

# YEARLY PLANNING DISCUSSION

## General Questions

**Program Name** Student Health Services **Academic Year** 2022 2023

1. Has your program mission or primary function changed in the last year?  
The mission of Student Health Services (SHS) is to provide health and education services with the goal of positively impacting our students' and the college community's current and future health and healthcare decisions.  
Student Health Services shares the values stated in the Educational Master Plan 2020 – 2026; connect with students; successful entry; student progression; student completion; transition to transfer and/or gainful employment.  
There have been no changes in SHS's mission or primary function this year.
2. Were there any noteworthy changes to the program over the past year?
  - In person services resumed in LVC with an addition of a mental health counselor.
  - Consistent reproductive health services were re-established with The Center.
  - In person wellness events resumed.

### Learning Outcomes Assessment

- Please summarize key results from this year's assessment.  
Retention and success rates for students who access SHS remain higher than overall students, but that gap is narrowing.
  - Please summarize your reflections, analysis, and interpretation of the learning outcome assessment and data.  
Pandemic impacts to SHS include a decrease in overall utilization of services which impacts the general analysis and data. Students have had many health and mental health impacts due to the pandemic and recovery will take some time.
  - Please summarize recommendations and/or accolades that were made within the program/department.  
Continued expansion of in person services, marketing efforts, wellness events and general outreach have already shown a benefit with an increase in utilization of services within SHS.
  - Please review and attach any changes to planning documentation, including PLO rubrics, associations, and cycles planning.  
None.
3. Were there any staffing changes?
    - Hired additional mental health counselor for in person services in LVC. An additional 13.5 hours. This is an MFT intern and was hired as professional expert after having difficulty hiring as a part time faculty.

- Hired an additional mental health counselor for in person services in SM. An additional 12 hours. This is a Licensed MFT and she utilizes an available office in LAP.
- One mental health counselor was forced to take medical leave mid Fall semester. The additional hires filled the open hours and we hope to have this employee back in person for Fall 2023.
- Contracted with a new medical advisor, Dr. Rachel Zonca. Our longtime advisor retired.

4. What were your program successes in your area of focus last year?

- Partnered with Transitions Mental Health Association and presented the Mental Health Forum
- Added upgrades to Pyramed system to support college districts vaccine mandate and COVID-19 safety guidelines. Created interface with Banner for COVID vaccine information; added CAIR interface for automatic data transfers from the State; and added TimelyMD interface.
- Partnered with Albertsons pharmacy for pop up COVID and FLU vaccine clinic
- Worked in partnership with business services and facilities to plan new health center
- Conducted the Healthy Minds Study in consortium with HSACCC
- Completed registration process to participate in State Naloxone Distribution Project and collaborated with Campus Police to distribute Naloxone to every Campus Police Officer.
- Provided Mental Health First Aid training for Student Services staff.
- With support from SBCPHD, provided MPX vaccination clinic
- Created and marketed “health checkup” service to allow for extra credit activity for students
- Added additional service providers to acupuncture contract to allow for massage therapists to provide additional services.
- Supported the initiation of a new student club, the Mental Wellness Club.

**Validation for Program Planning Process:**

5. Who have you identified to validate your findings? (Could include Guided Pathway Success Teams, Advisory Committee Members, related faculty, industry partners or higher education partners)

- Student Health Services staff members
- Institutional Effectiveness
- Student feedback
- Wellness Advisory Committee
- HSACCC membership

6. Are there specific recommendations regarding the core topic responses from the validation team?

- More mental health services are needed to meet the demand and primary concerns of students.
- Current facility is not large enough to meet the current health and mental health needs of students. New health center is currently under development.

## Area of Focus Discussion

### INNOVATIVE SCHEDULING

**Innovative Scheduling** embraces mapping, scheduling, and student outcomes. This focus includes a review of modalities, times, days, and sequence of courses. It supports areas of interest. It is based on student success, retention, and completion/graduation data. Sample activities include the following:

**Possible topics:**

- Analyze Staff and faculty scheduling

1. What data were analyzed and what were the main conclusions?

Pyramed scheduling trends were reviewed to determine scheduling needs and availability. Health Minds Study results were reviewed for overall mental health needs, access, knowledge of services and economic impacts. Annual student demographic review was analyzed for equity, outreach, and utilization of services.

The main conclusions are that the mental health needs of students overwhelm available mental health services.

2. Based on the data analysis and looking through a lens of equity, what do you perceive as challenges with student success or access in your area of focus?

Reviewing the annual student demographic report, students accessing student health services maintained the same ethnicity ratios as overall students. More female students access student health services than male students, however, that is common in other health care settings as well.

Pyramed scheduling trends quickly show a lag in available appointments by week 8, or midway in the semester, which by week 11-12 all available appointments are filled. The Healthy Mind Study, conducted 2021-22, estimated 55% of students are experiencing at least one significant mental health problem such as depression or anxiety. That is approximately 5,586 total students with a mental health problem. Of the estimated students, 50% had received mental health services within the past year and 49% had not. This translates to 2,782 students with untreated mental health issues. Students with untreated mental health issues are more likely to leave their educational institution. Even expanding the availability of services to an additional 1000 students would lead to the retention of 27 students per year who would have otherwise dropped out.

The Healthy Mind Study also found a satisfaction rate of 86% among students who used on campus mental health services, suggesting that our current program is effective.

3. What are your plans for change or innovation?

- Attempts to bring more part time staff to the program were halted. A lack of available space and Human Resource issues showed this to not be an effective approach.

- Discussions for creating and hiring a full-time mental health counselor, continue and remain in the VPSS office at this time.
- As a stop gap and immediate relief for students and mental health counselors, an agreement was signed with The Virtual Care Group (VCG) 4/3/2023. As this time, IT is working to provide the needed data to begin to serve students through this telehealth platform.
  - The college contracted with TimelyMD 2021-2022, the overall utilization was very low, approximately 125 individual students were served over the year of the contract.

4. How will you *measure* the results of your plans to determine if they are successful?

- Pyramed scheduling trend
- End of the year student demographic report
- VCG utilization reports
- Updates regarding hiring from VPSS office.

	<b>Definition</b>	<b>Sample</b>
<b>Mission</b>	<i>The values and philosophy of the program, a vision of what the program is supposed to do.</i>	The mission of Student Health Services (SHS) is to provide health and education services with the goal of positively impacting our students' and the college community's current and future health and healthcare decisions.
<b>Goals</b>	<i>The general aims or purposes of the program and its curriculum. Effective goals are broadly stated, meaningful, achievable and can lead to assessable outcomes.</i>	Student Health Services shares the values stated in the Educational Master Plan 2020 – 2026; connect with students; successful entry; student progression; student completion; transition to transfer and/or gainful employment. Student health services goals are to support students in their health and wellness to safeguard that students will have all they need to achieve their academic goals.
<b>Program planning initiatives</b>	<i>Program planning initiatives are specific activities that a program would need to complete in order to achieve goals and mission.</i>	Provide direct mental health services that are accessible to students and delivered in the manner that works best for the student.
<b>Actions/ Resource Request</b>	<i>These are the specific actions/resources needed to complete a planning initiative.</i>	To provide these valuable services, more licensed providers need to be available. Hiring a full-time mental health provider will provide additional service hours and provide additional planning for maximizing and optimize services.

<b>New Program Planning Initiative</b>	
<b>Title:</b>	Full time mental health counselor
<b>Planning years:</b>	2022 -2024
<b>Description:</b>	
<p>As indicated in several past program reviews and annual updates, the need for mental health services for students has overwhelmed current resources present in student health services. This position was prioritized as #3 in 2018 by Academic Senate. There is current funding through the mental health allocation from the State that is also ongoing.</p>	
<b>Resources:</b>	
<p><b>Priority Level:</b> Low Medium <b>High</b>  <b>Resource Type:</b> Equipment <b>Staff</b> Faculty Supplies and Materials  <b>Quantity:</b> 1  <b>Per Item Price:</b> \$148,000 <b>Price with taxes/shipping, etc:</b>  <b>Description:</b> A full time mental health provider to provide direct services to students, over see MFT interns with supervision, provide presentations and educational workshops, be available for crisis intervention, participate in CAST.</p>	

Program Review Signature Page:

Alex de Jounge, MSN, RN  
Program Review Lead

4/11/2023  
Date

Stephanie Crosby  
Program Dean

\_\_\_\_\_  
Date

Genevieve Siwabessy  
Vice President, Student Services

\_\_\_\_\_  
Date

# Allan Hancock College Faculty Prioritization

## JUSTIFICATION: NEW/REPLACEMENT FULL-TIME FACULTY POSITION

Academic Year 2017-18

Department: Student Services

Program/discipline Student Health Services

TYPE: Instructional

Service

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### PART A: OBJECTIVE DATA

#### 1. Strategic Plan Priority Alignment

Describe which planning priorities the position will support

The full time faculty Mental Health Counselor position will support Goal SLS2: To support student access, achievement and success; Goal SLS4: ensure students are focused; Goal SLS5: Nurture students; Goal SLS6: Engage students; and Goal SLS7: Ensure students are connected. This position will also support the six factors for student success, Directed, Focused, Nurtured, Engaged, Connected and Valued. This position supports the College's Mission Statement by enhancing student learning and supporting students in achieving their academic and personal goals.

#### 2. Institutional Need

Check all that appropriate statements explaining the college-wide role of the program or discipline:

Basic Language Skills: The program/discipline provides basic language skills necessary for success in all courses.

**Student Support Services: The program/discipline provides essential student support services such as library, counseling and learning assistance services affecting all areas of instruction.**

Career Technical Education (CTE): The program provides CTE training in viable workforce and industry sectors.

Relevance to General Education Requirements: The program provides courses that are required of students as part of the General Education requirement.

Relevance to Other Certificates or Majors: Applicable to an AA degree or transfer requirements. The program/discipline offers a degree or certificate (or major??)

If applicable, please check ONE of the following:

The program/discipline provides courses which are prerequisites to two or three certificates or majors. List the certificates or majors:

The program/discipline provides courses which are prerequisites to four or more certificates or majors. List the certificates or majors



### 3. External Mandate

- a. Is the program in jeopardy of losing external accreditation or other status as a result of not hiring a position? Explain:

**Not applicable**

- b. Is the program/discipline mandated to limit class or class size due to state requirements, accreditation regulations, or safety concerns?

**Not applicable**

### 4. Specialized Courses

Are there courses that are required for a degree/certificate or transfer for which existing faculty do not possess knowledge to teach? Explain and list courses:

**Not applicable.**

### 5. Analysis of Relevant Program Data for Service Faculty:

- a. **For Service Faculty:**

1. Student Health Services has two part time faculty mental health counselors sharing one counseling office in Santa Maria and one part time faculty mental health counselor also provides counseling in the LVC Health Services. In Fall 2016 there were changes in part time service faculty hours and we decrease hours for our counselors to be compliant with District policy. Since then we have attempted to implement an internship program for qualified interns who work under supervision by our part time faculty licensed counselor. The interns provide counseling as volunteers.

Below is a table showing a three year PT FTE history:

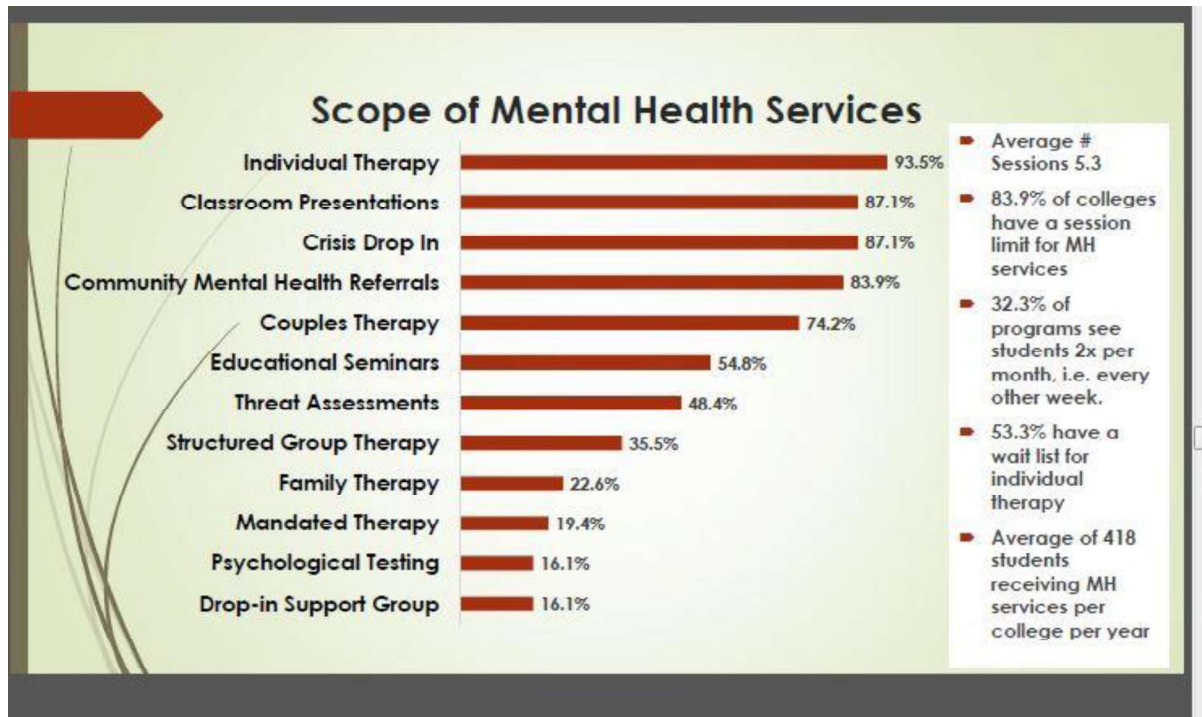
	Total Counseling hours	FTE
Fall 2017	48 hours	1.2
Spring 2017	42 hours	1.05
Fall 2016	39 hours	0.97
Spring 2016	43.5 hours	1.09
Fall 2015	43.5 hours	1.09
Spring 2015	43.5 hours	1.09

2. The need and demand for counseling services has increased over the past years and Student Health Services has used creative approaches to meet these needs, such as sharing office space, using interns, increasing hours in LVC, limiting scheduling of appointment to three appointments at a time out of their total of 10 sessions, and adding counseling information and self-help information to the website. As enrollment has decreased Student Health Services overall utilization has also decreased even though demand for counseling services continues. A typical semester will have counseling appointments beginning to fill up and become limited by week 3-4 in the semester. This makes it difficult to respond to student crisis situations, district requests for assistance with discipline issues, or assist students with their concern in a timely manner. This also contributes to a high level of no show rates at times. The average no show rate reported among other colleges as per the California Community College Mental Health & Wellness Association (MHWA) is about 30% and Student Health Services is about 35%. Students are sent reminder emails for their appointments the day before. Campus Assessment & Support Team (CAST) referrals and case management have a direct impact on counseling. Counselors are vital in reaching out to students of concern and assessing the seriousness of their situation. Many of these referrals translate to counseling appointments and follow up activities.

Below is a table showing number of counseling visits at both health centers.

	Santa Maria	Lompoc Valley Center	Total
2016- 2017	584	63	647
2015- 2016	643	68	711
2014 - 2015	712	28	740

Below is data from the Health Services Association California Community College's annual survey showing best practices used throughout the state. The survey included data from 33 colleges from Spring 2017.



### **3. Analysis of Recent Annual Update or Program Review 2015 - 2016**

#### **Personnel and Support Services**

##### **Methods/Evidence:**

**A. There is adequate staff and a sufficient full-time to part-time faculty ratio to meet student and program needs.**

Student Health Services current staff includes:

Full-time faculty= 1, Registered Nurse Coordinator

Part-time faculty= 5 (Registered Nurse (2), Marriage & Family Therapist- Intern (MFTI), Medical Advisor, Psychological Services Supervisor)

Full-time Classified= 1, Office Services Technician

Part-time Classified= 3, Medical Assistants (2), Wellness Program Specialist

Contract Physician and Nurse Practitioner (NP)

Contract Acupuncturist

Contract Personal Counselor Licensed Marriage & Family Therapist

Student Workers (4)

Mental health services continue to be in high demand, and providing support to other departments, faculty and staff while dealing with a student in need adds complexity to providing services. Campus Assessment & Support Team (CAST) referrals and follow up also add to demand. Student Health Services creatively expanded psychological counseling services, as much as hiring restrictions and budget can allow. Student Health Services budget is dependent on enrollment and student health fees collected. With

decreased enrollment, the budget has not been able to support current staffing, and adjustments have been made. Ideally, a full time mental health counselor would be able to support counseling demand, crisis management, CAST case management, and class room presentations; however, the Student Health Services budget cannot support another full time faculty position, and this position would need to be supported by district funds. \*Strategic Direction: Institutional Resources Goal IR1: To recruit and retain quality employees.

**Student Learning Outcome:**

SHS SLO8 - Students receiving personal counseling will report a decrease in depressions/anxiety symptoms at the conclusion of the semester.								
	Institutional Exceeds Standards		Institutional Meets Standards		Institutional Below Standards		Total	
Spring 2015	0	0.00%	19	90.48%	2	9.52%	21	100.00%
Fall 2014	0	0.00%	11	100.00%	0	0.00%	11	100.00%
Summer 2014	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Spring 2014	0	0.00%	9	100.00%	0	0.00%	9	100.00%
Fall 2013	0	0.00%	12	100.00%	0	0.00%	12	100.00%
Totals	0	0.00%	51	96.23%	2	3.77%	53	100.00%

**Part B: Narrative**

Student Health Services is solely funded by student health fee dollars. Continuing to meet the mental health needs of students is a priority for Student Health Services but will require district support and prioritization. Using district funds to provide a full time mental health counselor will also increase the ability of the counselor to provide help and support in other areas of the campus that using student health fee dollars does not support, such as assisting faculty and staff and Community Education students. Student health fee dollars are mandated to be used for currently enrolled credit students, students who pay the health fee.

This is a new proposed position in Student Health Services that only has one full time faculty coordinator position at present. Having a full time faculty mental health counselor with the required specialized education and licensure to provide quality mental health services will support the departments counseling services and CAST referral and case management activities. This position will be able to adequately build and grow a Marriage & Family Therapist (MFT) or Licensed Clinical Social Worker (LCSW) internship program that can supplement direct services while not impacting the Health Services or district budget. Having a full time faculty mental health counselor will allow offering additional counseling services such as group therapy/counseling, offering more class/club presentations, having drop in crisis counseling, develop threat assessment protocols and the ability to respond to crisis situation in the field, and

examine and explore the benefits of offering online counseling, which currently is a pilot project at other colleges. Providing adequate mental health services not only supports student success but promotes safety in the classroom and on the campus in general. This position can also support Student Discipline with mandated counseling sessions or substance use counseling.

## **Mental Health Program Proposal for RAC**

Mental health support services, includes but are not limited to:

- Engaging in student-centered design process to establish and strengthen structures to enable and streamline the delivery of holistic support for students across the continuum, including mental health promotion, prevention, crisis / acute treatment, post-acute care and recovery.
- Providing campus-based training to faculty, staff and students regarding early identification, intervention and referral of students with mental health needs.
- Ensuring students receive all applicable internal and external support services because of the close linkage between mental health and other social determinants of educational success.
- Establishing partnership(s) with local county behavioral health departments, subcontractors of county behavioral health departments or community-based organizations, with the goal of establishing appropriate referral processes for students in need of clinically appropriate mental health supports.
- Leveraging other community-based mental health resources, where available.<sup>1</sup>

### **Fixed Costs paid through Student Health Fee: \$XXXXXX**

- Electronic Health Record – Pyramed \$18,884
- Computers & Office Supplies \$10,000
- Personnel \$XXXXXX

### **Ongoing Mental Health Program Allocation: \$235,000**

- E-Check Up Substance Abuse \$4,000 annually
- Professional Development \$20,000 annually

### **Mental Health Professional Development (partnered with community agencies)**

- Mental Health awareness
- Crisis support
- Suicide prevention
- Trauma-informed approaches
- Community resources
- Resilient practices for educators, staff members, administrators, teams (staff wellness)

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<sup>1</sup> CCCC 2022-23 Spending Guidelines for Mental Health Program allocation.

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Total
FT Mental Health Specialist (licensed)	\$145,000	\$152,250	\$159,862	\$167,855	\$176,248	\$138,795	\$72,868	\$36,434	Institutionalized - Health Fees and/or Categorical	\$1,049,312
Wellness Specialist	\$71,000	\$74,550	\$78,278	\$82,191	\$86,301	\$45,308	Institutionalized - Health Fees and/or Categorical			\$437,628
Office Technician I (50%) - evenings	\$41,000	\$43,050	\$45,203	\$47,463	\$49,836	Institutionalized - Health Fees and/or Categorical				\$226,551
Peer Health Educators (5)	\$60,000	\$60,000	\$60,000	\$60,000	\$60,000	Institutionalized - Health Fees and/or Categorical				\$300,000
Contract Mental Health Interns	\$60,000	\$60,000	\$60,000	\$60,000	\$60,000	Institutionalized - Health Fees and/or Categorical				\$300,000
Supplemental Telehealth Counseling	\$175,000	\$175,000	\$175,000	Ongoing Contract will be Contingent on Usage Data						\$525,000
Total Personnel Cost	\$377,000	\$564,850	\$578,343	\$417,509	\$432,385	\$184,103	\$72,868	\$36,434	\$0	\$2,663,491
Other Cost	\$175,000	\$175,000	\$175,000	\$175,000	\$0	\$0	\$0	\$0	\$0	\$700,000
Institutional Funding	\$0	\$0	\$0	\$0	\$0	\$269,901	\$381,136	\$417,570	\$454,004	\$1,522,611

**Another idea to be considered:**

**Wellness Lounge**

- Space that is designed for students to destress at LVC and SMC



## **Economic analysis of mental health services at Allan Hancock College**

January 18, 2023

Dear colleagues at Allan Hancock College:

Thank you for collaborating in the 2021-22 Healthy Minds Study to collect survey data about student mental health at Allan Hancock College. This memo summarizes how the survey findings and other research can be used to estimate the economic impact of mental health services and programs at your institution.

**Quantifying the “need.”** An estimated 55.00% of students at Allan Hancock College are experiencing symptoms of at least one significant mental health problem, such as depression, anxiety disorders, suicidal thoughts, self-injury, or eating disorders. From your population of 10,156 students, this translates to approximately 5,586 total students with a mental health problem. Among these students, an estimated 50.20% have received mental health services within the past year, whereas 49.80% have not. This translates to approximately 2,782 total students with untreated mental health problems.

**Benefits of services and programs.** While many of these students would get better without intervention, mental health services greatly improve their chances, based on a large literature documenting the effectiveness of therapy and medication for depression, anxiety disorders, and other common conditions. Campus counseling services lead to large reductions in symptoms and improvements in functioning, according to analyses by the Center for Collegiate Mental Health (CCMH).

In your Healthy Minds data, satisfaction rates are near 85.60% among students who used campus mental health services, suggesting that your services are effective, as in the CCMH data.

**Translating benefits into student retention and economic returns.** Students with mental health problems, such as depression, are two times more likely than their peers to leave their institution based on our research. Thus, increasing the availability of evidence-based services or preventive programs can reduce this risk and increase student retention. For example, at Allan Hancock College, suppose that clinical services and/or prevention efforts were expanded to reach 1,000 of the students who currently have untreated mental health problems. We project this would lead to the retention of 27 students per year who would have otherwise departed without graduating.<sup>1</sup> This could save approximately \$73,941 in tuition revenue for the institution,<sup>2</sup> and would





increase the total expected lifetime earnings of these students by more than \$5,365,854.<sup>3</sup> On average, providing high-quality mental health services to these students would cost less than \$1,000,000.<sup>4</sup>

Note also that mental health is correlated with higher satisfaction in college and higher reported likelihood of donating as a future graduate, based on data in the Healthy Minds Study.

We hope you find this analysis helpful, and we would be glad to answer any questions.

Sincerely,

Daniel Eisenberg, Ph.D.

On behalf of the Healthy Minds Network team ([www.healthymindsnetwork.org](http://www.healthymindsnetwork.org))

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<sup>1</sup> [% Hypothetical students served %] students \* [% Attrition rate among students w/ MH problems %] attrition rate among students with mental health problems \* 0.2 relative reduction in attrition

<sup>2</sup> 2 yrs \* [% Overall Avg Tuition Rate %] weighted-average of annual tuition amount per student \* [% Students retained %] students retained

<sup>3</sup> \$100,000 earnings per year of college education (from economic research) \* 2 years college education \* [% Students retained %] students retained

<sup>4</sup> [% Hypothetical students served %] students \* \$1,000 (generous estimate of treatment cost per student)



Allan Hancock College

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# THE HEALTHY MINDS STUDY

Winter 2022 Data Report

## ABOUT THE HEALTHY MINDS STUDY (HMS)

### STUDY TEAM

Principal Investigators: Daniel Eisenberg, PhD & Sarah Ketchen Lipson, EdM, PhD & Justin Heinze, PhD, Sasha Zhou, PhD, MPH, MHSA

Project Manager: Amber Talaski, MPH

Study Coordinators: Brenda Vyletel, MSE, Haley Henry, BA, Juliana Fucinari, MPH

Associate Study Coordinator: Mac Murphy, BS

### REPORT TEAM

Graphic Designer: Liadan Solomon, University of Michigan School of Public Health, Class of 2021

## STUDY PURPOSE

The Healthy Minds Study provides a detailed picture of mental health and related issues in college student populations. Schools typically use their data for some combination of the following purposes: to identify needs and priorities; benchmark against peer institutions; evaluate programs and policies; plan for services and programs; and advocate for resources.

## SAMPLING

Each participating school provides the HMS team with a sample of currently enrolled students over the age of 18, either randomly selected or their entire student population. Schools with graduate students typically include both undergraduates and graduate students in the sample.

## DATA COLLECTION

HMS is a web-based survey. Students are invited and reminded to participate in the survey via emails, which are timed to avoid, if at all possible, the first two weeks of the term, the last week of the term, and any major holidays. The data collection protocol begins with an email invitation, and non-responders are contacted up to three times by email reminders. Reminders are only sent to those who have not yet completed the survey. Each communication contains a URL that students use to gain access to the survey.

## NON-RESPONSE ANALYSIS

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 the HMS, we can be confident that those who are invited to fill out the survey are representative of the full student population because these students are randomly selected from the full list of currently enrolled students. However it is still possible that those who actually complete the survey are different in important ways from those who do not complete the survey. It is important to raise the question of whether the percentage of students who participated are different in important ways from those who did not participate. We address this issue by constructing non-response weights using administrative data on full student populations. The analysis of these administrative data, separated from any identifying information, was approved in the IRB application at Advarra and at each participating school. We used the following variable, when available, to estimate which students were more or less likely to respond: gender. We used this variable to estimate the response propensity of each type of student (based on multivariate logistic 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. Finally, note that these sample weights give equal aggregate weight to each school in the national estimates. 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 schools in our sample with very large enrollments.

## ABOUT THIS REPORT

This data report provides descriptive statistics (percentages, mean values, etc.) from the sample of respondents at your institution for a set of key measures. In addition to the key measures highlighted in this report, an appendix is also included with descriptive statistics for each survey item (see below).

## APPENDIX (PROVIDED SEPARATELY)

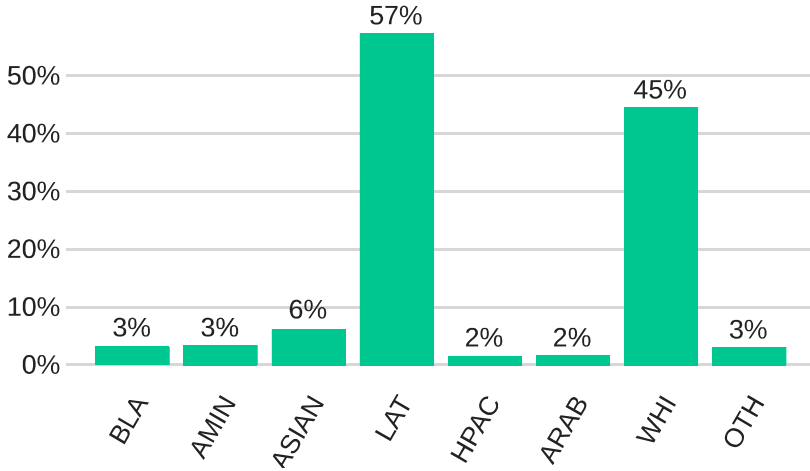
The appendix includes values for most measures in the three standard survey modules that are administered on all participating campuses: Demographics, Mental Health Status, and Mental Health Services Utilization/Help-Seeking. For each measure, the data tables display the following information: the value table for your institution, the 95% 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. All values in the appendix have been weighted to be representative of the full student populations to which they refer (see Non-response Analysis). 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 percentages sometimes add up to more than 100% across response categories. The 95% 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. However, some schools that had less than 4,000 students (the typical requested sample size), provided their entire population. For consistency sake, these schools were not treated any differently than those schools that provided a 4,000 student sample of their full population. Essentially, the confidence interval tells us that there is a 95% 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.

## EXPLORING YOUR DATA FURTHER

There are two options for exploring your data beyond what is in this report. First, you can use statistical software (e.g., SPSS, Stata, etc.) to analyze the full data set for your students, which has been provided to your school. Second, you will be able to log on to a user-friendly website with drop-down menus, at [data.healthymindsnetwork.org](http://data.healthymindsnetwork.org).

# SAMPLE CHARACTERISTICS

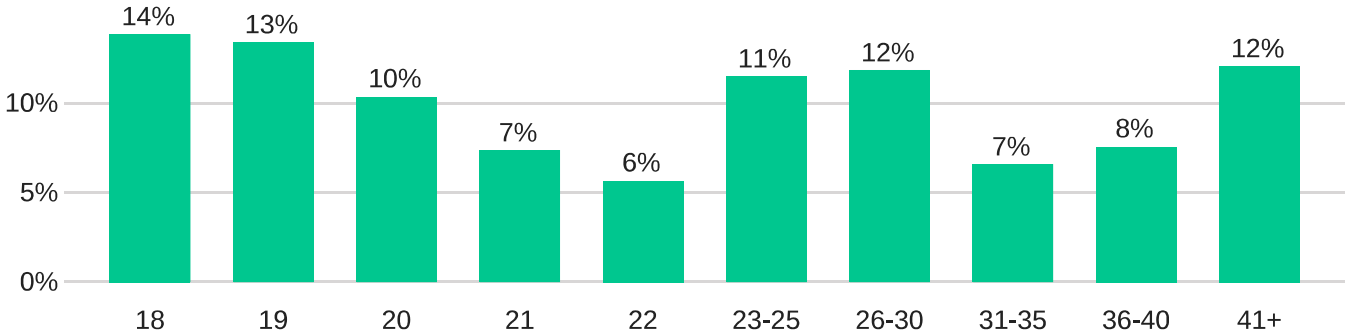
## Race/Ethnicity



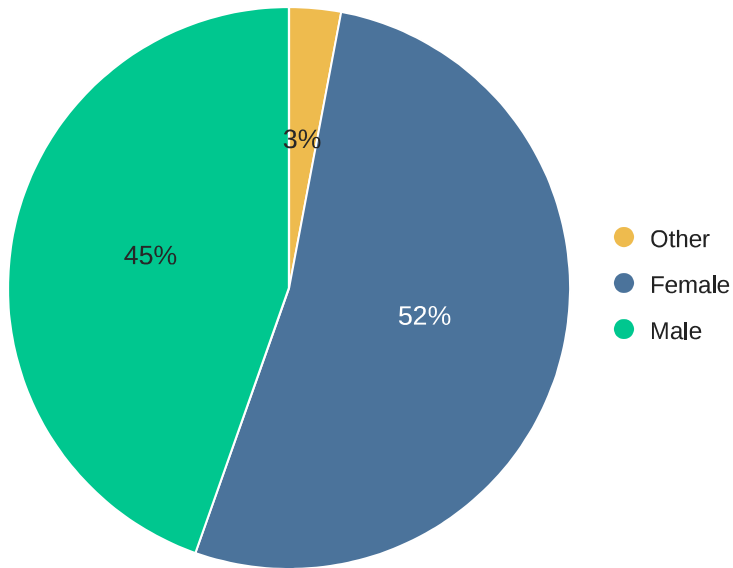
### Abbreviations:

- WHI White or Caucasian
- BLA African American/Black
- LAT Hispanic/Latino
- AMIN American Indian/Alaskan Native
- ARAB Arab/Middle Eastern or Arab American
- ASIAN Asian/Asian American
- HPAC Pacific Islander
- OTH Other/Self-Identify

## Age



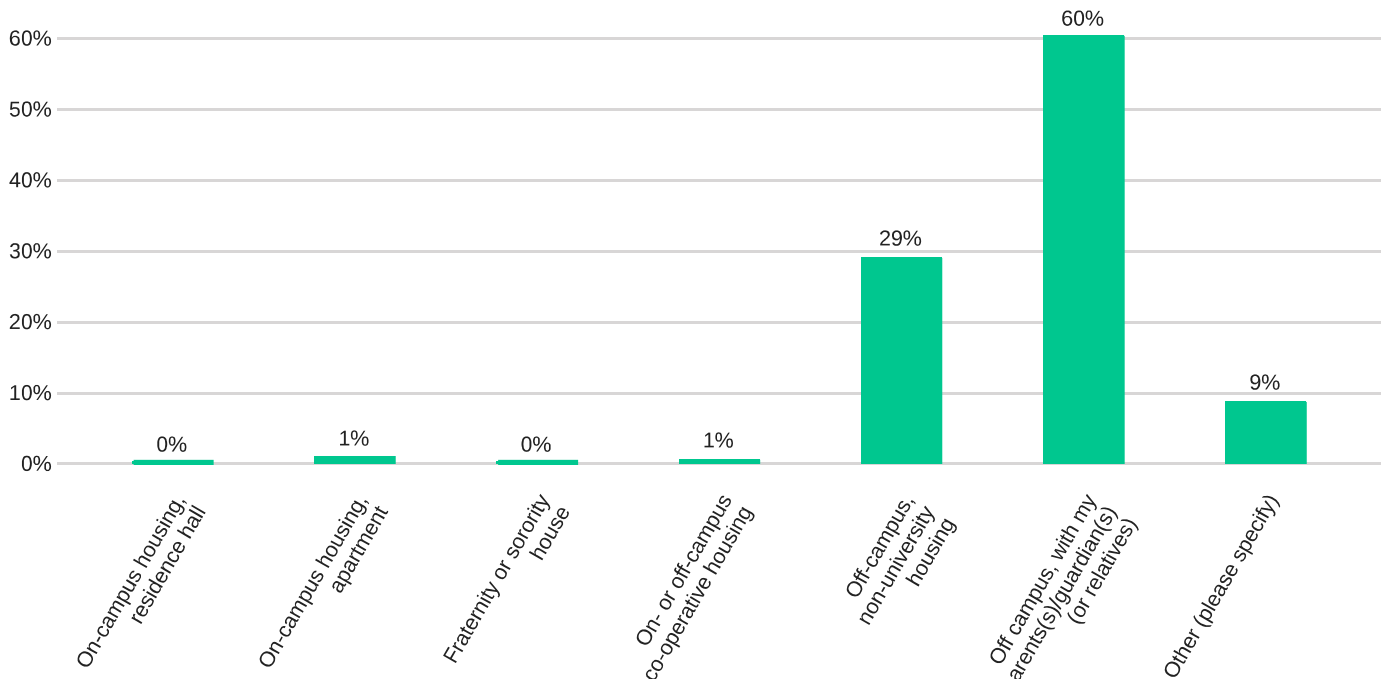
## Gender



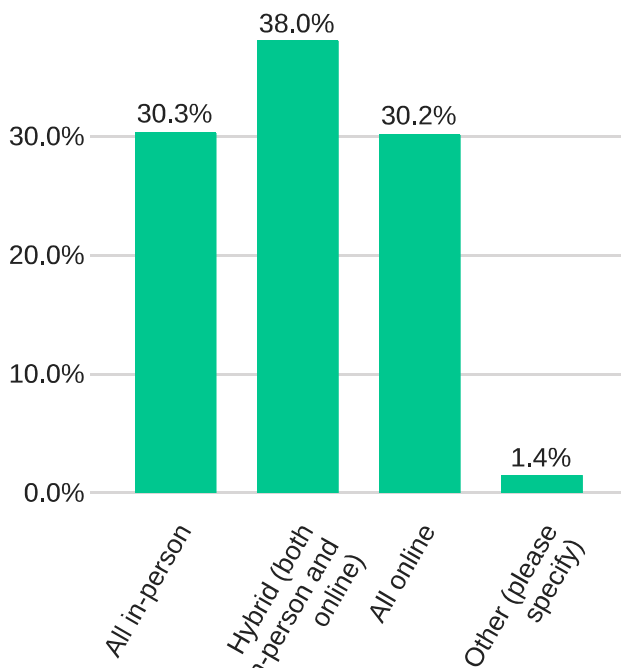
### Other Gender category includes:

- Trans man / Trans woman
- Genderqueer/Gender nonconforming
- Gender non-binary
- Self-identify

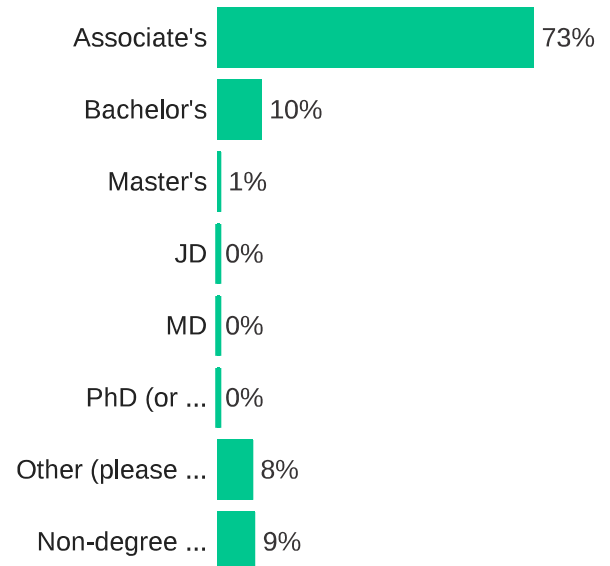
## Living Arrangement



## Class Format



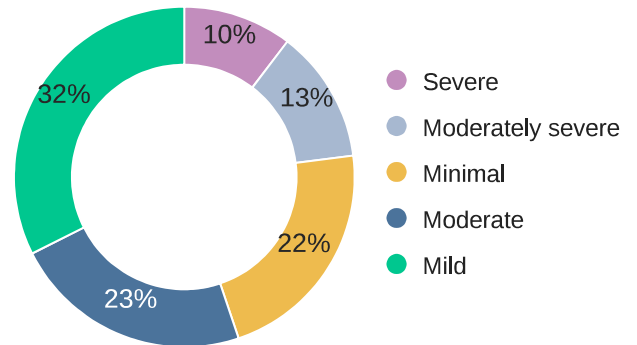
## Degree Program



# PREVALENCE OF MENTAL HEALTH PROBLEMS

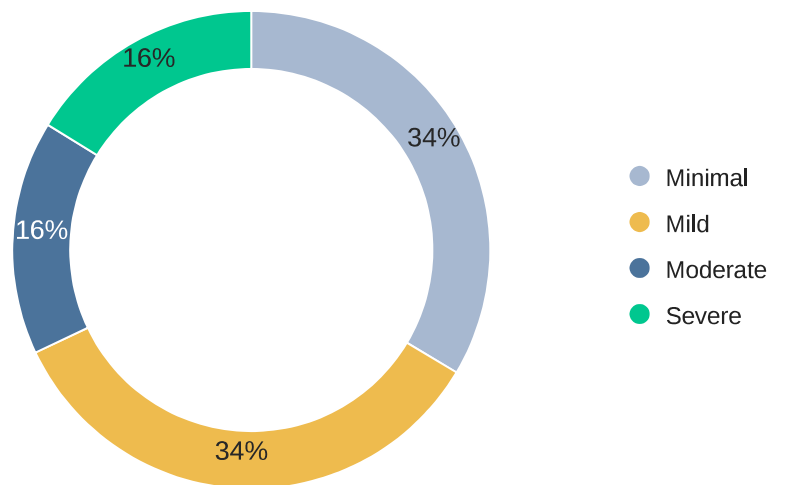
## DEPRESSION SCREEN

Depression is measured using the Patient Health Questionnaire-9 (PHQ-9), a nine-item instrument based on the symptoms provided in the Diagnostic and Statistical Manual for Mental Disorders for a major depressive episode in the past two weeks (Spitzer, Kroenke, & Williams, 1999). Following the standard algorithm for interpreting the PHQ-9, symptom levels are categorized as severe (score of 15+), moderate (score of 10-14), or mild/minimal (score <10).



## ANXIETY SCREEN

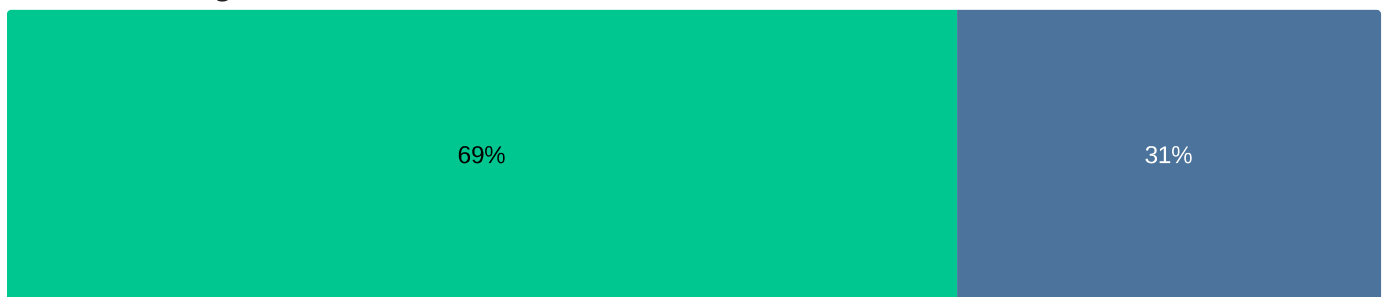
Anxiety is measured using the GAD-7, a seven-item screening tool for screening and severity measuring of generalized anxiety disorder in the past two weeks (Spitzer, Kroenke, Williams, & Lowe, 2006). Following the standard algorithm for interpreting the GAD-7, symptom levels are categorized as severe anxiety, moderate anxiety, or neither.



## EATING DISORDER SCREEN

Eating disorders are measured using the written U.S. version of the SCOFF, a five-item screening tool designed to identify subjects likely to have an eating disorder (Morgan, Reid, & Lacey, 1999).

### Risk of eating disorder



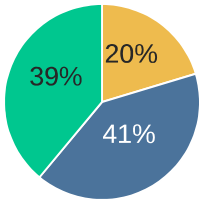
● No or low risk ● At risk



## LONELINESS

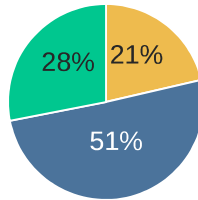
Loneliness is measured using the UCLA three-item Loneliness Scale (Hughes, Waite, Hawkley, & Cacioppo, 2004).

How often do you feel...



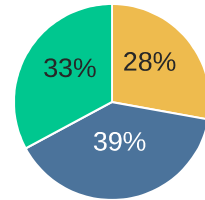
- Often
- Some of the time
- Hardly ever

that you lack companionship



- Often
- Some of the time
- Hardly ever

left out

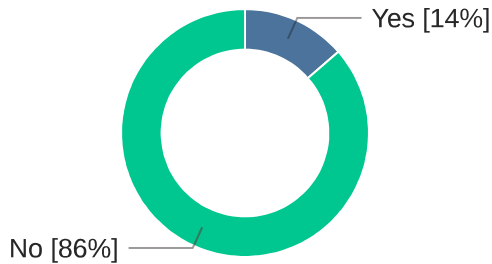


- Often
- Some of the time
- Hardly ever

isolated from others

## SUICIDALITY AND SELF-INJURIOUS BEHAVIOR

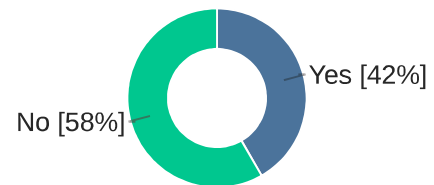
Suicidal Ideation (past year)



Suicide Plan

(past year, of those with suicidal ideation)

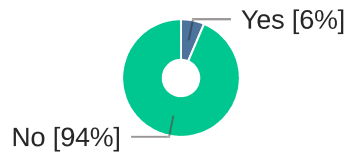
56 Responses



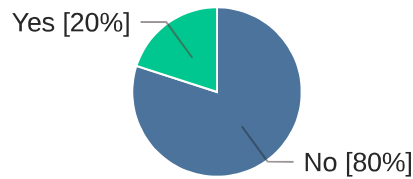
### Attempted Suicide

(past year, of those with suicidal ideation)

56 Responses



## Non-suicidal self injury (past year)



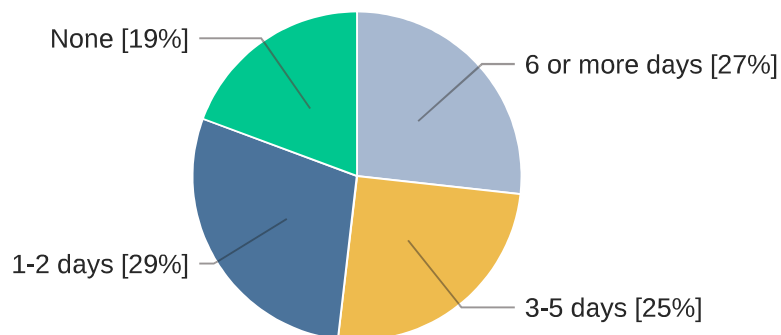
## LIFETIME DIAGNOSES OF MENTAL DISORDERS

Have you ever been diagnosed with any of the following conditions by a health professional (e.g. primary care doctor, psychiatrist, psychologist, etc.)? (Select all that apply)

Field	Percentage of Responses
Depression (e.g., major depressive disorder, persistent depressive disorder)	31%
Anxiety (e.g., generalized anxiety disorder, phobias)	32%
Eating disorder (e.g., anorexia nervosa, bulimia nervosa)	4%
Psychosis (e.g., schizophrenia, schizo-affective disorder)	0%
Personality disorder (e.g., antisocial personality disorder, paranoid personality disorder, schizoid personality disorder)	2%
Substance use disorder (e.g., alcohol abuse, abuse of other drugs)	3%
Bipolar (e.g., bipolar I or II, cyclothymia)	2%
Obsessive-compulsive or related disorders (e.g., obsessive-compulsive disorder, body dysmorphia)	4%
Trauma and Stressor related disorders (e.g., post-traumatic stress disorder)	12%
Neurodevelopmental disorder or intellectual disability (e.g., attention deficit disorder, attention deficit hyperactivity disorder, intellectual disability, autism spectrum disorder)	8%
No, none of these	48%
Don't know	10%

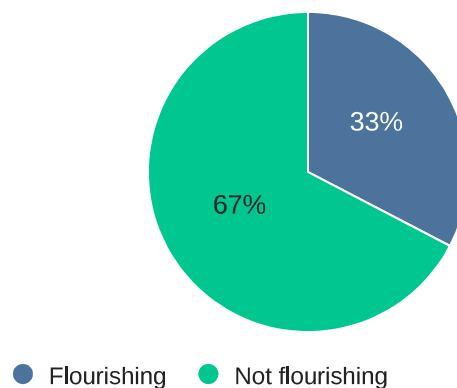
## ACADEMIC IMPAIRMENT

In the past 4 weeks, how many days have you felt that emotional or mental difficulties have hurt your academic performance?



## POSITIVE MENTAL HEALTH

Positive mental health (psychological well-being) is measured using The Flourishing Scale, an eight-item summary measure of the respondent's self-perceived success in important areas such as relationships, self-esteem, purpose, and optimism (Diener, Wirtz, Tov, Kim-Prieto, Choi, Oishi, & Biswas-Diener, 2009). The score ranges from 8-56, and we are using 48 as the threshold for positive mental health.



## HEALTH BEHAVIORS AND LIFESTYLE

### Drug Use

Over the past 30 days, have you used any of the following drugs? (Select all that apply)

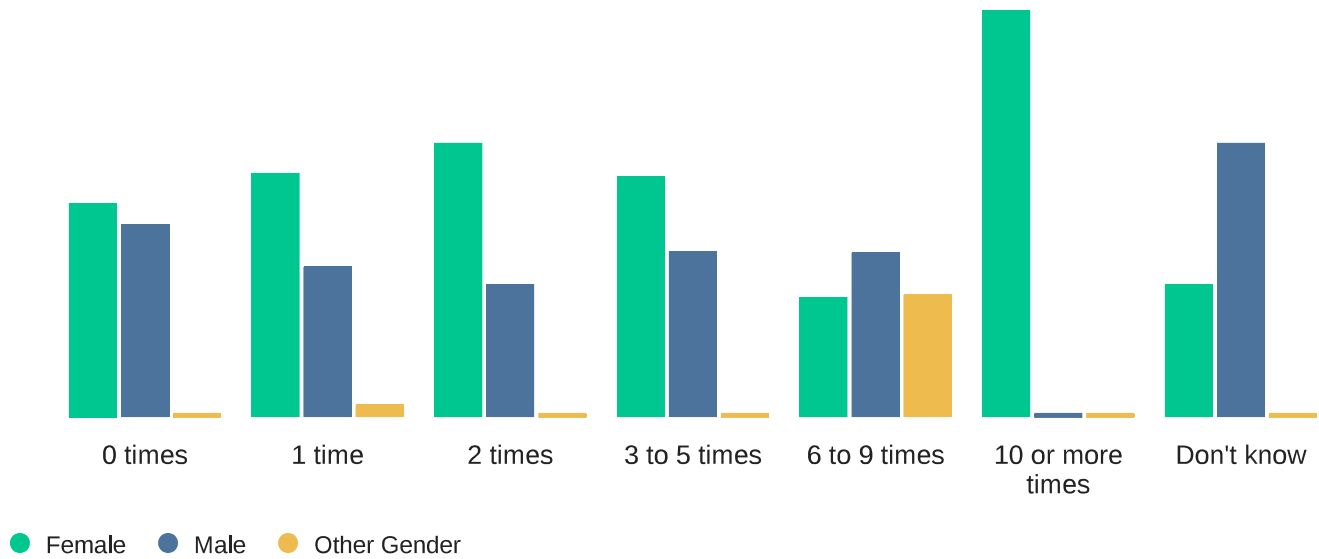
Field	Percentage of Responses
Marijuana	20%
Cocaine (any form, including crack, powder, or freebase)	1%
Heroin	0%
Methamphetamines (also known as speed, crystal meth, Tina, T, or ice)	0%
Other stimulants (such as Ritalin, Adderall) without a prescription or more than prescribed	0%
MDMA (also known as Ecstasy or Molly)	0%
Other drugs without a prescription (please specify)	0%
Opioid pain relievers (such as Vicodin, OxyContin, Percocet, Demerol, Dilaudid, codeine, hydrocodone, methadone, morphine) without a prescription or more than prescribed	1%
Benzodiazepines (such as Valium, Ativan, Klonopin, Xanax, or Rohypnal/Roofies) without a prescription or more than prescribed	0%
Ketamine (also known as K, Special K)	0%
LSD (also known as acid)	0%
Psilocybin (also known as magic mushrooms, boomers, shrooms)	0%
Kratom	1%
Athletic performance enhancers (anything that violates policies set by your school or any athletic governing body)	0%
No, none of these	79%

## Alcohol Use

The following questions ask about how much you drink. A "drink" means any of the following:

- A 12-ounce can or bottle of beer
- A 4-ounce glass of wine
- A shot of liquor straight or in a mixed drink

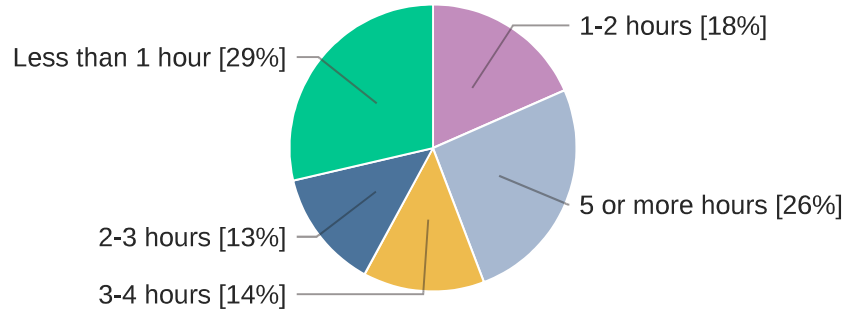
During the last two weeks, how many times have you had 4 (if female), 5 (if male), 4 or 5 (if other gender) or more drinks in a row? (among those with any alcohol use)



Field	0 times	1 time	2 times	3 to 5 times	6 to 9 times	10 or more times	Don't know
Female	43%	22%	19%	10%	3%	1%	1%
Male	52%	18%	12%	9%	6%	0%	3%
Other Gender	0%	25%	0%	0%	75%	0%	0%

### Exercise

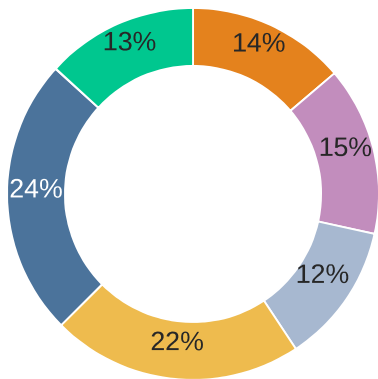
In the past 30 days, about how many hours per week on average did you spend exercising? (Include any exercise of moderate or higher intensity, where "moderate intensity" would be roughly equivalent to brisk walking or bicycling)



## ATTITUDES AND BELIEFS ABOUT MENTAL HEALTH SERVICES

### KNOWLEDGE OF CAMPUS RESOURCES

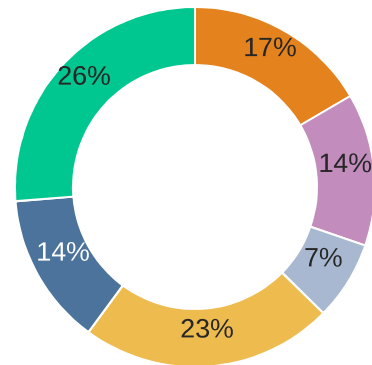
How much do you agree with the following statement?: If I needed to seek professional help for my mental or emotional health, I would know where to go on my campus.



- Strongly disagree
- Disagree
- Somewhat disagree
- Somewhat agree
- Agree
- Strongly agree

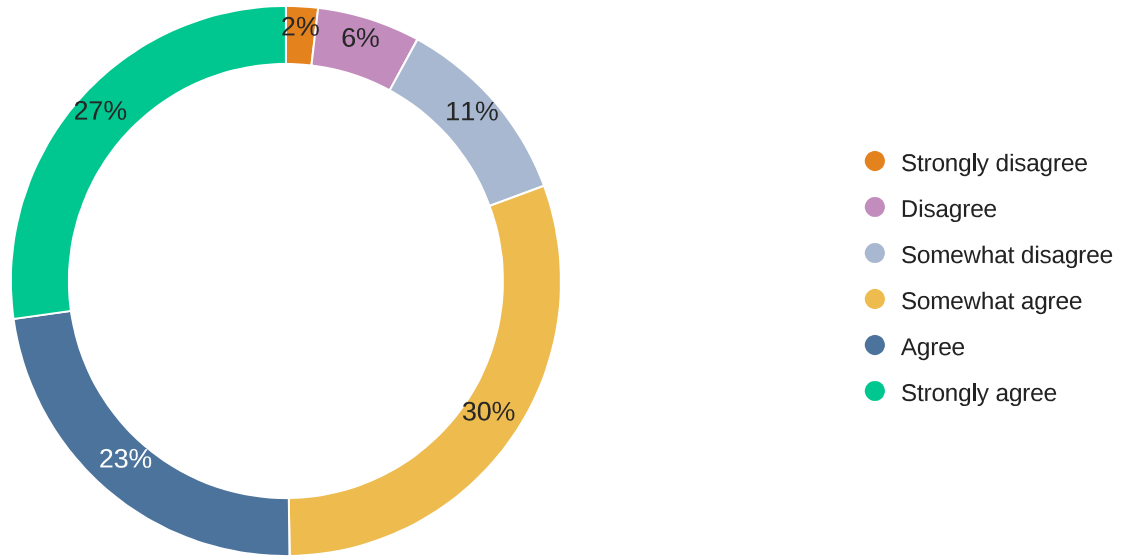
### PERCEIVED NEED

How much do you agree with the following statement?: In the past 12 months, I needed help for emotional or mental health problems or challenges such as feeling sad, blue, anxious or nervous.



- Strongly disagree
- Disagree
- Somewhat disagree
- Somewhat agree
- Agree
- Strongly agree

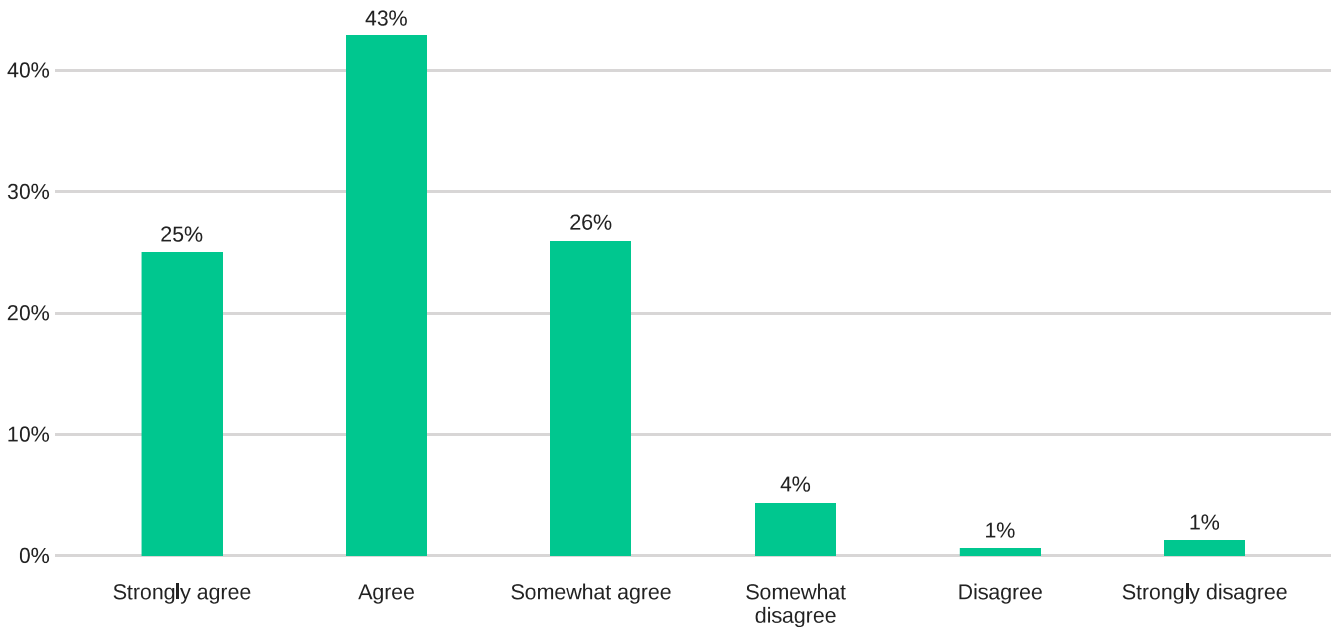
How much do you agree with the following statement?: I currently need help for emotional or mental health problems or challenges such as feeling sad, blue, anxious or nervous.



## SCHOOL CLIMATE

### Anti-racism

I believe my school actively works towards combating racism within the campus community.



## USE OF SERVICES

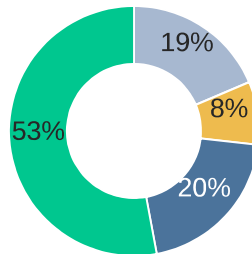
### Psychotropic Medication Use, all students (past year)

In the past 12 months have you taken any of the following types of prescription medications?(Please count only those you took, or are taking, several times per week.) (Select all that apply)

Field	Percentage of Choices
Psychostimulants (e.g. methylphenidate (Ritalin or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexerdine), etc.)	2%
Antidepressants (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), bupropion (Wellbutrin), etc.)	12%
Anti-psychotics (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.)	1%
Anti-anxiety medications (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)	7%
Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), etc.)	1%
Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)	3%
Other medication for mental or emotional health (please specify)	2%
No, none of these	70%
Don't know	1%

### Therapy Use (Lifetime)

Have you ever received counseling or therapy for mental health concerns?

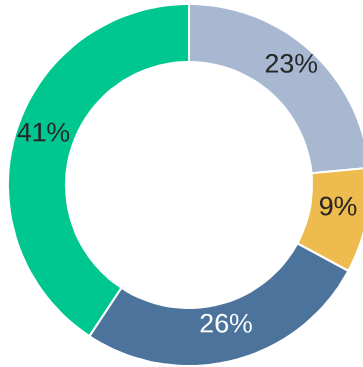


- Yes, both of the above (prior to college and since starting college)
- Yes, since starting college
- Yes, prior to starting college
- No, never



**Therapy Use (Lifetime), among students at high risk for anxiety and/or depression**

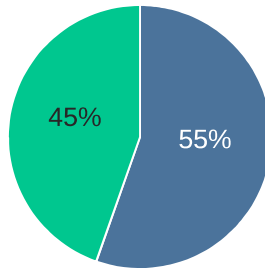
Have you ever received counseling or therapy for mental health concerns?



- Yes, both of the above (prior to college and since starting college)
- Yes, since starting college
- Yes, prior to starting college
- No, never

**Therapy Use (current), all students**

Are you currently receiving counseling or therapy?



- Yes
- No

### Informal Help-Seeking

In the past 12 months, have you received counseling or support for your mental or emotional health from any of the following sources?(Select all that apply)

Field	Percentage of Responses
Roommate	3%
Friend (who is not a roommate)	30%
Significant other	29%
Family member	29%
Religious counselor or other religious contact	5%
Support group	2%
Other non-clinical source (please specify)	1%
No, none of these	41%
Faculty member/professor	3%
Staff member	1%

### Barriers to Help-Seeking

In the past 12 months, which of the following factors have caused you to receive fewer services (counseling, therapy, or medications) for your mental or emotional health than you would have otherwise received?(Select all that apply)

Field	Percentage of Responses
No need for services	14%
Financial reasons (too expensive, not covered by insurance)	28%
Not enough time	32%
Not sure where to go	19%
Difficulty finding an available appointment	19%
Prefer to deal with issues on my own or with support from family/friends	14%
Other (please specify)	8%
No barriers	20%
Privacy concerns	3%
People providing services don't understand me.	5%

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Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of Internal Medicine*, 166(10), 1092-1097.

### CONTACT

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## SELECTED ARTICLES PUBLISHED WITH HMS DATA

Moskow, D, Lipson, S, & Tompson, M (2022). Anxiety and suicidality in the college population. *Journal of American College Health*.

Lipson, S, Zhou, S, Abelson, S, Heinze, J, Jirsa, M, Morigney, J, Patterson, A, Singh, M, & Eisenberg, D (2022). Trends in college student mental health and help-seeking by race/ethnicity: findings from the national Healthy Minds Study, 2013-2021. *Journal of Affective Disorders*.

Auty, S, Lipson, S, Stein, M, & Reif, S (2022). Mental health service use in a national sample of college students with co-occurring depression or anxiety and substance use. *Drug and Alcohol Dependence Reports*.

Aguilar, O, & Lipson, S (2021). A public health approach to understanding the mental health needs of college students with disabilities: results from a national survey. *Journal of Postsecondary Education and Disability*.

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Eisenberg, D., Chung, H. (2012). Adequacy of Depression Treatment in College Student Populations. *General*

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Eisenberg, D., Hunt, J.B., Speer, N., Zivin, K. (2011). Mental Health Service Utilization among College Students in the United States. *Journal of Nervous and Mental Disease* 199(5): 301-308.

Eisenberg, D., Golberstein, E., Hunt, J. (2009). Mental Health and Academic Success in College. *B.E. Journal of Economic Analysis & Policy* 9(1) (Contributions): Article 40.

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# Innovative Scheduling Discussion SHS 2022 2023\_attachments

Final Audit Report

2023-07-14

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