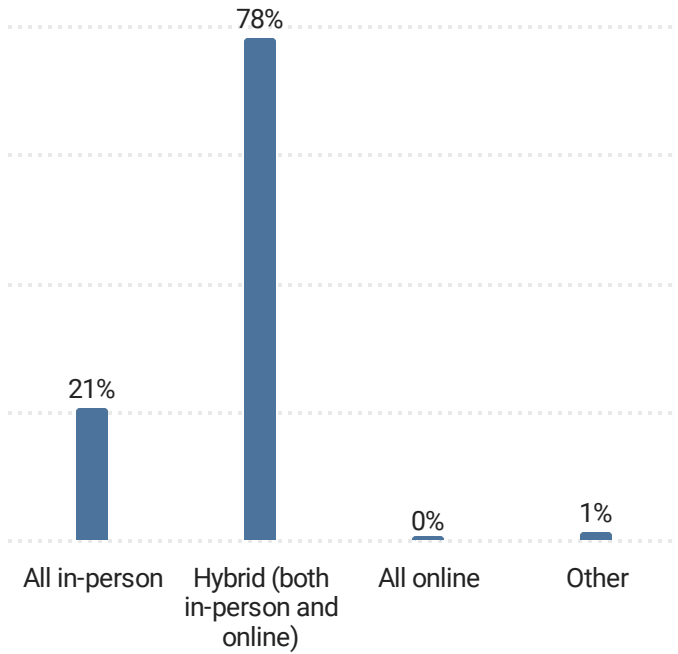


- Transgender women
- Transgender men
- Genderqueer/Gender nonconforming
- Gender non-binary
- Self-identified gender

SAMPLE CHARACTERISTICS, CONTD.

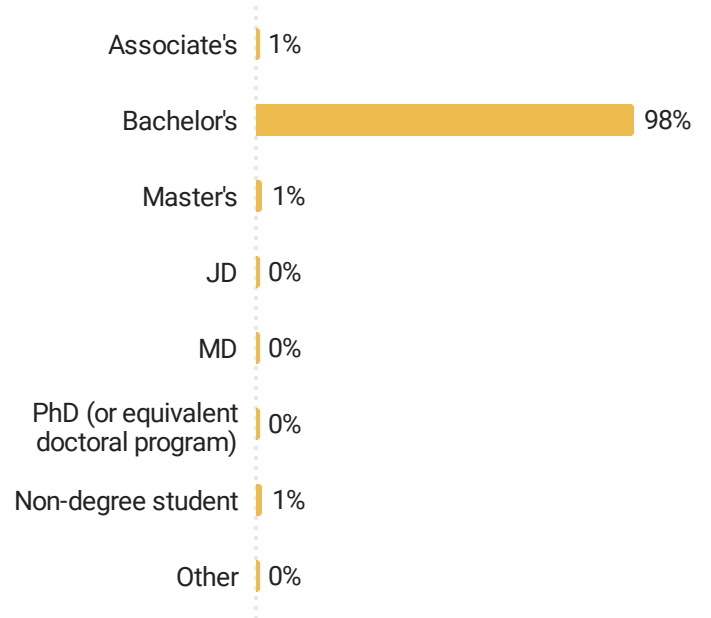
CLASS FORMAT

146 Responses



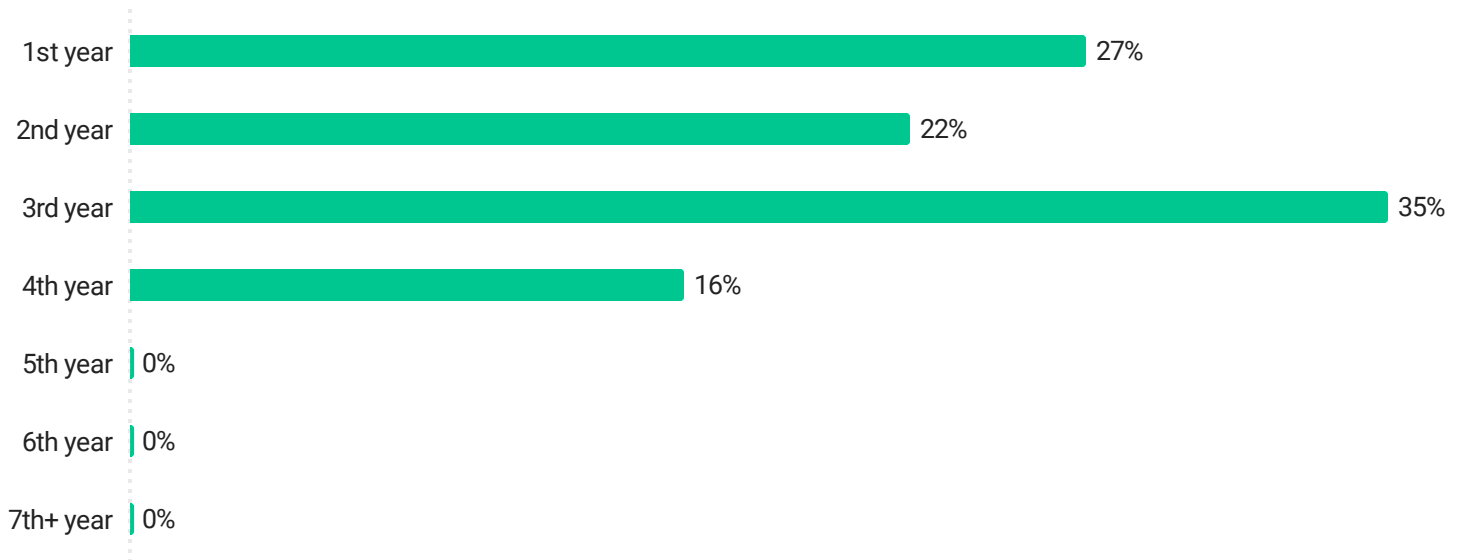
DEGREE PROGRAM

146 Responses



YEAR IN PROGRAM

141 Responses



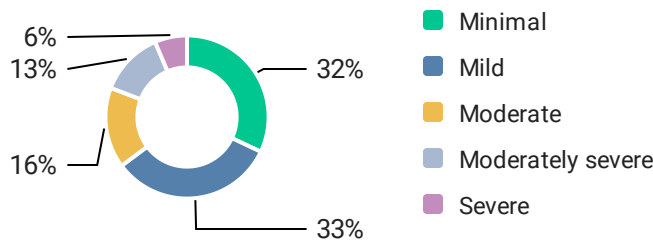
PREVALENCE OF MENTAL HEALTH PROBLEMS

DEPRESSION SCREEN

125 Responses

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).

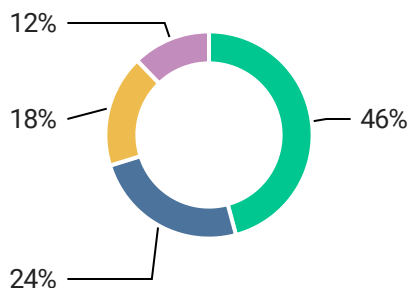
Following the standard algorithm for interpreting the PHQ-9, symptom levels are categorized as severe (scores ≥ 20), moderately severe (scores 15-19), moderate (scores 10-14), mild (scores 5-9). There is no name for the category of scores from 0-4, so we use "minimal."



ANXIETY SCREEN

131 Responses

ANXIETY SCREEN



- Minimal
- Mild
- Moderate
- Severe

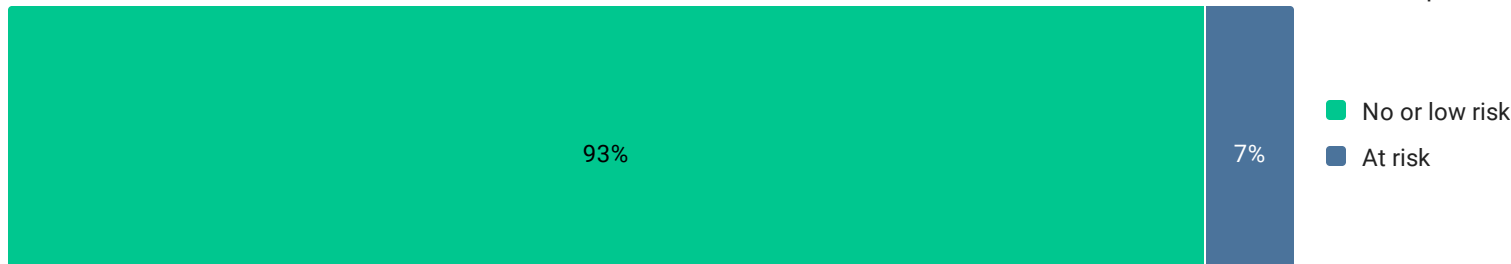
Anxiety is measured using the GAD-7, a seven-item screening tool for screening and severity measuring of generalized anxiety disorder in the past two weeks (Spitzer, Kroenke, Williams, & Lowe, 2006).

Following the standard algorithm for interpreting the GAD-7, symptom levels are categorized as severe (scores ≥ 15), moderate (scores 10-14), mild (scores 5-9), and minimal (scores 0-4).

RISK OF EATING DISORDER

Risk for eating disorders is measured using the 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). The SCOFF is not intended for use as a diagnostic tool; rather, answering "Yes" to 3 or more questions (the "At risk" category) indicates need for further investigation.

131 Responses

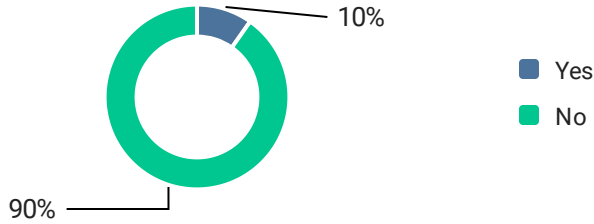


SUICIDALITY AND SELF-INJURIOUS BEHAVIOR

SUICIDAL IDEATION

In the past year, did you ever seriously think about attempting suicide?

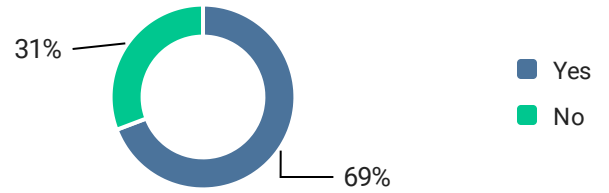
133 Responses



SUICIDE PLAN*

In the past year, did you make a plan for attempting suicide?

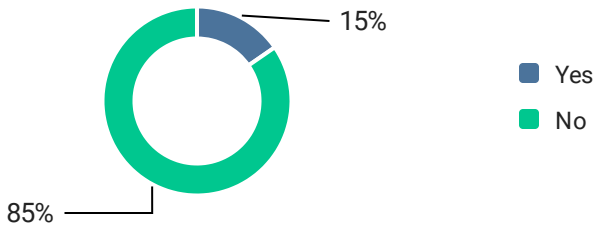
13 Responses



SUICIDE ATTEMPT*

In the past year, did you attempt suicide?

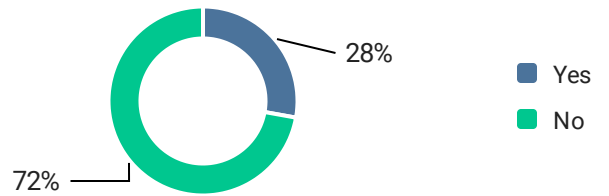
13 Responses



SELF-INJURIOUS BEHAVIOR

Non-suicidal self-injury (past year)

133 Responses



*Suicide plan and attempt(s) in the past year statistics are among those who responded "Yes" to seriously thinking about attempting suicide in past year.

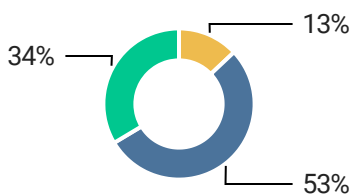
LONELINESS SCALE

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

H e d ee ...

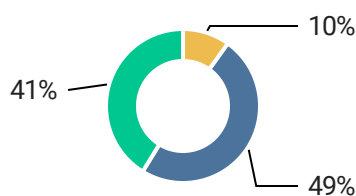
...that you lack companionship?

131 Responses



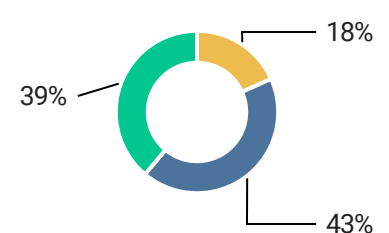
...left out?

131 Responses



...isolated from others?

131 Responses



Often Some of the time
Hardly ever

LIFETIME DIAGNOSIS 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)

131 Responses

Mental Health Diagnosis

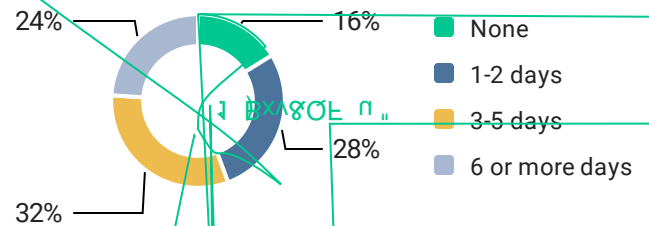
Percentage of Responses

Depression (e.g., major depressive disorder, persistent depressive disorder)	15%
Anxiety (e.g., generalized anxiety disorder, phobias)	13%
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 use disorder (e.g., alcohol abuse, abuse of other drugs)	0%
Bipolar (e.g., bipolar I or II, cyclothymia)	1%
Obsessive-compulsive or related disorders (e.g., obsessive-compulsive disorder, body dysmorphia)	5%
Neurodevelopmental disorder or intellectual disability (e.g., attention deficit disorder, attention deficit hyperactivity disorder, intellectual disability, autism spectrum disorder)	8%
Trauma and Stressor related disorders (e.g., posttraumatic stress disorder)	0%
Don't know	5%
No, none of these	67%

ACADEMIC IMPAIRMENT

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

142 Responses



POSITIVE MENTAL HEALTH

Positive mental health (psychological well-being) is measured using The Flourishing Scale, an eight-item summary measure of the respondent's perceived success in important areas of life.

HEALTH BEHAVIORS AND LIFESTYLE

DRUG USE

Over the past 30 days, have you used any of the following drugs? (Select all that apply)

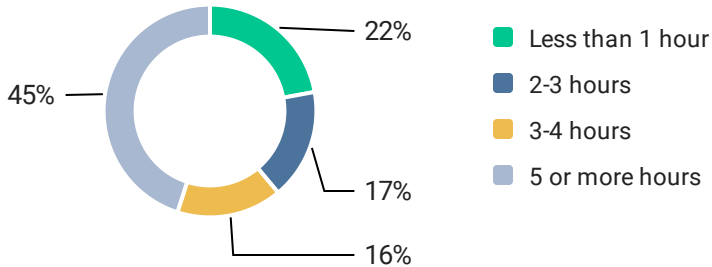
124 Responses

Substance	Percentage of Responses
Cocaine (any form, including crack, powder, or freebase)	0%
Heroin	0%
MDMA (also known as Ecstasy or Molly)	0%
Opioid pain relievers (such as Vicodin, OxyContin, Percocet, Demerol, Dilaudid, codeine, hydrocodone, methadone, morphine) without a prescription or more than prescribed	0%
LSD (also known as acid)	0%
Kratom	0%
Athletic performance enhancers (anything that violates policies set by your school or any athletic governing body)	1%
Marijuana	31%
Methamphetamines (also known as speed, crystal meth, Tina T, or ice)	0%
Benzodiazepines (such as Valium, Ativan, Klonopin, Xanax, Rohypnal/Roofies) without a prescription or more than prescribed	1%
Ketamine (also known as K, or Special K)	1%
Psilocybin (also known as magic mushrooms, boomers, or shrooms)	6%
Other stimulants (such as Ritalin, Adderall) without a prescription or more than prescribed	6%
Other drugs without a prescription	2%
No, none of these	68%

EXERCISE*

In the past 30 days, about how many hours per week on average did you spend exercising?

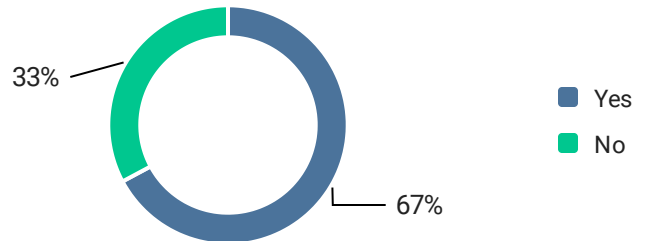
131 Responses



ALCOHOL USE

Over the past 2 weeks, did you drink any alcohol?

131 Responses



BINGE DRINKING BEHAVIOR*

The following question asks about how much you drink. A "drink" means any of the following:

A 12-ounce can or bottle of beer

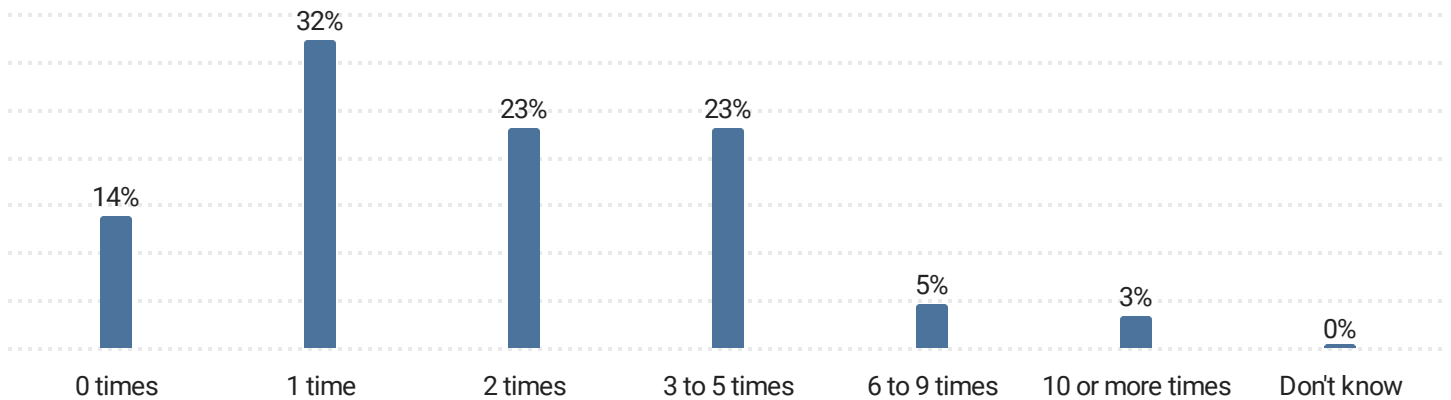
A 4-ounce glass of wine

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) or more drinks in a row?

*Among students who indicated having consumed any alcohol within the past 2 weeks

87 Responses

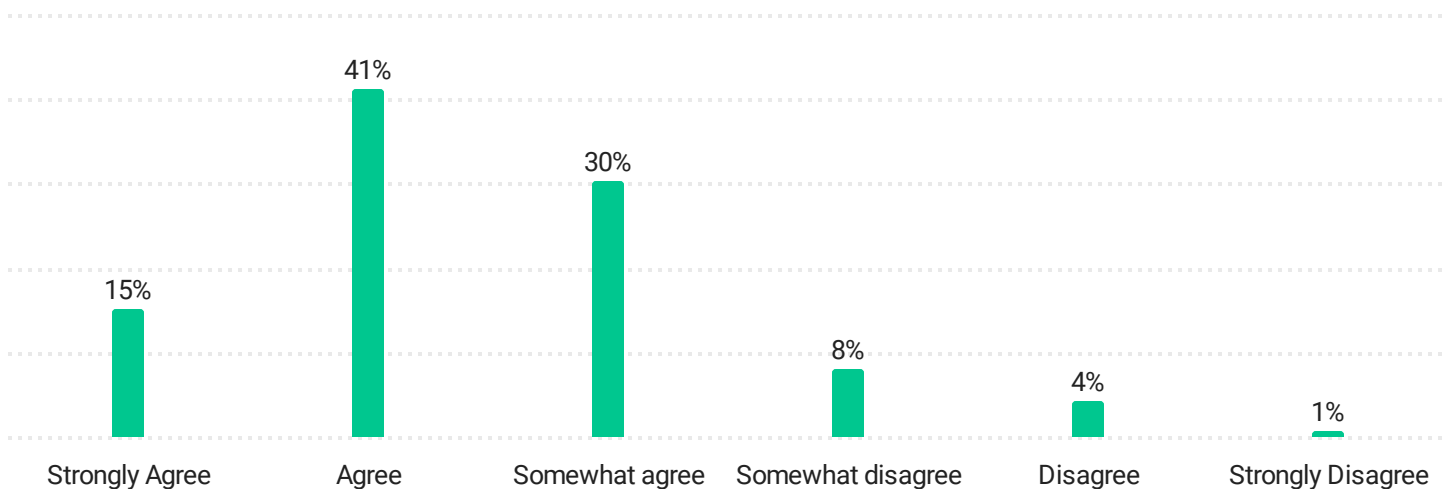


CAMPUS CLIMATE

ANTI-RACISM

How much do you agree with the following statement? I believe my school actively works towards combating racism within the campus community.

138 Responses

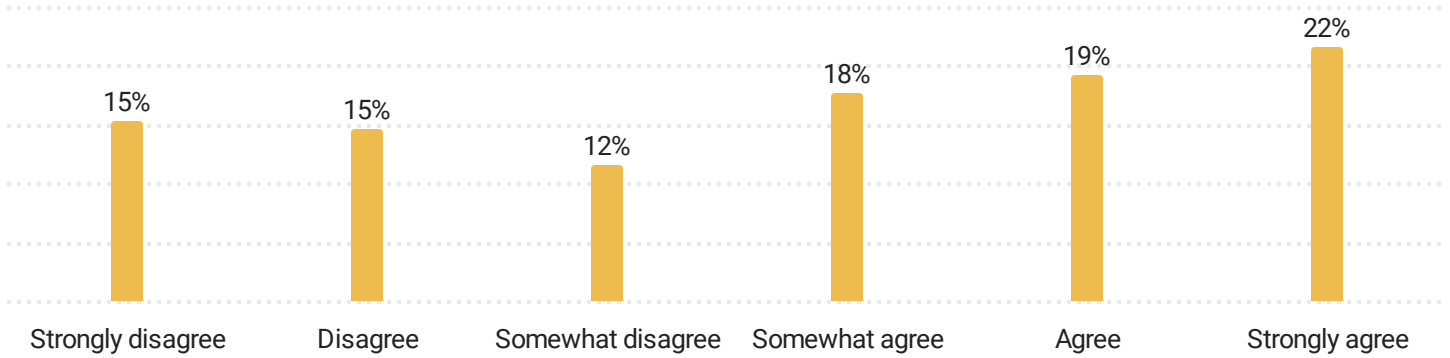


ATTITUDES AND BELIEFS ABOUT MENTAL HEALTH SERVICES

PERCEIVED NEED (PAST YEAR)

In the past 12 months, I needed help for emotional or mental health problems or challenges such as feeling sad, blue, anxious or nervous.

130 Responses

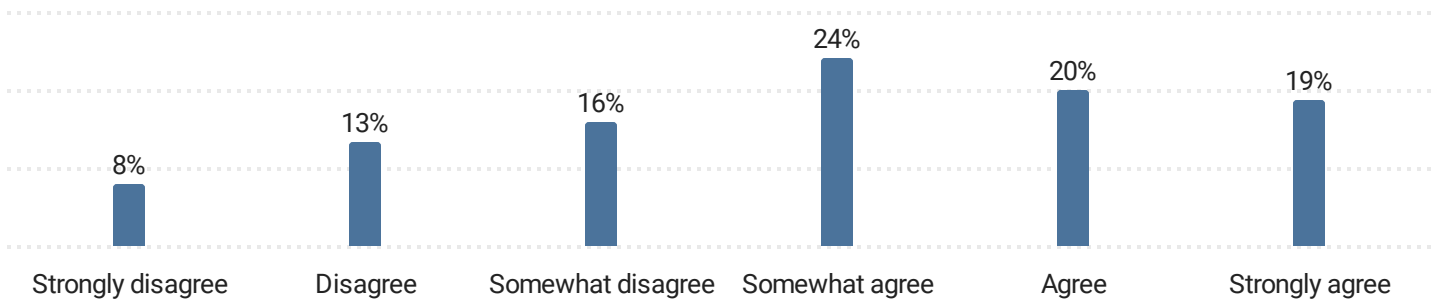


PERCEIVED NEED (CURRENT)*

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

*Among students who indicated they needed help for emotional or mental health problems in the past year

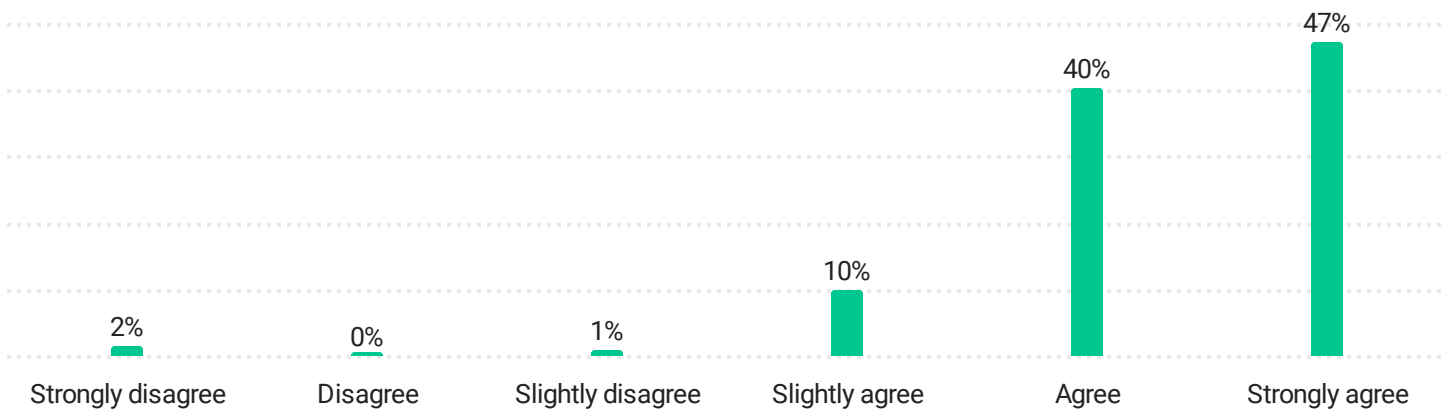
75 Responses



KNOWLEDGE OF CAMPUS RESOURCES

If I needed to seek professional help for my mental or emotional health, I would know where to access resources from my school.

131 Responses



USE OF SERVICES

Prescription Medication Use (Past 12 Months)

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.)

128 Responses

Medication Category	Percentage of Responses
Psychostimulants (e.g. methylphenidate (Ritalin or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexeridine), etc.)	7%
Antidepressants (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), bupropion (Wellbutrin), etc.)	10%
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.)	1%
Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), etc.)	0%
Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)	0%
Other medication for mental or emotional health	2%
Don't know	1%
No, none of these	84%

Prescription Medication Use (Past 12 Months) for Patients with GAD-7 (Score ≥ 10) and PHQ-9 (Score ≥ 10)

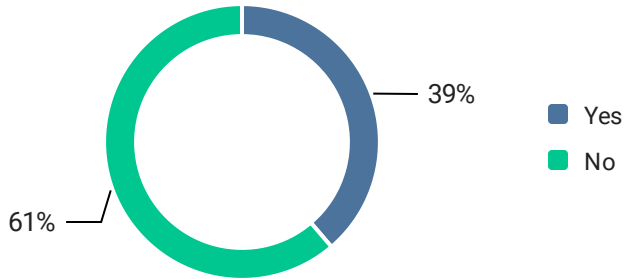
52 Responses

Medication Category	Percentage of Responses
Psychostimulants (e.g. methylphenidate (Ritalin or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexeridine), etc.)	10%
Antidepressants (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), bupropion (Wellbutrin), etc.)	21%
Anti-psychotics (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.)	4%
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.)	0%
Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)	0%
Other medication for mental or emotional health	0%
Don't know	0%
No, none of these	75%

THERAPY USE: LIFETIME*

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

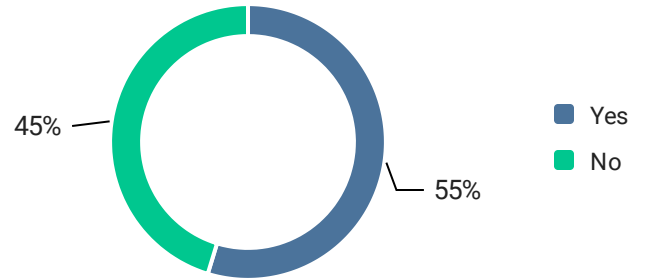
129 Responses



THERAPY USE: LIFETIME*

*Among students screening positive for anxiety (GAD-7 score ≥ 10) or depression (PHQ-9 score ≥ 10)

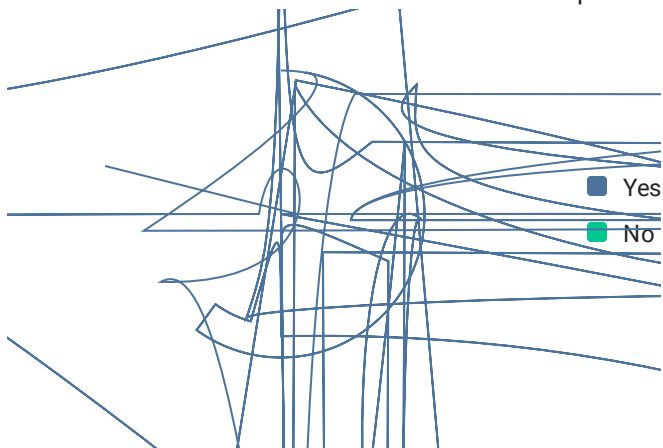
53 Responses



THERAPY USE: PAST YEAR

In the past 12 months, have you received counseling or therapy from a health professional?

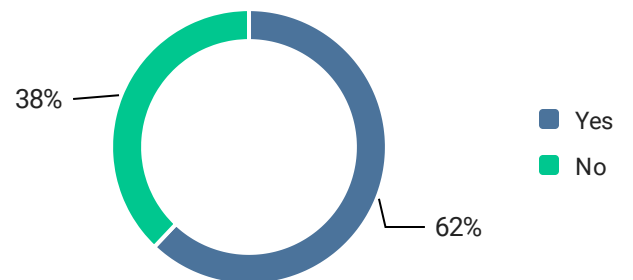
50 Responses



THERAPY USE: PAST YEAR*

*Among students screening positive for anxiety (GAD-7 score ≥ 10) or depression (PHQ-9 score ≥ 10)

29 Responses



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)

Source of Support	Percentage of Responses
Roommate	27%
Friend (who is not a roommate)	40%
Significant other	25%
Family member	29%
Religious counselor or other religious contact	2%
Support group	0%
Faculty member/professor	10%
Staff member	2%
Other non-clinical source	0%
No, none of these	42%

126 Responses

BARRIERS TO HELP-SEEKING*

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

*among students who received mental health services in the past year

Barrier	Percentage of Responses
No need for services	20%
Financial reasons (too expensive, not covered by insurance)	3%
Not enough time	17%
Not sure where to go	0%
Difficulty finding an available appointment	6%
Prefer to deal with issues on my own or with support from family/friends	31%
Privacy concerns	11%
People providing services don't understand me.	9%
Other	6%
No barriers	29%

35 Responses

REFERENCES

MENTAL HEALTH SCREENINGS

Spitzer, R. L., Kroenke, K., Williams, J. B., & Patient Health Questionnaire Primary Care Study Group. (1999). Validation and utility of 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.

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.

Hughes, M. E., Waite, L. J., Hawkey, L. C., & Cacioppo, J.T. (2004). A short scale for measuring loneliness in large surveys. *Research on Aging*, 26(6), 655-672.

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.