# The Healthy Minds Study 2015 Survey Results

In spring 2015, MIT joined the Jed and Clinton Foundation Health Matters Campus Program—http://www.thecampusprogram.org/—which "is designed to help colleges and universities promote emotional well-being and mental health programming, reduce substance abuse, and prevent suicide among their students."

The Campus Program approach is data driven, starting with "Describe the problem and its context" by collecting and examining sources of data. To gather more comprehensive information for the Campus Program's assessment of MIT's mental health and well-being programs, MIT students were invited to participate in the University of Michigan's Healthy Minds Study (HMS) in April and May 2015. The HMS is one of the data collection tools suggested by the Jed and Clinton Campus Program, and provides a detailed picture of mental health and related issues in college student populations. Administered by the University of Michigan, this confidential study has been run at more than 100 colleges and universities, which enables schools to make useful comparisons. More information about the survey and all the questions are available at chancellor.mit.edu/data.

This document summarizes the results using data provided by the Healthy Minds Study administrators to compare the responses from MIT students with the responses from all 17 schools that participated in the HMS in 2014–15. This national sample includes some schools that are similar to MIT in enrollment size, academic rank, graduation rate, and institution type. As part of the Campus Program, MIT is eager to use data from the HMS in the work of the MindHandHeart Initiative. Coordinated by the Chancellor's Office and MIT Medical, this campus-wide initiative aims to support innovations that promote mental health and show how individual wellness is a critical underpinning of personal and academic success.

Throughout the upcoming academic year, members of the MindHandHeart Initiative will use the data from the HMS to inform these important efforts. Additional findings from the survey will be posted to chancellor.mit.edu/data.

The survey was sent to all enrolled MIT students, yielding a total response rate of 28%[i], with the following response rates by enrollment status:

| | Responses | Invited | % Responding |
|---|---|---|---|
| Undergraduates | 1,278 | 4,335 | 29% |
| Graduate Students | 1,696 | 6,326 | 27% |
| Total | 2,973 | 10,661 | 28% |

This document organizes the survey results into four sections:

1. Mental Health and Psychological Well-Being
2. Health Behaviors and Lifestyle
3. Campus Climate and Academic Environment
4. Resources and Help-Seeking Behaviors

Questions? Email healthyminds@mit.edu.

# 1. Mental Health and Psychological Well-Being

## Prevalence of Mental Health Problems, Past Year

The Healthy Minds Study (HMS) screened respondents for five major mental health problems: depression, anxiety, eating disorders, non-suicidal self-injury, and suicidal ideation.

### Depression

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).[ii] Compared to the national sample, about the same percentage of MIT respondents screen for depression (UG: MIT 22% vs. 22% National; Grad: MIT 16% vs. 15% National).

### Anxiety

Anxiety is measured using the GAD-7, a seven-item tool for screening and measuring the severity of generalized anxiety disorder in the past two weeks (Spitzer, Kroenke, Williams & Lowe, 2006).[iii] Compared to the national sample, fewer MIT undergraduate and graduate respondents screen for anxiety (UG: MIT 17% vs. 22% National; Grad: MIT 14% vs. 16% National).

### Eating Disorders

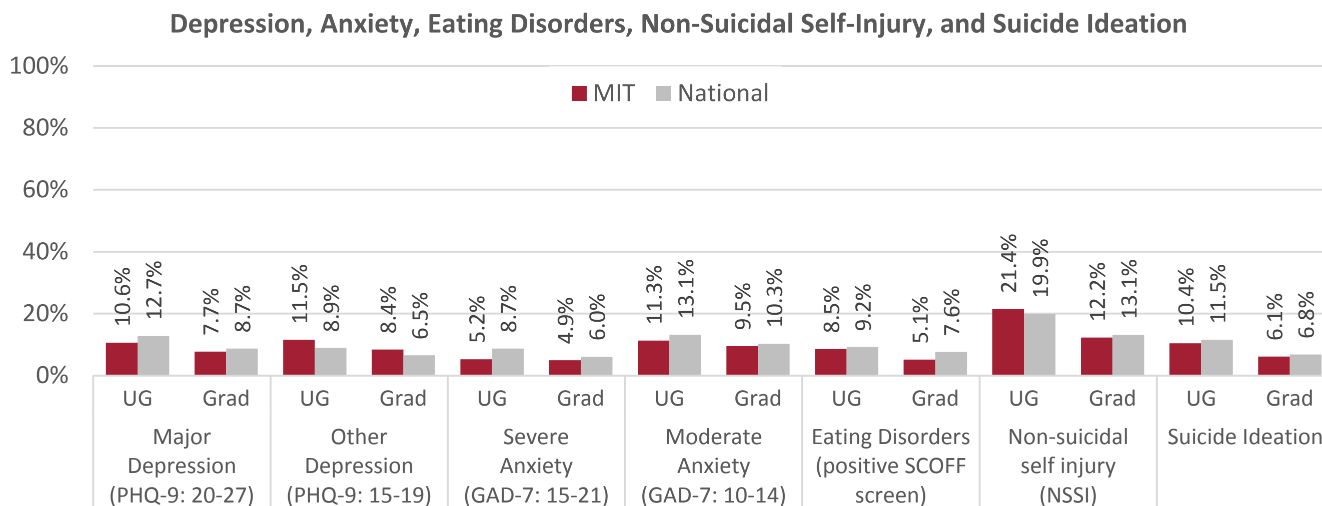
Eating disorders are measured using the written U.S. version of the SCOFF, a five-item screening tool designed to identify respondents likely to have an eating disorder (Morgan, Reid & Lacey, 1999).[iv] Compared to the national sample, about the same percentage of MIT undergraduate respondents and fewer graduate respondents screen for an eating disorder (UG: MIT 9% vs. 9% National; Grad: MIT 5% vs. 8% National).

### Non-suicidal Self-Injury

Non-suicidal Self-Injury (NSSI) is measured by asking students about "ways you may have hurt yourself on purpose, without intending to kill yourself." Compared to the national sample, about the same percentage of MIT undergraduate respondents and graduate respondents screen for NSSI (UG: MIT 21% vs. 20% National; Grad: MIT 12% vs. 13% National).

### Suicide Ideation

Students were asked, "In the past year, did you ever seriously think about attempting suicide?". Compared to the national sample, about the same percentage of MIT respondents answered "yes" (UG: MIT 10% vs. 12% National; Grad: MIT 6% vs. 7% National).

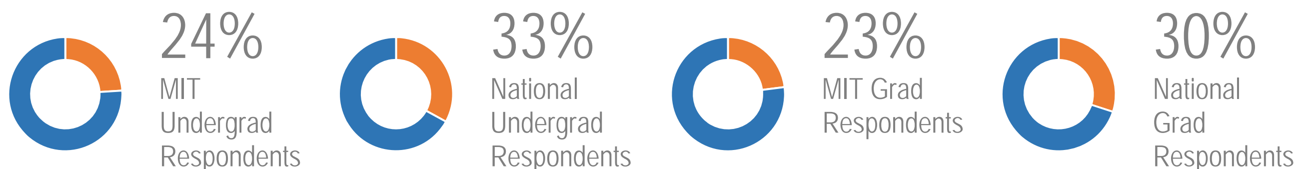



*Note: "national" includes respondents from all 17 schools that participated in the HMS in 2014–15.*

## Diagnoses of Mental Disorders

Compared to their national counterparts, fewer MIT respondents have been diagnosed with a mental disorder by a health professional in their lifetime; less than a quarter of MIT respondents indicate they have been diagnosed compared to almost a third of the national sample (UG: MIT 24% vs. 33% National; Grad: MIT 23% vs. 30% National). In the HMS, these mental disorders include depression or other mood disorders, anxiety disorders, attention deficit disorders, learning disabilities, eating disorders, substance abuse disorders, and sleep disorders.

**Diagnosed with one or more mental health disorders by a health professional**

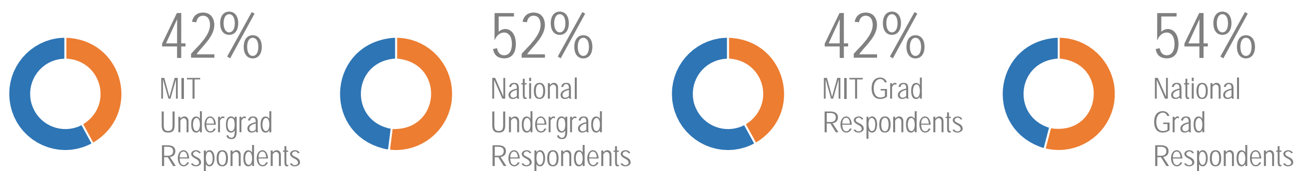



## Positive Mental Health

The Healthy Minds Study measures positive mental health (psychological well-being) 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)[v]. The score ranges from 8–56, and the Healthy Minds Study uses 48 as the threshold for positive mental health.

Compared to their national counterparts, fewer MIT respondents (UG: MIT 42% vs. 52% National; Grad: MIT 42% vs. 54% National) scored 48 or higher, considered to be a high or very high flourishing score.

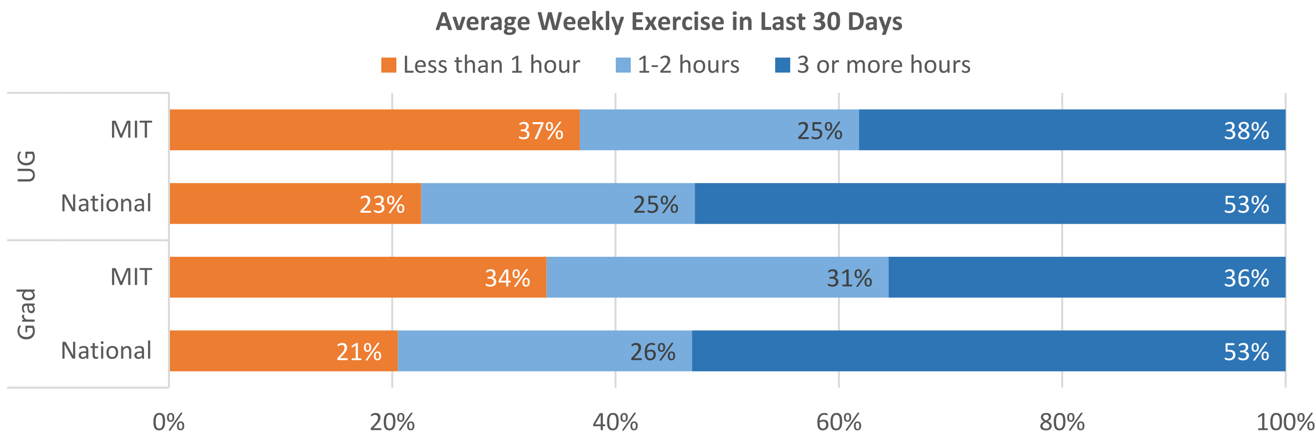
**Respondents with a high or very high flourishing score**



# 2. Health Behaviors and Lifestyle

## Exercise

While more than half (53%) of the national sample respondents reported exercising three or more hours on average per week in the last 30 days, less than half (38% MIT UG; 36% MIT Grad) of MIT respondents did so.




*Exercising was defined as any exercise of moderate or higher intensity, where "moderate intensity" would be roughly equivalent to brisk walking or bicycling.*

## Sleep

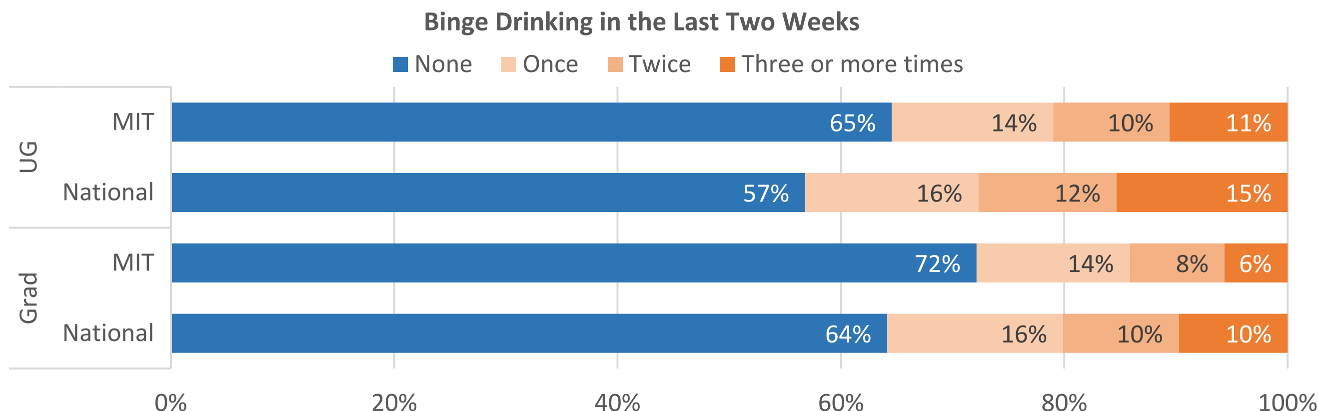
Respondents were asked what time they typically go to sleep and wake up on weekdays. Based on these responses, more than half (54%) of MIT respondents allow themselves the chance to get 8+ hours of sleep; another 29% allow themselves to get 7 hours of sleep. The Healthy Minds Study conducted in 2013–14 found that national respondents, on average, slept 7.4 hours.

| Typical week-night sleep time? | During this school year, at approximately what time have you typically woken up on weekdays? | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | ≤ 5 AM | 6 AM | 7 AM | 8 AM | 9 AM | 10 AM | 11 AM | 12 PM ≥ | Total % |
| ≤ 10 PM | 0.9% | 2.7% | 1.7% | 0.5% | 0.0% | 0.0% | 0.0% | 0.0% | 6% |
| 11 PM | 0.8% | 3.2% | 9.1% | 4.2% | 1.1% | 0.1% | 0.0% | 0.0% | 19% |
| 12 AM | 0.3% | 1.7% | 7.4% | 10.7% | 3.2% | 0.6% | 0.1% | 0.0% | 24% |
| 1 AM | 0.1% | 0.5% | 2.7% | 8.5% | 7.4% | 1.9% | 0.4% | 0.1% | 22% |
| 2 AM | 0.1% | 0.4% | 1.0% | 3.9% | 6.3% | 5.2% | 1.0% | 0.2% | 18% |
| 3 AM | 0.0% | 0.0% | 0.3% | 1.1% | 2.1% | 2.3% | 1.7% | 0.6% | 8% |
| 4 AM ≥ | 0.0% | 0.0% | 0.0% | 0.4% | 0.5% | 1.0% | 0.6% | 0.9% | 3% |
| Total % | 2% | 9% | 22% | 29% | 21% | 11% | 4% | 2% | 100% |

# Alcohol and Other Drugs

## Binge drinking

Compared to the national sample, fewer MIT respondents (UG: MIT 35% vs. 43% National; Grad: MIT 28% vs. 36% National) reported binge drinking one or more times in the last two weeks.

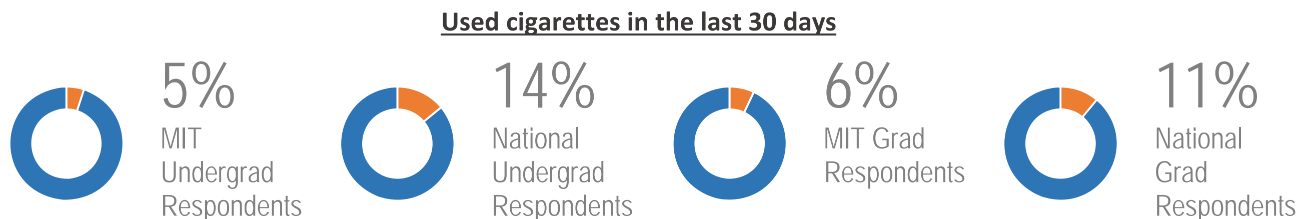



*A "drink" means any of the following: A 12-ounce can or bottle of beer; a 4-ounce glass of wine; a shot of liquor straight or in a mixed drink. The definition for binge drinking was having 4 (female), 5 (male), 4 or 5 (other gender), or more drinks in a row.*

## Cigarettes

Compared to the national sample, fewer MIT respondents indicated they used cigarettes in the last 30 days (UG: MIT 5% vs. 14% National; Grad: MIT 6% vs. 11% National).

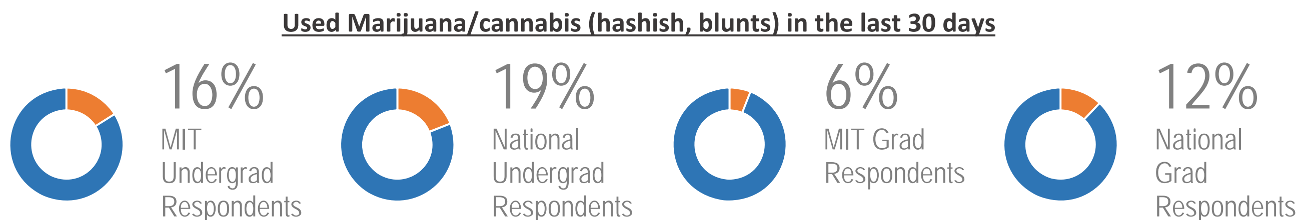
**Used cigarettes in the last 30 days**




## Marijuana/cannabis (hashish, blunts)

Compared to the national sample, fewer MIT respondents indicated they used "marijuana/cannabis (hashish, blunts)" in the last 30 days. (UG: MIT 16% vs. 19% National; Grad: MIT 6% vs. 12% National).

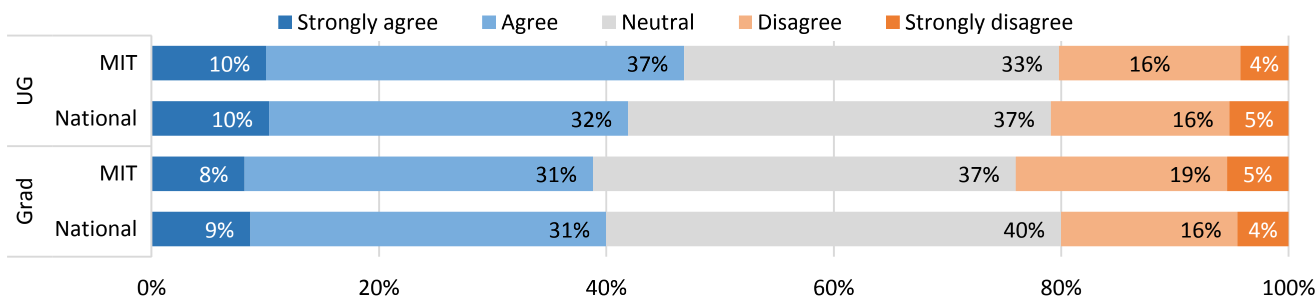
**Used Marijuana/cannabis (hashish, blunts) in the last 30 days**



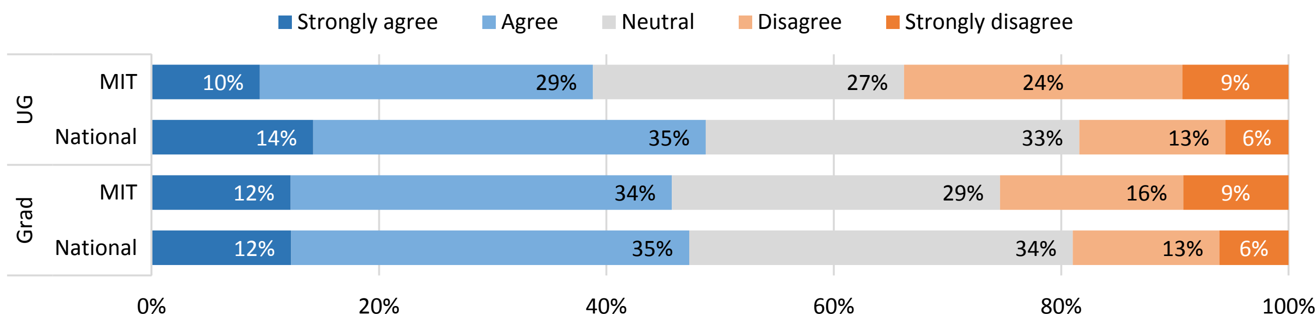
# 3. Campus Climate and Academic Environment

## Supportiveness of Academic and Social Environment

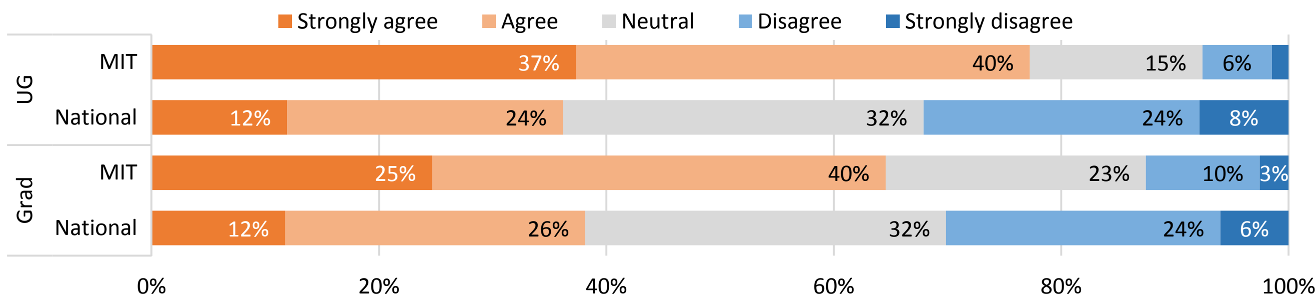
Compared to their national counterparts, more MIT undergraduate respondents and about the same percentage of graduate respondents agreed with the statement, “At my school, I feel that the campus climate encourages free and open discussion about mental and emotional health.” (UG: MIT 47% vs. 42% National; Grad: MIT 39% vs. 40% National).




However, compared to their national counterparts, fewer MIT undergraduate respondents and about the same percentage of graduate respondents agreed with the statement, “At my school, I feel that students’ mental and emotional well-being is a priority.” (UG: MIT 39% vs. 49% National; Grad: MIT 46% vs. 47% National).

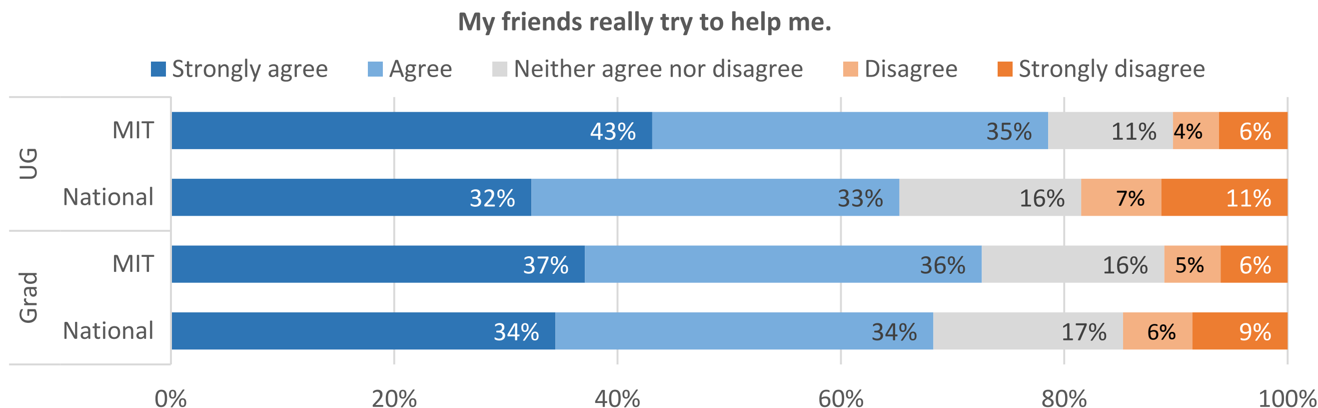



More MIT respondents agreed with the statement “At my school, I feel that the academic environment has a negative impact on students’ mental and emotional well-being,” (UG: MIT 77% vs. 36% National; Grad: MIT 65% vs. 38% National).



## Supportiveness of Friends

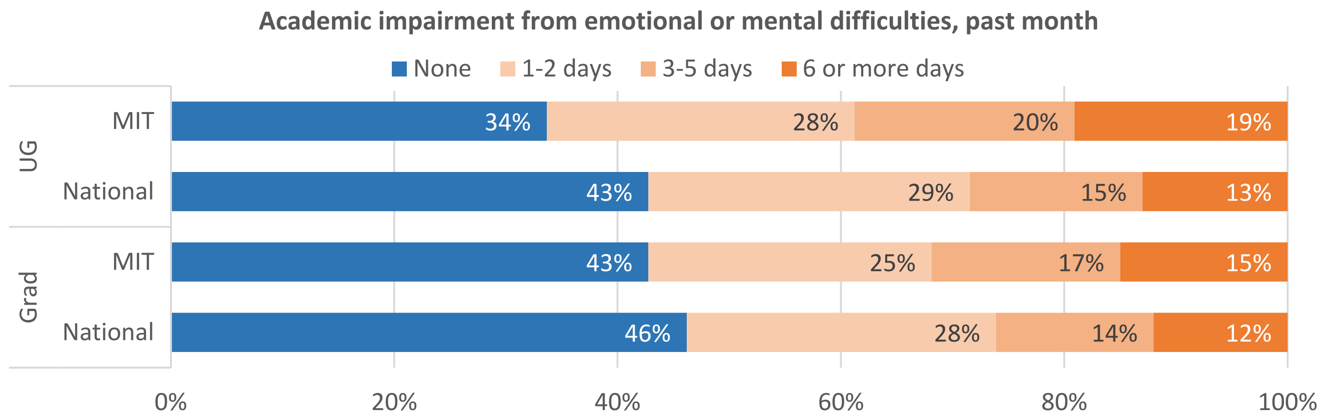
When responding to the statement, “My friends really try to help me,” 8 out of 10 (79%) MIT undergraduate and 3 out of 4 (73%) MIT graduate respondents strongly agreed or agreed with this statement, compared to 65% and 68%, respectively, of their national counterparts.




Compared to the national sample, more MIT undergraduate respondents and slightly fewer MIT graduate respondents (UG: MIT 46% vs. 39% National; Grad: MIT 26% vs. 30% National) have intervened in a situation where “Someone was experiencing significant emotional distress or thoughts of suicide.”

## Academic Impairment

When asked, “In the past 4 weeks, how many days have you felt that emotional or mental difficulties have hurt your academic performance?,” more MIT respondents answered three or more days compared to the national sample (UG: MIT 39% vs. 29% National; Grad: MIT 32% vs. 26% National).



## Assistance with Academic Impairment

MIT students were asked, "If you had a mental health problem that you believed was affecting your academic performance, which people at school would you talk to?"

When comparing MIT undergraduate and graduate respondents:

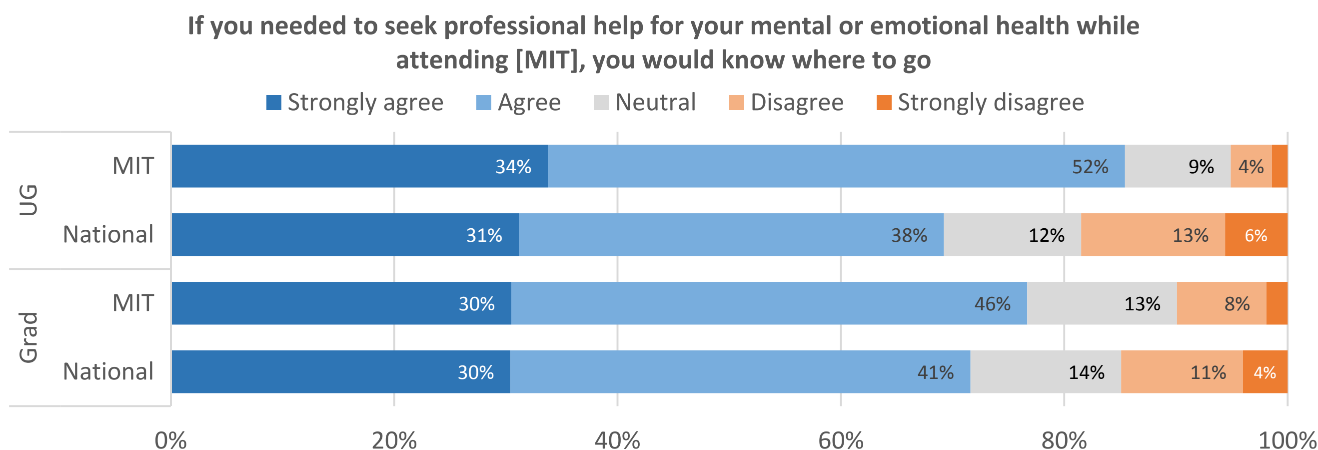
- A higher proportion of MIT undergraduate respondents would speak to student services staff, a professor from one of their classes, or a teaching assistant.
- A higher proportion of MIT graduate respondents would speak to a provider at MIT Medical or MIT Mental Health and Counseling or their academic advisor.

| | MIT Undergrad | MIT Grad |
|---|---|---|
| Provider at MIT Medical or MIT Mental Health and Counseling | 43% | 51% |
| Student services staff | 50% | 13% |
| Academic advisor | 30% | 39% |
| Professor from one of my classes | 34% | 14% |
| Teaching assistant | 13% | 4% |
| Another faculty member | 7% | 7% |
| Dean of students or class dean | 6% | 6% |
| Other | 6% | 5% |
| No one | 12% | 19% |

# 4. Resources and Help-Seeking Behavior

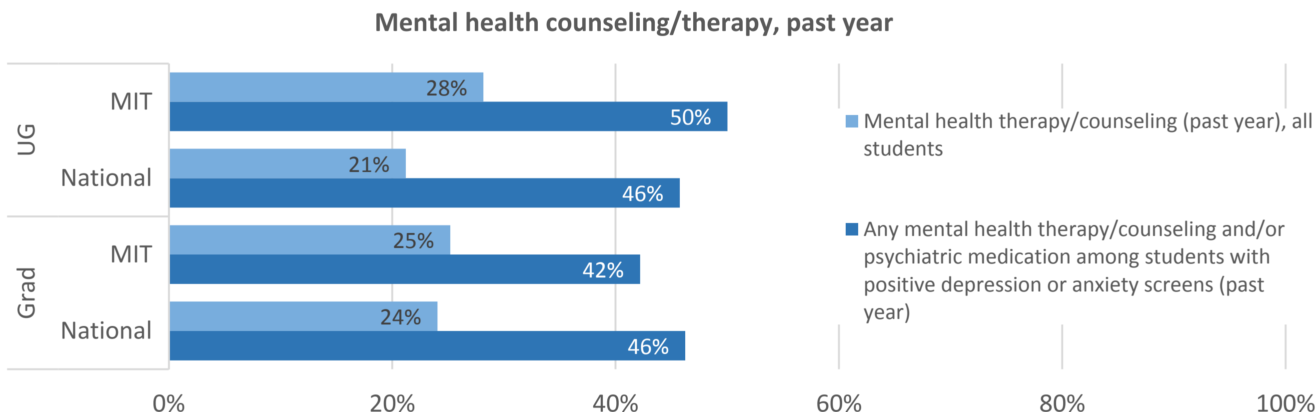
## Knowledge of Campus Mental Health Resources

When asked, "If you needed to seek professional help for your mental or emotional health while attending [MIT], you would know where to go," more than 8 out of 10 (85%) MIT undergraduate and 3 out of 4 MIT graduate respondents strongly agreed or agreed with the statement, compared to 69% and 72%, respectively, of their national counterparts.



## Counseling or Therapy from a Health Professional

More than a quarter (28% MIT UG, 25% MIT Grad) of MIT respondents answered "yes" to "In the past 12 months, have you received counseling or therapy for your mental or emotional health from a health professional (such as a psychiatrist, psychologist, social worker, or primary care doctor)?" compared to 21% of the national undergraduate sample and 24% of the national graduate sample. Among respondents who screened positive for depression and/or anxiety, 50% of MIT undergraduate respondents and 42% of MIT graduate respondents reported receiving mental health therapy/counseling and/or psychiatric medication in the past 12 months, compared to 46% of the undergraduate and graduate national sample.




## Informal Help Seeking

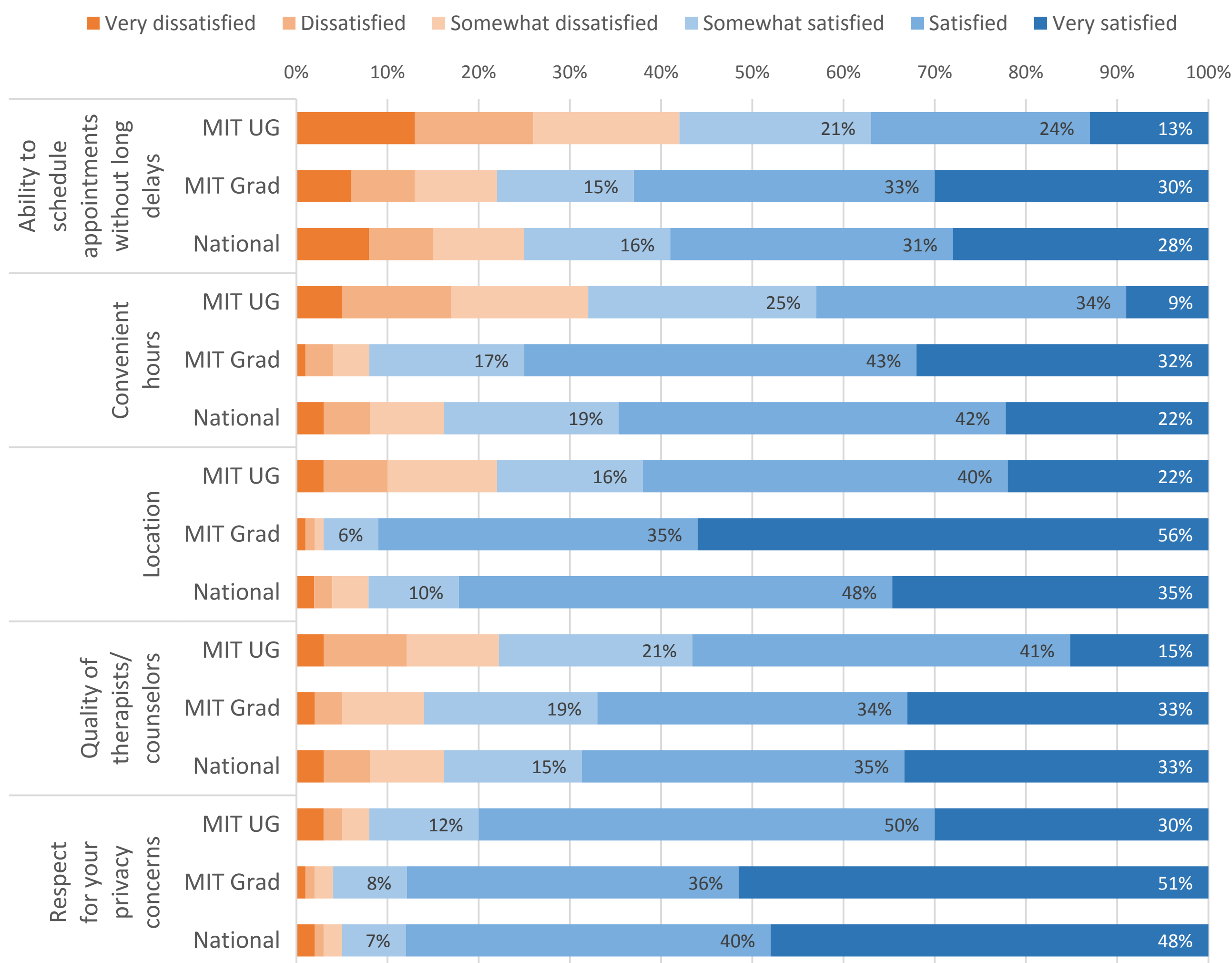
Compared to their national counterparts, more MIT undergraduate respondents and about the same percentage of graduate respondents indicated receiving informal counseling or support for their mental or emotional health from a friend (UG: MIT 68% vs. 50% National; Grad: MIT 51% vs. 51% National) and/or family member (UG: MIT 46% vs. 42% National; Grad: MIT 40% vs. 43% National).

| | | Undergrad | Grad |
|---|---|---|---|
| Friend (who is not a roommate) | MIT | 68% | 51% |
| | National | 50% | 51% |
| Family member | MIT | 46% | 40% |
| | National | 42% | 43% |
| Significant other | MIT | 38% | 46% |
| | National | 30% | 41% |
| Roommate | MIT | 26% | 19% |
| | National | 20% | 15% |
| Religious counselor or contact | MIT | 6% | 3% |
| | National | 6% | 4% |
| Support group | MIT | 5% | 2% |
| | National | 2% | 2% |
| Other non-clinical source | MIT | 3% | 1% |
| | National | 1% | 2% |
| None of the above | MIT | 18% | 24% |
| | National | 31% | 27% |

## Satisfaction with Primary Campus Provider of Counseling or Therapy

Among all MIT respondents, 20% receive counseling or therapy from MIT Mental Health and Counseling, higher than the 11% of respondents seen by on-campus providers in the national sample.

Respondents who used on-campus providers for treatment were asked to rate their satisfaction with various aspects of the services they received. For all aspects evaluated in the HMS, MIT graduate respondents were more likely to be satisfied with on-campus services than MIT undergraduate respondents. For both MIT undergraduate and graduate respondents, the top three aspects yielding very dissatisfied or dissatisfied responses were “scheduling appointments without long delays” (MIT UG: 26%; MIT Grad: 13%; National: 15%), “convenient hours” (MIT UG: 17%; MIT Grad: 4%; National: 8%), and “quality of therapists” (MIT UG: 12%; MIT Grad: 5%; National: 8%).




*Note: Breakouts by undergraduate and graduate respondents are not available from the national sample for this question.*

## Barriers to Help Seeking

When asked “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?”, the top factors were generally personal in nature, with some barriers—such as “I prefer to deal with issues on my own,” “I question how serious my needs are,” and “I don’t have enough time”—selected more often by MIT respondents than respondents in the national sample.

| | | Undergrad Respondents | Graduate Respondents |
|---|---|---|---|
| 1. I prefer to deal with issues on my own | MIT | 49% | 40% |
| | National | 42% | 37% |
| 2. I question how serious my needs are | MIT | 49% | 37% |
| | National | 34% | 32% |
| 3. I don’t have enough time | MIT | 46% | 32% |
| | National | 33% | 35% |
| 4. Stress is normal in college/graduate school | MIT | 45% | 41% |
| | National | 38% | 38% |
| 5. I get support from other sources, such as friends and family | MIT | 41% | 32% |
| | National | 30% | 30% |
| 6. The problem will get better by itself | MIT | 36% | 25% |
| | National | 23% | 21% |
| 7. I question whether medication or therapy is helpful | MIT | 29% | 20% |
| | National | 17% | 15% |
| 8. The hours are inconvenient | MIT | 24% | 8% |
| | National | 11% | 11% |
| 9. The waiting time until I can get an appointment is too long | MIT | 19% | 8% |
| | National | 9% | 8% |
| 10. I question the quality of my options | MIT | 18% | 11% |
| | National | 11% | 10% |
| 11. I am concerned about privacy | MIT | 16% | 12% |
| | National | 11% | 11% |
| 12. I worry my actions will be documented in my medical record | MIT | 15% | 12% |
| | National | 10% | 10% |
| 13. The location is inconvenient | MIT | 15% | 6% |
| | National | 7% | 8% |
| 14. I fear being hospitalized | MIT | 14% | 5% |
| | National | 7% | 4% |
| 15. I worry what others will think of me | MIT | 13% | 11% |
| | National | 13% | 9% |
| 16. I worry my actions will be documented in my academic record | MIT | 13% | 7% |
| | National | 8% | 6% |
| 17. I worry someone will notify my parents | MIT | 12% | 3% |
| | National | 9% | 3% |
| 18. The number of sessions is too limited | MIT | 10% | 5% |
| | National | 6% | 6% |
| 19. I don’t think anyone can understand my problems | MIT | 9% | 8% |
| | National | 10% | 7% |
| 20. There are financial reasons (too expensive, no insurance) | MIT | 9% | 8% |
| | National | 20% | 21% |
| 21. I had bad experiences with medication therapy | MIT | 8% | 5% |
| | National | 7% | 5% |
| 22. People providing services aren't sensitive enough to cultural issues | MIT | 4% | 3% |
| | National | 2% | 3% |
| 23. People providing services aren't sensitive enough to sexual identity issues | MIT | 2% | 1% |
| | National | 2% | 2% |
| 24. I have a hard time communicating in English | MIT | 0% | 1% |
| | National | 1% | 2% |
| 25. Other | MIT | 5% | 7% |
| | National | 5% | 7% |
| 26. There have been no barriers that I can think of | MIT | 24% | 33% |
| | National | 36% | 35% |

## Stigma about Mental Health Treatment

Almost all respondents at MIT and nationally (UG: MIT 99% vs. 98% National; Grad: MIT 97% vs. 98% National) agreed they would accept someone who has received mental health treatment as a close friend. Fewer agreed with the statement, “Most people would willingly accept someone who has received mental health treatment as a close friend.” (UG: MIT 93% vs. 85% National; Grad: MIT 88% vs. 87% National)

While only about 15% of respondents (UG: MIT 16% vs. 15% National; Grad: MIT 14% vs. 13% National) agreed with the statement, “I feel that receiving mental health treatment is a sign of personal failure,” about half of all respondents (UG: MIT 47% vs. 55% National; Grad: MIT 50% vs. 50% National) agreed with the statement, “Most people feel that receiving mental health treatment is a sign of personal failure.”

| | | Percent who agree with the statement | |
|---|---|---|---|
| | | Undergrad Respondents | Graduate Respondents |
| Most people would willingly accept someone who has received mental health treatment as a close friend | MIT | 93% | 88% |
| | National | 85% | 87% |
| I would willingly accept someone who has received mental health treatment as a close friend | MIT | 99% | 97% |
| | National | 98% | 98% |
| Most people feel that receiving mental health treatment is a sign of personal failure | MIT | 47% | 50% |
| | National | 55% | 50% |
| I feel that receiving mental health treatment is a sign of personal failure | MIT | 16% | 14% |
| | National | 15% | 13% |
| Most people think less of a person who has received mental health treatment | MIT | 35% | 47% |
| | National | 48% | 49% |
| I would think less of a person who has received mental health treatment | MIT | 9% | 9% |
| | National | 8% | 10% |

## Additional Information

For questions or more information about this survey, please visit chancellor.mit.edu/data or contact healthyminds@mit.edu.

If you have ideas about how MIT can improve mental health on campus or if you would like to become involved in the MindHandHeart Initiative, please contact healthyminds@mit.edu.

If you would like to talk to someone immediately about questions or concerns relating to mental health or related issues, please reach out to any of our campus resources:

- Undergraduates can contact Student Support Services at 617-253-4861, members of their house team, or their academic advisors.
- Graduate students can reach out to Graduate Personal Support staff in the Office of the Dean for Graduate Education at 617-253-4860, or their housemasters.
- MIT's Chaplains are available to talk with any member of our community.
- All members of our community may contact Mental Health Services at 617-253-2916 during the day, or 617-253-4481 during nights and weekends. Further information is accessible via together.mit.edu.

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i **University of Michigan Healthy Minds Study Statement about 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. The overall participation rate for the 2014–15 study was 23.1%. It is important to raise the question of whether the 23.1% who participated are different in important ways from the 76.9% who did not participate. We address this issue by constructing non-response weights using administrative data on full student populations. Most of the 17 schools in the 2014–15 HMS were able to provide administrative data about all randomly selected students. The analysis of these administrative data, separated from any identifying information, was approved in the Institutional Review Board (IRB) application at the University of Michigan and at each participating school. We used the following variables, where available, to estimate which types of students were more or less likely to respond: gender, race/ethnicity, academic level, and grade point average. We used these variables 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.

ii **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 major depression, other depression (less severe depression such as dysthymia or depression not otherwise specified), or neither.

iii **Anxiety Screen**

Anxiety is measured using the GAD-7, a seven-item tool for screening and measuring the severity 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.

iv **Eating Disorder**

Morgan, J. F., Reid, F. & Lacey, J. H. (1999). The SCOFF questionnaire: Assessment of a new screening tool for eating disorders, *BMJ*, 319(7223), 1467–1468.

v **Flourishing Scale**

Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S. & Biswas-Diener, R. (2009). New measures of well-being: Flourishing and positive and negative feelings. *Social Indicators Research*, 39, 247–266.