

Early Results from the *UM Healthy Minds Study*

March 14th, 2006

Overarching Research Goal

- Identify opportunities to improve mental health in university student populations.

Research Team

- Daniel Eisenberg (daneis@umich)
- Ezra Golberstein (egolber@umich)
- Sarah Gollust (sgollust@umich)
- Jennifer Hefner (jhefner@umich)

Acknowledgements for Ideas

- Survey Sciences Group (Scott Crawford, Brian Hempton, Sara Showen, Jennifer Sinabaldi)
- Woody Neighbors, Jamie Abelson
- Paula Lantz, Kyle Grazier, Ken Warner, Peter Jacobson, Rich Hirth, Sandro Galea, Gary Freed
- Finding Voice (Karen Latus, Katie Roeder, Melanie Leduc and others)
- University Health Services (Bob Winfield)
- CAPS (Todd Sevig, Johanna Soet)
- UM Depression Center (John Greden, Tom Carli, Cheryl King, Rachel Glick, Gail Campanella, and others)
- Psychiatric Emergency Services (John Kettley, Rachel Glick)
- Office of Student Affairs (Stephanie Pinder-Amaker, Malinda Matney)
- Rackham Graduate School (Jayne London, Pat McCune and others)
- UC-Berkeley Mental Health Task Force (Temina Madon, Brian Quinn, Jenny Hyun and others)
- UM Substance Abuse Research Center (Sean McCabe, Carol Boyd)
- Friends, students, family, and others who tested our survey and gave many suggestions

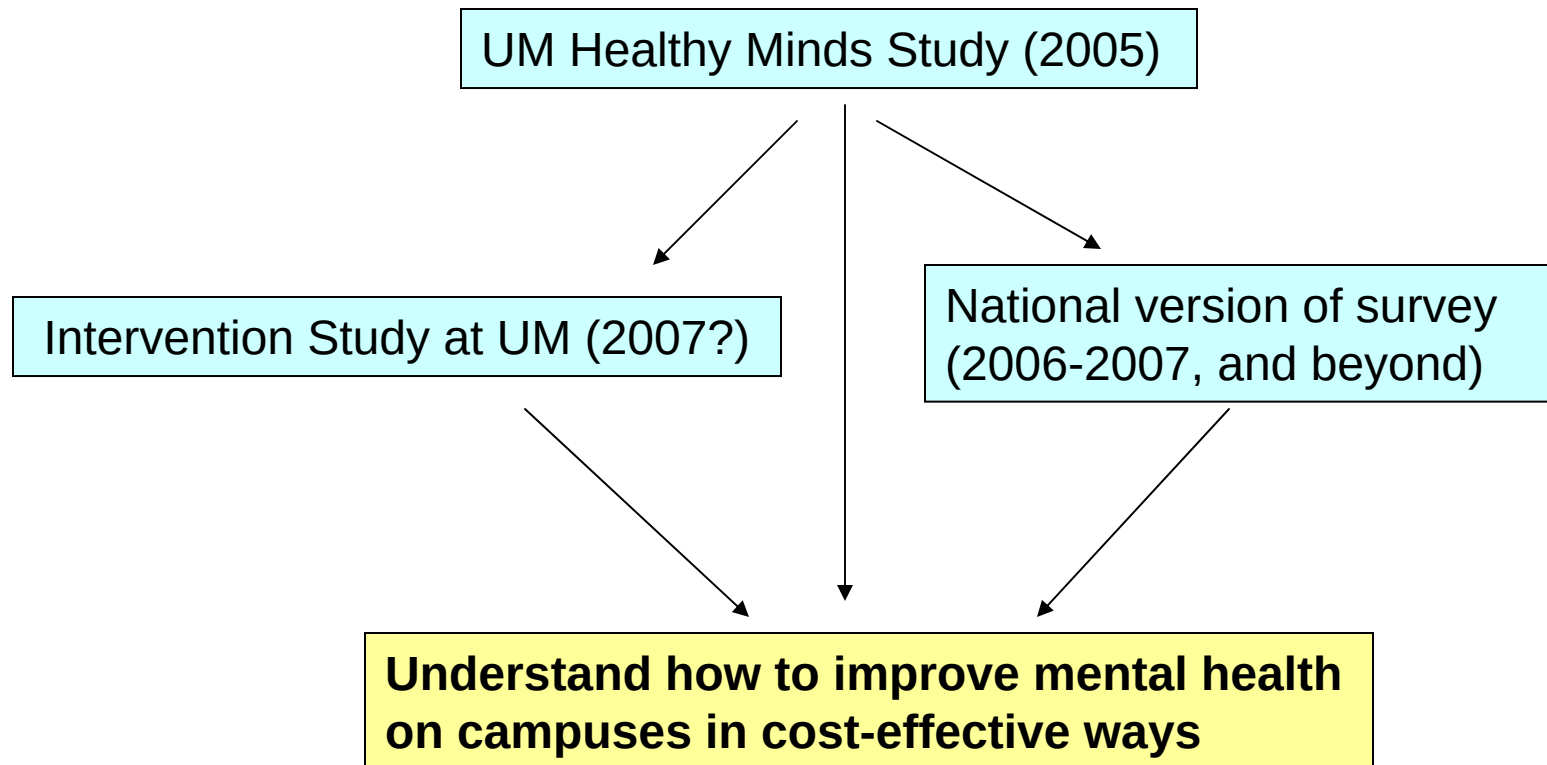
Acknowledgements for Funding

- Blue Cross Blue Shield Foundation of MI
 - Investigator-initiated Grant
- OVPR/SPH pilot research grant
- McNerney Award
- Rackham Spring/Summer Faculty-Student Partnership Grant

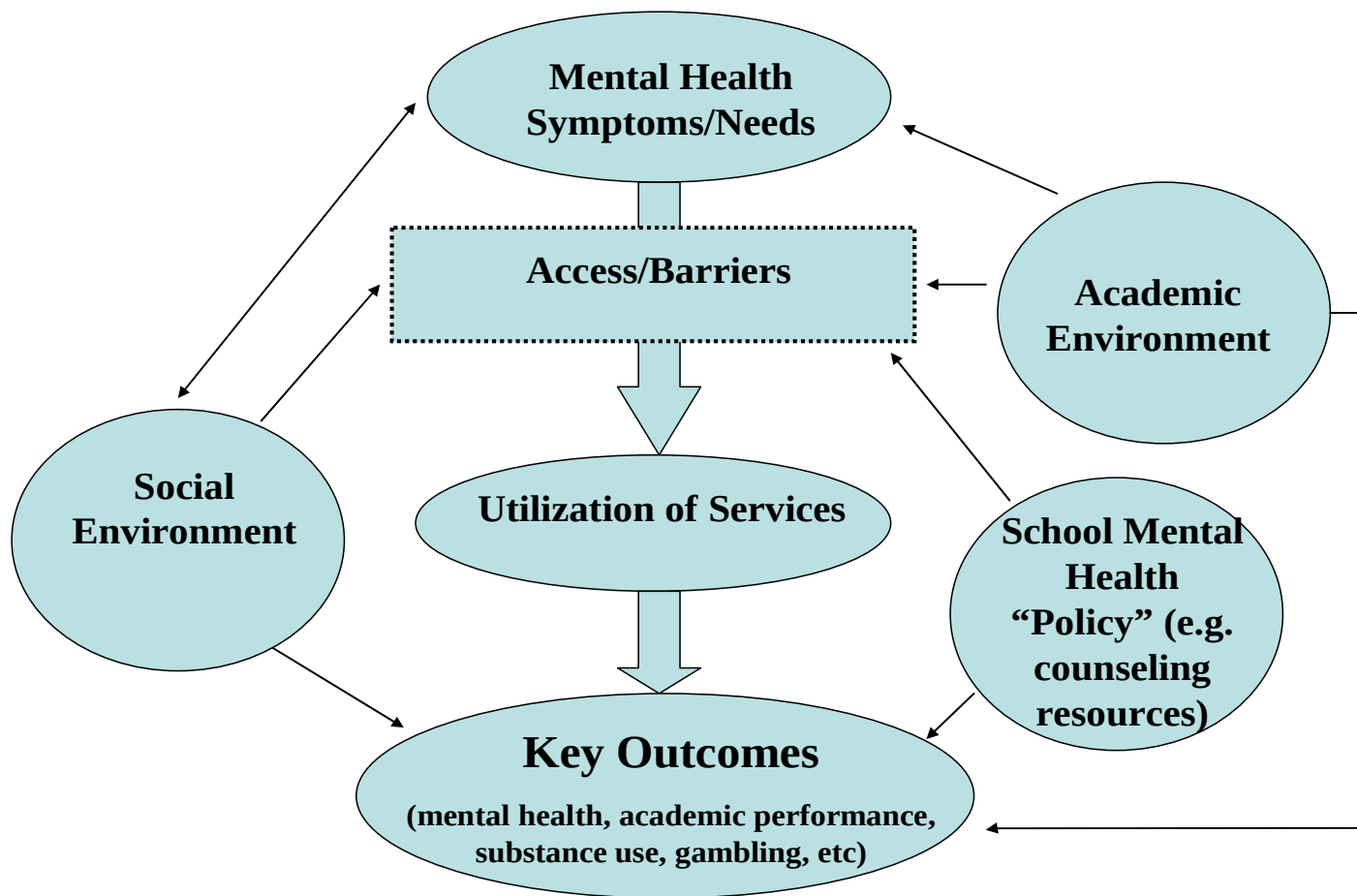
Why Do This Study?

- Evidence of large and growing problem
 - Half of all lifetime cases of mental disorders start by age 14 and three fourths start by age 24*
 - 86 percent of college counseling centers report increases in students with severe mental and emotional problems in recent years**
- Mental health associated with academic performance, substance use, work productivity
- *Not much known about how this problem is being addressed and what is effective*
- *Concern about value and costs of interventions*

Broader Research Agenda



Conceptual Framework for Healthy Minds Study



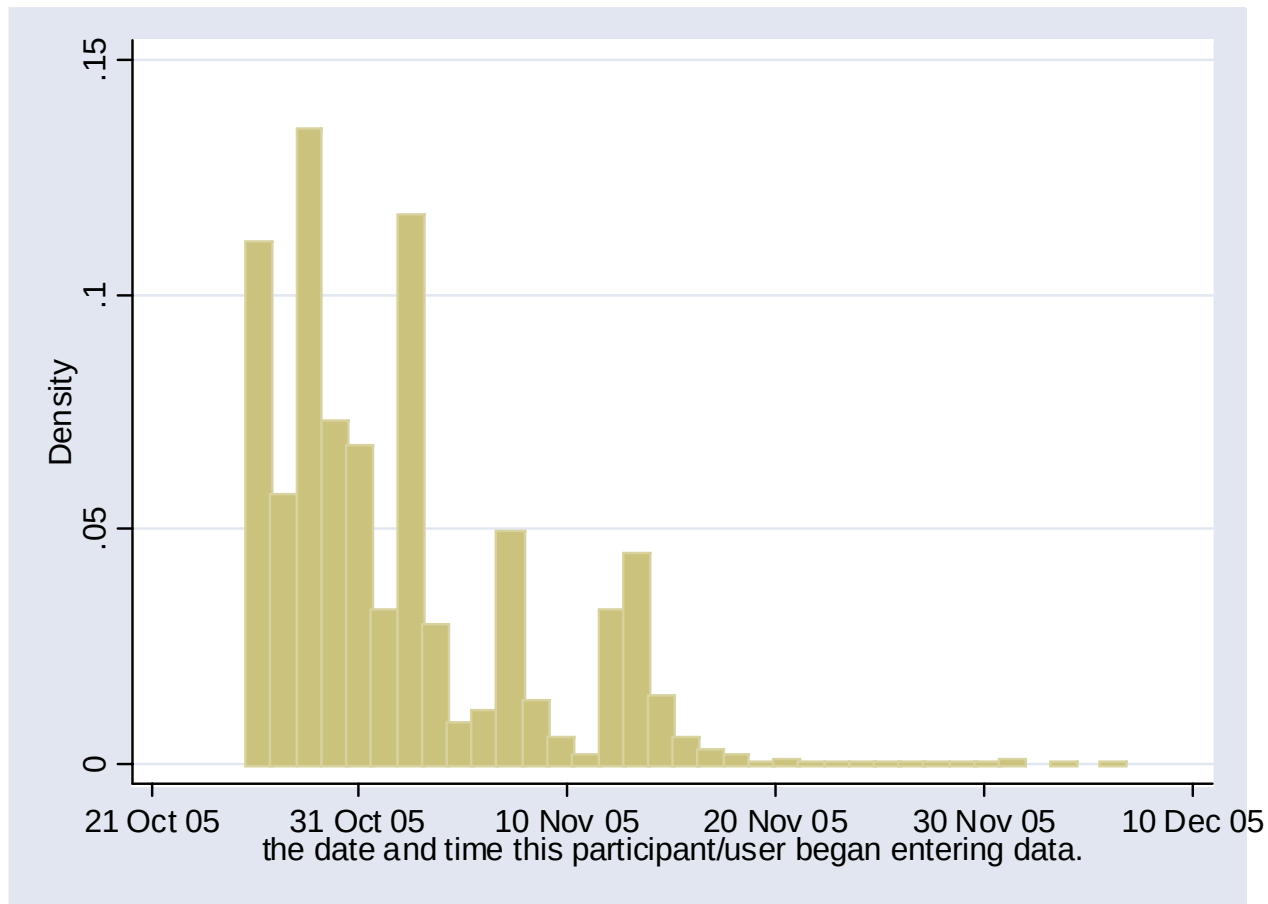
Specific Research Topics

- Prevalence of mental health problems
- Utilization of services
- Barriers to services (particularly role of stigma)
- Satisfaction with services
- Relationships of academic environment and social support to mental health and service use
- Relationships of substance use, gambling, exercise, and academic performance to mental health

Data Collection

Primary Survey

- Invited 5,021 students in October 2005



Non-Respondent Survey

- NR survey invited a random sample of 500 non-respondents and used a different recruitment strategy
 - Pre-mailing with \$5 incentive
 - Multiple data collection modes
 - Email, paper survey, telephone
 - More aggressive recruitment
 - Purpose is to test for differences between responders and non-responders

RESULTS

Summary of Sample

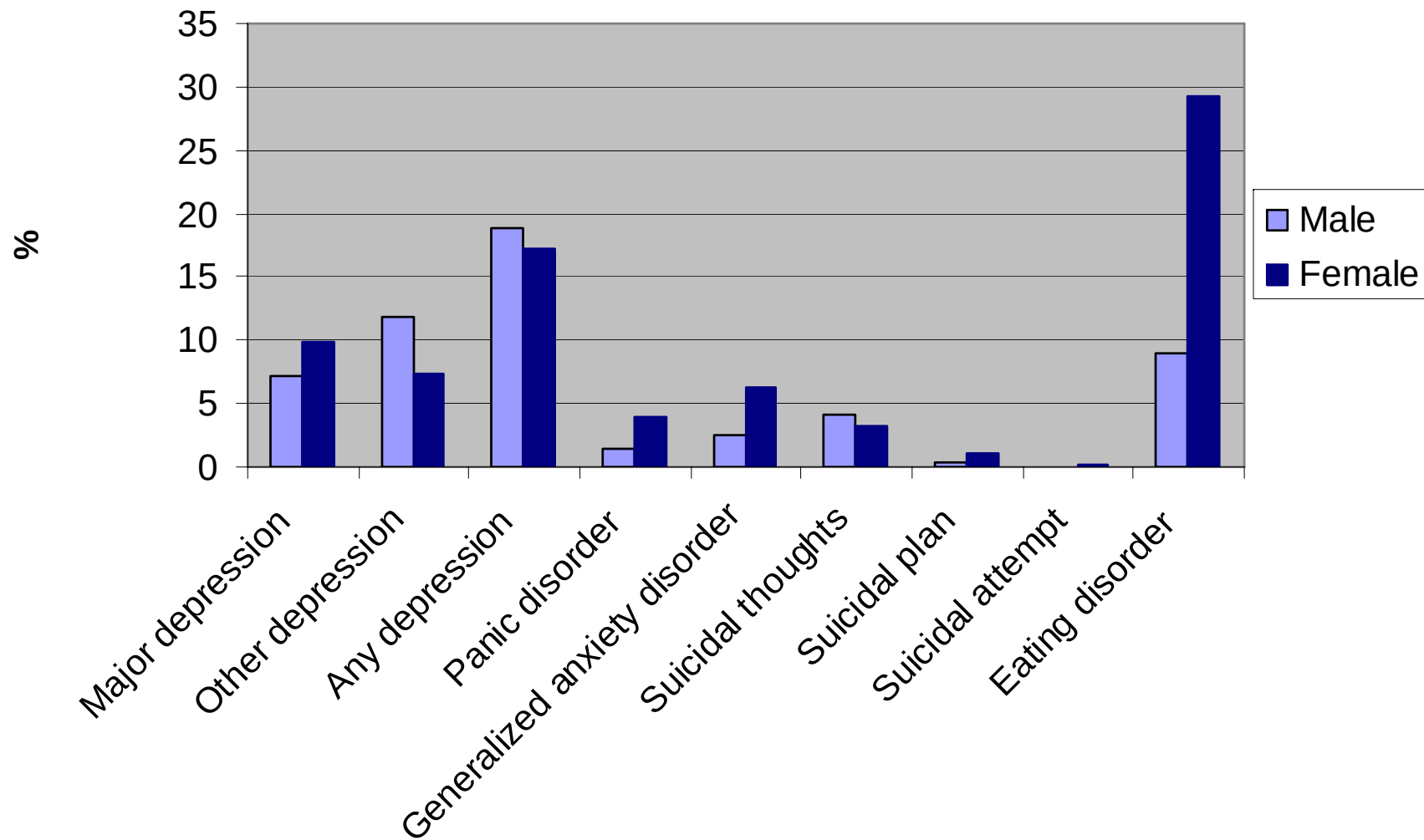
- N=2,828 completed surveys
 - > 56.3% response rate
 - (48% for undergrads, 65% for grad students)
- Largely representative of whole student population in terms of demographics

Prevalence of Mental Health Problems

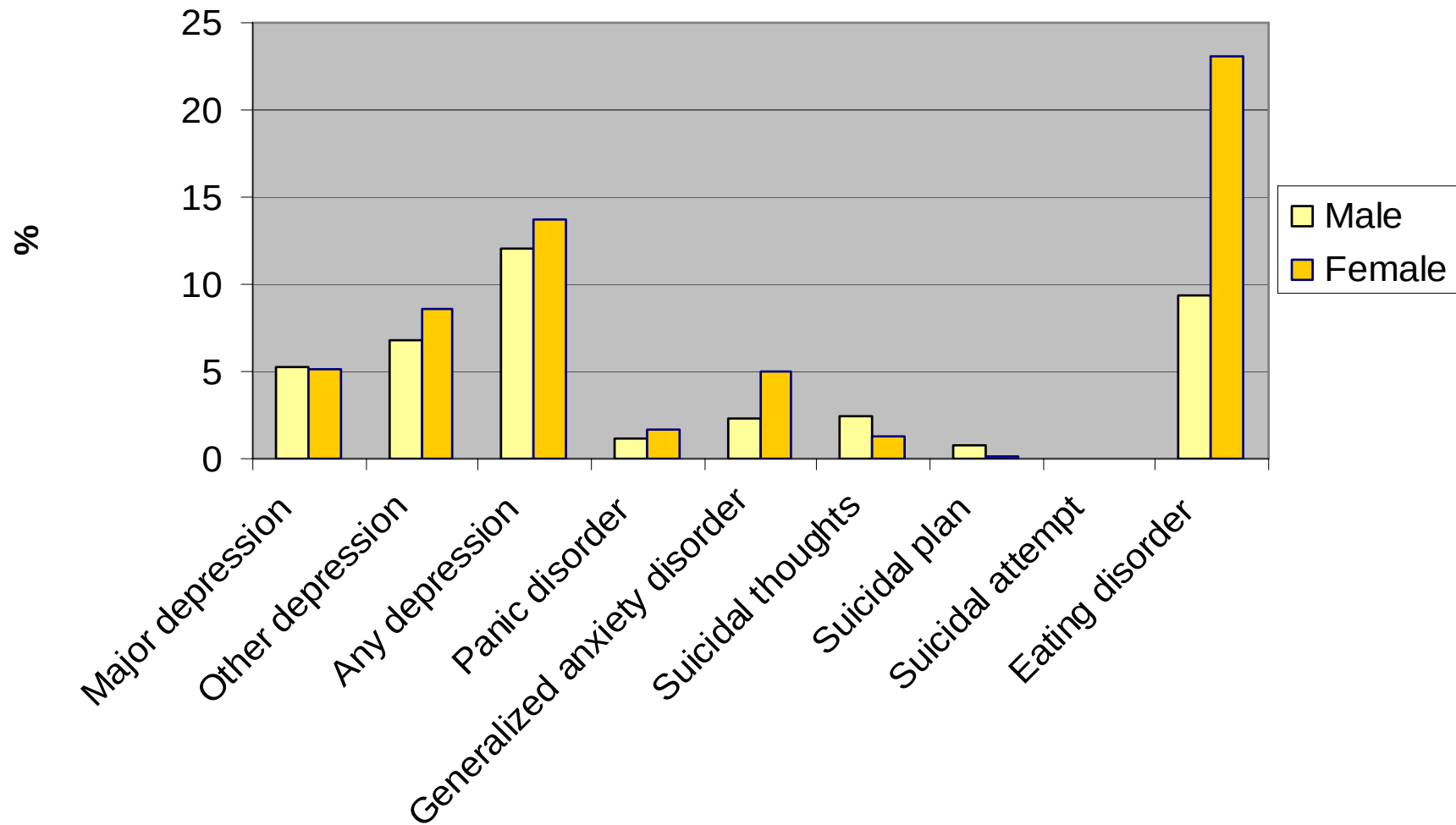
Mental Health Problems

- *Depression* (PHQ-9 instrument)
 - Major depression
 - Other depression
- *Anxiety* (PHQ series of questions)
 - Panic disorder
 - Generalized anxiety disorder
- *Eating disorders* (SCOFF, 5 questions)
- *Suicidal* thought and behaviors
- Non-suicidal *self-injury behavior (SIB)*
- *Functional limitations*
 - Missed class or other academic obligations
 - Affected academic performance
- Lifetime *diagnoses*

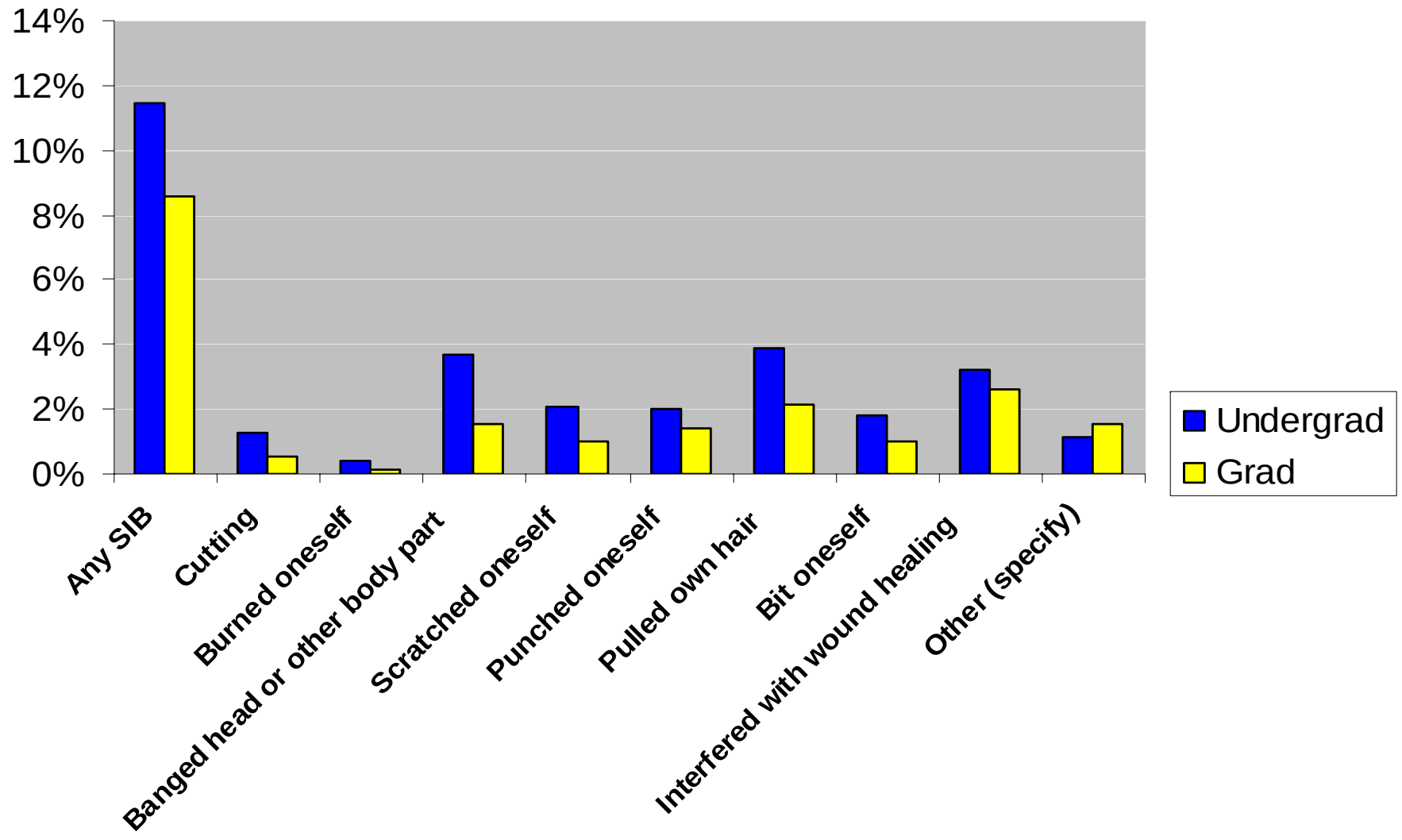
Prevalence of Problems: Undergrads



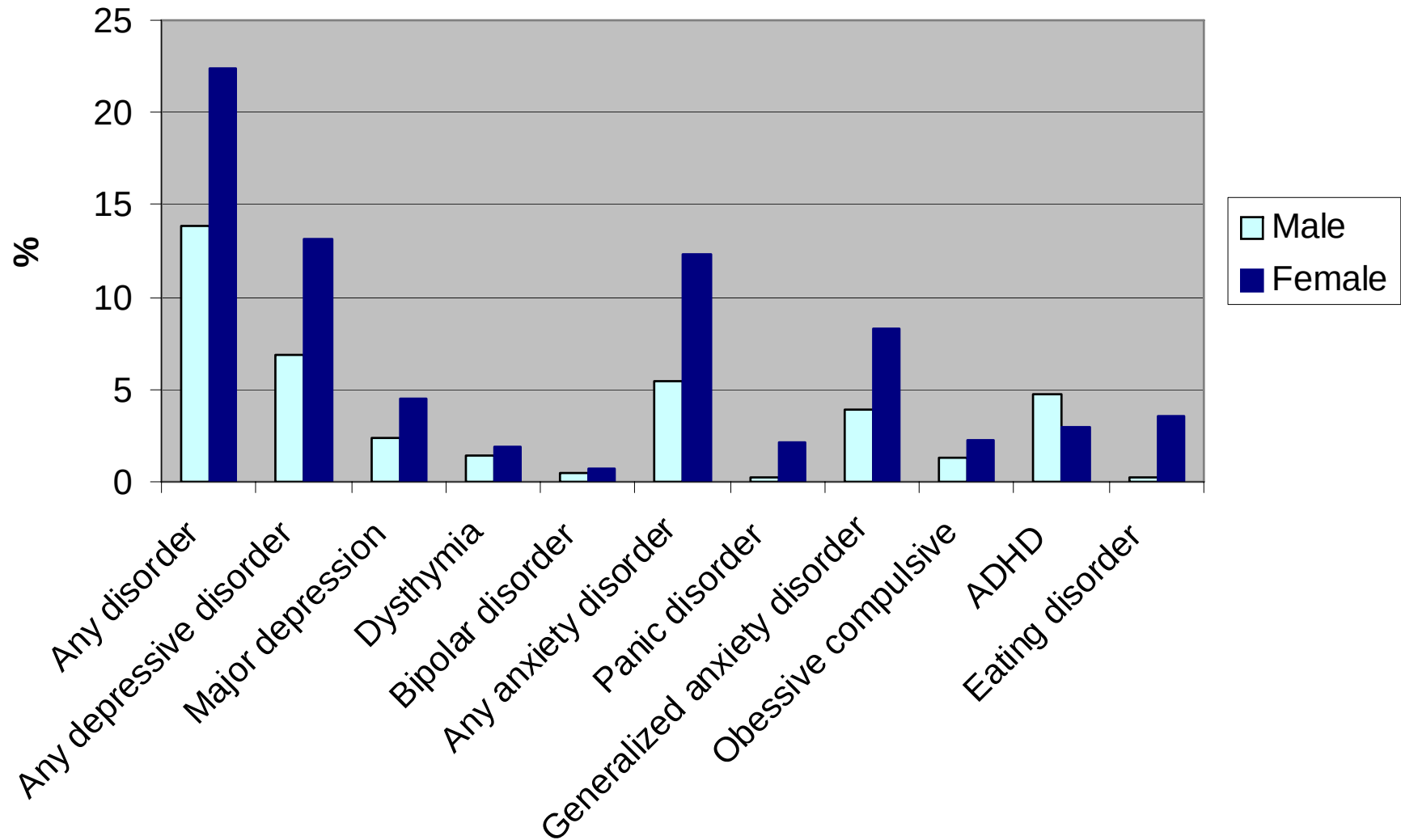
Prevalence of Problems: Grad Students



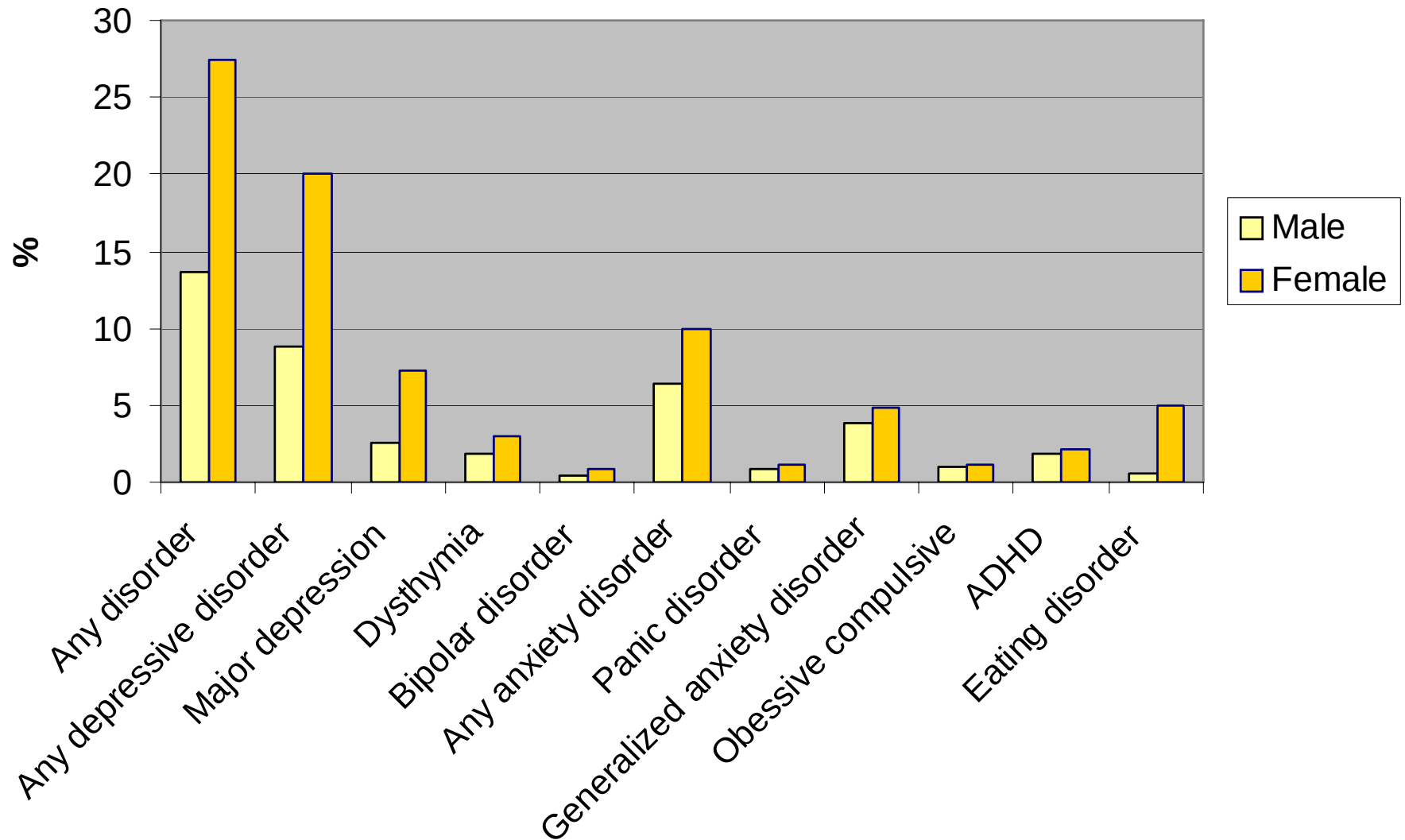
Four-week Prevalence of Self-Injury Behavior (All Students)



Lifetime Diagnoses: Undergrads



Lifetime Diagnoses: Grad Students



Lessons From Prevalence Data

- Mental health problems are somewhat more common among undergrads
- Depression (17%) and eating disorders (18%) are by far the most common disorders
- Non-respondent survey suggests these numbers are slight overestimates
- Most prominent risk factors for mental health problems:
 - Past and current financial struggles
 - Female
 - Bisexual or gay/lesbian/queer
 - 2nd year or 3rd year of program (relative to 1st)
 - Affected by Katrina

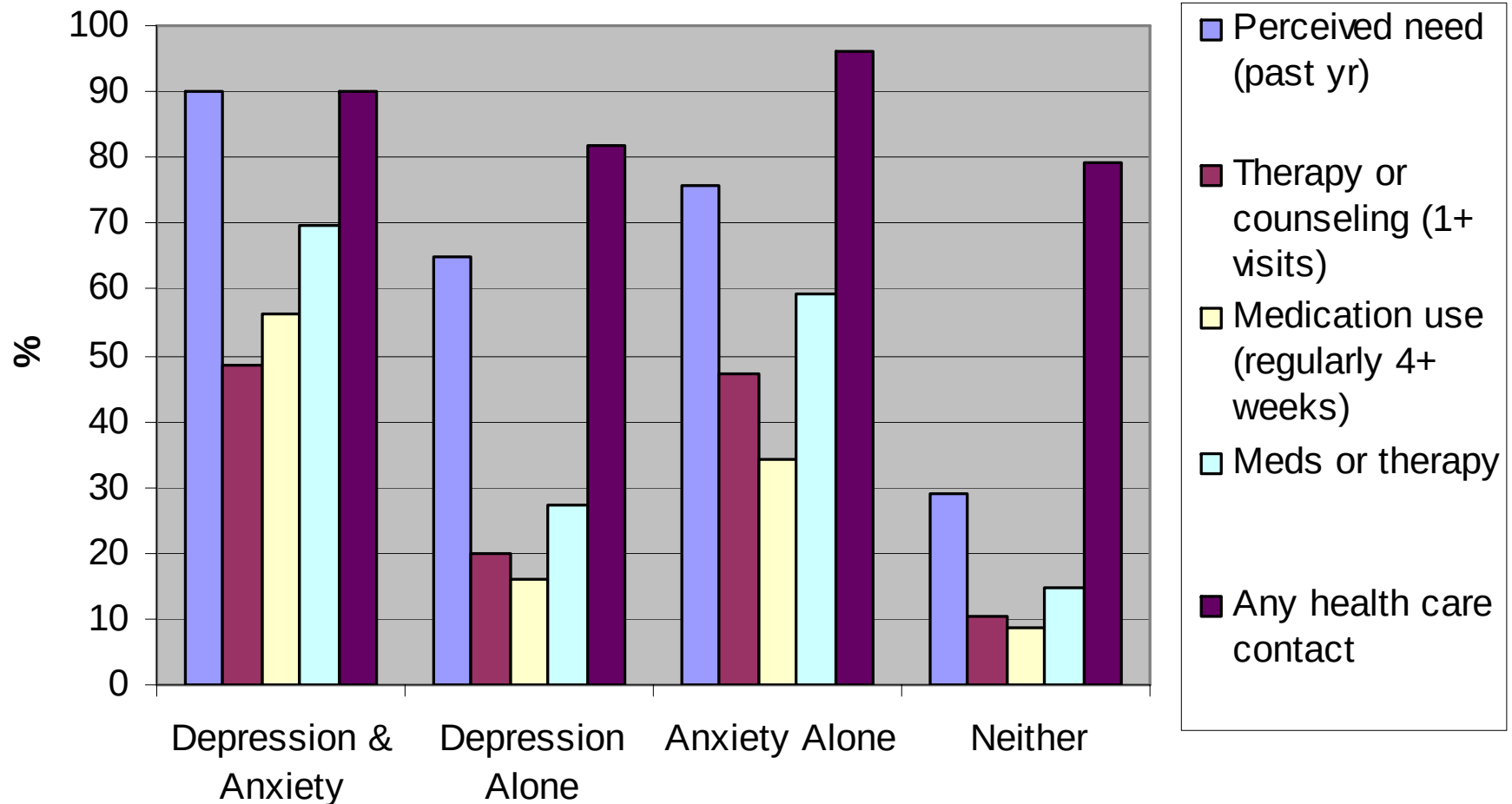
Mental Health and Health-related Behaviors

Summary of Findings

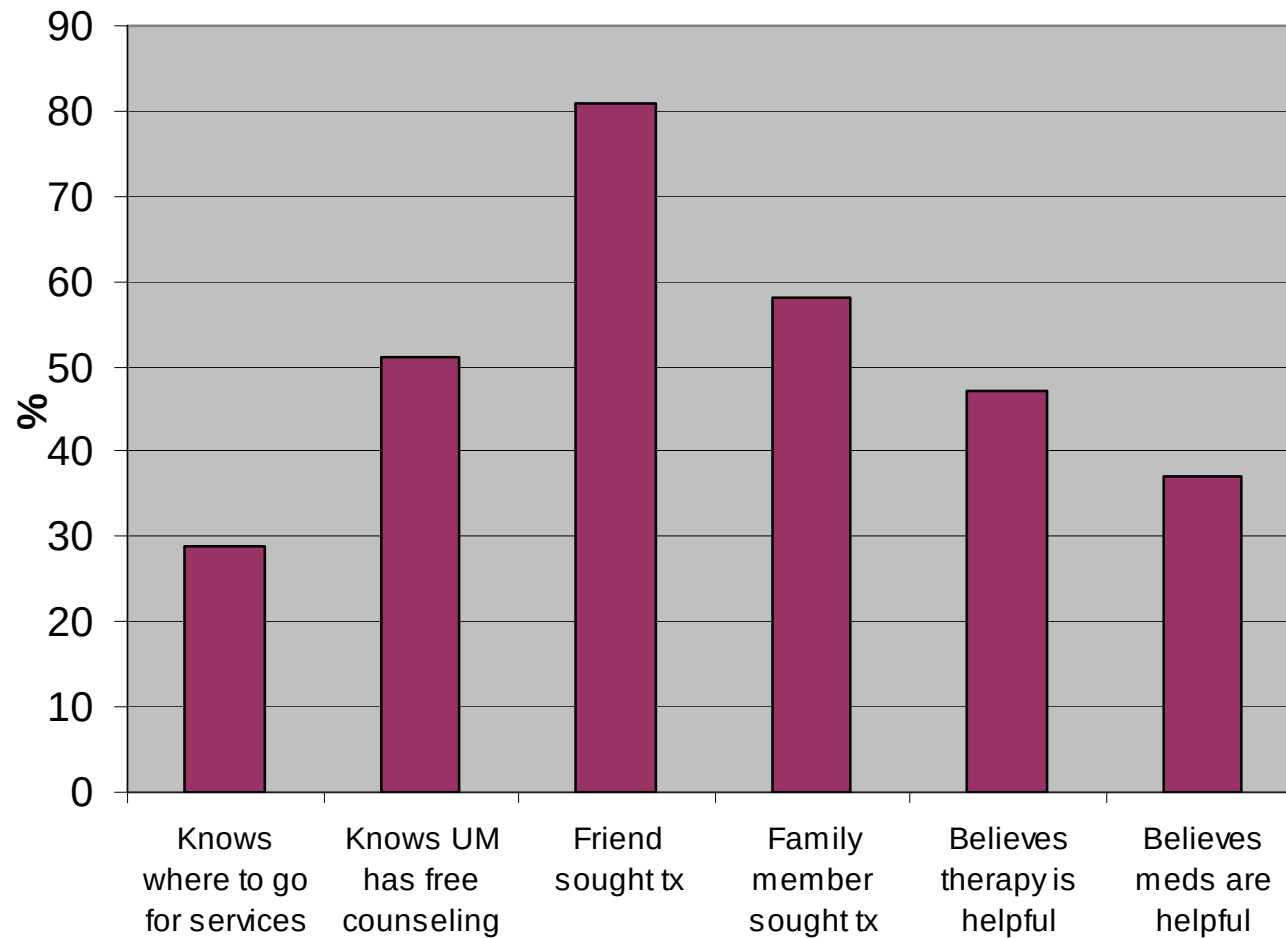
- **Smoking** daily is associated with being twice as likely to have a probable depression and anxiety disorders
- **Exercising** at least one hour per week is associated with being only 0.6 times as likely to have probable major depression
- **Binge drinking, marijuana use, and gambling** are not associated with depression or anxiety

Mental Health Service Utilization and Barriers to Utilization

Utilization in Past Year, by Mental Health Status



Awareness and Beliefs about Services: Students with Probable Depression Who Did Not Receive Services



Health Insurance Status: Students with Probable Depression

- 94% of students with probable depression have health insurance
- Of those with insurance but without mental health service use in past year, 53% checked “I have no idea” regarding whether they have *any* coverage for local therapy/counseling visits

Barriers to Service Use for Service Users in Past Year

- Don't have time (45%)
- Stress is normal in school (34%)
- Problem will get better by itself (26%)
- Financial reasons (24%)
- Waiting time to appointment too long (18%)
- I worry what others will think of me (18%)
- No barriers I can think of (18%)
- I question the quality of options (17%)

Barriers to Services for Non-users

- Stress is normal in school (29%)
- Problem will get better by itself (17%)
- Don't have time (15%)
- I worry what others will think of me (8%)

Predictors of *Perceiving Need* for Services in Past Year

- Positive predictors (more likely)
 - Probable mental disorder
 - Female
 - Gay/lesbian/queer
 - Bisexual
 - Current finances are tight (relative to no problem)
- Negative predictors (less likely)
 - In a relationship
 - Chinese/Chinese-American

Predictors of *Using Services* (Meds or Therapy) in Past Year

- Positive predictors (more likely)
 - Probable mental disorder
 - Age 26+ (relative to 18-22)
 - Female
 - Gay/lesbian/queer
 - 3rd year (relative to 1st year)
 - Well-to-do growing up (relative to “comfortable” growing up)
- Negative predictors (less likely)
 - Chinese/Chinese-American
 - Korean/Korean-American
 - Indian/Indian-American or Pakistani/Pakistani-Amer.
 - *Poor growing up*
 - Married

Lessons from Utilization and Barriers Data

- Majority of students with apparent mental disorders have not received any services *in past year*
- This “unmet need” appears related to:
 - Lack of a perceived need for services
 - Lack of awareness of service options and insurance coverage
 - Negative attitudes about effectiveness of treatment
 - Poorer socioeconomic background
 - Lack of time
 - Belief that problem will get better on its own or that it is normal for being in school

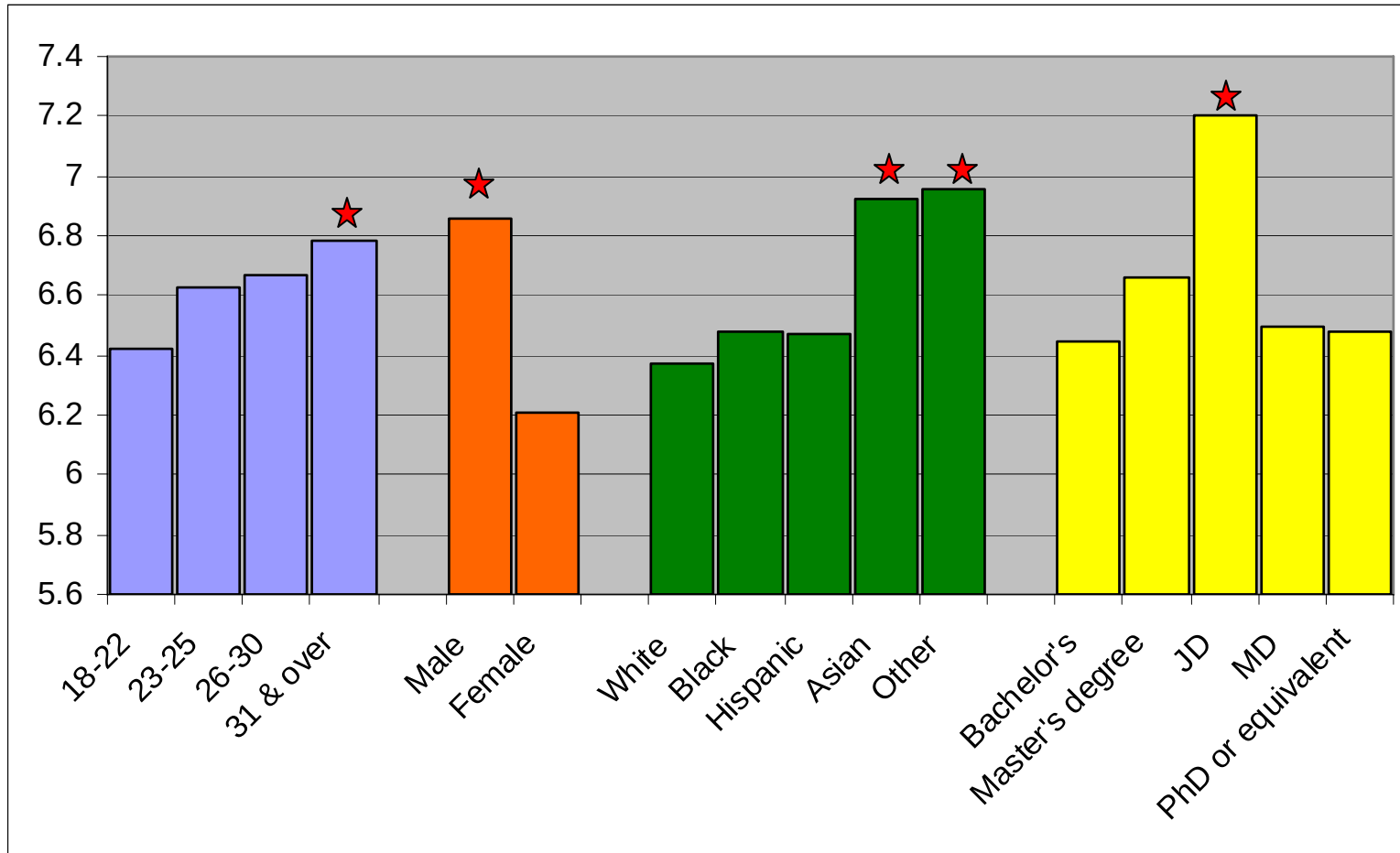
Stigma and Mental Health Services

Perceived Public Stigma Measure

Modified stigma scale for receiving mental or emotional health treatment (Komiya 2000, Pyne et al. 2004)				
	Strongly Disagree (0)	Disagree (1)	Agree (2)	Strongly Agree (3)
1. Receiving treatment for emotional or mental problems carries social stigma				
2. It is a sign of personal weakness or inadequacy to receive treatment for emotional or mental problems				
3. People will see a person in a less favorable way if they come to know that he/she has received treatment for emotional or mental problems.				
4. It is advisable for a person to hide from people that he/she has been treated for emotional or mental problems.				
5. People tend to like less those who are receiving professional help for emotional or mental problems				

- Cronbach's alpha = .74

Perceived Public Stigma by Sociodemographic Group



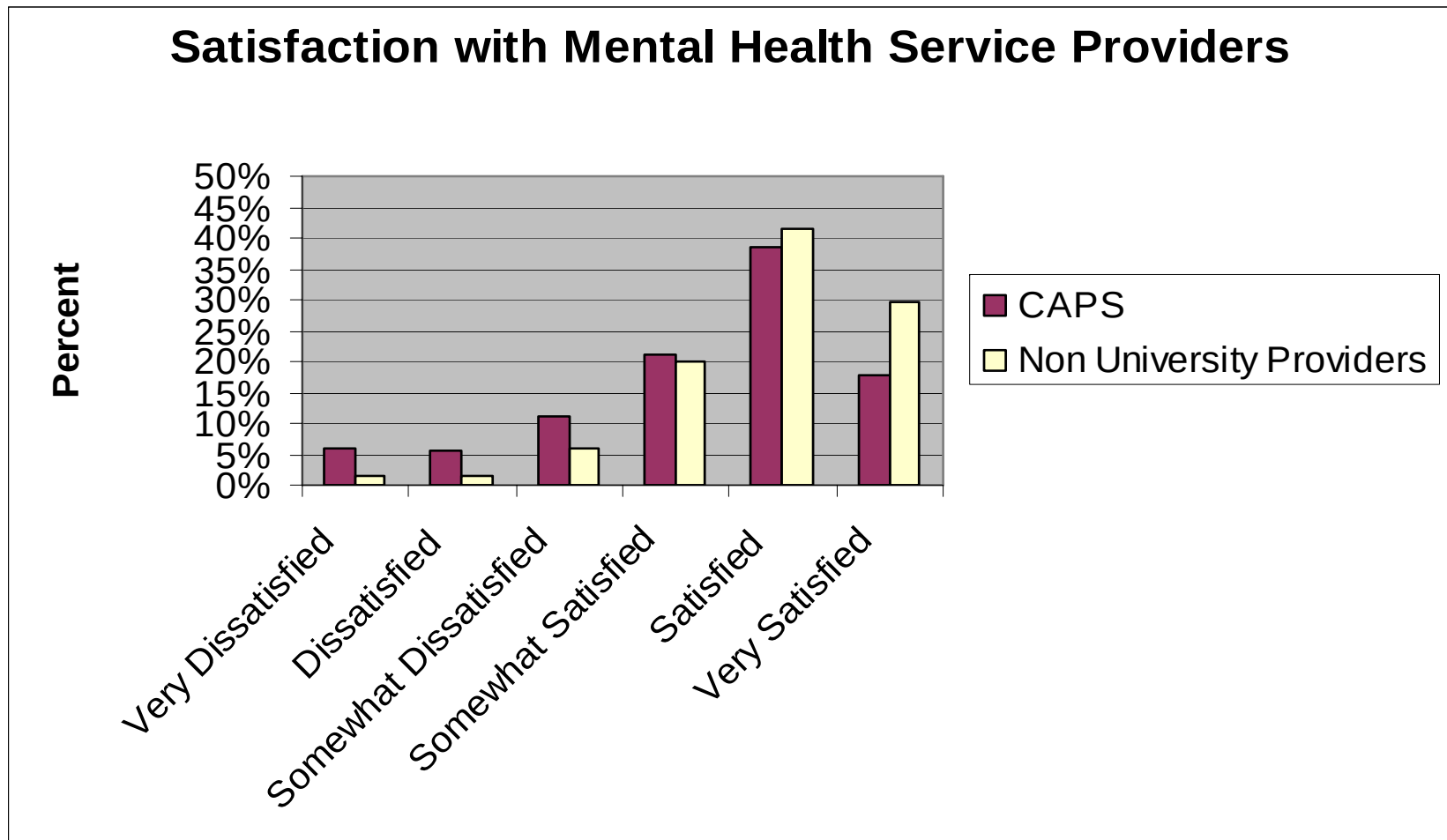
Summary of Stigma Findings

- Some groups – students who are over 31, male, Asian, or in law school – perceive higher public stigma towards mental health treatment
- Stigma is *not* significantly associated with either perceived need or service use
- Provocative policy implication: Stigma reduction may still be an important objective for other reasons, but the value of stigma reduction for facilitating service use may be overestimated. Other barriers, such as awareness of symptoms and service options, may merit more attention.

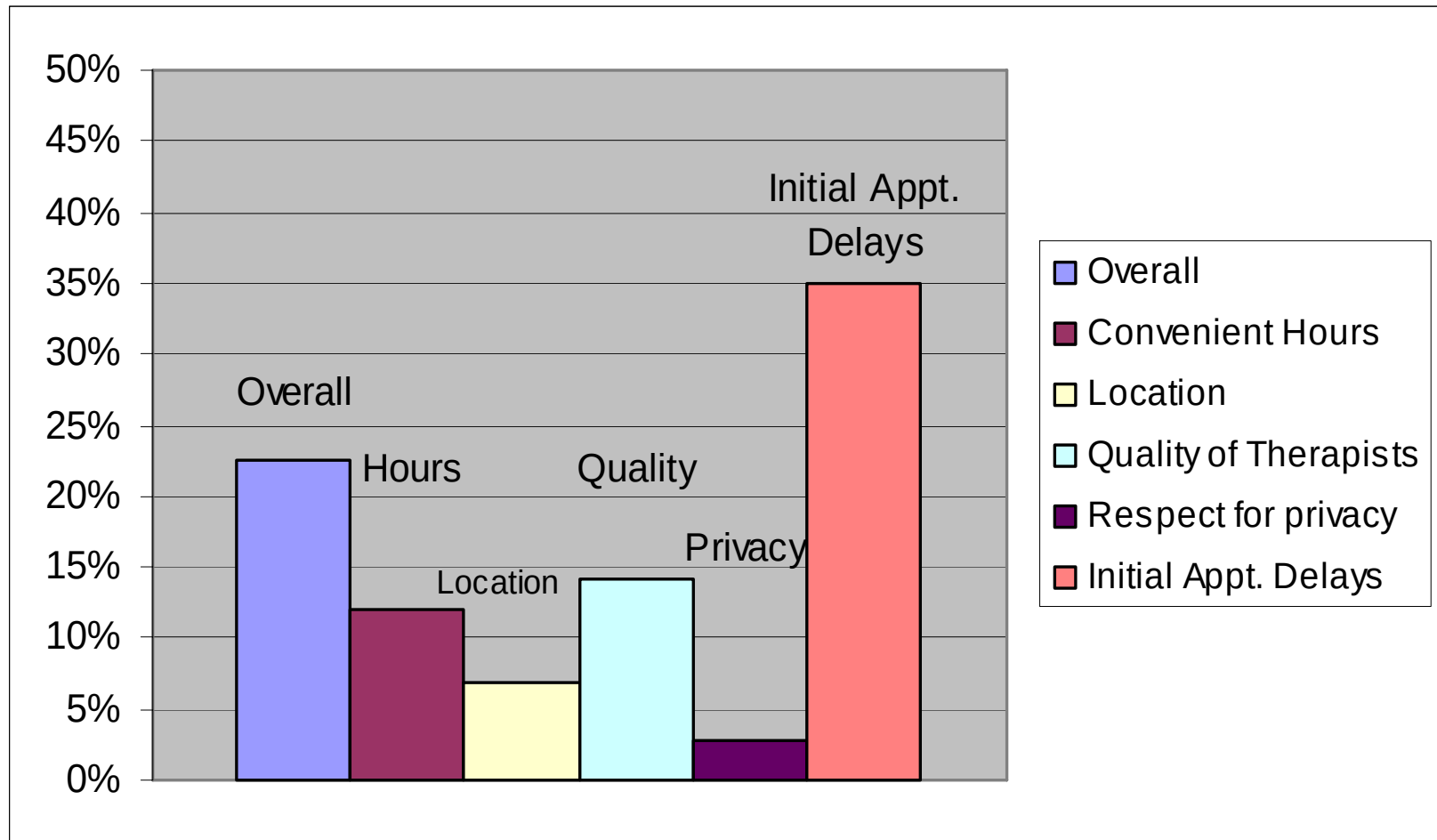
Satisfaction with Therapy/Counseling Services

Sample

- 403 students received therapy/counseling in past year (14% of the overall sample)

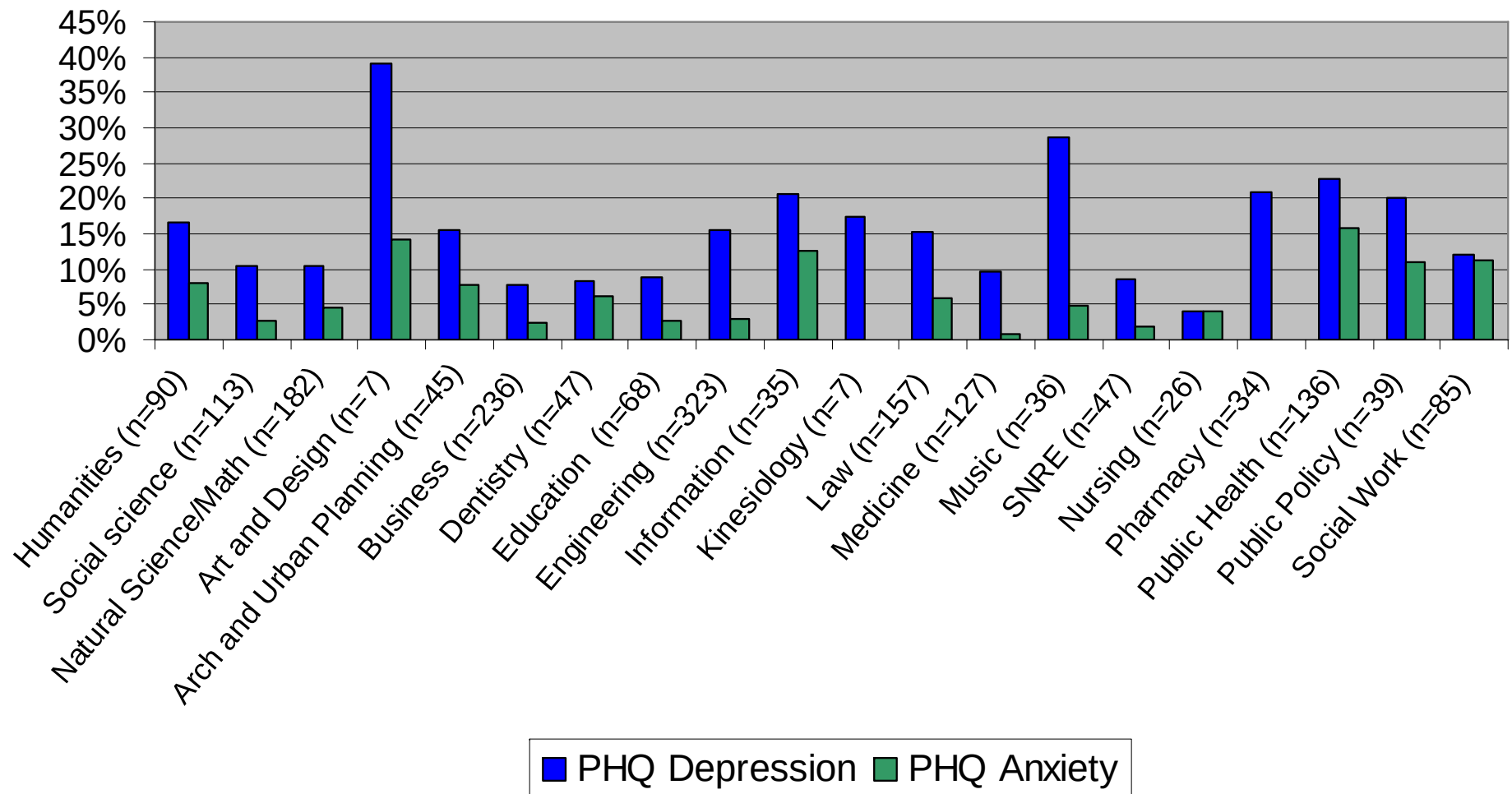


Dissatisfaction rates for specific aspects of CAPS

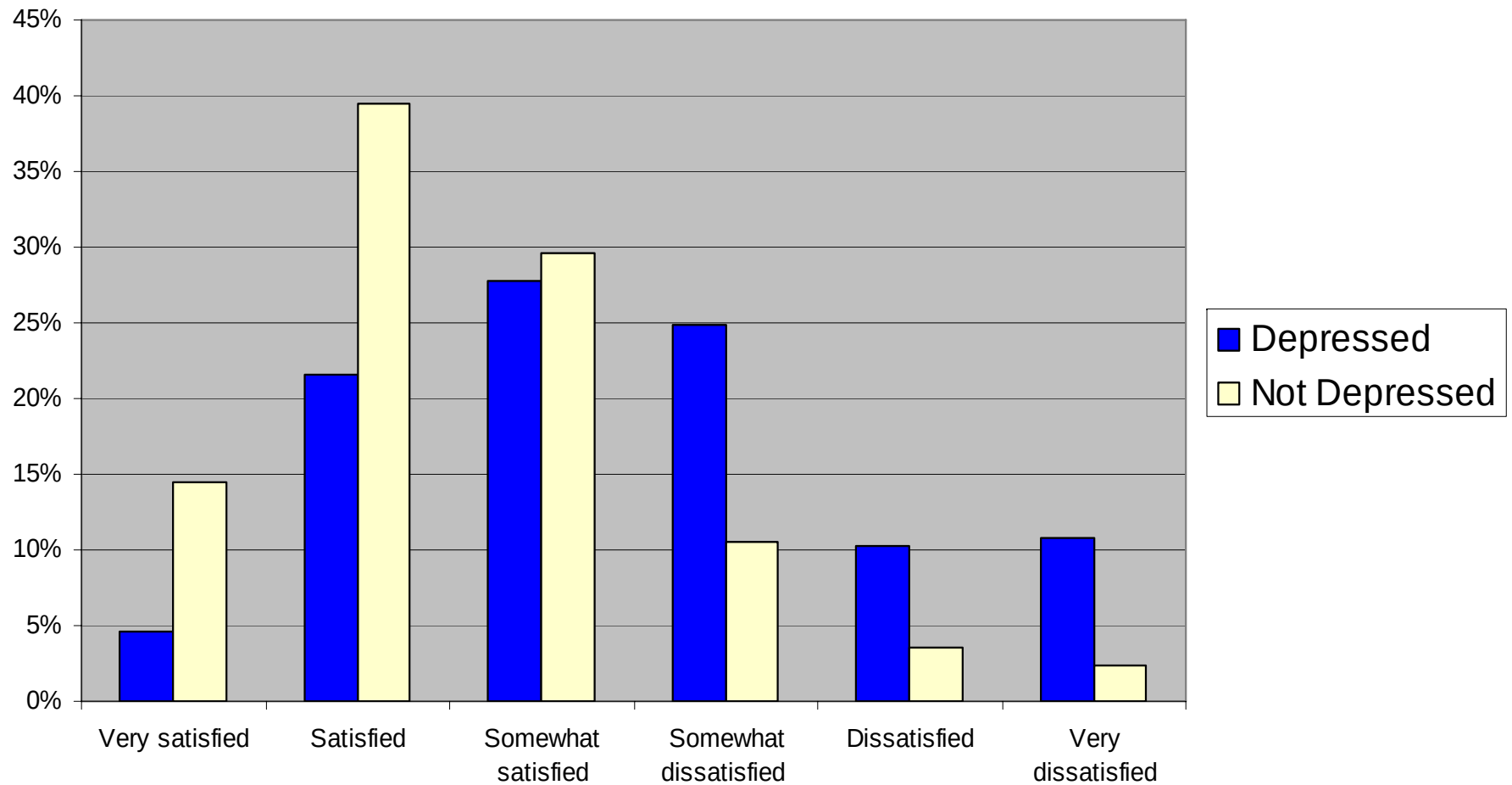


Academic Environment and Mental Health

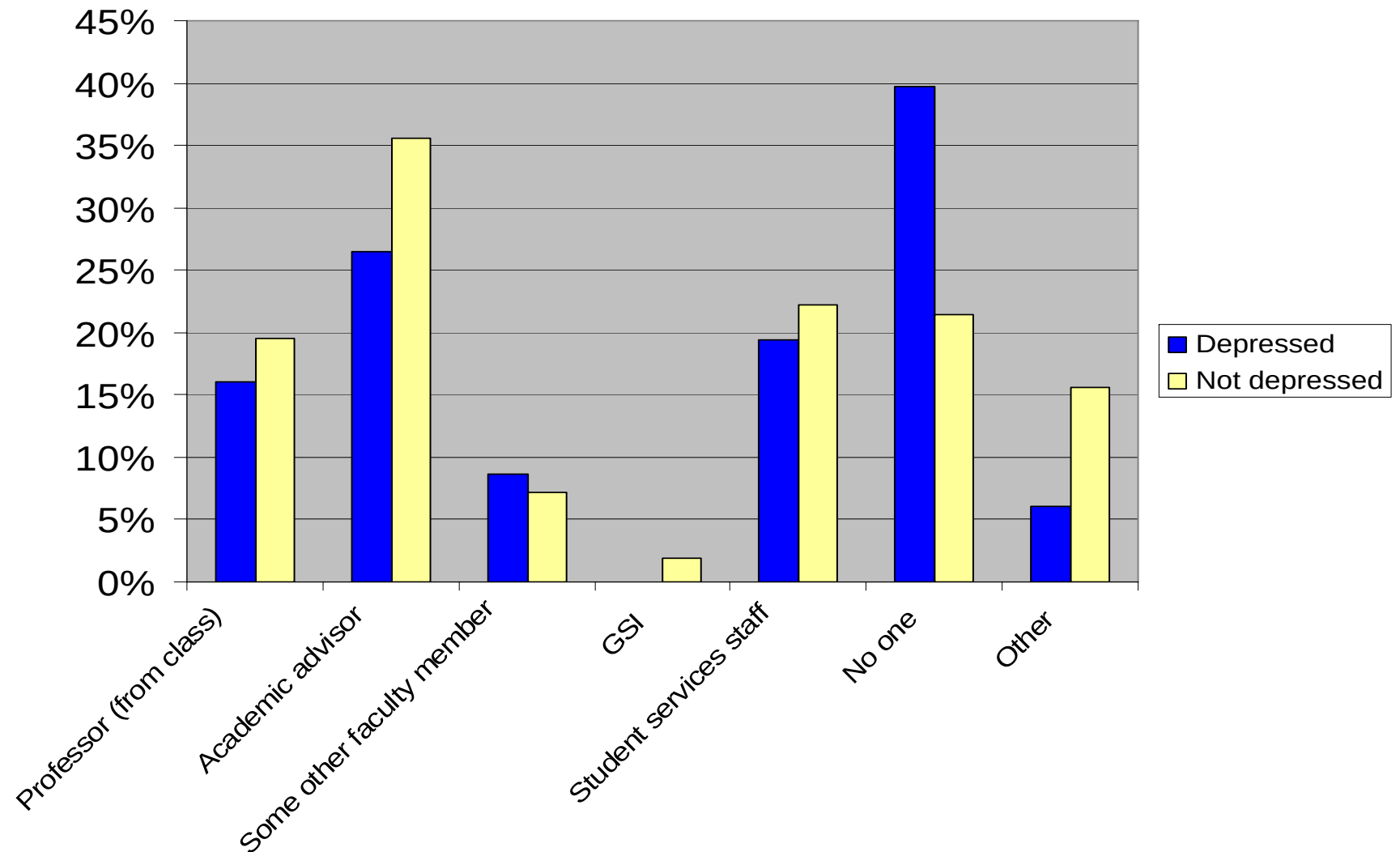
Grad Student Rates of Depression and Anxiety, by Academic Program



Grad Student Satisfaction with Overall Department Support



If you had a mental health problem that you believed was affecting your academic performance, whom would you contact at school?





- Academic departments do not generally appear supportive of mental health concerns, from the student's perspective
- Depression and anxiety are significantly associated with students' perceptions of an unsupportive environment as well as students' stress related to academics
- But there are no significant differences in mental health service utilization rates by student attitudes about their departments

Mental Health and Academic Performance

Summary of Findings

- Current depression and anxiety are both associated with a slightly lower average cumulative GPA (0.1-0.2 points lower)
- Need to explore association between mental health status and *concurrent grades* (fall 2005 grades)

Mental Health and Social Support

Social Support from Family, Friends, and Significant Other

- People who report MORE support
 - Females
 - Living with significant other
- Report LESS support
 - Struggling financially

Social Support & Mental Health

- Greater social support is associated with reduced odds of depressive or anxiety disorder (OR=.66, $p<.05$)
- No clear relationship between social support and MH services use

Overall Conclusions

Overall Conclusions

- High prevalence of mental health problems, particularly depression (17%) and eating disorders (18%)
- High level of unmet need (>50%)
- Many barriers – including unawareness of symptoms and service options, and financial constraints – are related to unmet need, but stigma less so than expected
- *Policy Implications?*

Next Steps

- Continue analyzing data
- Publish papers as well as a report for UM and other universities
- Use results to inform the design of an intervention study at UM and a national version of survey (which will allow us to study the role of university-level factors)