

MENTALBEALTH

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?

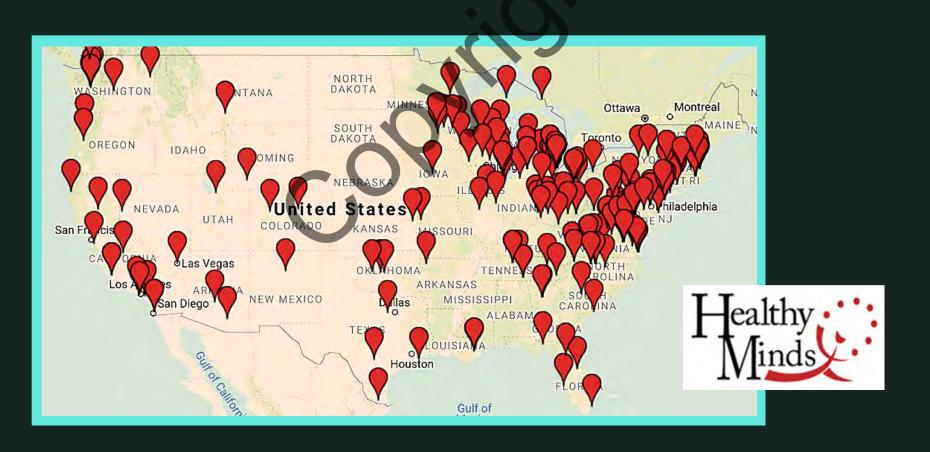
RESPONSES

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

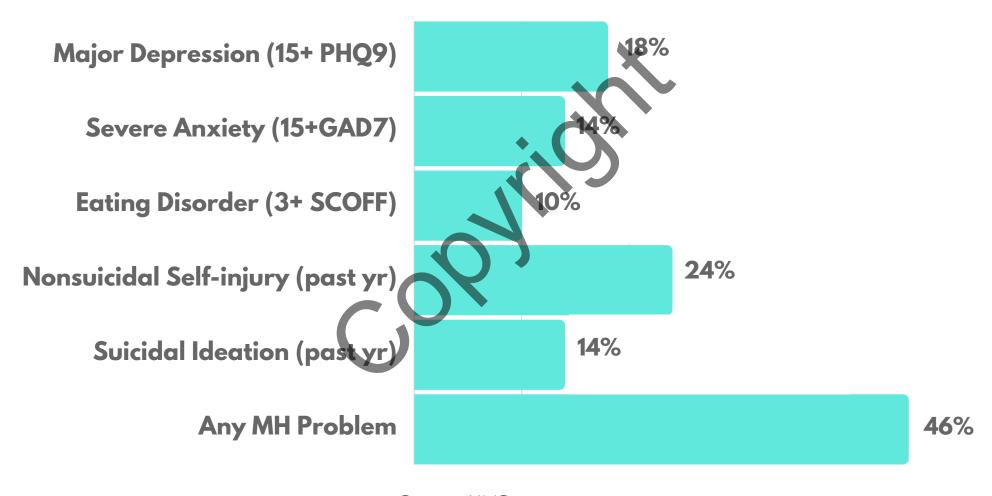


PROBLEM SCOPE

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



Source: HMS 2018-2019 N=62,025 students, 78 schools APPROXIMATELY

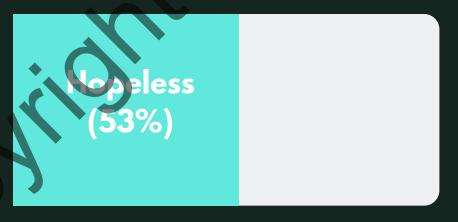
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COLLEGE STUDENTS ARE EXPERIENCING A DIAGNOSABLE MENTAL HEALTH CONCERN



STUDENTS ARE OVERWHELMED

In last 12 months, % who felt:

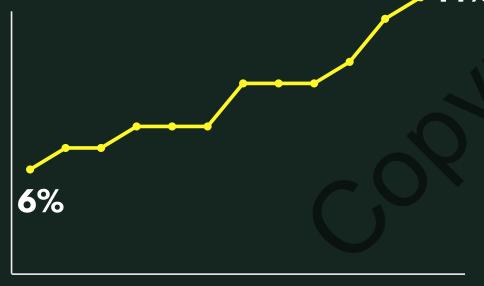


Overwhelmed (87%)

NCHA 2018 Data

RISING PREVALENCE

Past year suicidal ideation (Healthy Minds national population data): 14%



2007 2020

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 PANDEMA

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.





Any Treatment

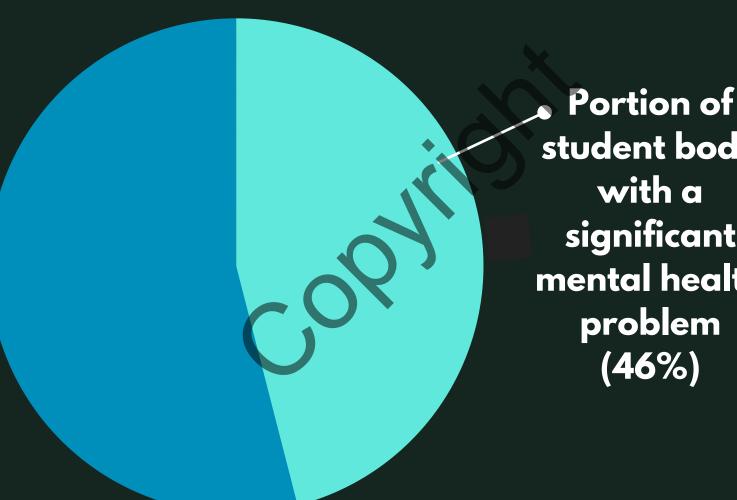
Any Treatment (among students w/MH problems)

Medication

Therapy/Counseling

Source: Healthy Minds Survey 2018-2019

PROBLEM SCOPE



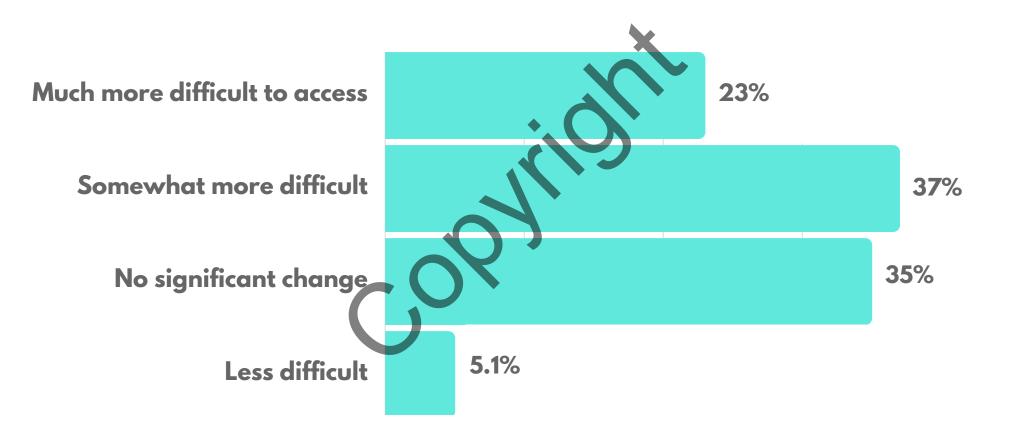
student body significant mental health

PROBLEM SCOPE

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



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?

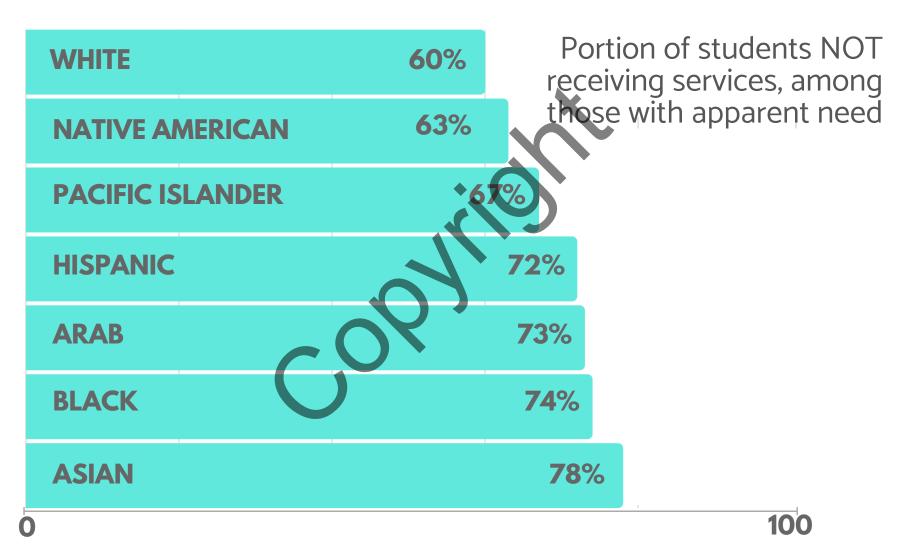
INTERNATIONA STUDENTS

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



Data: Percent of students not currently receiving medications or therapy among those with a positive screen for depression or anxiety; HMS All Years

RISK FACTORS

(HEALTHY MINDS DATA)

FINANCIAL STRESS

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

ABUSE/ Assault

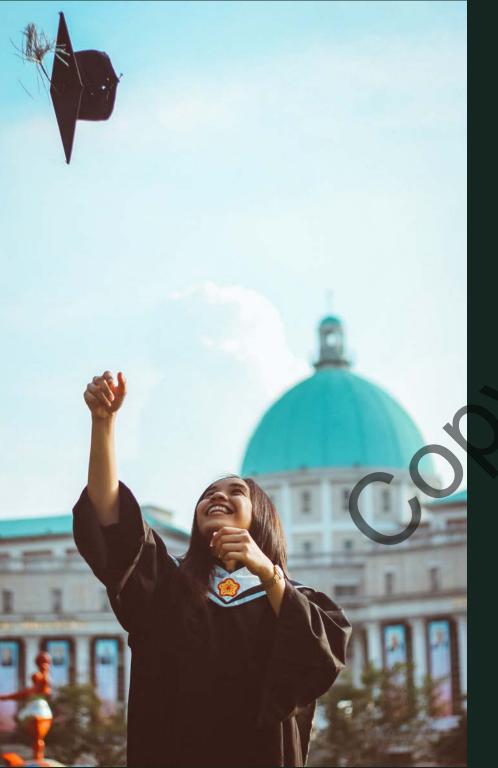
67% prevalence among students who report having experienced abuse/assault

SLEEP ROBLEMS

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



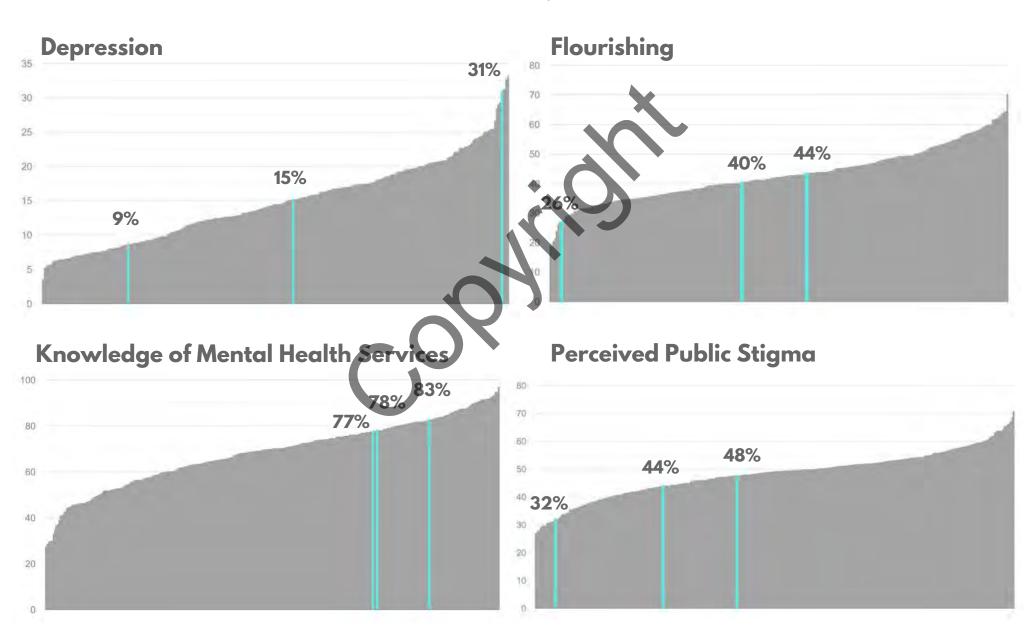
CURRENT ISSUES

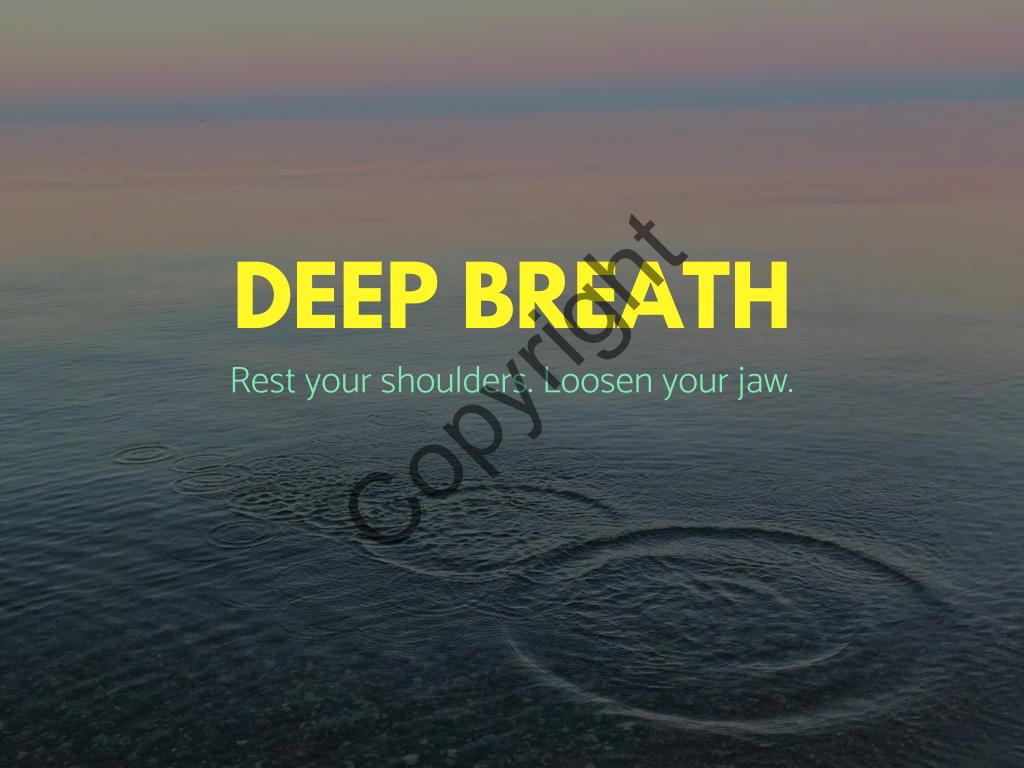
with implications for mental health

- 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

HOW DOES MINNESOTA COMPARE?

Each bar shows % per school







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

2X

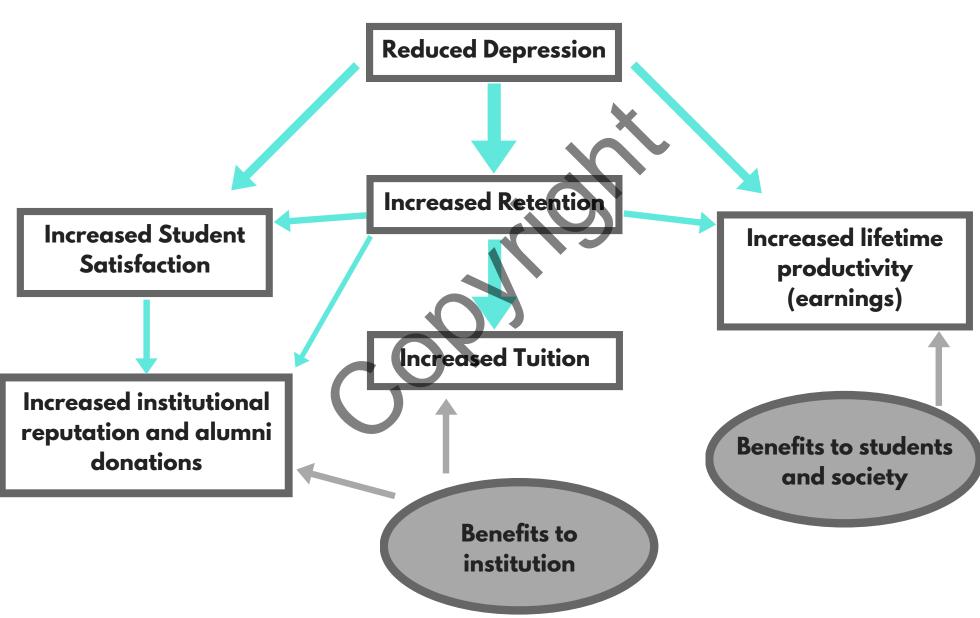
greater risk of departing without graduating.

ACADEMIC IMPACTS

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

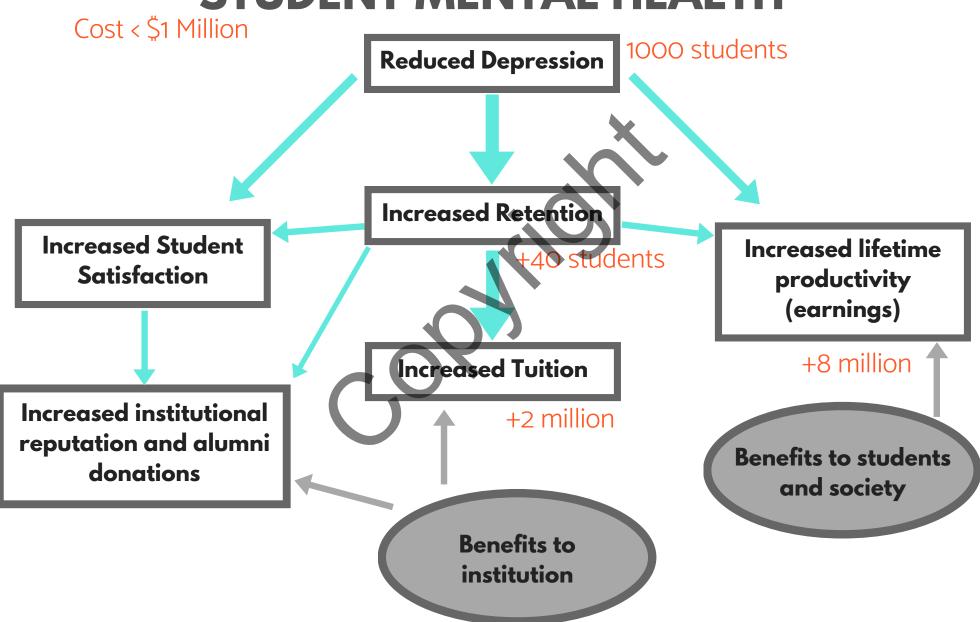
76% of students report their mental health interfered with their academics 1 or more days in the last month

ECONOMIC CASE FOR INVESTING IN STUDENT MENTAL HEALTH



Eisenberg, Golberstein, and Hunt (2009)

ECONOMIC CASE FOR INVESTING IN STUDENT MENTAL HEALTH

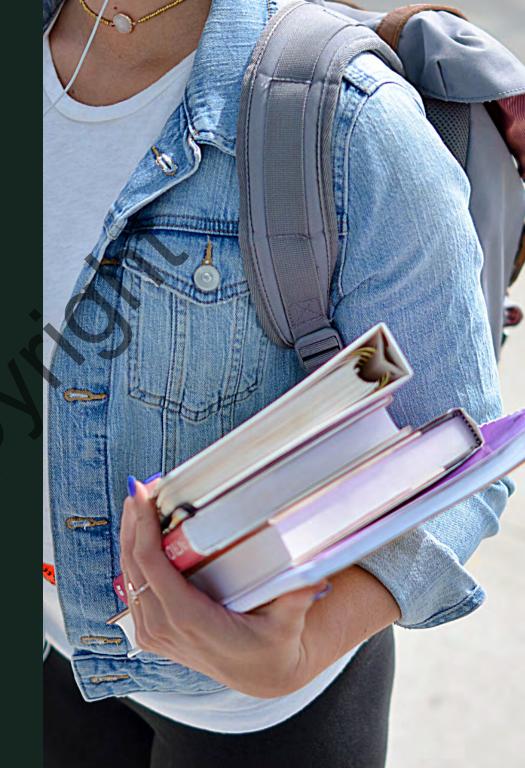


Eisenberg, Golberstein, and Hunt (2009)



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

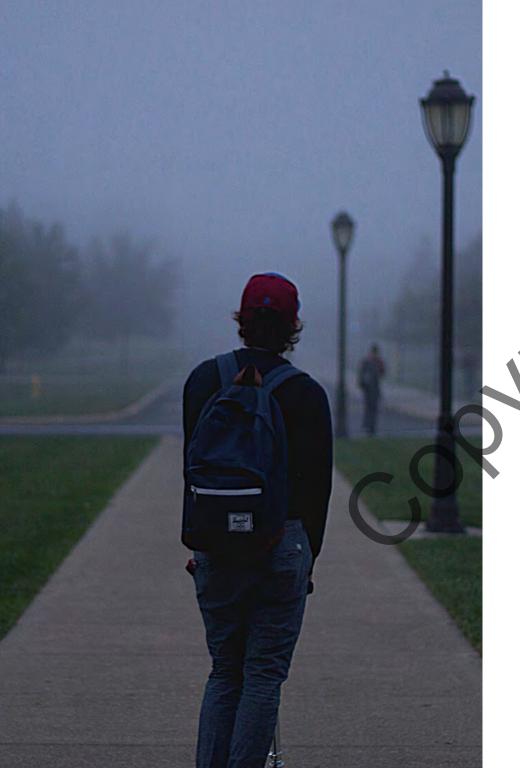
Data from the Hope Center #realcollege Survey



PROMOTE SOCIAL NEJWORKS

- 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



Orientation



Transition out



Advising Years 1-4



Stress points/Risk periods

CAMPUS RESPONSES

EMBEDDING ACROSS SETTINGS



Physical spaces



School culture & climate



Learning environments

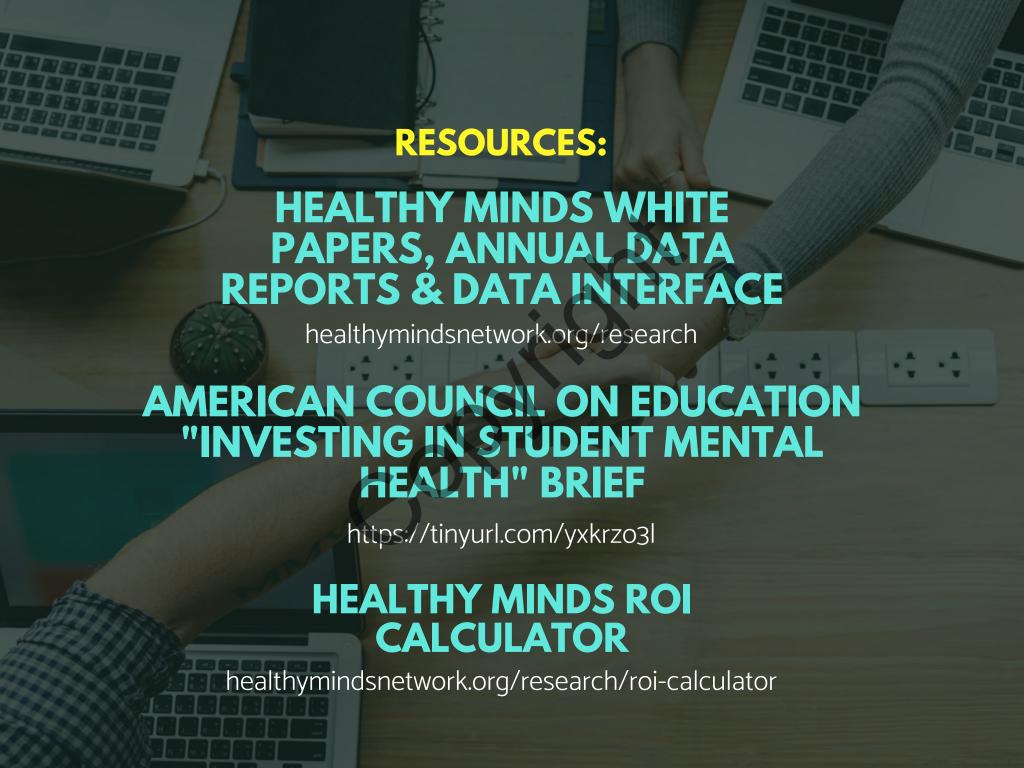


Policies

STATEWIDE EFFORTS

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



THANKSYOU FOR INVESTING IN ADDENT MENTAL HEALTH

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