MENTAL HEALTH
NATIONAL TRENDS, COVID-19 IMPACTS, AND OPPORTUNITIES FOR ACTION
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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

- > 350 schools; > 400,000 student participants
- Random sample at each participating institution
- Project of the Healthy Minds Network
Mental health disorders are common, consequential, and largely untreated on college campuses.

- Pre-COVID, 46% of students were experiencing clinically significant symptoms
- The prevalence of problems is growing
- Almost half of students with a diagnosable problem are not receiving treatment
PREVALENCE OF MENTAL HEALTH PROBLEMS

Major Depression (15+ PHQ9) 18%
Severe Anxiety (15+GAD7) 14%
Eating Disorder (3+ SCOFF) 10%
Nonsuicidal Self-injury (past yr) 24%
Suicidal Ideation (past yr) 14%
Any MH Problem 46%

Source: HMS 2018-2019
N=62,025 students, 78 schools
APPROXIMATELY 9.2 MILLION COLLEGE STUDENTS ARE EXPERIENCING A DIAGNOSABLE MENTAL HEALTH CONCERN.
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):

Among students seeking treatment at counseling centers, the percent of students who report having seriously considered attempting suicide rose from 24% in 2010 to 37% in 2019 (Center for Collegiate Mental Health)
IMPACT OF THE PANDEMIC

COVID-19 = unprecedented stressors, isolation and disruption

- CDC: worsening mental health due to the pandemic; disproportionate worsening among young adults (18-24)
- Healthy Minds & ACHA: Rise in depression and the proportion of students reporting their mental health interfered with academics. Increase in resiliency.

TREATMENT RATES

Source: Healthy Minds Survey 2018-2019
PROBLEM SCOPE

Portion of student body with a significant mental health problem (46%)
Portion of student body with a significant untreated mental health problem (28%)

Portion currently receiving treatment for a mental health problem (18%)
ACCESS TO MENTAL HEALTH CARE: IMPACT OF THE PANDEMIC

- Much more difficult to access: 23%
- Somewhat more difficult: 37%
- No significant change: 35%
- Less difficult: 5.1%

Source: HMS & NCHA Spring 2020
WHICH STUDENTS ARE EXPERIENCING HIGHER RATES OF CONCERNS?

GENDER MINORITIES

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

SEXUAL MINORITIES

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

In multiple studies, Asian international students have shown the lowest rate of help-seeking of all students

STUDENTS OF COLOR

Of students with symptoms of a disorder, far fewer Latinx, African American, and Asian students are diagnosed and treated than White students
TREATMENT GAP VARIES BY RACE/ETHNICITY

- WHITE: 60%
- NATIVE AMERICAN: 63%
- PACIFIC ISLANDER: 67%
- HISPANIC: 72%
- ARAB: 73%
- BLACK: 74%
- ASIAN: 78%

Portion of students NOT receiving services, among those with apparent need

Data: Percent of students not currently receiving medications or therapy among those with a positive screen for depression or anxiety; HMS All Years
60% prevalence of mental health problems among students experiencing frequent financial stress.

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

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

More frequent experiences of discrimination are associated with significantly more symptoms of depression and anxiety.
CURRENT ISSUES
with implications for mental health

- COVID-19 pandemic
- The election and current political context
- Police violence
- Systemic racism and call for racial justice
- Rising costs of college
- Opioid Crisis
- Campus sexual assault

greater risk of departing without graduating.
HOW DOES MINNESOTA COMPARE?

Each bar shows % per school

Depression
- 9%
- 15%
- 31%

Flourishing
- 26%
- 40%
- 44%

Knowledge of Mental Health Services
- 77%
- 78%
- 83%

Perceived Public Stigma
- 32%
- 44%
- 48%
DEEP BREATH

Rest your shoulders. Loosen your jaw.
Early prevention, detection and treatment: COLLEGE OFFERS A CRITICAL TIME AND UNIQUE OPPORTUNITY FOR INTERVENTION

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

WHY CARE?
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.

being depressed in college is associated with 2X greater risk of departing without graduating.

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ECONOMIC CASE FOR INVESTING IN STUDENT MENTAL HEALTH

Eisenberg, Golberstein, and Hunt (2009)
ECONOMIC CASE FOR INVESTING IN STUDENT MENTAL HEALTH

Cost < $1 Million

Reduced Depression

Increased Retention

Increased Student Satisfaction

Increased institutional reputation and alumni donations

Increased Tuition

1000 students

+40 students

Increased lifetime productivity (earnings)

+8 million

Benefits to students and society

Benefits to institution

Eisenberg, Golberstein, and Hunt (2009)
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
Food and Housing Insecurity:

- Experienced by about 41-48% of students
- Undermines educational experiences & credential attainment
- Associated with poor physical health, symptoms of depression, & higher perceived stress

Data from the Hope Center #realcollege Survey
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
CAMPUS RESPONSES
LIFE-COURSE APPROACH

- Pre-enrollment
- Matriculation
- Transition out
- Advising Years 1-4
- Orientation
- Stress points/Risk periods
CAMPUS RESPONSES
EMBEDDING ACROSS SETTINGS

Physical spaces

Learning environments

School culture & climate

Policies
Collaboration & coordination across higher ed systems & states has resulted in:

- Sharing learnings, best-practices, and innovative strategies
- Robust data to drive investments
- New funding sources
- Cost-effective infrastructure and negotiated discounts on contracts
RESOURCES:

HEALTHY MINDS WHITE PAPERS, ANNUAL DATA REPORTS & DATA INTERFACE

healthymindsnetwork.org/research

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

https://tinyurl.com/yxkrzo3l

HEALTHY MINDS ROI CALCULATOR

healthymindsnetwork.org/research/roi-calculator
THANK YOU
FOR INVESTING IN STUDENT MENTAL HEALTH

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