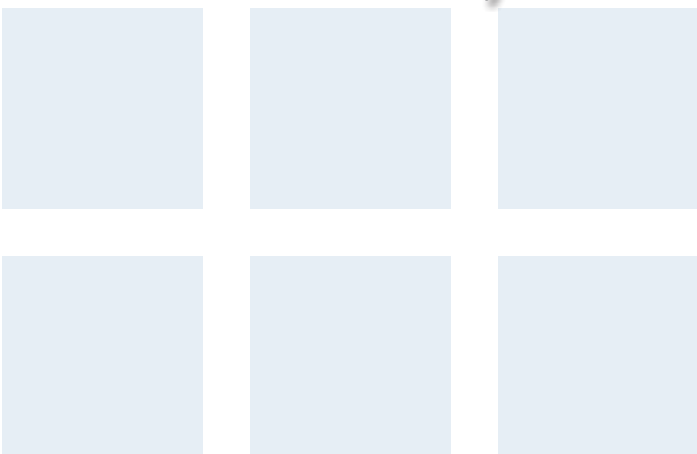


# Healthy Minds *Study*

**HMS 2009 SCHOOL REPORT**  
PREPARED FOR:  
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Prepared Summer 2009 By:  
The Center for Student Studies at  
Survey Sciences Group



On Behalf of:  
The University of Michigan  
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## **ACKNOWLEDGMENTS**

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Many people and organizations made this report possible. CSS coordinated the Healthy Minds Study at CSS - Example University, and several other people at CSS - Example University assisted with the IRB approval process, acquisition of student contact information, and other tasks. The Survey Sciences Group ([www.surveysciences.com](http://www.surveysciences.com)) in Ann Arbor, MI conducted the data collection, produced the data tables, and coordinated the compilation of the report. The Healthy Minds research team ([www.healthymindsstudy.net](http://www.healthymindsstudy.net)) at the University of Michigan designed and led the study. Most importantly, this study would not be possible without the generosity of the students who took the time to complete the survey. We expect that the data from this effort will help improve the lives of present and future students at CSS - Example University and nationwide.



Dear Colleagues:

We are pleased to provide you with this report, which summarizes the data for CSS - Example University from the 2009 Healthy Minds Study. The primary aims of the Healthy Minds Study are to improve understanding of mental health needs and help-seeking behavior among college students. We hope you will find this information valuable, as you assess current programs and services and consider new opportunities to address student mental health on your campus.

The data in this report are from the second round of the national Healthy Minds Study, conducted as a web survey at 15 colleges and universities during February-May 2009. A total of 19,110 students were randomly selected for the study, and 8,590 students, or 44.97%, responded to the survey.

In this report we have focused on presenting the numbers as simply as possible, with the idea that you are in the best position to make any specific conclusions about the services and programs on your campus. We are happy to discuss the measures used in our survey and possible interpretations of the results. Also, we encourage you, when examining the numbers in this report, not to focus exclusively on the comparisons to the national sample. Some measures, regardless of how they compare to the national sample, may indicate a salient issue on your campus that deserves special attention or further study.

In the appendix to this report you will find summaries of the methods we used to collect the data and produce the results. We will be happy to answer any questions you still have after reading these materials. Also, we are providing our main contact at your institution with the full student-level data set. We will be happy to advise you on how you can use that data set to produce additional results, such as further analysis by academic level and gender.

The Healthy Minds Study will continue with annual data collections. We hope you will remain a partner in the study, as this will allow you to examine changes over time in mental health issues on your campus. We also welcome your help in recruiting other institutions to the study. We expect that the study will grow each year, and as a result, will become increasingly valuable to each participating institution. Most importantly, we would like for this study to develop into a cohesive network, through which institutions can learn from each other about innovative approaches to address student mental health. Towards this end we are promoting connections and dialogue among participating schools as we identify common issues of interest.

We have enjoyed working with you and look forward to continuing this partnership.

Best wishes,

A handwritten signature in black ink that reads "Daniel Eisenberg". The signature is written in a cursive, flowing style.

Daniel Eisenberg  
Principal Investigator, Healthy Minds Study

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CHAPTER 1:  
HOW TO READ THIS REPORT

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## **CHAPTER 1: HOW TO READ THIS REPORT**

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The following is a brief guide to the remainder of the report.

### **CHAPTER 2: HIGHLIGHTS**

The "Highlights" section offers a quick look at results that may be of special interest to your institution: 1) a selected set of key measures, for your institution as compared to the national sample of 15 institutions; 2) a list of the measures for which your institution had significantly different (higher or lower) values than the national sample.

### **CHAPTER 3: MAIN RESULTS**

The data tables in Chapter 3 include show values for all measures in the survey. Most of the measures are based on a single question in the survey, but some are constructed from answers to a series of questions (e.g., the depression screen is based on responses to nine items). For each measure, the data tables display the following information: the value for your institution, the 95 percent confidence interval for your institution's value, the value for the national sample, and an indicator if your institution's value is significantly higher or lower than the national value.

In the tables we have tried to provide enough description to make it clear what each measure is. You can also view the full text of the survey questionnaire at [www.healthymindsstudy.net](http://www.healthymindsstudy.net).

All values in the data tables have been weighted to be representative of the full student populations to which they refer. We constructed these weights using administrative data from schools regarding characteristics such as gender, race/ethnicity, and academic level. These weights adjust for the fact that certain types of students may have been more or less likely to respond to the survey. More details about these weights are available in Appendix B.

Also note that the vast majority of the measures in the tables represent proportions—i.e., values between 0.00 and 1.00. These are equivalent to percentages, except divided by 100. For example, a proportion of 0.20 is equivalent to 20%. Also note that for some measures, respondents were allowed to check more than one response category (e.g., they might have gone to more than one type of provider for mental health services), so the proportions sometimes add up to more than 1.00 across response categories.

The 95 percent confidence intervals give a sense of how much uncertainty there is about each estimated value. This uncertainty exists because our estimates are based only on a random sample of students, rather than a complete census of the student population. Essentially, the confidence interval tells us that there is a 95 percent probability that the true population value is within this particular range.

Because both the school-level and national values are only estimates based on random sampling, we cannot say for certain that your institution's true value is above or below the national value. But in cases where we can say that there is a 95% or higher statistical probability that your institution's value is higher or lower than the national value, we indicate this.

### **CHAPTER 4: CUSTOM QUESTION DATA**

This chapter simply displays the distribution of responses to any customized questions that your school chose to add to the survey. Each school had the option of adding up to 10 customized questions.

## **CHAPTER 5: OPEN-ENDED TEXT RESPONSES**

The students participating in the survey were given opportunities to write in open-ended text responses at two different points in the survey. First they were asked if they had anything else they wanted to note about their experiences with mental health services. Then, at the end of the survey, they were asked generally if they had anything else to add.

Keep in mind that only a small proportion of students chose to write in comments, so the responses may not be representative of all students. In particular, the students who have the strongest feelings about the topics in the questionnaire are probably most likely to respond.

### **APPENDICES (A-D)**

As supplementary information, we have included brief appendix sections, which describe the methods used to collect the survey data, to adjust for non-response, and to protect human subjects. We have also included an appendix section listing all items in the survey questionnaire, along with a list of references to research articles describing some of the main measures and how they have been validated.

CHAPTER 2:  
HIGHLIGHTS

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<b>Estimated Values of Selected Measures for CSS - Example University</b>	<b>Proportion of Students (0-1)</b>
Flourishing (a measure of positive mental health)	0.634
Major depression (positive PHQ screen)	0.061
Depression overall, including major and moderate (positive PHQ screen)	0.121
Anxiety disorder (positive PHQ screen)	0.081
Body image: Answers yes to "Do you still feel too fat even though others say you are thin?"	0.333
Non-suicidal self-injury (past year)	0.16
Suicidal ideation (past year)	0.065
Ever diagnosed with a mental disorder	0.065
Stigma: Agrees with "I would think less of someone who has received mental health treatment."	0.091
Stigma: Agrees with "Most people would think less of someone who has received mental health treatment."	0.495
Think you needed help for mental or emotional problems (past year)	0.349
Psychiatric medication: used regularly for at least 4 weeks (past year)	0.166
Therapy/counseling for mental health (at least one visit in past year)	0.137
Any medication or therapy (past year), among those w/ positive depression or anxiety screen	0.458

# MEASURES FOR CSS - EXAMPLE UNIVERSITY SIGNIFICANTLY DIFFERENT FROM THE NATIONAL AVERAGE

## I. RESPONDENT CHARACTERISTICS

### HIGHER than average for these measures:

- Race/ethnicity: White, non-Hispanic
- Country: U.S. resident or citizen
- Residence: Fraternity or sorority house
- Residence: Off-campus, non-university housing
- Academic level: Bachelors
- Religiosity: Fairly religious
- Current financial situation: It's tight but I'm doing fine
- Financial situation growing up: Comfortable
- Relationship status: Single
- Sexual orientation: Heterosexual

### LOWER than average for these measures:

- Race/ethnicity: Black/African-American
- Race/ethnicity: Hispanic/Latino
- Race/ethnicity: Asian/Asian-American
- Country: International
- Residence: Other university housing
- Residence: Parent or guardian's home
- Academic level: Masters
- Academic level: JD
- Academic level: PhD or equivalent
- Academic level: Other
- Current financial situation: It's a financial struggle
- Financial situation growing up: Enough but not many extras
- Relationship status: Married or domestic partnership
- Sexual orientation: Gay/lesbian

## II. MENTAL HEALTH MEASURES

### HIGHER than average for these measures:

- Mental Health Continuum (Keys): Continuum score (0-70)
- Mental Health Continuum (Keys): Flourishing
- Impairment from Depression: Not difficult at all
- Disordering eating: Feel fat even though others say you are thin
- Academic Impairment from Mental Health (past 4 weeks): None
- Binge drinking, past 2 weeks: 1 or more times
- Bing drinking, past 2 weeks: 3 or more times
- Gambled, past year: On 10 + days

### LOWER than average for these measures:

- Depression: PHQ-9 depression score (0-27)
- Depression: Depression overall
- Impairment from Depression: Very difficult

- Anxiety: Generalized anxiety disorder
- Anxiety: Either anxiety disorder
- Depression/anxiety: Depression or anxiety disorder
- Academic Impairment from Mental Health (past 4 weeks): 6 or more days

### **III. STIGMA AND AWARENESS**

#### **HIGHER than average for these measures:**

- ...would accept as a close friend: I
- ...think someone is less trustworthy: Most people
- Close friends and family have received mental health treatment: At least 1 or 2

#### **LOWER than average for these measures: None**

### **IV. HELP-SEEKING**

#### **HIGHER than average for these measures:**

- Prescribed by: Other type of health provider
- Location: Provider in another location (such as hometown)
- Any visit to a health provider: Past year
- Non-clinical counseling or support: Roommate

#### **LOWER than average for these measures:**

- Therapy or counseling for mental health: Past year
- Therapy or counseling for mental health: Current
- Location: Provider in the local community (not on campus)
- Location: Other
- Non-clinical counseling or support: Other non-clinical source

### **V. SATISFACTION WITH THERAPY, UNIVERSITY PROVIDERS**

#### **HIGHER than average for these measures:**

- Quality of therapists: Very dissatisfied
- Respect for privacy concerns: Dissatisfied

#### **LOWER than average for these measures: None**

### **VI. SATISFACTION WITH THERAPY, NON-UNIVERSITY PROVIDERS**

#### **HIGHER than average for these measures:**

- Quality of therapists: Dissatisfied

#### **LOWER than average for these measures: None**

### **VII. BARRIERS AND FACILITATORS TO HELP-SEEKING**

#### **HIGHER than average for these measures:**

- Source of health insurance: Parent's employer
- Plan provides any coverage for local MH visits (among those with plan): I have no idea
- Coverage is inadequate because my plan: Doesn't cover pre-existing conditions

#### **LOWER than average for these measures:**

- Barriers/reasons for not seeking help: Not enough time
- Barriers/reasons for not seeking help: Question the quality of options

- Reasons for seeking help: Decided on own
- Source of health insurance: Own employer
- Source of health insurance: Spouse's employer
- Source of health insurance: Student plan
- Source of health insurance: Public insurance
- Plan provides any coverage for local MH visits (among those with plan): Yes, it definitely would
- Plan meets needs for mental health services: No, the coverage is inadequate to meet my needs

## **VIII. SUPPORTIVENESS OF ACADEMIC AND SOCIAL ENVIRONMENT**

### **HIGHER than average for these measures:**

- Competitiveness between students in your classes: Competitive
- Friends really try to help: Strongly agree
- Treated unfairly because of race, ethnicity or culture (past year): Never

### **LOWER than average for these measures:**

- Whom would you talk to about mental health problems affecting academic performance: Teaching assistant
- Whom would you talk to about mental health problems affecting academic performance: Dean of Students or Class Dean
- Whom would you talk to about mental health problems affecting academic performance: Other
- Competitiveness between students in your classes: Very uncompetitive
- Friends really try to help: Neutral
- Treated unfairly because of race, ethnicity or culture (past year): Once in a while
- Treated unfairly because of race, ethnicity or culture (past year): Sometimes

## **IX. TIME USE AND ATTITUDES ABOUT EDUCATION**

### **HIGHER than average for these measures:**

- Confidence that completing degree will be worth time, cost, and effort: Very confident
- Satisfaction with overall experience so far at current institution: Very satisfied
- Likelihood of donating to institution after graduating: Likely

### **LOWER than average for these measures:**

- Work in paid job, hours per week in current semester
- School work, hours per day in current semester
- Confidence that completing degree will be worth time, cost, and effort: Neutral
- Feeling about job prospects after finishing education: Very pessimistic
- Satisfaction with overall experience so far at current institution: Neutral
- Satisfaction with overall experience so far at current institution: Dissatisfied
- Satisfaction with overall experience so far at current institution: Very dissatisfied
- Likelihood of donating to institution after graduating: Very unlikely

CHAPTER 3:  
MAIN RESULTS

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RESPONDENT CHARACTERISTICS PART 1

Compared to the national sample, CSS -  
Example University is statistically  
significantly...

Measure	CSS - Example University	95% CI	Coalition	National Sample	LOWER	HIGHER
<i>Sample</i>						
N	500		3733	8590		
Response rate (N/1000)	0.500		0.47	0.450		
<i>Gender</i>						
Female	0.59	(0.54,0.64)	0.60	0.59		
Male	0.41	(0.36,0.46)	0.40	0.41		
<i>Race/ethnicity</i>						
White, non-Hispanic	0.84	(0.81,0.88)	0.76	0.66		X
Black/African-American	0.04	(0.02,0.06)	0.10	0.08	X	
Hispanic/Latino	0.02	(0.01,0.03)	0.04	0.10	X	
American Indian	0.01	(0.00,0.01)	0.01	0.01		
Arab/Middle Eastern	0.01	(0.00,0.02)	0.01	0.02		
Asian/Asian-American	0.06	(0.03,0.09)	0.08	0.13	X	
Pacific Islander	0.01	(0.00,0.02)	0.01	0.01		
Other	0.02	(0.00,0.03)	0.02	0.03		
<i>Country</i>						
U.S. resident or citizen	0.99	(0.98,1.00)	0.97	0.92		X
International	0.01	(0.00,0.02)	0.03	0.08	X	
<i>Residence</i>						
Campus residence hall	0.35	(0.3,0.39)	0.42	0.37		
Fraternity or sorority house	0.02	(0.01,0.03)	0.01	0.01		X
Other campus housing	0.02	(0.00,0.03)	0.05	0.05	X	
Off-campus, non-university housing	0.59	(0.54,0.64)	0.42	0.46		X
Parent or guardian's home	0.01	(0.00,0.02)	0.08	0.10	X	
Other	0.01	(0.00,0.02)	0.02	0.02		
<i>Academic level</i>						
Associates	0.04	(0.02,0.06)	0.05	0.04		
Bachelors	0.88	(0.85,0.91)	0.77	0.68		X
Masters	0.10	(0.07,0.13)	0.11	0.18	X	
JD	0.00	(0.00,0.01)	0.02	0.02	X	
MD	0.01	(0.00,0.02)	0.01	0.01		
PhD or equivalent	0.00	(0.00,0.01)	0.04	0.06	X	
Other	0.00	(0.00,0.01)	0.04	0.05	X	



RESPONDENT CHARACTERISTICS PART 2

Compared to the national sample, CSS -  
Example University is statistically  
significantly...

Measure	CSS - Example University	95% CI	Coalition	National Sample	LOWER	HIGHER
<i>Age</i>						
18-22	0.87	(0.83,0.9)	0.70	0.62		X
23-25	0.08	(0.06,0.11)	0.13	0.14	X	
26-30	0.03	(0.01,0.05)	0.08	0.13	X	
31+	0.02	(0.00,0.03)	0.09	0.11	X	
<i>Highest educational attainment of either parent</i>						
Less than high school degree	0.01	(0.00,0.02)	0.02	0.04	X	
High school degree	0.16	(0.12,0.2)	0.24	0.20		
College degree	0.42	(0.37,0.47)	0.38	0.33		X
Graduate degree	0.41	(0.36,0.45)	0.36	0.43		
<i>Religiosity</i>						
Very religious	0.12	(0.09,0.15)	0.21	0.15		
Fairly religious	0.38	(0.33,0.43)	0.38	0.33		X
Not too religious	0.29	(0.24,0.34)	0.25	0.28		
Not religious at all	0.21	(0.17,0.25)	0.16	0.24		
<i>Current financial situation</i>						
It's a financial struggle	0.12	(0.09,0.16)	0.21	0.21	X	
It's tight but I'm doing fine	0.64	(0.6,0.69)	0.59	0.57		X
Finances aren't really a problem	0.23	(0.19,0.28)	0.20	0.21		
<i>Financial situation growing up</i>						
Very poor, not enough to get by	0.02	(0.01,0.03)	0.03	0.04		
Enough but not many extras	0.25	(0.21,0.3)	0.32	0.31	X	
Comfortable	0.62	(0.57,0.67)	0.55	0.53		X
Well to do	0.11	(0.08,0.14)	0.10	0.12		
<i>Relationship status</i>						
Single	0.57	(0.53,0.62)	0.49	0.49		X
In a relationship	0.40	(0.35,0.45)	0.38	0.36		
Married or domestic partnership	0.02	(0.01,0.04)	0.12	0.14	X	
Divorced	0.01	(0.00,0.01)	0.01	0.01		
<i>Sexual orientation</i>						
Heterosexual	0.97	(0.95,0.99)	0.95	0.92		X
Bisexual	0.02	(0.00,0.03)	0.03	0.03		
Gay/lesbian	0.01	(0.00,0.02)	0.02	0.03	X	
Other	0.00	(0.00,0.01)	0.01	0.01		



MENTAL HEALTH MEASURES

Compared to the national sample, CSS -  
Example University is statistically  
significantly...

Measure	CSS - Example University	95% CI	Coalition	National Sample	LOWER	HIGHER
<b>Mental Health Continuum (Keyes)</b>						
Continuum score (0-70)	50.93	(49.64,52.22)	49.05	47.31		X
Flourishing (positive screen)	0.63	(0.58,0.68)	0.58	0.52		X
Languishing (positive screen)	0.03	(0.01,0.05)	0.03	0.04		
<b>Depression (PHQ-9)</b>						
Overall score (0-27)	5.52	(5.03,6.02)	6.19	6.39	X	
In moderate range (10-14)	0.10	(0.07,0.13)	0.14	0.14	X	
In moderately severe range (15-19)	0.04	(0.02,0.05)	0.05	0.05		
In severe range (20-27)	0.02	(0.00,0.03)	0.02	0.02		
Major depression (positive screen)	0.06	(0.04,0.09)	0.09	0.09		
Other depression (positive screen)	0.06	(0.03,0.09)	0.08	0.08		
Depression overall (positive screen)	0.12	(0.09,0.16)	0.16	0.17	X	
<b>Impairment from depression <sup>1</sup></b>						
Not difficult at all	0.49	(0.44,0.55)	0.44	0.41		X
Somewhat difficult	0.45	(0.4,0.5)	0.48	0.50		
Very difficult	0.04	(0.02,0.05)	0.07	0.08	X	
Extremely difficult	0.02	(0.00,0.04)	0.02	0.02		
<b>Anxiety</b>						
Panic disorder (positive screen)	0.05	(0.02,0.07)	0.04	0.04		
Generalized anxiety disorder (positive screen)	0.05	(0.02,0.07)	0.08	0.08	X	
Either anxiety disorder (positive screen)	0.08	(0.05,0.11)	0.11	0.12	X	
<b>Depression/anxiety</b>						
Depression or anxiety disorder	0.16	(0.12,0.2)	0.21	0.23	X	
<b>Disordered eating</b>						
Weigh less than people think you ought to	0.20	(0.15,0.24)	0.18	0.20		
Eating binges 1 or more times per week	0.15	(0.11,0.18)	0.15	0.17		
Body shape and weight among most important things	0.57	(0.52,0.62)	0.53	0.52		
Need to be very thin to feel good about self	0.16	(0.13,0.2)	0.13	0.15		
Feel fat even though others say you are thin	0.33	(0.29,0.38)	0.29	0.28		X
Ever lost period due to low weight (females only)	0.08	(0.05,0.11)	0.06	0.07		
<b>Academic impairment from mental health, past 4 weeks <sup>2</sup></b>						
None	0.55	(0.5,0.6)	0.48	0.45		X
1-2 days	0.28	(0.23,0.32)	0.30	0.31		
3-5 days	0.11	(0.08,0.14)	0.13	0.13		
6 or more days	0.06	(0.03,0.09)	0.09	0.10	X	

<sup>1</sup>How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

<sup>2</sup>How many days have you felt that emotional or mental difficulties have hurt your academic performance?



SELF-INJURY AND SUICIDE

Compared to the national sample, CSS -  
Example University is statistically  
significantly...

Measure	CSS - Example University	95% CI	Coalition	National Sample	Compared to the national sample, CSS - Example University is statistically significantly...	
					LOWER	HIGHER
<i>Non-suicidal self-injury, past year</i>						
Any (total)	0.16	(0.12,0.2)	0.15	0.16		
Cutting self	0.02	(0.01,0.04)	0.03	0.03		
Burning self	0.01	(0.00,0.02)	0.01	0.01		
Punching or banging self	0.06	(0.04,0.09)	0.04	0.05		
Scratching self	0.03	(0.02,0.05)	0.03	0.03		
Pulling one's hair	0.02	(0.01,0.04)	0.04	0.04		
Biting self	0.03	(0.01,0.05)	0.03	0.03		
Interfering with wound healing	0.04	(0.02,0.06)	0.03	0.04		
Carving words or symbols in skin	0.01	(0.00,0.02)	0.01	0.01		
Rubbing sharp objects on skin	0.02	(0.00,0.04)	0.01	0.01		
Punching or banging wall or object	0.05	(0.03,0.07)	0.04	0.05		
Other	0.02	(0.00,0.03)	0.02	0.01		
<i>Frequency of self-injury, past year (among those with any)</i>						
Once or twice	0.65	(0.52,0.77)	0.60	0.60		
Once a month or less	0.23	(0.12,0.35)	0.25	0.26		
2 or 3 times a month	0.07	(0.01,0.13)	0.09	0.08		
Once or twice a week	0.04	(0.00,0.08)	0.03	0.03		
3 to 5 days a week	0.01	(0.00,0.04)	0.02	0.02		
Nearly everyday, or everyday	0.00	(0.00,0.00)	0.01	0.02		
<i>Suicidality</i>						
Seriously thought about suicide, past year	0.06	(0.04,0.09)	0.06	0.07		
Made a plan for committing suicide, past year	0.03	(0.01,0.04)	0.02	0.02		
Attempted suicide, past year	0.00	(0.00,0.01)	0.01	0.01		



PREVIOUS DIAGNOSES OF MENTAL DISORDERS

Compared to the national sample, CSS -  
Example University is statistically  
significantly...

Measure	CSS - Example University	95% CI	Coalition	National Sample	LOWER	HIGHER
<i>Mental disorders</i>						
Any	0.22	(0.18,0.26)	0.24	0.26		
<i>Depression or mood disorder</i>						
Any	0.11	(0.08,0.15)	0.13	0.15		
Major depression	0.03	(0.01,0.04)	0.03	0.04		
Dysthymia	0.02	(0.00,0.03)	0.02	0.03		
Bipolar	0.01	(0.00,0.01)	0.01	0.02		
Cyclothymia	0.00	(0.00,0.01)	0.01	0.01		
<i>Anxiety disorder</i>						
Any	0.11	(0.08,0.14)	0.11	0.14		
Generalized anxiety disorder	0.06	(0.04,0.09)	0.07	0.08		
Panic disorder	0.03	(0.02,0.05)	0.02	0.02		
Agoraphobia	0.00	(0.00,0.01)	0.00	0.00		
Specific phobia	0.00	(0.00,0.01)	0.00	0.00		
Social phobia	0.01	(0.00,0.02)	0.01	0.01		
Obsessive-compulsive disorder (OCD)	0.02	(0.00,0.03)	0.02	0.02		
Acute stress disorder	0.01	(0.00,0.01)	0.01	0.01		
Post traumatic stress disorder (PTSD)	0.01	(0.00,0.02)	0.01	0.01		
<i>Attention or learning disorder</i>						
Any	0.07	(0.04,0.09)	0.08	0.07		
ADHD	0.05	(0.03,0.07)	0.07	0.06		
Learning disorder	0.01	(0.00,0.03)	0.02	0.01		
<i>Eating disorder</i>						
Any	0.02	(0.01,0.03)	0.02	0.03		
Anorexia nervosa	0.01	(0.00,0.02)	0.01	0.02		
Bulimia	0.01	(0.00,0.01)	0.01	0.01		
Binge eating disorder	0.00	(0.00,0.00)	0.00	0.00		
<i>Psychotic disorder</i>						
Any	0.00	(0.00,0.01)	0.00	0.00		
Schizophrenia	0.00	(0.00,0.00)	0.00	0.00		
<i>Personality disorder</i>						
Any	0.00	(0.00,0.01)	0.00	0.01		
<i>Substance abuse disorder</i>						
Any	0.01	(0.00,0.02)	0.01	0.02		
Alcohol abuse disorder	0.01	(0.00,0.02)	0.01	0.01		



HEALTH BEHAVIORS

Compared to the national sample, CSS -  
Example University is statistically  
significantly...

Measure	CSS - Example University	95% CI	Coalition	National Sample	LOWER	HIGHER
<i>Binge drinking, past 2 weeks</i>						
1 or more time	0.66	(0.61,0.71)	0.40	0.43		X
3 or more times	0.32	(0.27,0.36)	0.17	0.17		X
<i>Smoking cigarettes, past 30 days</i>						
Any	0.20	(0.15,0.24)	0.14	0.18		
1+ cigarette per day	0.08	(0.05,0.11)	0.07	0.09		
<i>Illegal drug, past 30 days</i>						
Any	0.19	(0.15,0.24)	0.12	0.18		
Marijuana	0.18	(0.14,0.22)	0.11	0.16		
Cocaine	0.01	(0.00,0.03)	0.01	0.01		
Heroin	0.00	(0.00,0.00)	0.00	0		
Methamphetamine	0.00	(0.00,0.00)	0.00	0		
Other psychostimulants w/o Rx	0.03	(0.01,0.05)	0.02	0.03		
Ecstasy	0.01	(0.00,0.02)	0.01	0.01		
Other	0.02	(0.00,0.04)	0.02	0.02		
<i>Gambled, past year</i>						
Any	0.22	(0.18,0.27)	0.19	0.18		
On 10+ days	0.10	(0.07,0.13)	0.06	0.06		X
<i>Exercised, past month</i>						
3 or more hours per week	0.57	(0.52,0.62)	0.56	0.53		



STIGMA AND AWARENESS

Compared to the national sample, CSS -  
Example University is statistically  
significantly...

Measure	CSS - Example University	95% CI	Coalition	National Sample	LOWER	HIGHER
<b>Stigma about mental health treatment</b>						
Perceived public stigma score (0-5 scale)	2.17	(2.08,2.27)	2.22	2.10		
Personal stigma score (0-5 scale)	0.90	(0.82,0.98)	0.95	0.93		
<b>...would accept someone who has received MH treatment as a close friend.</b>						
I...	0.99	(0.97,1.00)	0.97	0.96		X
Most people...	0.79	(0.75,0.84)	0.80	0.82		
<b>...think less of someone who has received MH treatment.</b>						
I...	0.09	(0.06,0.12)	0.09	0.10		
Most people...	0.49	(0.44,0.54)	0.52	0.50		
<b>...feel that receiving mental health treatment is a sign of personal failure.</b>						
I...	0.14	(0.1,0.17)	0.15	0.16		
Most people...	0.58	(0.53,0.63)	0.57	0.52		X
<b>Knows where to go for professional help for mental health</b>						
Agree or strongly agree	0.69	(0.64,0.73)	0.67	0.69		
<b>Beliefs about effectiveness of treatment for depression</b>						
Believes medication is quite helpful or very helpful for	0.57	(0.52,0.62)	0.54	0.53		
Believes therapy is quite helpful or very helpful for	0.73	(0.69,0.78)	0.74	0.73		
<b>Number of close friends or family who have received mental health treatment</b>						
None	0.16	(0.12,0.2)	0.16	0.15		
1-2	0.51	(0.46,0.56)	0.50	0.46		X
3+	0.30	(0.25,0.34)	0.29	0.34		
Don't know	0.03	(0.01,0.05)	0.05	0.05		



HELP-SEEKING PART 1

Compared to the national sample, CSS -  
Example University is statistically  
significantly...

Measure	CSS - Example University	95% CI	Coalition	National Sample	LOWER	HIGHER
<i>Think you needed help for emotional or mental health problems, past year</i>	0.35	(0.3,0.4)	0.35	0.39		
<b>Psychotropic medication</b>						
Any, past year	0.17	(0.13,0.2)	0.14	0.15		
Any, current	0.10	(0.07,0.13)	0.09	0.10		
<i>Specific types, past year:</i>						
Psychostimulants	0.05	(0.03,0.08)	0.04	0.04		
Antidepressants	0.09	(0.06,0.12)	0.08	0.09		
Antipsychotics	0.00	(0.00,0.01)	0.00	0.00		
Antianxiety	0.05	(0.03,0.07)	0.04	0.05		
Mood stabilizers	0.01	(0.00,0.02)	0.01	0.01		
Other	0.02	(0.00,0.03)	0.02	0.02		
<b>Prescriber (among those with any past-year medication use):</b>						
General practitioner/nurse practitioner/primary care physician	0.46	(0.34,0.58)	0.52	0.44		
Psychiatrist	0.31	(0.2,0.43)	0.29	0.37		
Other type of health provider	0.12	(0.04,0.2)	0.09	0.06		X
No prescription	0.15	(0.06,0.23)	0.15	0.17		
Don't know	0.03	(0.00,0.07)	0.01	0.02		
<b>Discussed medication with provider, past year (among those with medication use):</b>						
Not at all	0.17	(0.08,0.26)	0.20	0.21		
1-2 times	0.38	(0.26,0.49)	0.42	0.39		
3-5 times	0.29	(0.18,0.41)	0.20	0.22		
More than 5 times	0.17	(0.08,0.25)	0.16	0.16		
<b>Whom you would talk to, if you were experiencing serious emotional distress:</b>						
Roommate	0.40	(0.35,0.45)	0.27	0.23		X
Friend (who is not a roommate)	0.75	(0.71,0.8)	0.69	0.70		X
Family member	0.72	(0.68,0.77)	0.69	0.68		
Religious counselor or other religious contact	0.13	(0.1,0.16)	0.18	0.14		
Support group	0.03	(0.01,0.05)	0.04	0.04		
Other non-clinical source	0.05	(0.03,0.07)	0.06	0.07		
No one	0.04	(0.02,0.06)	0.05	0.06		



HELP-SEEKING PART 2

Compared to the national sample, CSS -  
Example University is statistically  
significantly...

Measure	CSS - Example University	95% CI	Coalition	National Sample	LOWER	HIGHER
<i>Therapy or counseling for mental health</i>						
Past year	0.14	(0.1,0.17)	0.14	0.18	X	
Current	0.03	(0.01,0.04)	0.05	0.07	X	
<i>Visits in past year, among those with any</i>						
1-3	0.36	(0.23,0.49)	0.36	0.34		
4-6	0.30	(0.18,0.43)	0.26	0.22		
7-9	0.15	(0.06,0.24)	0.17	0.15		
More than 10	0.19	(0.08,0.3)	0.22	0.29		
<i>Use of specific providers for therapy or counseling for mental health</i>						
CSS Counseling & Advising Services (EXAMPLE)	0.06	(0.04,0.08)				
CSS CAPS (EXAMPLE)	0.00	(0.00,0.01)				
Center for Student Studies Mental Health Services (EXAMPLE)	0.00	(0.00,0.01)				
Psychiatric emergency services	0.00	(0.00,0.01)	0.00	0.00		
Inpatient psychiatric hospital	0.00	(0.00,0.00)	0.00	0.00		
Partial hospitalization program	0.00	(0.00,0.01)	0.00	0.00		
Provider in the local community (not on campus)	0.01	(0.00,0.03)	0.03	0.04	X	
Provider in another location (such as hometown)	0.07	(0.05,0.1)	0.04	0.05		X
Other	0.00	(0.00,0.01)	0.02	0.02	X	
<i>Any medication or therapy for mental health</i>						
Past year	0.24	(0.19,0.28)	0.22	0.25		
Current	0.11	(0.08,0.14)	0.12	0.14		
<i>Any medication or therapy, among those w/ positive depression or anxiety screen</i>						
Past year	0.46	(0.32,0.59)	0.40	0.42		
Current	0.23	(0.12,0.33)	0.23	0.26		
<i>Any visit to a health provider</i>						
Past year	0.88	(0.84,0.91)	0.82	0.82		X
<i>Received counseling or support for mental health from these sources, past year:</i>						
Roommate	0.38	(0.33,0.43)	0.29	0.26		X
Friend (other than roommate)	0.63	(0.59,0.68)	0.57	0.59		
Family member	0.49	(0.44,0.54)	0.48	0.50		
Religious contact	0.07	(0.04,0.09)	0.11	0.08		
Support group	0.02	(0.01,0.03)	0.02	0.02		
Other non-clinical source	0.03	(0.01,0.04)	0.05	0.05	X	



SATISFACTION WITH THERAPY, CAMPUS PROVIDERS

Compared to the national sample, CSS -  
Example University is statistically  
significantly...

Measure	CSS - Example University	95% CI	Coalition	National Sample	Compared to the national sample, CSS - Example University is statistically significantly...	
					LOWER	HIGHER
<b>Convenient hours</b>						
Very dissatisfied	0.00	(0.00,0.00)	0.00	0.02		
Dissatisfied	0.00	(0.00,0.00)	0.02	0.03		
Somewhat dissatisfied	0.07	(0.00,0.18)	0.08	0.08		
Somewhat satisfied	0.13	(0.00,0.27)	0.16	0.15		
Satisfied	0.53	(0.34,0.73)	0.48	0.45		
Very satisfied	0.26	(0.11,0.42)	0.26	0.26		
<b>Location</b>						
Very dissatisfied	0.00	(0.00,0.00)	0.01	0.02		
Dissatisfied	0.00	(0.00,0.00)	0.01	0.01		
Somewhat dissatisfied	0.03	(0.00,0.09)	0.04	0.03		
Somewhat satisfied	0.12	(0.00,0.25)	0.11	0.10		
Satisfied	0.45	(0.26,0.64)	0.48	0.48		
Very satisfied	0.40	(0.21,0.59)	0.35	0.36		
<b>Quality of therapists</b>						
Very dissatisfied	0.08	(0.00,0.21)	0.04	0.04		X
Dissatisfied	0.06	(0.00,0.14)	0.03	0.05		
Somewhat dissatisfied	0.03	(0.00,0.09)	0.08	0.09		
Somewhat satisfied	0.20	(0.04,0.36)	0.15	0.19		
Satisfied	0.30	(0.13,0.47)	0.31	0.33		
Very satisfied	0.32	(0.15,0.5)	0.39	0.31		
<b>Respect for privacy concerns</b>						
Very dissatisfied	0.00	(0.00,0.00)	0.01	0.02		
Dissatisfied	0.05	(0.00,0.15)	0.01	0.01		X
Somewhat dissatisfied	0.00	(0.00,0.00)	0.02	0.03		
Somewhat satisfied	0.07	(0.00,0.18)	0.05	0.09		
Satisfied	0.44	(0.25,0.63)	0.37	0.38		
Very satisfied	0.43	(0.24,0.62)	0.53	0.47		
<b>Scheduling appointments w/o long delays</b>						
Very dissatisfied	0.03	(0.00,0.09)	0.02	0.03		
Dissatisfied	0.00	(0.00,0.00)	0.02	0.03		
Somewhat dissatisfied	0.04	(0.00,0.13)	0.04	0.05		
Somewhat satisfied	0.17	(0.01,0.32)	0.15	0.14		
Satisfied	0.53	(0.34,0.71)	0.43	0.40		
Very satisfied	0.23	(0.09,0.38)	0.34	0.35		

Note: the confidence intervals are wide for these numbers, because the sample sizes are small (these questions were only asked of service users).



SATISFACTION WITH THERAPY, NON-CAMPUS PROVIDERS

Compared to the national sample, CSS -  
Example University is statistically  
significantly...

Measure	CSS - Example University	95% CI	Coalition	National Sample	Compared to the national sample, CSS - Example University is statistically significantly...	
					LOWER	HIGHER
<b>Convenient hours</b>						
Very dissatisfied	0.03	(0.00,0.1)	0.02	0.03		
Dissatisfied	0.00	(0.00,0.00)	0.02	0.03		
Somewhat dissatisfied	0.10	(0.00,0.2)	0.05	0.06		
Somewhat satisfied	0.13	(0.00,0.26)	0.14	0.15		
Satisfied	0.40	(0.23,0.56)	0.48	0.43		
Very satisfied	0.34	(0.18,0.5)	0.30	0.31		
<b>Location</b>						
Very dissatisfied	0.03	(0.00,0.1)	0.02	0.03		
Dissatisfied	0.12	(0.00,0.24)	0.04	0.04		
Somewhat dissatisfied	0.02	(0.00,0.07)	0.06	0.08		
Somewhat satisfied	0.06	(0.00,0.14)	0.16	0.15		
Satisfied	0.40	(0.23,0.56)	0.43	0.37		
Very satisfied	0.37	(0.21,0.54)	0.29	0.33		
<b>Quality of therapists</b>						
Very dissatisfied	0.07	(0.00,0.16)	0.04	0.03		
Dissatisfied	0.08	(0.00,0.16)	0.02	0.03		X
Somewhat dissatisfied	0.11	(0.00,0.23)	0.06	0.07		
Somewhat satisfied	0.00	(0.00,0.00)	0.14	0.13		
Satisfied	0.27	(0.12,0.42)	0.27	0.30		
Very satisfied	0.48	(0.31,0.64)	0.47	0.45		
<b>Respect for privacy concerns</b>						
Very dissatisfied	0.03	(0.00,0.1)	0.01	0.02		
Dissatisfied	0.00	(0.00,0.00)	0.00	0.01		
Somewhat dissatisfied	0.06	(0.00,0.17)	0.01	0.02		
Somewhat satisfied	0.07	(0.00,0.14)	0.07	0.07		
Satisfied	0.29	(0.14,0.45)	0.33	0.31		
Very satisfied	0.54	(0.37,0.71)	0.57	0.57		
<b>Scheduling appointments w/o long delays</b>						
Very dissatisfied	0.06	(0.00,0.14)	0.02	0.03		
Dissatisfied	0.05	(0.00,0.11)	0.01	0.02		
Somewhat dissatisfied	0.13	(0.00,0.26)	0.07	0.05		
Somewhat satisfied	0.08	(0.00,0.17)	0.09	0.10		
Satisfied	0.26	(0.12,0.41)	0.39	0.35		
Very satisfied	0.43	(0.26,0.6)	0.41	0.45		

Note: the confidence intervals are wide for these numbers, because the sample sizes are small (these questions were only asked of service users).



BARRIERS AND FACILITATORS TO HELP-SEEKING

Compared to the national sample, CSS -  
Example University is statistically  
significantly...

Measure	CSS - Example University	95% CI	Coalition	National Sample	Compared to the national sample, CSS - Example University is statistically significantly...	
					LOWER	HIGHER
<i>Reasons for receiving no or fewer services for mental health</i>						
No need	0.55	(0.5,0.6)	0.54	0.50		
Haven't had a chance but plan to go	0.01	(0.00,0.02)	0.02	0.03	X	
Prefer to deal with issues on my own	0.40	(0.35,0.45)	0.40	0.42		
Financial reasons (too expensive, no insurance)	0.13	(0.09,0.16)	0.18	0.20	X	
Location is inconvenient	0.06	(0.03,0.08)	0.05	0.05		
Hours are inconvenient	0.03	(0.01,0.04)	0.05	0.07	X	
Don't have enough time	0.21	(0.17,0.25)	0.25	0.29	X	
Number of sessions is too limited	0.01	(0.00,0.02)	0.02	0.04	X	
Waiting time to get appointment is too long	0.04	(0.02,0.06)	0.03	0.03		
Concerned about privacy	0.09	(0.06,0.12)	0.09	0.09		
Worry what others will think	0.12	(0.09,0.15)	0.12	0.11		
Worry that actions will be documented on academic record	0.04	(0.02,0.06)	0.06	0.06		
Worry that actions will be documented on medical record	0.05	(0.03,0.08)	0.07	0.08		
Worry that someone will notify parents	0.07	(0.04,0.1)	0.06	0.05		
Fear being hospitalized	0.04	(0.02,0.06)	0.03	0.03		
Providers aren't sensitive enough to cultural issues	0.01	(0.00,0.02)	0.02	0.02		
Providers aren't sensitive enough to sexual identity issues	0.01	(0.00,0.01)	0.01	0.01		
Have a hard time communicating in English	0.00	(0.00,0.01)	0.00	0.01		
Question the quality of options	0.06	(0.04,0.08)	0.07	0.09	X	
Question whether medication or therapy is helpful	0.15	(0.11,0.18)	0.13	0.15		
Have had bad experiences with medication and/or therapy	0.05	(0.02,0.07)	0.05	0.05		
Problem will get better by itself	0.19	(0.15,0.23)	0.17	0.18		
Question how serious my needs are	0.28	(0.24,0.33)	0.26	0.30		
Don't think anyone can understand my problems	0.07	(0.05,0.1)	0.07	0.07		
Stress is normal in college/graduate school	0.41	(0.36,0.46)	0.39	0.40		
Get a lot of support from other sources, such as friends and family	0.35	(0.3,0.4)	0.33	0.34		
Other	0.05	(0.02,0.07)	0.04	0.04		
None (there have been no barriers than I can think of)	0.06	(0.04,0.08)	0.07	0.06		
<i>Reasons for seeking help</i>						
Decided on my own	0.58	(0.48,0.69)	0.63	0.70	X	
Friend encouraged or pressured me	0.21	(0.13,0.3)	0.22	0.20		
Family member encouraged or pressured me	0.45	(0.35,0.55)	0.39	0.35		
Other person encouraged or pressured me	0.05	(0.00,0.1)	0.07	0.07		
I was mandated by campus staff	0.05	(0.00,0.1)	0.04	0.03		
I acquired more information about my options	0.02	(0.00,0.04)	0.02	0.02		
Other reasons	0.10	(0.04,0.16)	0.12	0.09		



INSURANCE COVERAGE

Measure	CSS - Example University	95% CI	Coalition	National Sample	Compared to the national sample, CSS - Example University is statistically significantly...	
					LOWER	HIGHER
<i>Source of health insurance</i>						
None (uninsured)	0.05	(0.03,0.08)	0.08	0.08		
Parent's employer	0.84	(0.8,0.88)	0.63	0.52		X
Own employer	0.04	(0.02,0.06)	0.10	0.11	X	
Spouse's employer	0.01	(0.00,0.02)	0.04	0.04	X	
Student plan	0.03	(0.02,0.05)	0.08	0.22	X	
Embassy or other international source	0.00	(0.00,0.00)	0.00	0.00		
Individual market	0.03	(0.01,0.04)	0.05	0.03		
Public insurance	0.01	(0.00,0.01)	0.02	0.02	X	
Uncertain whether insured	0.00	(0.00,0.01)	0.01	0.01		
Insured but uncertain of source	0.03	(0.01,0.04)	0.02	0.02		
<i>Plan provides any coverage for local MH visits (among those with a plan)</i>						
Yes, it definitely would	0.19	(0.15,0.23)	0.21	0.24	X	
I think it would but am not sure	0.29	(0.25,0.34)	0.29	0.31		
I have no idea	0.44	(0.39,0.49)	0.40	0.35		X
I think it would not but am not sure	0.06	(0.04,0.09)	0.08	0.07		
No, it definitely would not	0.01	(0.00,0.02)	0.02	0.02		
<i>Plan meets needs for mental health services (among those with a plan)</i>						
Have not needed plan to cover services	0.73	(0.69,0.78)	0.73	0.71		
Yes, everything I have needed is covered	0.23	(0.19,0.27)	0.22	0.22		
No, the coverage is inadequate to meet my needs	0.03	(0.01,0.05)	0.05	0.07	X	
<i>Coverage is inadequate because my plan...(among those w/ inadequate plan)</i>						
Doesn't cover any mental health services	0.44	(0.14,0.75)	0.31	0.21		
Doesn't cover pre-existing conditions	0.30	(0.02,0.59)	0.11	0.08		X
Doesn't cover certain conditions	0.18	(0.00,0.41)	0.17	0.17		
Has a co-pay that is too expensive	0.36	(0.07,0.65)	0.37	0.38		
Has a deductible that is too expensive	0.35	(0.04,0.65)	0.31	0.26		
Doesn't cover certain services or providers	0.52	(0.21,0.82)	0.50	0.45		
Has a limit on number of services covered	0.37	(0.07,0.67)	0.31	0.43		



## SUPPORTIVENESS OF ACADEMIC AND SOCIAL ENVIRONMENT

CSS - EXAMPLE UNIVERSITY  
WINTER/SPRING 2009

Compared to the national sample, CSS -  
Example University is statistically  
significantly...

Measure	CSS - Example University	95% CI	Coalition	National Sample	LOWER	HIGHER
<i>Supportiveness of major department about mental health</i>						
Very supportive	0.13	(0.1,0.16)	0.16	0.14		
Supportive	0.32	(0.28,0.37)	0.32	0.31		
Not supportive	0.10	(0.07,0.13)	0.09	0.12		
Very unsupportive	0.02	(0.01,0.04)	0.03	0.03		
Not sure/don't know	0.39	(0.35,0.44)	0.37	0.36		
<i>Whom would you talk to about mental health problems affecting academic performance:</i>						
Professor from one of classes	0.45	(0.4,0.5)	0.42	0.40		
Academic advisor	0.40	(0.35,0.45)	0.38	0.39		
Another faculty member	0.08	(0.05,0.11)	0.09	0.09		
Teaching assistant	0.01	(0.00,0.02)	0.02	0.03	X	
Student services staff	0.12	(0.09,0.15)	0.13	0.13		
Dean of Students or Class Dean	0.01	(0.00,0.02)	0.11	0.09	X	
Other	0.04	(0.02,0.06)	0.08	0.08	X	
No one	0.26	(0.22,0.31)	0.24	0.26		
<i>Competitiveness between students in your classes</i>						
Very competitive	0.15	(0.11,0.18)	0.14	0.17		
Competitive	0.36	(0.31,0.41)	0.30	0.28		X
Somewhat competitive	0.33	(0.28,0.37)	0.34	0.34		
Not competitive	0.14	(0.11,0.18)	0.15	0.16		
Very uncompetitive	0.01	(0.00,0.01)	0.01	0.02	X	
<i>Receives emotional support from family</i>						
Strongly agree	0.50	(0.45,0.55)	0.47	0.45		
Somewhat agree	0.25	(0.21,0.3)	0.27	0.28		
Neutral	0.09	(0.06,0.12)	0.11	0.12		
Somewhat disagree	0.07	(0.04,0.1)	0.07	0.07		
Strongly disagree	0.09	(0.06,0.12)	0.08	0.08		
<i>Friends really try to help you</i>						
Strongly agree	0.49	(0.44,0.54)	0.44	0.43		X
Somewhat agree	0.31	(0.26,0.36)	0.32	0.32		
Neutral	0.09	(0.06,0.12)	0.13	0.14	X	
Somewhat disagree	0.03	(0.01,0.05)	0.04	0.04		
Strongly disagree	0.07	(0.05,0.1)	0.06	0.06		
<i>Treated unfairly because of race, ethnicity, or culture (past year)</i>						
Never	0.82	(0.78,0.86)	0.72	0.67		X
Once in a while	0.15	(0.12,0.19)	0.20	0.23	X	
Sometimes	0.02	(0.00,0.04)	0.07	0.07	X	
A lot	0.01	(0.00,0.02)	0.01	0.02		
Most of the time	0.00	(0.00,0.00)	0.00	0.00		
Almost all of the time	0.00	(0.00,0.00)	0.00	0.00		



TIME USE AND ATTITUDES ABOUT EDUCATION

Measure	CSS - Example University	95% CI	Coalition	National Sample	Compared to the national sample, CSS - Example University is statistically significantly...	
					LOWER	HIGHER
<i>Work in paid job, hours per week in current semester</i>	3.14	(2.92,3.36)	3.63	3.78	X	
<i>School work, hours per day in current semester</i>	5.60	(4.56,6.63)	9.67	10.28	X	
<i>Confidence that completing degree will be worth time, cost, and effort</i>						
Very confident	0.56	(0.51,0.61)	0.55	0.48		X
Somewhat confident	0.32	(0.27,0.37)	0.30	0.33		
Neutral	0.06	(0.04,0.08)	0.09	0.10	X	
Not confident	0.04	(0.02,0.06)	0.05	0.06		
Not at all confident	0.02	(0.00,0.03)	0.02	0.02		
<i>Feeling about job prospects after finishing education</i>						
Very optimistic	0.35	(0.3,0.4)	0.37	0.31		
Somewhat optimistic	0.41	(0.36,0.46)	0.38	0.39		
Neutral	0.14	(0.1,0.17)	0.14	0.16		
Pessimistic	0.09	(0.06,0.12)	0.09	0.11		
Very pessimistic	0.01	(0.00,0.02)	0.02	0.03	X	
<i>Satisfaction with overall experience so far at current institution</i>						
Very satisfied	0.45	(0.41,0.5)	0.34	0.29		X
Satisfied	0.41	(0.36,0.46)	0.41	0.44		
Neutral	0.10	(0.07,0.13)	0.16	0.18	X	
Dissatisfied	0.03	(0.01,0.05)	0.06	0.07	X	
Very dissatisfied	0.00	(0.00,0.01)	0.02	0.02	X	
<i>Likelihood of donating to institution after graduating</i>						
Very likely	0.09	(0.06,0.12)	0.11	0.08		
Likely	0.23	(0.19,0.28)	0.22	0.18		X
50/50	0.37	(0.32,0.42)	0.36	0.36		
Unlikely	0.19	(0.15,0.23)	0.19	0.22		
Very unlikely	0.11	(0.08,0.15)	0.12	0.15	X	

CHAPTER 4:  
CUSTOM QUESTION DATA

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## Healthy Minds Study Winter/Spring 2009 – CSS - Example University Custom Questions Data Book

**QEXAMPLE\_1: PLEASE RATE YOUR LEVEL OF SELF-ACCEPTANCE. THIS REFERS TO THE DEGREE OF POSITIVE ATTITUDE YOU HAVE ABOUT YOURSELF, YOUR PAST BEHAVIORS AND THE CHOICES THAT YOU HAVE MADE.**

	Total	Undergrad / Grad		Gender	
		Undergraduate	Graduate	Male	Female
Total	500	450	50	250	250
Very low in self-acceptance	0.01	0.01	0.03	0.02	0.01
Low in self-acceptance	0.07	0.07	0.09	0.07	0.07
Somewhat low in self-acceptance	0.05	0.05	0.07	0.01	0.08
Neutral or sometimes high and sometimes low	0.17	0.17	0.14	0.15	0.18
Somewhat high in self-acceptance	0.18	0.17	0.19	0.18	0.17
High in self-acceptance	0.38	0.38	0.42	0.40	0.37
Very high in self-acceptance	0.14	0.14	0.06	0.16	0.12

## Healthy Minds Study Winter/Spring 2009 – CSS - Example University Custom Questions Data Book

**QEXAMPLE\_2: PLEASE RATE YOUR SENSE OF THE QUALITY OF YOUR RELATIONSHIP WITH OTHERS. AN INDIVIDUAL WITH POSITIVE RELATIONSHIPS WITH OTHERS FEELS CONNECTED, ADMIRER, RESPECTED AND WELL-LOVED.**

	Total	Undergrad / Grad		Gender	
		Undergraduate	Graduate	Male	Female
Total	500	450	50	250	250
Very poor relations with others	0.01	0.01	0.00	0.01	0.00
Poor relations with others	0.01	0.01	0.03	0.01	0.01
Somewhat poor relations with others	0.02	0.02	0.07	0.02	0.02
Neutral or sometimes positive and sometimes negative	0.11	0.12	0.07	0.15	0.09
Somewhat positive relationships with others	0.08	0.08	0.14	0.08	0.09
Positive relations with others	0.48	0.47	0.63	0.48	0.48
Very positive relations with others	0.28	0.30	0.07	0.25	0.31

CHAPTER 5:  
OPEN-ENDED TEXT RESPONSES

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## OPEN-ENDED TEXT RESPONSES FOR THE 2009 HEALTHY MINDS STUDY

E2G: If there is anything else you would like to note about your therapy and counseling experiences, please feel free to do so here.

### 7GG!9I Ua d` Y UNIVERSITY

Gender	Status	Response
Male	Undergraduate	Was court-ordered for an offense, after completing treatment I visited once out of my free will to reflect on the present/past since my treatment.
Male	Undergraduate	At the CSS House, the therapist I had seen asked me lead on questioning. I found this very offensive, and really deterred me from returning. The lead on questioning turned into accusing, and it wasn't a fun time.
Male	Undergraduate	It's hard sometimes to open up to someone new, especially a stranger, about any sort of close, difficult problems in life. My last therapist retired just before I came to college, and I am still trying to adjust to my new one, but he is doing a great job and I am better for it.
Male	Undergraduate	It was well worth it to get a professional perspective on myself and the way I feel.
Female	Undergraduate	I went through all of this because I got a traumatic brain injury almost exactly one year ago. Otherwise, I'm always happy and bubbly. Now that I'm recovered, I'm happy again. So I'm emotionally stable and fine and whatever else.
Female	Undergraduate	Didn't focus on the problems I really wanted to discuss
Female	Undergraduate	I had a great experience with my counselor at CSS House. He really helped me through my grief and we talked about other issues that were relatable to my life now. I would recommend anyone to go to CSS House.
Female	Undergraduate	I have found wonderful help at CSS House (EXAMPLE) in Ann Arbor, MI.
Female	Undergraduate	I only went to therapy to receive a refill on my ADD meds. it wasn't actually a counseling session.
Female	Undergraduate	I recieved a certified letter from my psychiatrist's office a couple of weeks ago stating that they are discontinuing my care and I need to find somewhere else to go. You know, thats a pretty stupid thing to do to someone who is depressed and possible suicidal!
Female	Undergraduate	I was dissatisfied with my counselor at CSS House. I do NOT believe he was an insufficient or incompetent counselor, merely that he was not a good fit for me.
Female	Undergraduate	We are very fortunate to have the compassionate and intelligent staff at CSS House. My counseling was a very positive experience for me. If I was on campus this semester I would still be seeing a counselor.
Female	Undergraduate	it was family counseling
Female	Undergraduate	It was very positive and felt like I was in control finally. The therapist helped me see what was going wrong and helped me to take control of me

## OPEN-ENDED TEXT RESPONSES FOR THE 2009 HEALTHY MINDS STUDY

FX. If there is any additional information you feel is important for researchers to know about your experiences with the topics in this questionnaire, please feel free to write it here.

### CSS - EXAMPLE UNIVERSITY

Gender	Status	Response
Male	Undergraduate	I have used adderall in the past but not regularly. Defining a time span of use is pointless if I use it once every few months for a year or two.
Male	Undergraduate	I find that when the weather is bad I feel really down and depressed. Considering I have lived in Michigan and Canada for most of my life, winters can be hard.
Male	Undergraduate	In regards to councilors having to notify parents if a student is suicidal...I feel it hampers the student from coming forth and getting help, I know individuals who have felt suicidal because of actions on their parents' parts and notifying the parents would only exacerbate the situation.
Male	Undergraduate	best friend has terminal cancer
Male	Undergraduate	I am an adult with a full time job. Trying to complete a degree I started 25 yrs ago, I take one class per semester. SO, my world doesn't remotely revolve around CSS, campus social life, or campus services. In the future, I would suggest excluding part time students like me, including a question about hours regularly attempted, or some other measure so you can analyze the differences in responses between traditional and non-traditional students.
Male	Undergraduate	i don't specifically recall any problems i had with the questions, but the question regarding parental notification. i feel that it is understandable to notify the parents, but sometimes notifying the parents may make the individual feel double crossed or unwilling to talk to people about it.
Male	Undergraduate	I felt depressed at the end of last year because my girlfriend and I broke up.
Male	Undergraduate	i have anxiety problems when it comes to drugs and stuff. not that i use then but sometimes when i'm around them or if i drink, which is almost never, i get extremely worried about the aftereffects or just causes on my body. same with weed. i've also dealt with a lot of stress my life and tend to internalize it. but i've been fairly good at keeping my emotions under control. but always i feel tingling or numbness in my body and i can feel my blood pulse through my arms.
Male	Undergraduate	I have no metal disorders/problems that affect me (nor have I ever). This survey seems as if it would have a fairly significant response bias due to the fact that students who have mental problems would probably be more apt to pay attention to the lengthy parts of the survey pertaining to mental health treatment. I had difficulty doing this survey in one setting because very few of the questions seemed as if they pertained to me.

APPENDIX A:  
DATA-COLLECTION METHODS

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## APPENDIX A: DATA-COLLECTION METHODS

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### STUDY DESIGN

The Healthy Minds Study used an Internet survey as its mode of data collection. U.S. Mail and email contacts were made with respondents, inviting and reminding them to participate. All contacts took place during January-May 2009. The contacts were timed to avoid the first two weeks of the term, the last week of the term, and any major holidays (e.g., Spring Break).

Each school provided the Healthy Minds Study with a randomly selected list of 1,000 currently enrolled students over the age of eighteen to be used as the study sample. Most schools chose to sample both undergraduate and graduate students. The questionnaire asked up to 138 questions of each respondent, with skip logic used to limit any single respondent to only relevant questions.

### DATA COLLECTION

The data collection protocol began with a pre-notification letter mailed to all respondents via U.S. Mail. This letter included a description of the study, appropriate confidentiality and human subjects related text, and instructions for how to take the survey over the Internet. Each pre-notification letter also included a \$1 bill as a token of appreciation for completing the survey.

For those respondents who did not complete the survey within approximately one week after they should have received the pre-notification letter, an email invitation was sent, followed by up to four email reminders spaced by 2-4 days each. Reminders were only sent to those people who had not yet completed the survey or declined to participate. Each communication contained a URL and a unique study ID number to gain access to the survey.

One of the many things tracked during the data collection was the number of successful and unsuccessful communications. Table 1 shows how many of the pre-notification letters were returned due to a bad or insufficient address.

**Table 1: Mail Counts**

Pre-notification Letter		
Date Sent	1/21/2009	
	<i>Sent</i>	<i>Returned</i>
	972	28

Table 2 shows the counts of emails at each stage of the data collection process that were successfully sent as well as the count that did not get delivered; this is due to a variety of factors including bad email addresses, 'bounces' from a school server and other factors. If a respondent's email invitation bounced,

reminders were still sent to this respondent in case the cause of the bounce was a temporary situation. Emails used a subject line that identified the study and the email appeared to be coming from the primary investigator. It should be noted that an email bounce doesn't necessarily mean that the respondent did not receive the email, and likewise, no bounce (indicated as "sent" in the table) doesn't necessarily mean that the responded did receive the email. Notification (or non-notification) of such events are completely up to the recipients email server configurations. These counts may be used as a general guide for the quality of the emails used only.

**Table 2: Email Counts**

	Email Invite		Email Reminder 1		Email Reminder 2		Email Reminder 3	
Date Sent	1/26/2009		1/31/2009		2/3/2009		2/6/2009	
	<i>Sent</i>	<i>Not Delivered</i>	<i>Sent</i>	<i>Not Delivered</i>	<i>Sent</i>	<i>Not Delivered</i>	<i>Sent</i>	<i>Not Delivered</i>
	101	0	845	0	723	0	673	0

Response rates are an important indicator of the potential for quality survey data. Overall, response rates to the Healthy Minds Study were better than average when considering the current rate of response in college student surveys. The responses for the overall study and from among CSS - Example University respondents are shown in Table 3.

**Table 3: Sample Dispositions**

	Sample Size*	Refusals*	Partials*	Completes*	Response Rate*	Completion Rate*
<b>Your School</b>	1000	5	24	412	43.6%	94.5%
<b>All Schools</b>	19,110	191	527	8,063	44.97%	93.86%

*\*See Table 4 for definition of terms.*

Occasionally, students informed study staff or local school contacts that they did not wish to participate in the study. These types of requests were received via email and phone calls. Such requests not to participate were noted in the sample database and further contacts with the refusing respondent were cancelled. The counts of refusals can also be found in Table 3.

The median survey length for completed Internet surveys was 21.00 minutes and; the median time for students at CSS - Example University was 22 minutes. Because respondents were able to leave the survey and return later (possibly several hours or days later), we have excluded as an outlier any survey duration over 120 minutes from these calculations.

The following table (Table 4) provides an overall definition of terms for the various methodological components reported in this section of the report.

**Table 4: Definitions of Terms**

Term	Definition
<i>Sample Size (N)</i>	The count of students who were selected to participate in the study
<i>Eligible Sample (E)</i>	The count of students who were eligible to take the survey. This number in most cases is the number of students in the sample. In some cases students were identified as ineligible during or after data collection (i.e. they were no longer a student, they were not 18 years of age, etc.). The eligible sample is the total number of students who remained after excluding any deemed ineligible.
<i>Refusals (R)</i>	Count of students who indicated that they did not want to participate in the survey either through contact with study staff or by refusing to agree to the consent form.
<i>Partials (P)</i>	The count of students who started the survey but did not submit the survey at the last screen.
<i>Completes (C)</i>	The count of students who reached the last question in the base questionnaire and submitted it. This count does not take into account any missing data.
<i>Response Rate% (RR)</i>	The number of completed surveys plus the number of partially completed surveys divided by the eligible sample size. The American Association for Public Opinion Research (AAPOR) accepts this rate as a standard rate for report response rates <sup>1</sup> . This is AAPOR response rate formula #2: $((C+P+V)/E)$ .
<i>Completion Rate (CR)</i>	The number of completed survey divided by the number of completed surveys plus partially completed surveys. The formula for completion rate is: $(C/(C+P+V))$ .

<sup>1</sup> From *Standard Definitions: Final Dispositions of Case Codes and Outcomes Rates for Surveys*. The American Association for Public Opinion Research (2000).

**APPENDIX B:**  
**ADJUSTMENTS FOR SURVEY NON-**  
**RESPONSE**

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## Appendix: Adjustments for Survey Non-Response

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 this study, we can at least be confident that those who were *invited* to fill out the survey were representative of the full student population, because these students were randomly selected from the full list of currently enrolled students. But it is still possible that those who actually *completed* the survey were different in important ways from those who did not complete the survey. The overall participation rate (among those who were invited, the percentage who completed the survey) was 43%. While this is a respectable rate for a web survey, it raises the question of whether the 43% who participated are different in important ways from the 57% who did not participate.

We employed two strategies to address this issue: 1) we constructed non-response weights using administrative data on full student populations; 2) we conducted a brief follow-up survey with a randomly selected group of non-responders to the main survey.

### Non-response weights

Nearly all of the 15 schools in the 2009 Healthy Minds Study were able to provide administrative data about all students who were randomly selected for the study. The analysis of these administrative data, separated from any identifying information, was approved in the IRB application at the University of Michigan and each participating school.

We used the following variables, where available, to estimate which types of students were more or less likely to respond to the survey: gender (male, female), race/ethnicity (white, black, Hispanic, Asian, other), academic level (undergraduate, graduate), and grade point average (categorized into: missing or not applicable, 0.01-2.00, 2.01-2.50, 2.51-3.00, 3.01-3.30, 3.31-3.50, 3.51-3.70, 3.71-3.90, 3.91-4.30).

In the national sample overall, these students were more likely to complete the survey:

- Female students (49% participation rate, versus 36% for male students)
- Graduate students (47%, versus 42% for undergraduates)
- Students with higher GPA (e.g., 53% for GPA>3.5, versus 40% for GPA<3.5)

These students were less likely to complete the survey:

- Black students (38%, versus 44% for other students)
- Hispanic students (35%, versus 44% for other students)

We used these variables to estimate the *response propensity* of each type of student (based on logistic multivariable regressions), and then assigned response propensity weights to each student who completed the survey. The less likely a type of student was to complete the survey, the larger the weight they received in the analysis, such that the weighted estimates are representative of the full student population in terms of the administrative variables available for each institution. In the case of CSS - Example University, the following administrative variables were used to construct these weights: gender, race/ethnicity, academic level, and GPA.

Finally, note that these sample weights give equal weight to each of the 15 schools in the national sample. An alternative would have been to assign weights in proportion to school size, but we decided that we did not want our overall national estimates to be dominated by the few schools in our sample with very large enrollments.

### **Brief non-response survey**

After fielding the main survey, we randomly selected 476 non-respondents, spread evenly over 14 schools (1 school declined to participate in this non-response survey) (so, 34 students at each of 14 schools). These students were then invited to complete a 1 minute version of the main survey, consisting of only 4 items (two items from the PHQ depression scale, an item about medication use, and an item about therapy/counseling). As described in an earlier section of the appendix, these students were recruited using mail, email, and telephone contact. The purpose of the non-response survey was to investigate whether responders and non-responders differ significantly in terms of key mental health measures.

We found, as in previous iterations of Healthy Minds, that the prevalence of mental health symptoms and service use was slightly lower in the non-response sample, as compared to the main sample. For example, the raw (unweighted) prevalence of psychotropic medication use was 11% in the non-response sample as compared to 15% in the main sample, and the raw (unweighted) prevalence of therapy/counseling use was 13% in the non-response sample as compared to 18% in the main sample.

We decided not to incorporate these numbers formally into the survey weights, however, because the response rate for the non-response survey was low (N=123, or 26% of the 476 invited). Instead, we note that, to the extent that the responders to the non-response survey are representative of all non-responders, then our estimates in the main sample may be slightly overstating the true prevalence of mental health problems and service use. We are continuing to investigate this issue using other information (such as aggregate data provided by institutions about use of their counseling services), and will keep our study contacts informed as we refine our understanding of possible non-response bias in this study.

APPENDIX C:

PROTECTION OF STUDY PARTICIPANTS

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## **APPENDIX C: PROTECTION OF STUDY PARTICIPANTS**

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This study was approved by the University of Michigan Health Sciences Institutional Review Board (IRB), as well as the IRBs from all other participating institutions.

Due to the sensitive nature of the data collected in this study, we have taken a number of precautions to protect the participants.

Perhaps the two main concerns pertain to confidentiality and risk of harm to self or others. To address confidentiality, we have taken the following two measures, among others: first, the study was administered on a secure web site, with no confidential information transmitted by email; second, identifying information used to recruit subjects is always being stored separate from any response data. Regarding risks of harm to self or others, the surveys close by thanking the participant and offering a list of both local and national mental health resources, such as the campus psychological counseling center and a national suicide prevention hotline (the exact list of resources was determined by the local study coordinator at each institution). Also, for students who indicate suicidal ideation or behavior in the previous year, the final page of the survey includes a special message encouraging the student to consider the list of resources carefully. In addition, each page of the web survey contains emergency contact numbers.

APPENDIX D:  
QUESTIONNAIRE ITEMS

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## **APPENDIX D: QUESTIONNAIRE ITEMS IN *HEALTHY MINDS* STUDY, FALL 2009**

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### **A. DEMOGRAPHICS AND OTHER CHARACTERISTICS**

1. Age
2. Gender
3. Race/ethnicity
4. U.S. citizen/resident or international
5. Sexual orientation
6. Residence type
7. Year in program
8. Degree program
9. Field of study
10. Religiosity
11. Current financial situation
12. Family's financial situation when growing up
13. Mother's educational attainment
14. Father's educational attainment
15. Current relationship status

### **B. MENTAL HEALTH STATUS**

1. Flourishing/languishing (14 item Mental Health Continuum scale by Keyes)
2. Depressive symptoms, past 2 weeks (PHQ-9 scale, plus item on impairment)
3. Depressive symptoms, past year (first two items of PHQ-9)
4. Panic disorder symptoms, past 4 weeks (PHQ, 1-15 items depending on skips)
5. Generalized anxiety symptoms, past 4 weeks (PHQ, 1-8 items)
6. Eating behavior, current (8-9 items adapted from SCID)
7. Lifetime diagnoses of mental disorders
8. Perceived effect of mental health on academic performance, past 4 weeks
9. Non-suicidal self-injury (NSSI), past year (types, and follow-up on frequency)
10. Suicidal thoughts, plans, and attempts, past year (1-3 items)

### **C. LIFESTYLE AND HEALTH-RELATED BEHAVIORS**

1. Cigarette smoking, past 30 days
2. Marijuana and other illicit drug use, past 30 days
3. Exercise (moderate or higher intensity), past 30 days
4. Binge drinking, past 2 weeks
5. Gambling, past year
6. Experienced discrimination due to race/ethnicity/culture, past year
7. School work, hours per day in current semester
8. Working in paid job, hours per week in current semester
9. Confidence that completing degree will be worth cost and effort
10. Optimism about job prospects after completing education
11. Overall satisfaction with current college/university
12. Likelihood of donating money to college/university after graduating

#### **D. AWARENESS OF AND ATTITUDES TOWARDS MENTAL HEALTH TREATMENT**

1. Knowledge about where to go for help with mental health
2. Belief about effectiveness of therapy or counseling for depression
3. Belief about effectiveness of medication for depression
4. Perceived stigma (3 items adapted from Discrimination-Devaluation Scale)
5. Personal stigma (3 items analogous to perceived stigma items)

#### **E. USE OF MENTAL HEALTH SERVICES**

1. Perceived need for help, past year
2. Medications (specific types), regular use for at least 4 weeks in past year
  - i. Type of physician who wrote prescription (or no prescription)
  - ii. Discussed medication with health provider, how often in past year
  - iii. Medication, current use
3. Therapy or counseling in past year for mental health (yes/no)
  - i. Therapy or counseling, current
  - ii. Number of visits in past year
  - iii. Types and locations (campus, local community, other community) of providers
  - iv. Satisfaction with therapy/counseling (hours, location, quality, respect for privacy, waiting time for appointment)
  - v. Open field comments on experiences with therapy/counseling
4. Visit to any health professional in past year
5. Counseling or support from non-clinical sources
  - i. Actual support received, past year
  - ii. Hypothetical: whom would you turn to?

#### **F. BARRIERS AND FACILITATORS TO MENTAL HEALTH SERVICES**

1. Significant barriers noted from list (which includes items related to financial constraints, time, privacy concerns, lack of quality, and several other issues)
2. Facilitators (factors explaining why people have received services)
3. Health insurance coverage
  - i. Source of coverage (if any)
  - ii. Coverage for mental health (definitely yes, think yes, no idea, think not, definitely not)
  - iii. Whether plan meets needs for mental health services (and if not, reasons why)

#### **G. ACADEMIC ENVIRONMENT**

1. Supportiveness of degree program's department
2. Willingness to talk with various academic personnel about mental health
3. Perceived competitiveness among students in classes
4. Estimated cumulative GPA (A+, A, A-, etc)
5. Grades, relative to average person in same classes

#### **H. SOCIAL SUPPORT**

1. Perceived support from family
2. Perceived support from friends

## **I. CUSTOMIZED QUESTIONS SPECIFIC TO INDIVIDUAL SCHOOLS (OPTIONAL)**

### **REFERENCES RELATED TO KEY MEASURES**

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