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COLLEGE STUDENT MENTAL HEALTH DATA TRENDS | RESPONSES

GLCA Presidential Summit

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ABOUT ME

- 10+ years addressing mental health on college campuses
- Co-Investigator and Lead for Diversity, Equity and Inclusion Projects, Healthy Minds Network
- Former Vice President of Student Health & Wellness, Active Minds
- PhD candidate in Public Health, University of Michigan



AGENDA

SCOPE & TRENDS

How big is the issue? Is it growing over time?

IMPACT

Who is affected and what are the consequences?

RESPONSES

To promote & protect student mental health

HEALTHY MINDS STUDY

- Population data
- Annual, web-based survey
- 2005- Present

- > 300 schools; > 300,000 student participants
- Random sample at each participating institution
- Project of the Healthy Minds Network

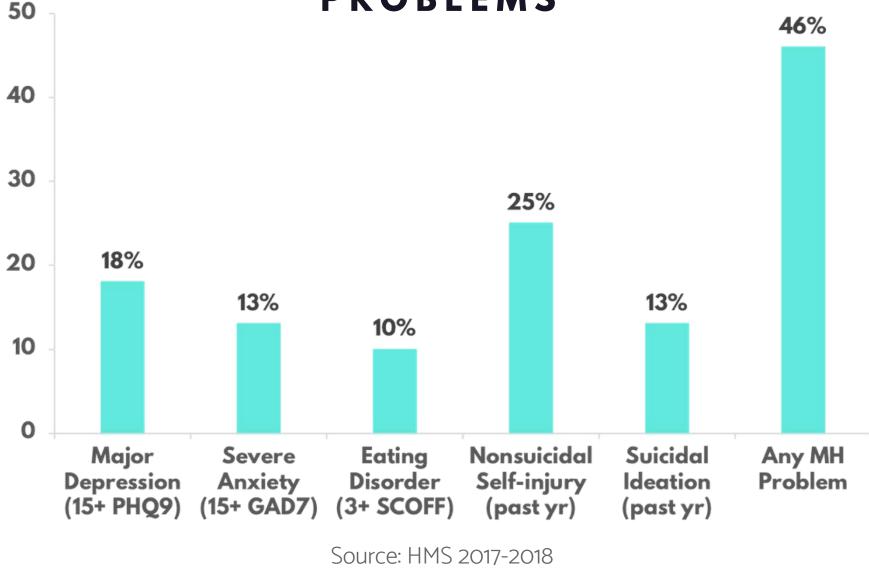


PROBLEM SCOPE

Mental health disorders are common, consequential, and largely untreated on college campuses.

- 46% of students are experiencing a significant issue
- The prevalence of problems is growing
- Almost half of students with a diagnosable problem are not receiving treatment

PREVALENCE OF MENTAL HEALTH PROBLEMS



N=68,427 students, 60 schools

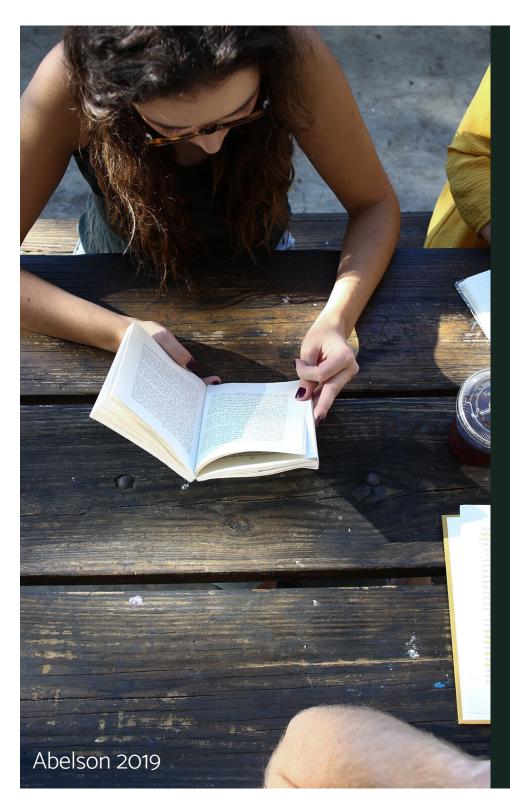
APPROXIMATELY

9.2 MILLON

COLLEGE STUDENTS ARE EXPERIENCING A DIAGNOSABLE MENTAL HEALTH CONCERN

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COMPANY.COM



STUDENTS ARE OVERWHELMED

In last 12 months, % who felt:

Hopeless (53%)

> Overwhelmed (87%)

NCHA 2018 Data

RISING PREVALENCE

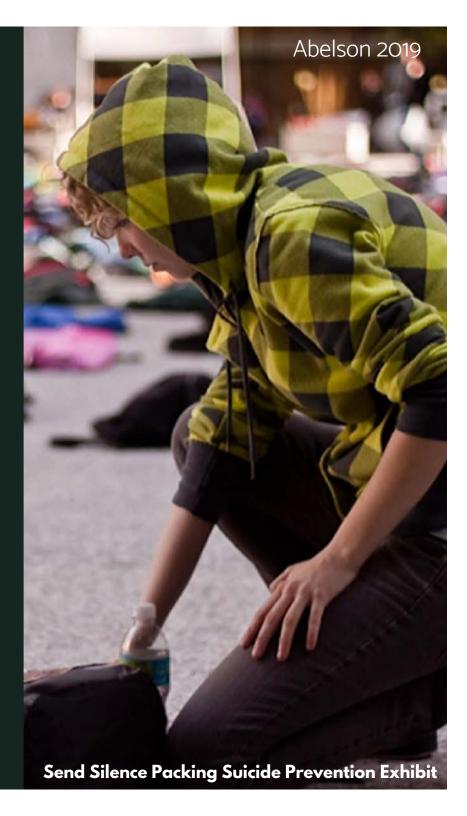
Past year suicidal ideation (Healthy Minds national population data): **13%**

2007

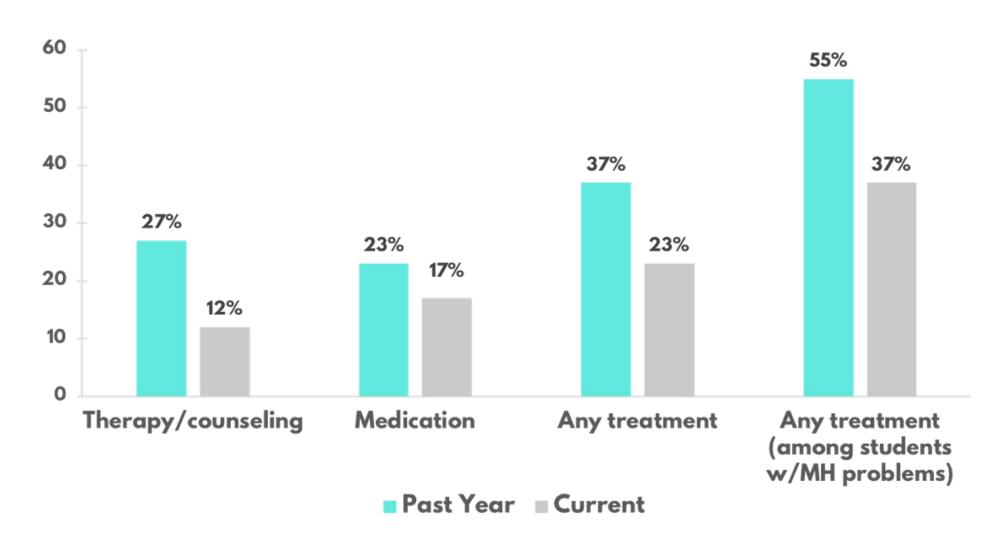
6%

2018

Among students seeking treatment at counseling centers, the percent of students who report having seriously considered attempting suicide rose from 24% in 2010 to 35.8% in 2017 (Center for Collegiate Mental Health)

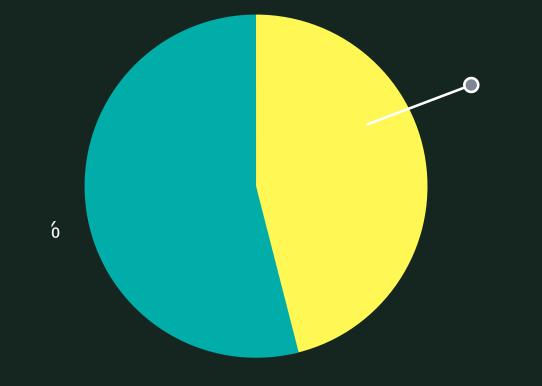


TREATMENT RATES



Source: Healthy Minds Survey 2017-2018

PROBLEM SCOPE

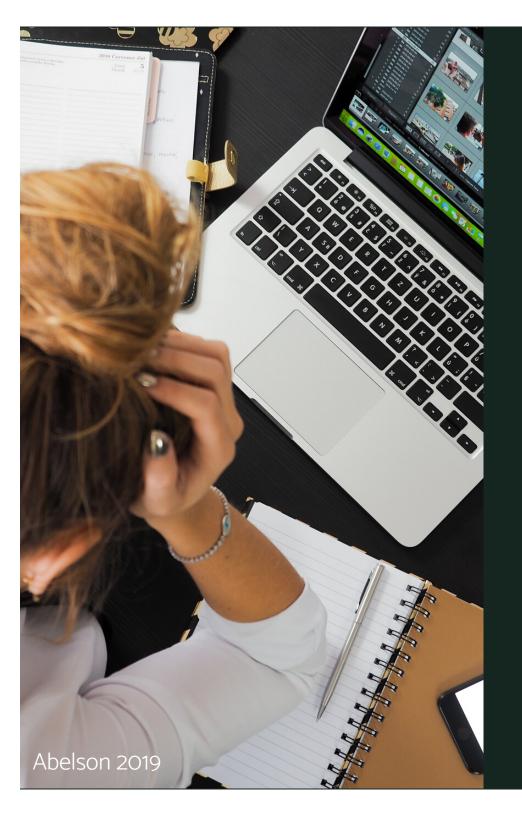


Portion of student body with a significant mental health problem (46%)

PROBLEM SCOPE

Portion of student body with a significant untreated mental health problem (29%)

 Portion currently receiving treatment for a mental health problem (17%)



WHAT ABOUT US?

Institutional Variation

- Odds of depression, anxiety, and suicidal ideation are lower at private, residential, and selective schools
- Treatment rates are higher at private, highly residential, and small schools

Lipson et al. (2015)

WHICH STUDENTS ARE EXPERIENCING HIGHER RATES OF CONCERNS? GENDER MINORITIES

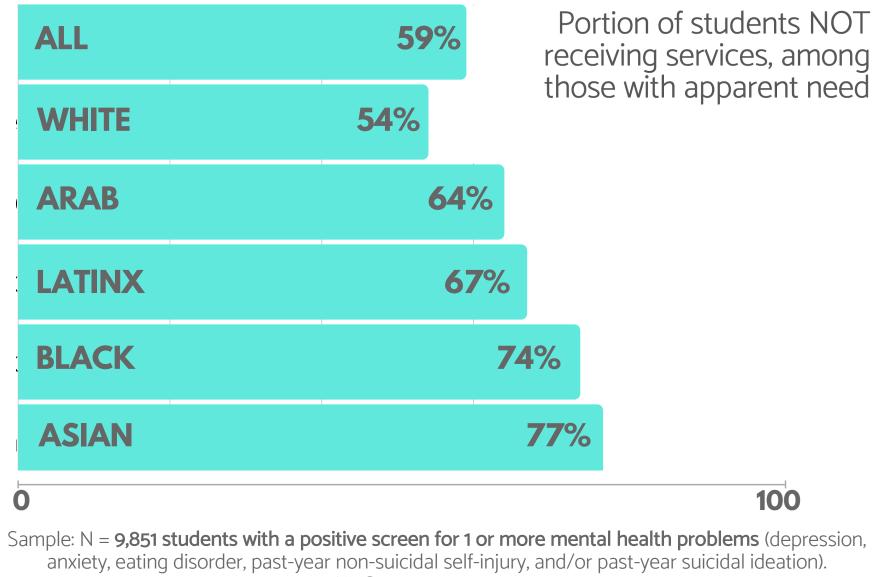
57% meet criteria for depression compared to 28% of cisgender students

Lesbian, gay, bisexual and queer students have a substantially elevated risk for mental health problems (nearly double) compared to heterosexual students

LEAST LIKELY TO RECEIVE TREATMENT? INTERNATIONAL STUDENTS OF STUDENTS COLOR

In multiple studies, Asian international students have shown the lowest rate of helpseeking of all students Abelson 2019 Of students with symptoms of a disorder, far fewer Latinx, African American, and Asian students are diagnosed and treated than White students

PAST-YEAR TREATMENT GAP VARIES BY RACE/ETHNICITY



Data: HMS 2012-2015; 60 campuses

100

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Citation: Lipson et al. (2018) Journal of Adolescent Health

RISK FACTORS (HEALTHY MINDS DATA)

FINANCIAL STRESS

60% prevalence of mental health problems among students experiencing frequent financial stress



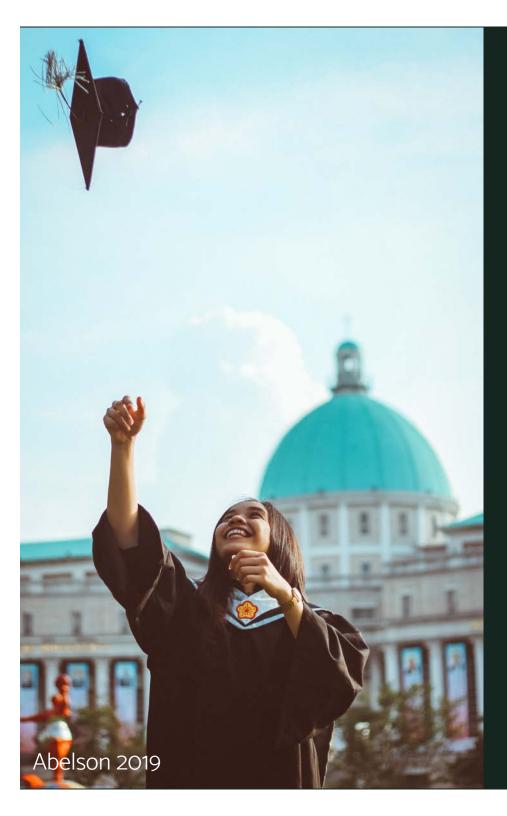
67% prevalence among students who report having experienced abuse/assault

SLEEP PROBLEMS

17% prevalence among students with minimal to no sleep problems; 88% among students with severe sleep problems

DISCRIMINATION

More frequent experiences of discrimination are associated with significantly more symptoms of depression and anxiety



CURRENT ISSUES with implications for mental health

- Rising costs of college
- Hostile and tense campus climates
- Rising incidence of hate crimes
- Increasing use of social media
- Opioid Crisis
- Campus sexual assault



WHY CARE?

COLLEGE OFFERS A CRITICAL TIME AND UNIQUE OPPORTUNITY FOR INTERVENTION

Early prevention, detection and treatment:

- Saves lives
- Improves academic outcomes, career trajectories, lifetime earnings, health, relationship satisfaction and more

being depressed in college is associated with

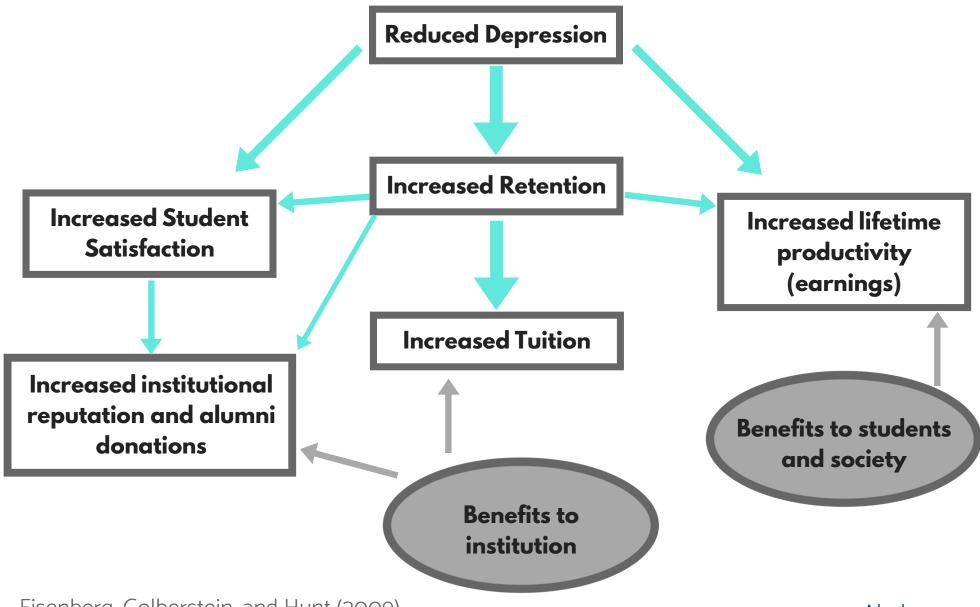


ACADEMIC IMPACTS

Untreated mental health disorders are associated with lower GPA, enrollment discontinuity, and drop-out

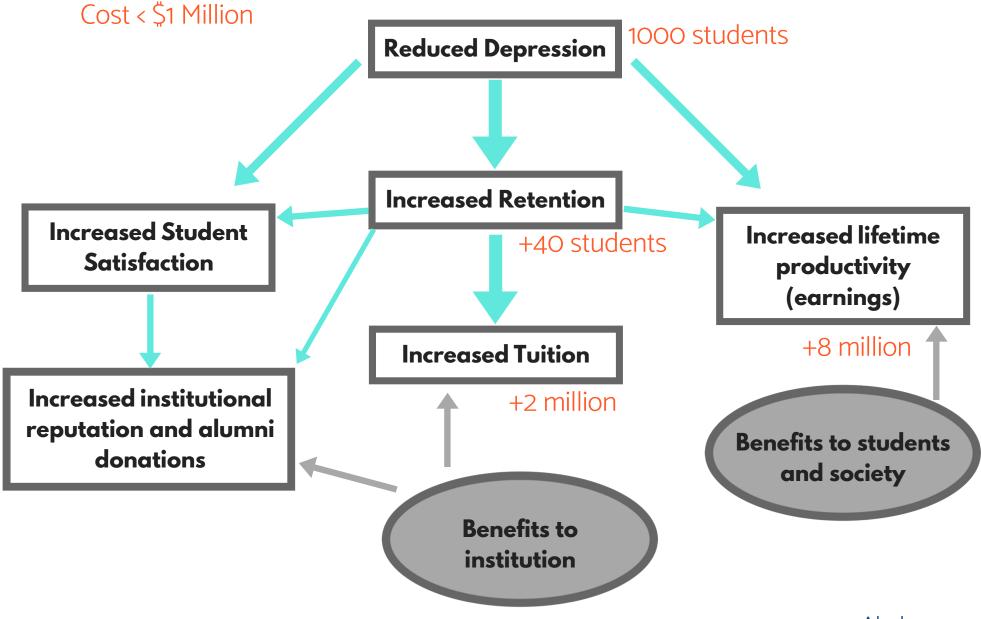
76% of students report their mental health interfered with their academics 1 or more days in the last month

ECONOMIC CASE FOR INVESTING IN STUDENT MENTAL HEALTH



Eisenberg, Golberstein, and Hunt (2009)

ECONOMIC CASE FOR INVESTING IN STUDENT MENTAL HEALTH



Eisenberg, Golberstein, and Hunt (2009)

RESPONSES NATIONALLY

KEY PLAYERS

Campus Mental Health

Active Minds Jed Steve Fund AUCCCD/ACCA HEMHA

Mental Health Nationally

MHA NAMI AFSP ACA/APA Crisis Text Line/NSPL Trevor Project MHFA QPR Kognito Health/ Well-being

ACHA 20x30 NIRSA Campus Well-being Initiative: ACS/PHA Everfi BHAC NCAC

Higher Ed

ACE AAC&U ACUE BToP GLCA NASEM

Funders

SAMHSA GLS NIMH RWJF Peg's Foundation BCBS Foundation

Measurement

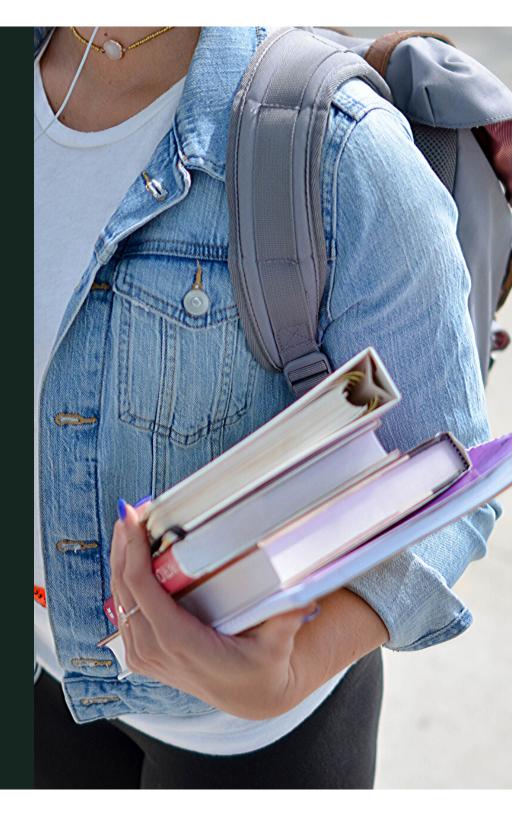
Healthy Minds CCMH AUCCCD NCHA HERI CIRP NRCCCHE

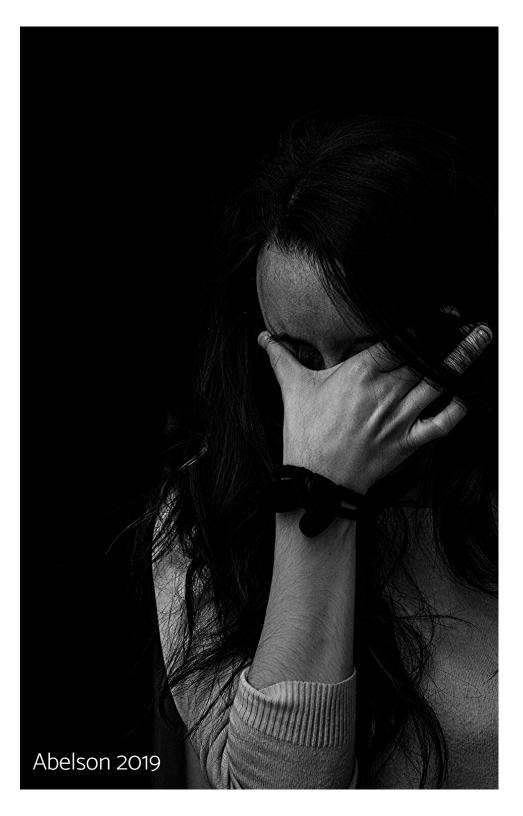
CAMPUS RESPONSES

To promote & protect student mental health

PUBLIC HEALTH APPROACH

- Address basic needs
- Develop life skills
- Promote social networks
- Identify students at-risk
- Encourage help-seeking
- Enhance mental health services
- Restrict access to potentially lethal means
- Crisis management





BASIC NEEDS

Food and Housing Insecurity:

- Experienced by about 45% of students at 4yr colleges
- Undermines educational experiences & credential attainment
- Associated with poor physical health, symptoms of depression, & higher perceived stress

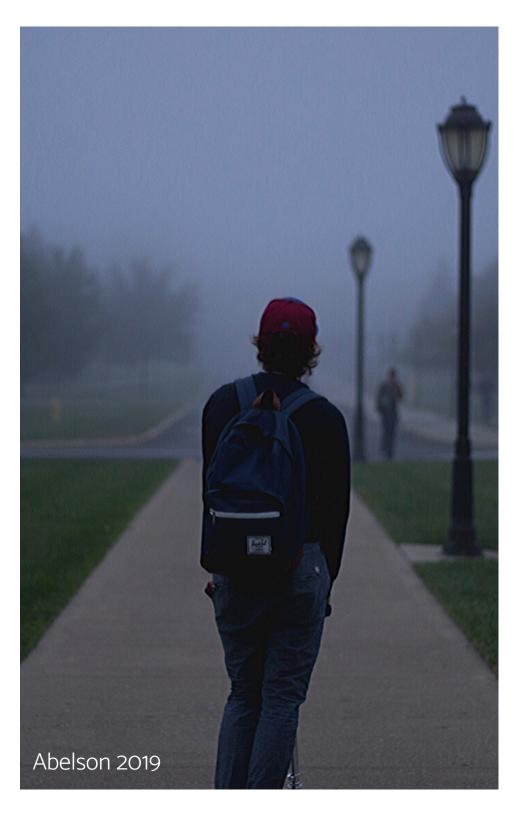
Data from the Hope Center #realcollege Survey



PROMOTE SOCIAL NETWORKS

- Important protective factor
- Students turn to each other when in distress
- Peer outreach reduces stigma, enhances knowledge, improves climate & increases help-seeking

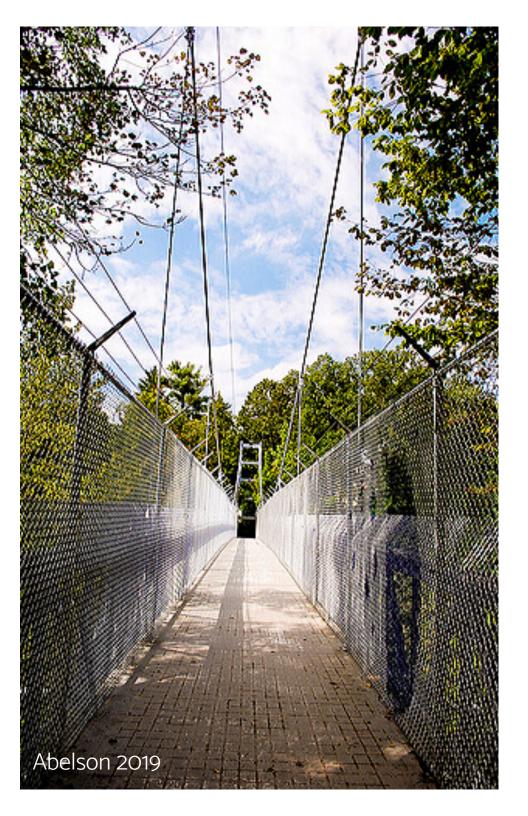
Efforts include Active Minds, peer-support programs, ResLife efforts, cultural centers, experienced-based support resources (e.g. for first-generation or DACA students), and more



PROVIDE MENTAL HEALTH SERVICES

Campuses are:

- Embedding counselors in units & departments across campus
- Expanding screening & treatment through Stepped Care and triage models
- Harnessing technology and mobile options
- Addressing inequities



RESTRICT ACCESS TO LETHAL MEANS

May involve building design, bridge barriers, parking structure signage, gun policies, medicine take back/buy back events, and more

www.hsph.harvard.edu/means-matter/





CAMPUS RESPONSES LIFE-COURSE APPROACH



Matricultatio n



Orientation

Preenrollment







Stress points/Risk periods

Transition out Abelson 2019

CAMPUS RESPONSES EMBEDDING ACROSS SETTINGS



Physical spaces



Campus culture & climate



TEXAS WELL*BEING Promoting Well-being in UT Learning Environment

Learning environments



Policies

WE CAN DO MORE

RESOURCES:

HEALTHY MINDS WHITE PAPERS, ANNUAL DATA REPORTS & DATA INTERFACE

healthymindsnetwork.org/research

HEALTHY MINDS ROI CALCULATOR

healthymindsnetwork.org/research/roi-calculator

AMERICAN COUNCIL ON EDUCATION "INVESTING IN STUDENT MENTAL HEALTH" BRIEF

https://tinyurl.com/yxkrzo3/

THANK YOU

FOR INVESTING IN STUDENT MENTAL HEALTH

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