
USC WELL-BEING COLLECTIVE
HEALTHY MINDS STUDY: PRELIMINARY FINDINGS
FROM SPRING 2018 – FALL 2020

JUNE 11, 2021 | 11:00 AM PDT

PRESENTED BY:
USC STUDENT HEALTH – OFFICE FOR HEALTH PROMOTION STRATEGY
BACKBONE FOR THE USC WELL-BEING COLLECTIVE



AGENDA

01

Welcome and Check In

02

HMS: Preliminary Findings

03

Facilitated Discussion

04

Questions + Comments

05

Next Steps + Check Out

CHECK IN



CREATING A CULTURE DRIVEN BY STUDENT WELL-BEING

USC HEALTHY MINDS STUDY

STUDY PURPOSE

- The Healthy Minds Study provides a detailed picture of mental, emotional health and related issues in college student populations.
- Schools typically use their data for the following purposes:
 - Identify needs and priorities
 - Benchmark against peer institutions
 - Evaluate programs and policies
 - Plan for services and programs
 - Advocate for resources

RESULTS INCLUDE:

- Key Findings
- Sample Characteristics
- Prevalence of Mental Health Problems
- Health Behaviors and Lifestyle
- Attitudes and Beliefs about Mental Health Services
- Utilization of Services and Help-Seeking Behaviors
- Experiences of Violence

THE USC HEALTHY MINDS STUDY JOURNEY

MAR – APR 2018



SEP – NOV 2020



SPRING 2021



	Invited	Responses	Response Rate	Invited	Responses	Response Rate
Total	15,897	4,560	28.6%	30,000	5,994	20.0%
UG	4,000	984	24.6%	12,569	2,413	19.2%
G-UPC	4,000	1,272	31.8%	9,559	1,957	20.5%
G-HSC	3,897	1,177	30.2%	3,499	779	22.3%
G-Online	4,000	1,037	25.9%	4,373	845	19.3%

How did we address non-response bias?

Data have been weighted via statistical raking procedure by race/ethnicity, sex, degree level and campus location (for Spring 2018 and Fall 2020 datasets) with the addition of transfer status and academic unit for the Fall 2020 dataset to match census student population proportions.

MARGIN OF ERROR AT 95% CONFIDENCE INTERVAL

- Our estimates from this study are based only on a random sample of students, rather than a complete census of the student population
- The margin of error at 95% confidence interval means there is a 95% probability that the true population value is within this particular range
- For example
 - For Fall 2020: **22.2% of UG students** (margin of error of $\pm 1.9\%$ = a range of **20.3% - 24.1%** at 95% CI) were estimated to have **severe depression** from the PHQ-9 screener
 - For Spring 2018: **15.8% of UG students** (margin of error of $\pm 3.0\%$ = a range of **12.8% - 18.8%** at 95% CI) were estimated to have **severe depression** from the PHQ-9 screener
 - We can conclude with 95% probability that **UG students** have **higher rates of severe depression screen from 2018 to 2020**

	Margin of Error at 95% CI	
	2018	2020
Total	$\pm 1.4\%$	$\pm 1.2\%$
UG	$\pm 3.0\%$	$\pm 1.9\%$
G-UPC	$\pm 2.7\%$	$\pm 2.1\%$
G-HSC	$\pm 2.4\%$	$\pm 3.1\%$
G-Online	$\pm 2.7\%$	$\pm 3.2\%$

NATIONAL BENCHMARK

- The USC Healthy Minds Study: Data Report from Spring 2018 – Fall 2020 also follows the reporting template from [the Fall 2020 Aggregate Data Report of the National Healthy Minds Study](#) (N = 32,754 from 36 institutions across North America, including USC).
- USC data from Spring 2018 and Fall 2020 from this report can be used to compare with the national reports.



THE HEALTHY MINDS STUDY

Fall 2020 Data Report



THE HEALTHY MINDS STUDY

2017-2018 Data Report



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USC HEALTHY MINDS STUDY

PRELIMINARY FINDINGS:

- **Sample Characteristics**
- Prevalence of Mental Health Problems
- Health Behaviors and Lifestyle
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- Utilization of Services and Help-Seeking Behaviors
- Experiences of Violence

SAMPLE CHARACTERISTICS

- Sample Characteristics Tables for 2018 and 2020 can be found on page 8-14 in the data report

Table 4.1: Sample Characteristics from Fall 2020

	Total (N = 5,994)		UG (n = 2,601)		G-UPC (n = 2,008)		G-HSC (n = 468)		G-Online (n = 917)	
	n	%	n	%	n	%	n	%	n	%
Race/Ethnicity of Domestic Students										
African American/Black	434	7.2	183	7.0	92	4.6	25	5.3	133	14.5
- African	71	1.2	36	1.4	19	0.9	8	1.7	9	1.0
- African American	319	5.3	141	5.4	62	3.1	18	3.8	99	10.8
- African Caribbean	54	0.9	26	1.0	12	0.6	3	0.6	14	1.5
- Afro-Latinx	33	0.6	14	0.5	8	0.4	-	-	11	1.2
- Other	27	0.5	9	0.3	1	0.0	4	0.9	13	1.4
American Indian or Alaskan Native	47	0.8	14	0.5	13	0.6	4	0.9	16	1.7
Asian American/Asian	1,380	23.0	796	30.6	236	11.8	193	41.2	154	16.8
- East Asian	927	15.5	545	21.0	168	8.4	121	25.9	93	10.1
- Southeast Asian	190	3.2	115	4.4	26	1.3	34	7.3	16	1.7
- South Asian	201	3.4	119	4.6	33	1.6	25	5.3	24	2.6
- Filipinx	116	1.9	58	2.2	14	0.7	21	4.5	23	2.5
- Other	20	0.3	15	0.6	3	0.1	2	0.4	-	-
Latinx/Hispanic	905	15.1	389	15.0	196	9.8	61	13.0	259	28.2
- Mexican/Mexican American	615	10.3	255	9.8	136	6.8	48	10.3	177	19.3
- Central American	137	2.3	54	2.1	32	1.6	12	2.6	39	4.3
- South American	110	1.8	68	2.6	16	0.8	4	0.9	21	2.3
- Caribbean	59	1.0	23	0.9	15	0.7	2	0.4	20	2.2
- Other	57	1.0	23	0.9	14	0.7	5	1.1	15	1.6
Native Hawaiian or Pacific Islander	69	1.2	41	1.6	10	0.5	10	2.1	9	1.0
Middle Eastern, Arab, or Arab American	198	3.3	105	4.0	52	2.6	21	4.5	19	2.1
Mixed	637	13.8	362	13.9	138	6.9	49	10.5	89	9.7
White	2,231	37.2	1,153	44.3	566	28.2	147	31.4	358	39.0
Self-identify	88	1.5	41	1.6	19	0.9	5	1.1	23	2.5
Race/Ethnicity of International Students										
Asian	1,058	17.7	209	8.0	796	39.6	46	9.8	7	0.8
- East Asian	729	12.2	167	6.4	522	26.0	35	7.5	5	0.5
- Southeast Asian	44	0.7	26	1.0	16	0.8	1	0.2	1	0.1

USC HEALTHY MINDS STUDY

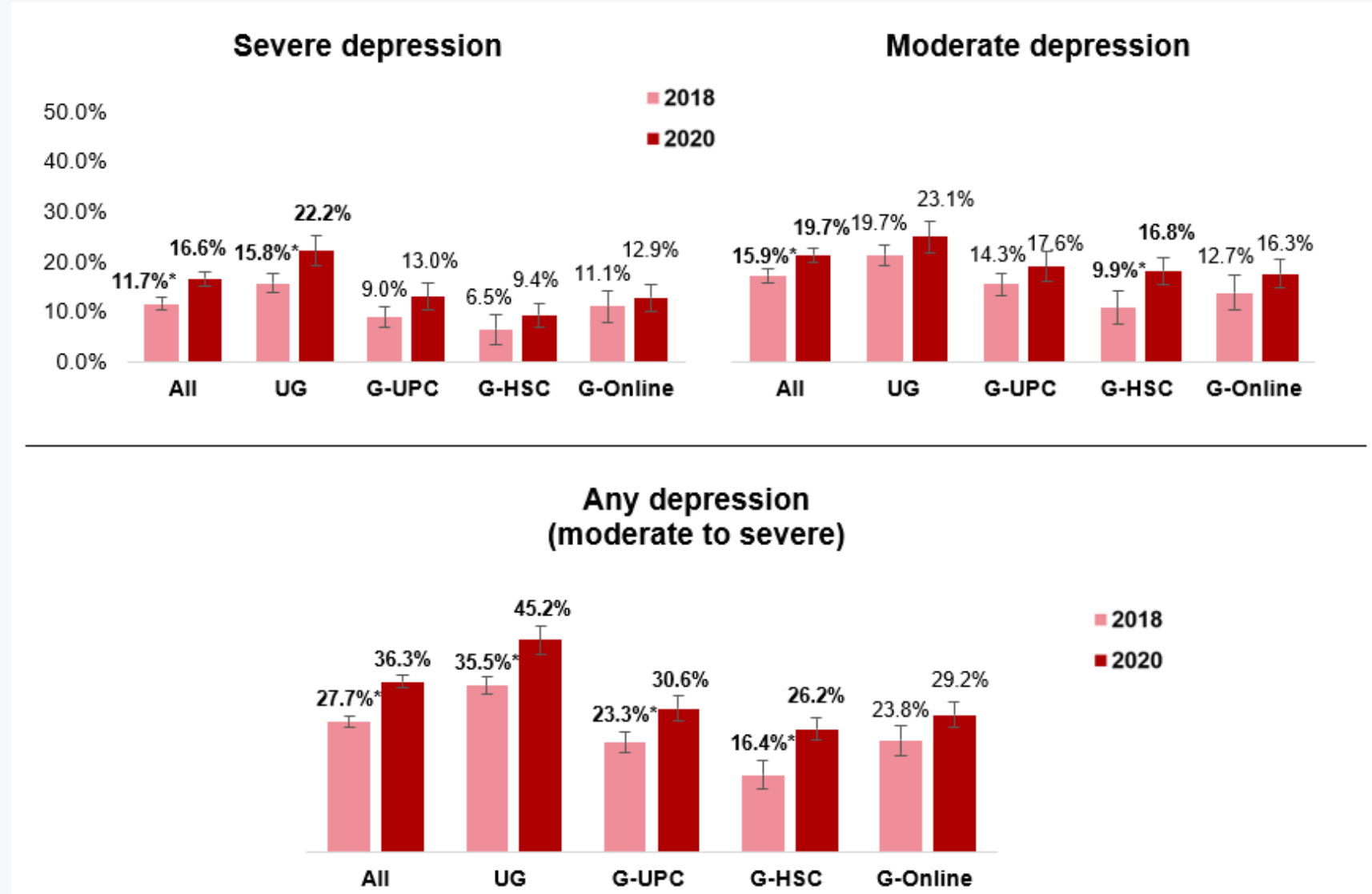
PRELIMINARY FINDINGS:

- Sample Characteristics
- **Prevalence of Mental Health Problems**
- Health Behaviors and Lifestyle
- Attitudes and Beliefs about Mental Health Services
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DEPRESSION SCREEN

Depression is measured using the PHQ-9 (Spitzer, Kroenke, & Williams, 1999) and symptom levels are categorized as

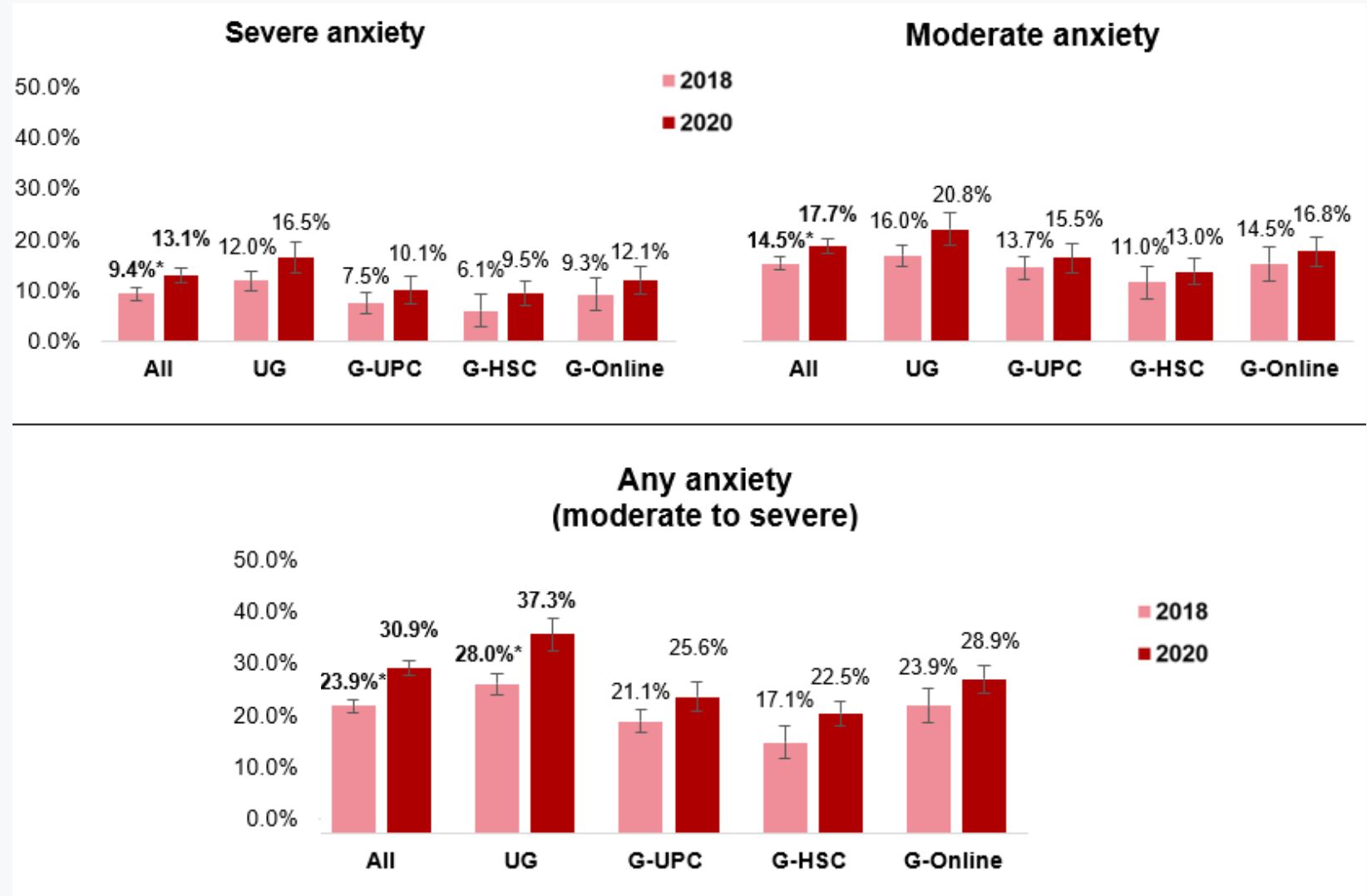
- severe (score of 15+)
- moderate (score of 10-14)
- any depression (score of 10+)
- mild/minimal (score <10)



ANXIETY SCREEN

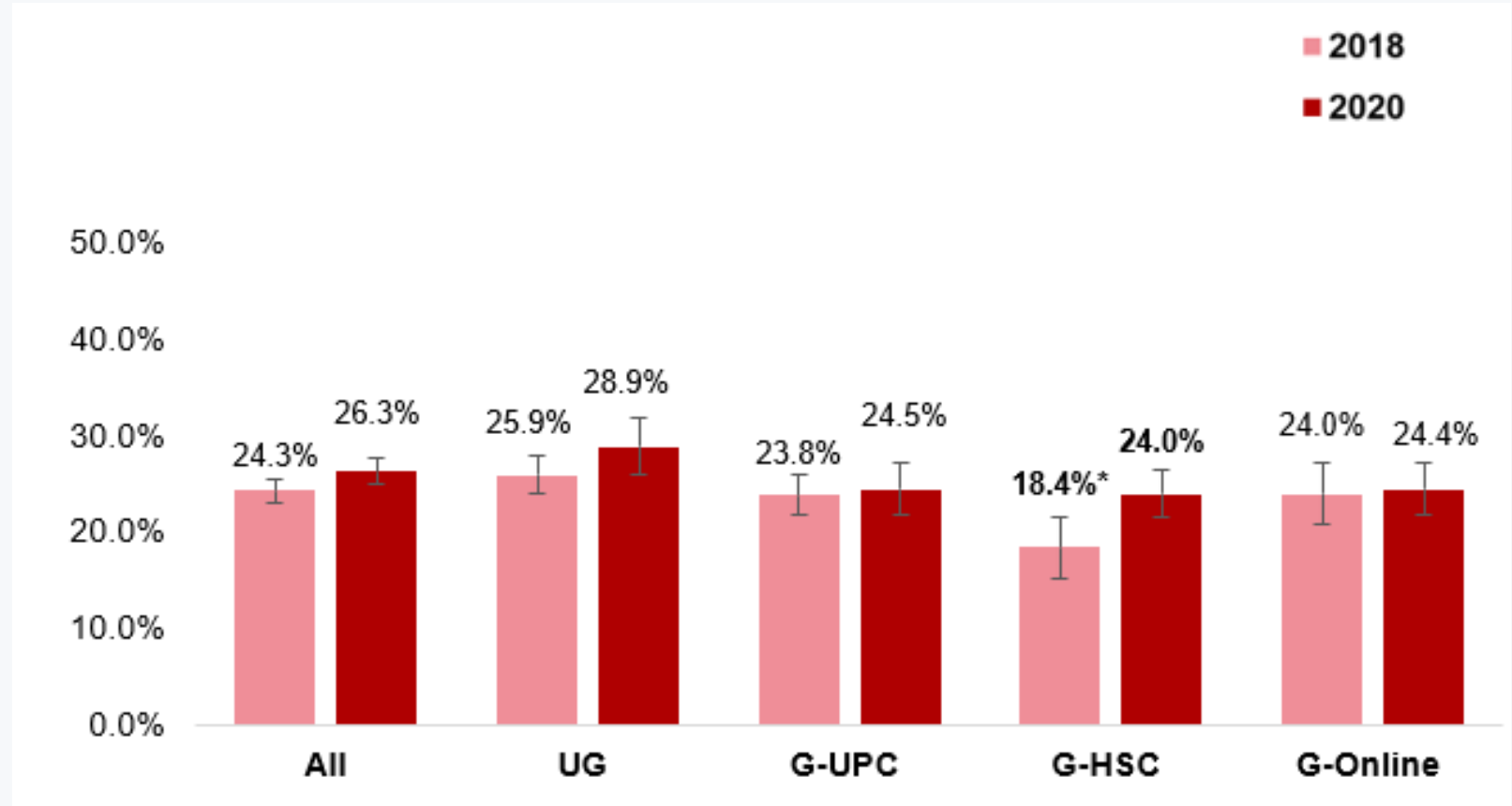
Anxiety is measured using the GAD-7 (Spitzer, Kroenke, Williams, & Lowe, 2006) and symptom levels are categorized as

- severe anxiety (score of 15+)
- moderate anxiety (score of 10-14)
- Any anxiety (score of 10+)



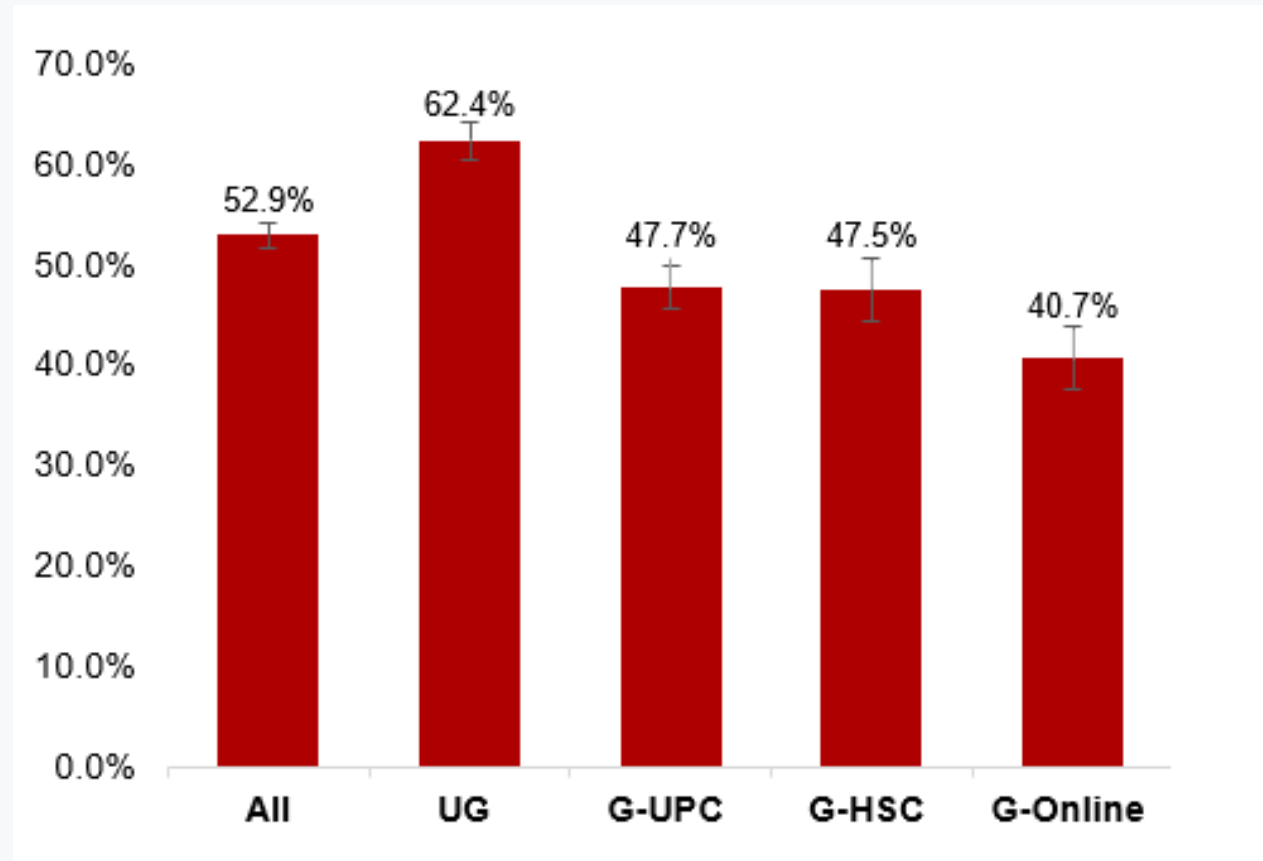
EATING DISORDER SCREEN

Eating disorders are measured using SCOFF (Morgan, Reid, & Lacey, 1999). Those with eating disorders score 2 or more.

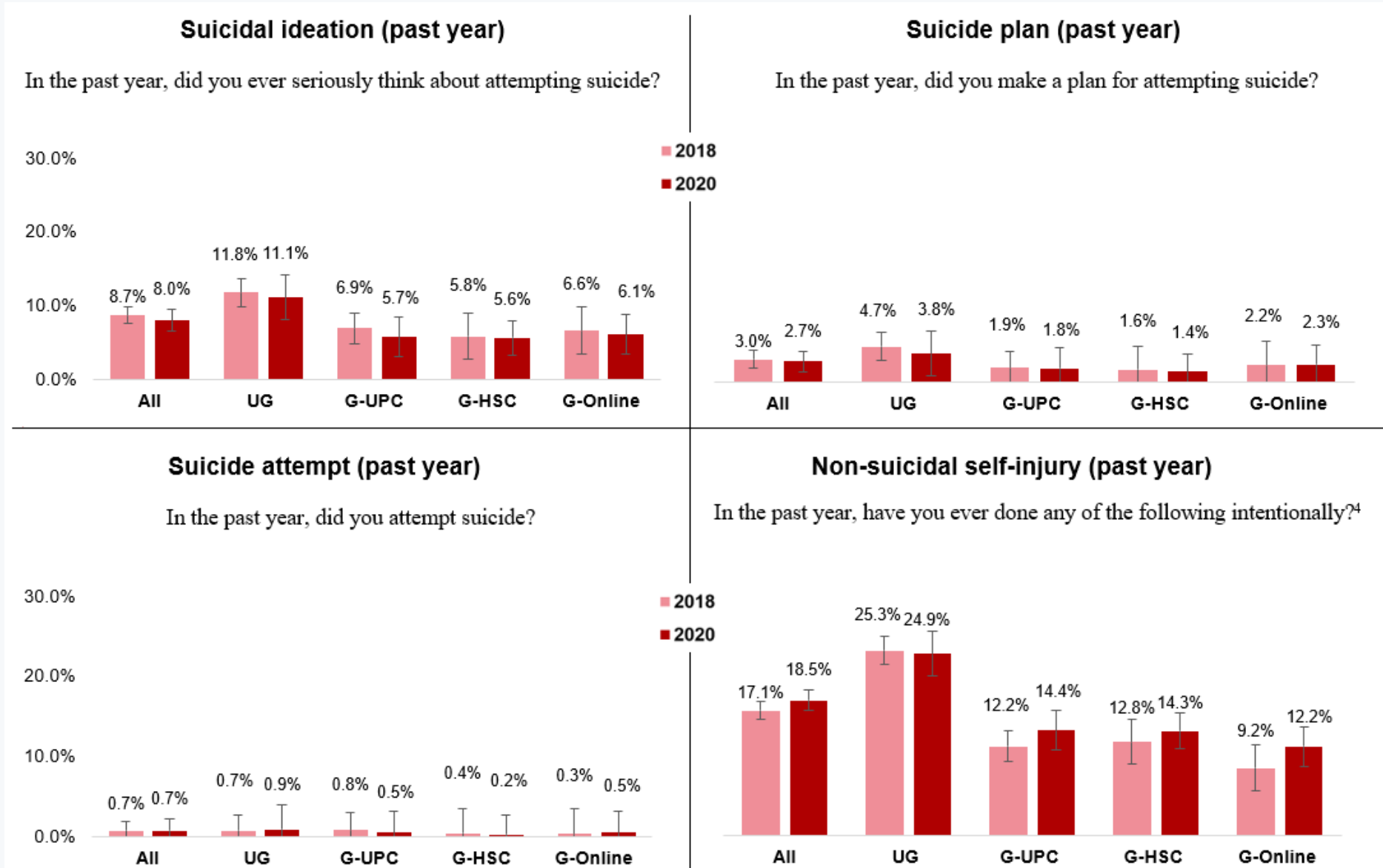


LONELINESS

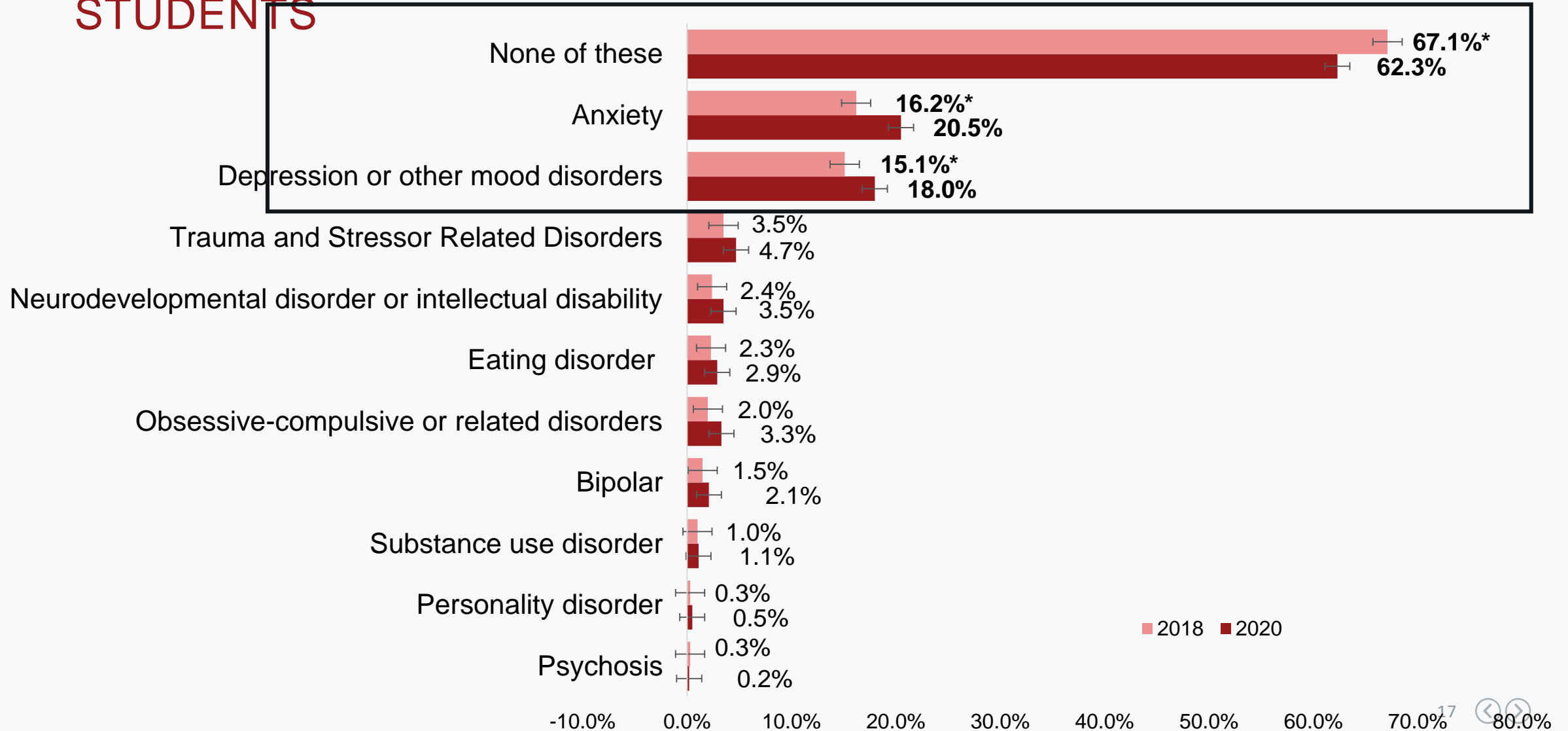
Loneliness is measured using the UCLA three-item Loneliness Scale (Hughes, Waite, Hawkley, & Cacioppo, 2004). Those who score 6-9 are considered as lonely. The measure was only included in the 2020 survey.



SUICIDALITY AND SELF-INJURIOUS BEHAVIOR

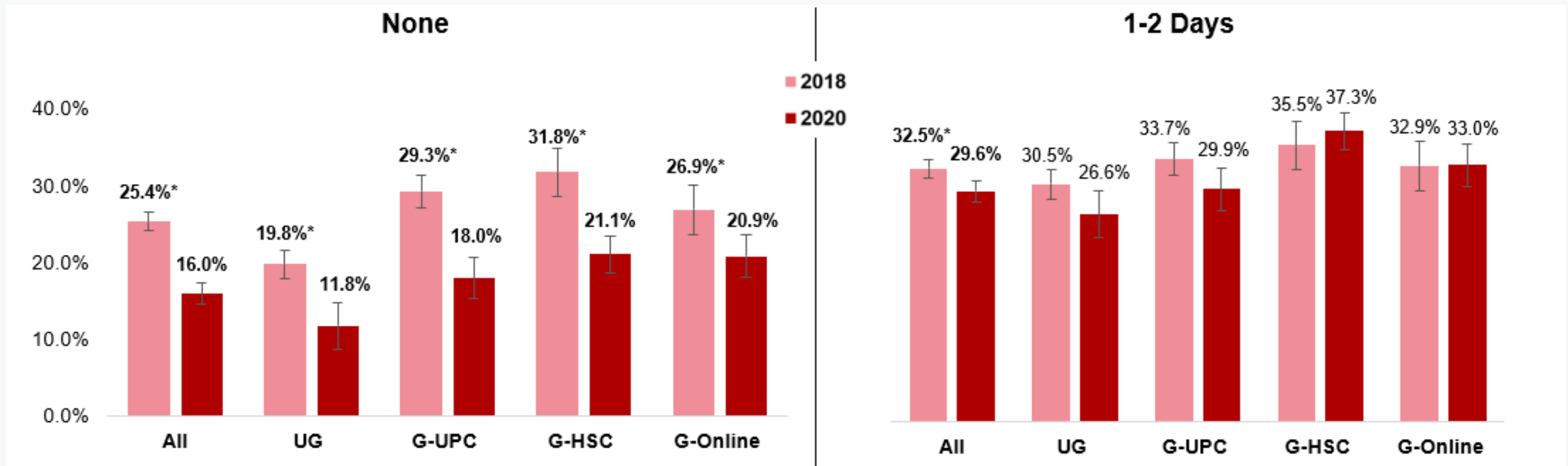


LIFETIME DIAGNOSES OF MENTAL DISORDERS AMONG ALL STUDENTS



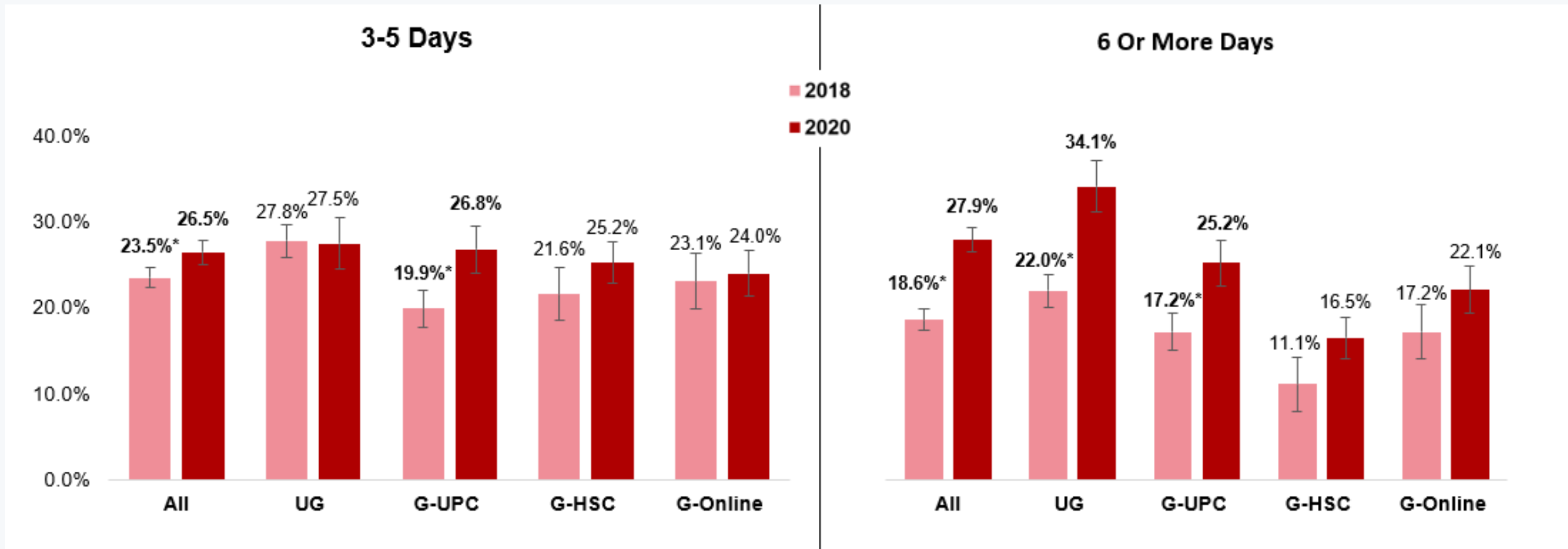
ACADEMIC IMPAIRMENT

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



ACADEMIC IMPAIRMENT

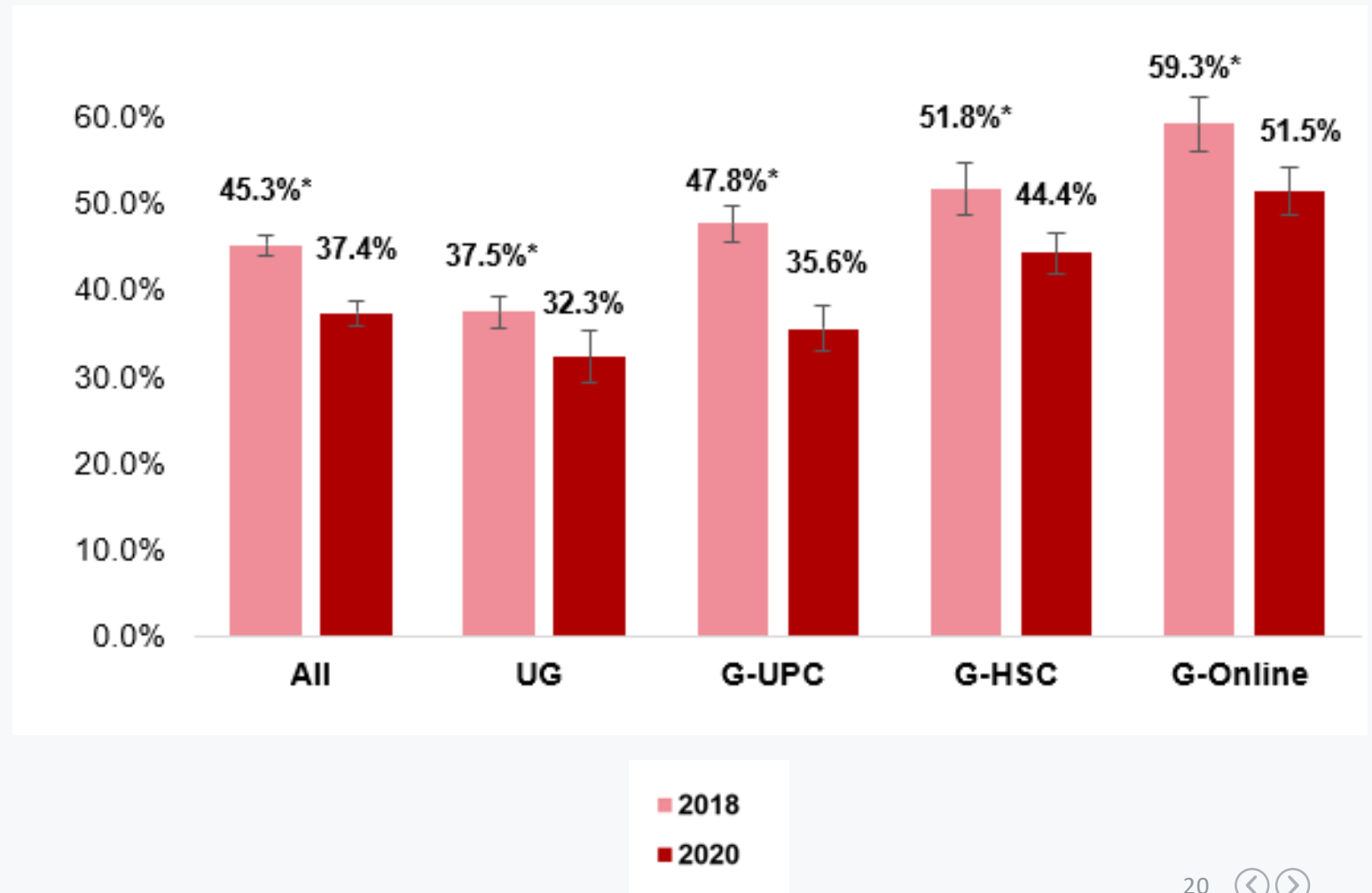
In the past 4 weeks, how many days have you felt that emotional or mental difficulties have hurt your academic performance?



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.

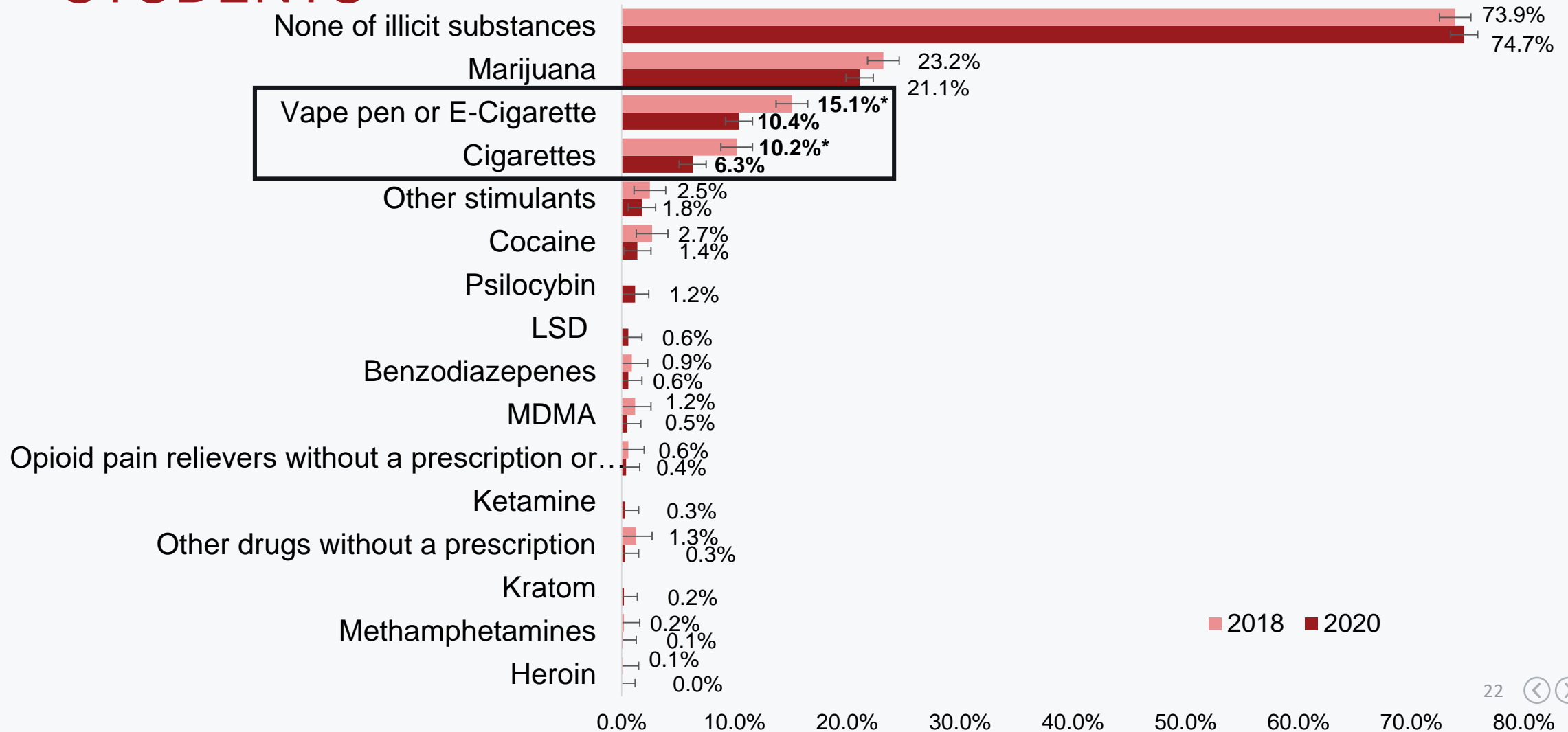


USC HEALTHY MINDS STUDY

PRELIMINARY FINDINGS:

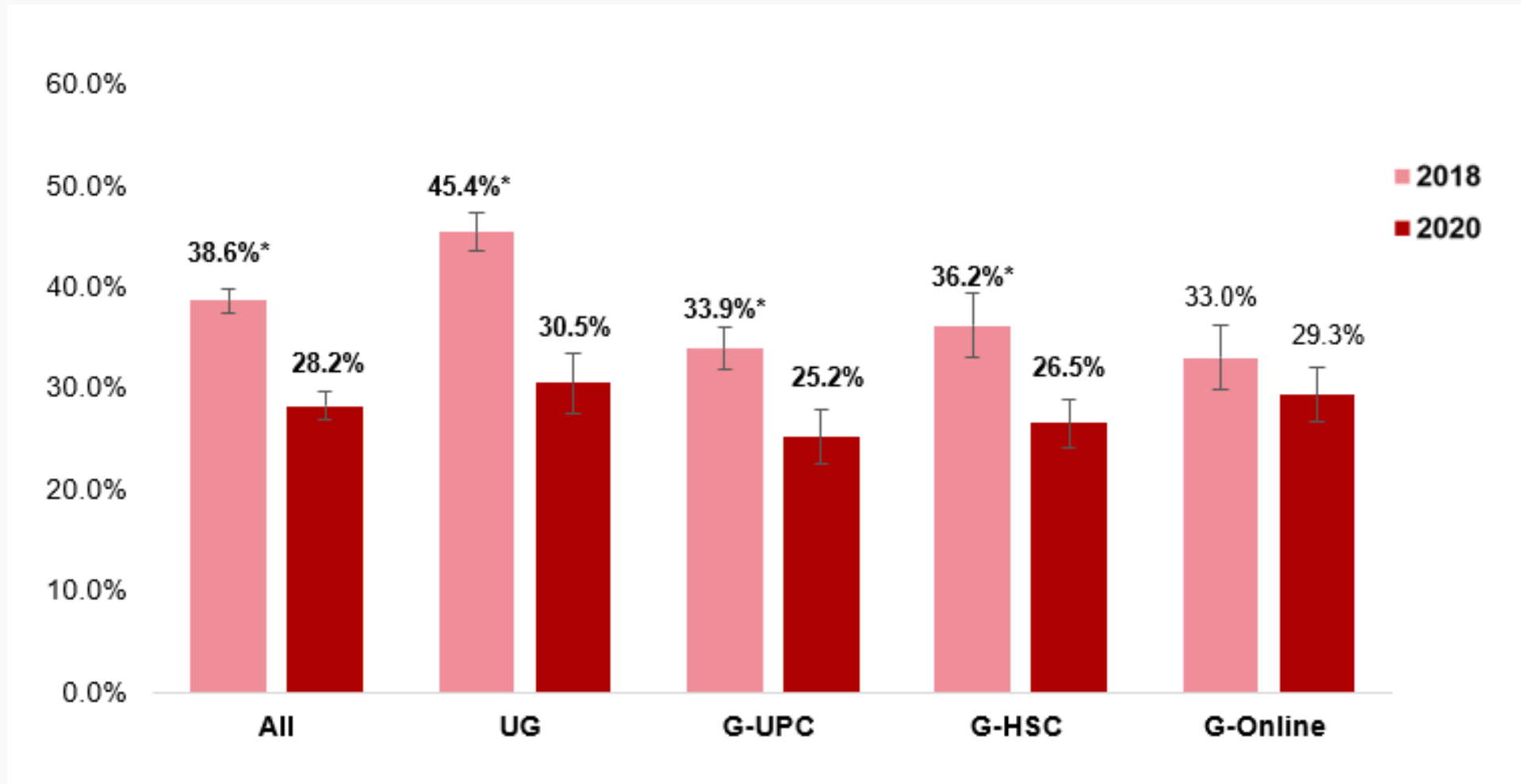
- Sample Characteristics
- Prevalence of Mental Health Problems
- **Health Behaviors and Lifestyle**
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SUBSTANCE USE IN THE PAST 30 DAYS AMONG ALL STUDENTS



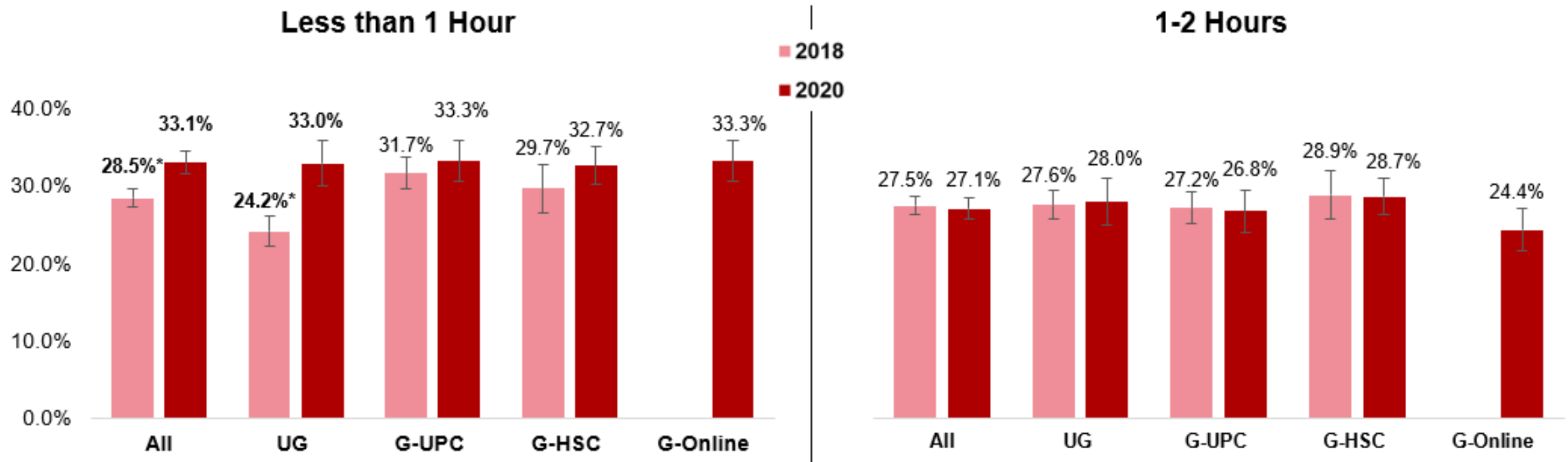
BINGE DRINKING

During the last two weeks, have you had 4 (female), 5 (male), 4 or 5 (transgender/gender non-conforming) or more drinks in a row?



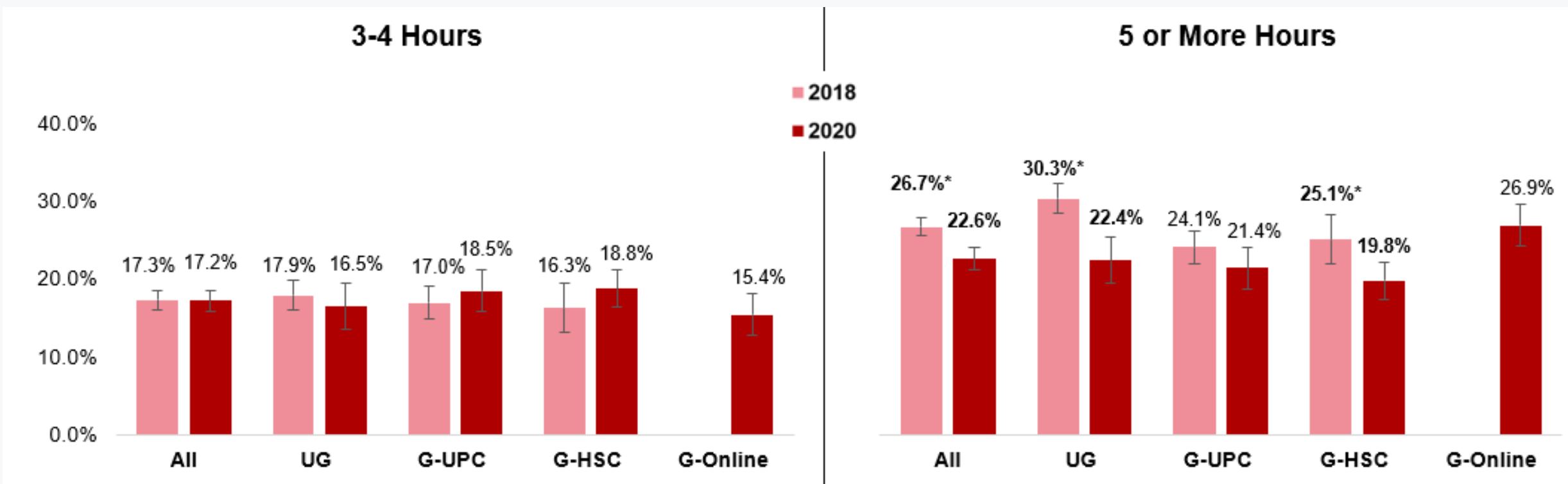
EXERCISE

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).



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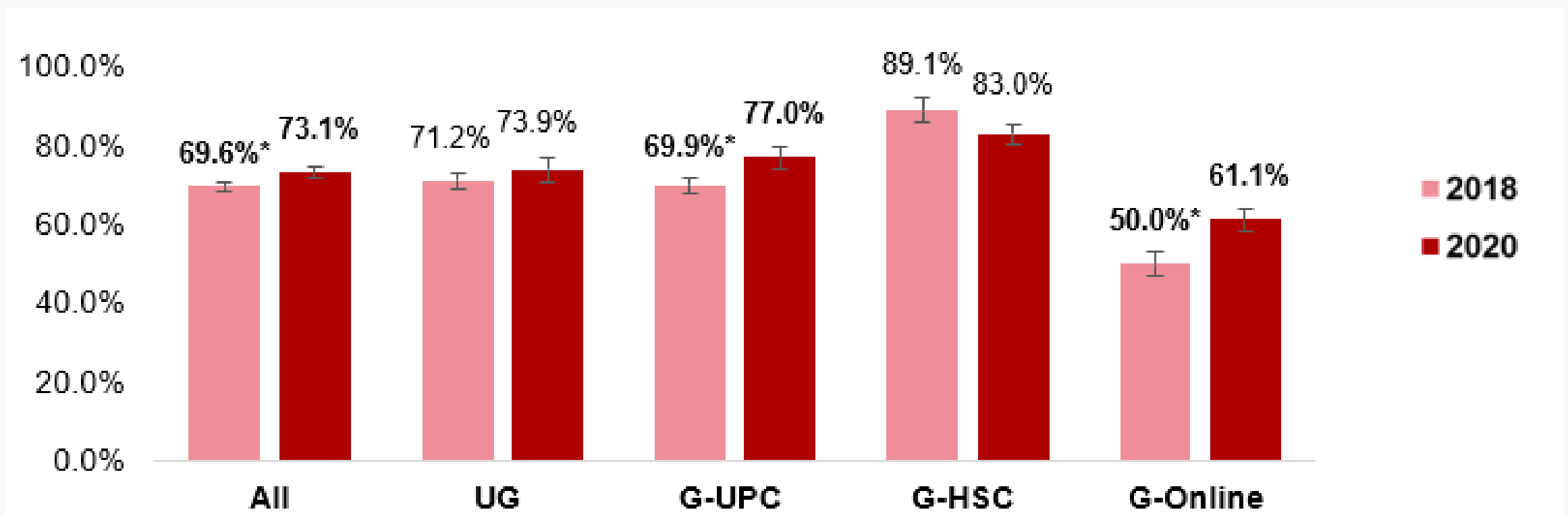
USC HEALTHY MINDS STUDY

PRELIMINARY FINDINGS:

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KNOWLEDGE OF CAMPUS MENTAL HEALTH RESOURCES

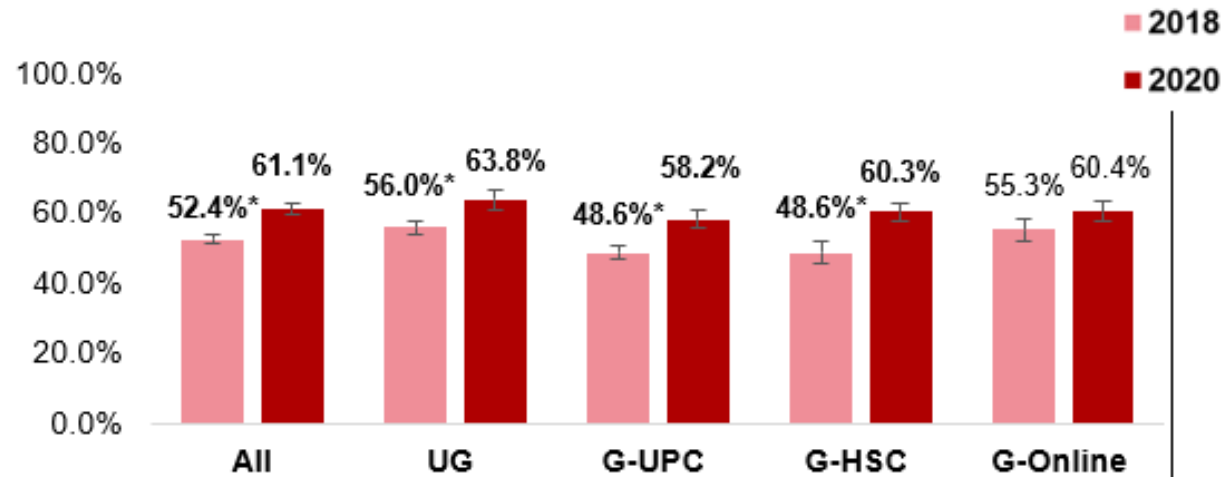
If I needed to seek professional help for my mental or emotional health, I would know where to go to access resources from my school (somewhat agree – strongly agree).



PERCEIVED NEED FOR EMOTIONAL OR MENTAL HEALTH PROBLEMS

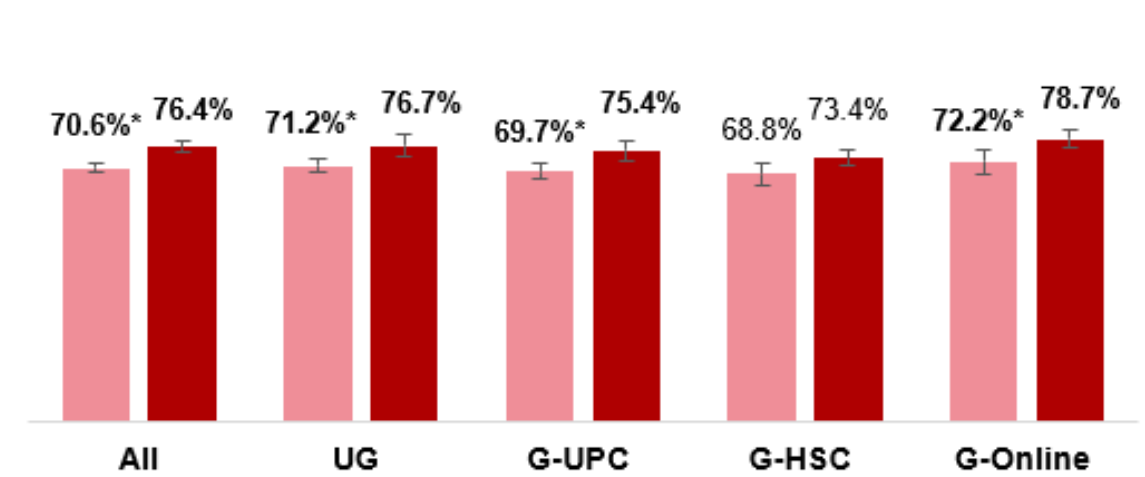
Perceived need (past year)

In the past 12 months, I needed help for emotional or mental health problems such as feeling sad, blue, anxious or nervous (somewhat agree – agree).



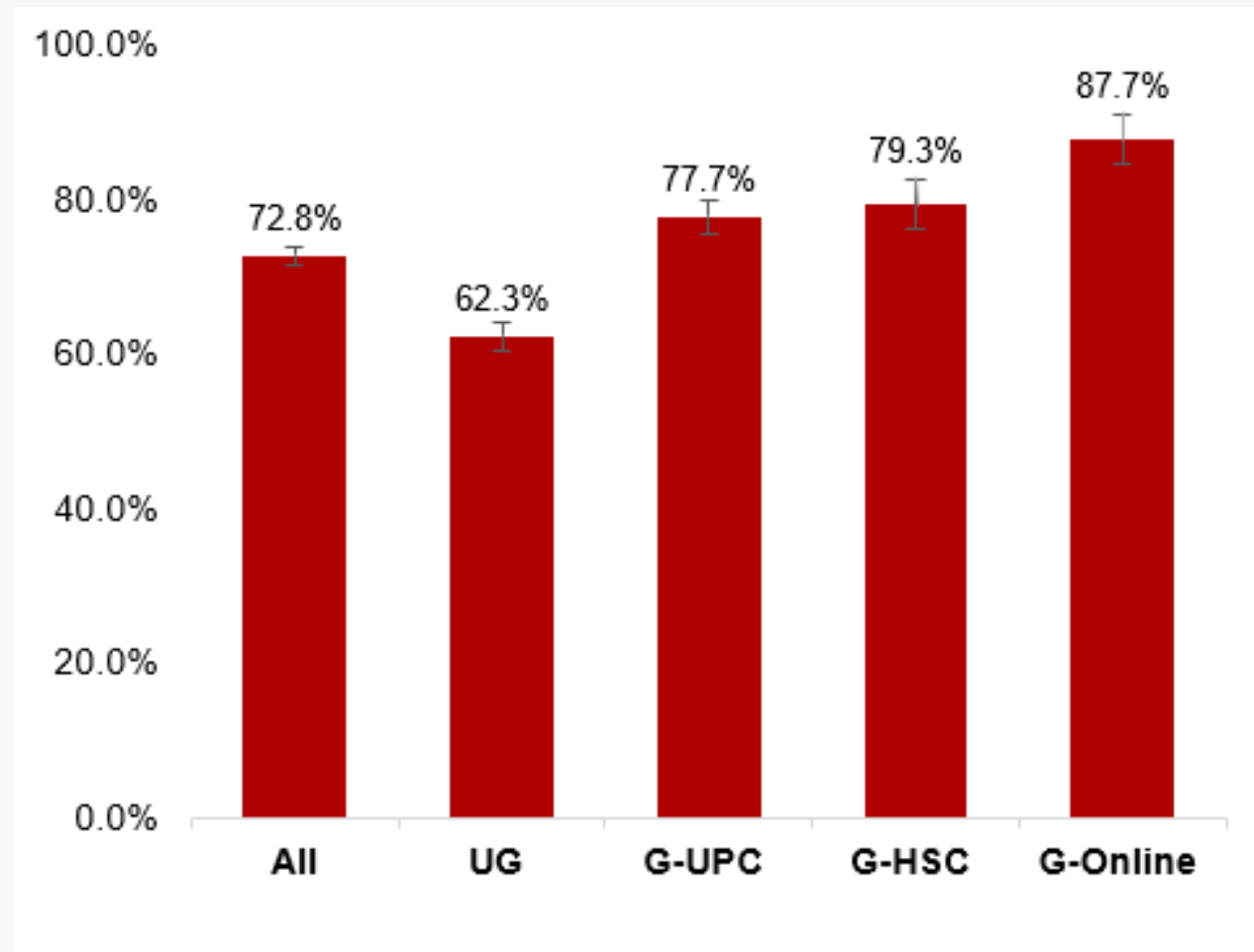
Perceived need (current)

I currently need help for emotional or mental health problems such as feeling sad, blue, anxious or nervous (somewhat agree – agree).



SCHOOL CLIMATE ON ANTI-RACISM

I believe my school actively works towards combating racism within the campus community.
(This question was not included in the 2018 survey, therefore, only 2020 data are available.)



USC HEALTHY MINDS STUDY

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PSYCHOTROPIC MEDICATION USE, ALL STUDENTS (PAST YEAR)

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

Table 7: Psychotropic medication use, all students (past year): Estimated values from 2018 and 2020

	Total (%)		UG (%)		G-UPC (%)		G-HSC (%)		G-Online (%)	
	2018	2020	2018	2020	2018	2020	2018	2020	2018	2020
Margin of error at 95% CI	(±1.4)	(±1.2)	(±3.0)	(±1.9)	(±2.7)	(±2.1)	(±2.4)	(±3.1)	(±2.7)	(±3.2)
Psychostimulants (e.g., methylphenidate (Ritalin or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexeridine), etc.)	4.4	4.5	6.1	5.3	2.7	3.6	5.6	4.7	4.1	4.4
Antidepressants (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), bupropion (Wellbutrin), etc.)	9.1	10.7	8.5	10.0	7.0	9.0	14.0	12.9	14.6	15.3
Anti-psychotics (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.)	0.8	0.7	1.0	0.9	0.6	0.4	0.7	0.5	0.9	1.0
Anti-anxiety medications (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)	5.4	4.7	5.2	3.6	4.8	4.0	5.1	4.1	8.7	9.1
Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), etc.)	1.4	1.9	1.3	2.2	1.5	1.4	1.1	1.7	1.8	2.3
Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)	3.2	2.9	3.6	2.5	2.5	2.8	2.5	2.2	4.6	4.5
Other medication for mental or emotional health	1.5	1.8	1.3	1.9	1.2	1.2	2.1	2.3	2.5	2.4
None	82.1	79.6	82.0	80.4	85.0	81.3	78.0	79.2	75.6	74.2

PSYCHOTROPIC MEDICATION USE, STUDENTS WITH MODERATE TO SEVERE DEPRESSION OR ANXIETY SCREENS (PAST YEAR)

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

Table 8: Psychotropic medication use among students with moderate to severe depression or anxiety screens (past year):
Estimated values from 2018 and 2020

	Total (%)		UG (%)		G-UPC (%)		G-HSC (%)		G-Online (%)	
	2018	2020	2018	2020	2018	2020	2018	2020	2018	2020
Margin of error at 95% CI	(±2.4)	(±2.5)	(±3.8)	(±3.6)	(±4.1)	(±4.1)	(±11.6)	(±10.6)	(±8.0)	(±7.4)
Psychostimulants (e.g., methylphenidate (Ritalin or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexeridine), etc.)	7.2	5.7	9.0	7.1	4.4	4.3	6.3	3.6	8.6	4.5
Antidepressants (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), bupropion (Wellbutrin), etc.)	15.8	14.1	13.3	13.9	14.5	11.3	23.2	16.9	26.8	20.9
Anti-psychotics (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.)	1.9	0.6	2.1	0.6	1.4	0.2	2.2	0.8	2.0	1.2
Anti-anxiety medications (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)	9.4*	5.1	7.9	3.6	9.4*	4.2	11.8	5.5	14.7	13.4
Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), etc.)	3.0	1.7	2.7	2.3	3.3	0.8	2.3	1.6	3.5	1.3
Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)	4.9	2.8	3.9	2.8	5.5	1.9	5.7	4.5	6.9	3.6
Other medication for mental or emotional health	2.6	1.6	2.1	1.8	2.2	1.0	3.4	2.4	6.0	1.7
None	72.4*	77.2	76.2	75.6	72.3*	82.2	65.8	74.9	59.5*	72.9

*refer to values from the student group in 2018 that are **different** when compared to the values from the same student group in 2020 based on the margin of error at 95% CI.

refers to values from the student population in 2020 that are **higher** when compared to the values from the same student group in 2018 based on the margin of error at 95% CI.

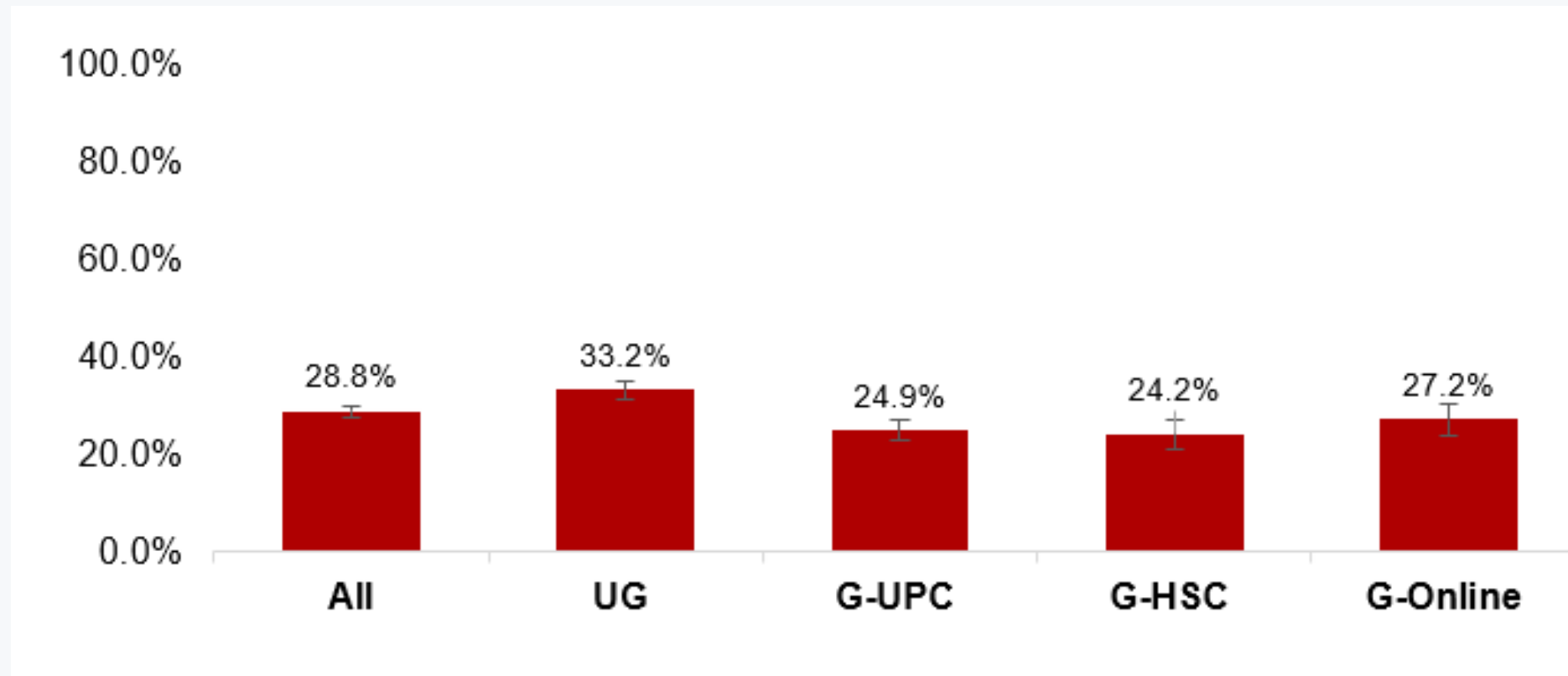
refers to values from the student population in 2020 that are **lower** when compared to the values from the same student group in 2018 based on the margin of error at 95% CI.

MENTAL HEALTH CARE ACCESS

How has your access to mental health care been affected by the COVID-19 pandemic?

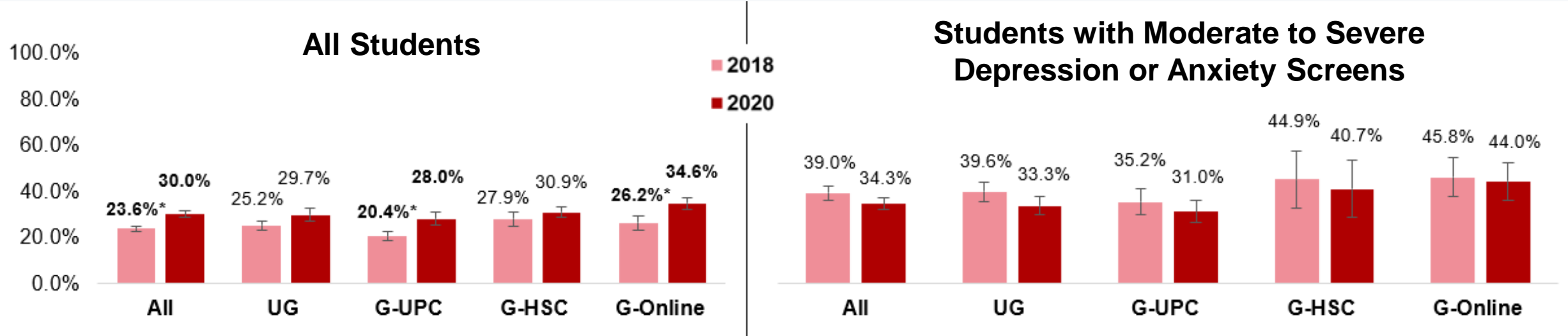
Much more difficult or somewhat more difficult or limited access.

(Only 2020 data are available.)



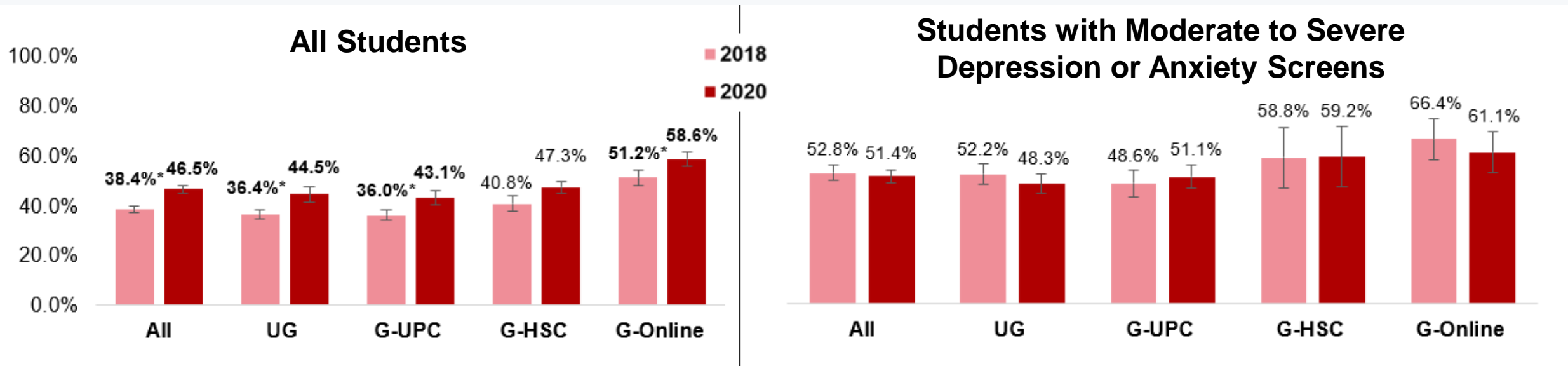
MENTAL HEALTH COUNSELING/THERAPY (PAST YEAR)

In the past 12 months have you received counseling or therapy for your mental or emotional health from a health professional (such as psychiatrist, psychologist, social worker, or primary care doctor)?



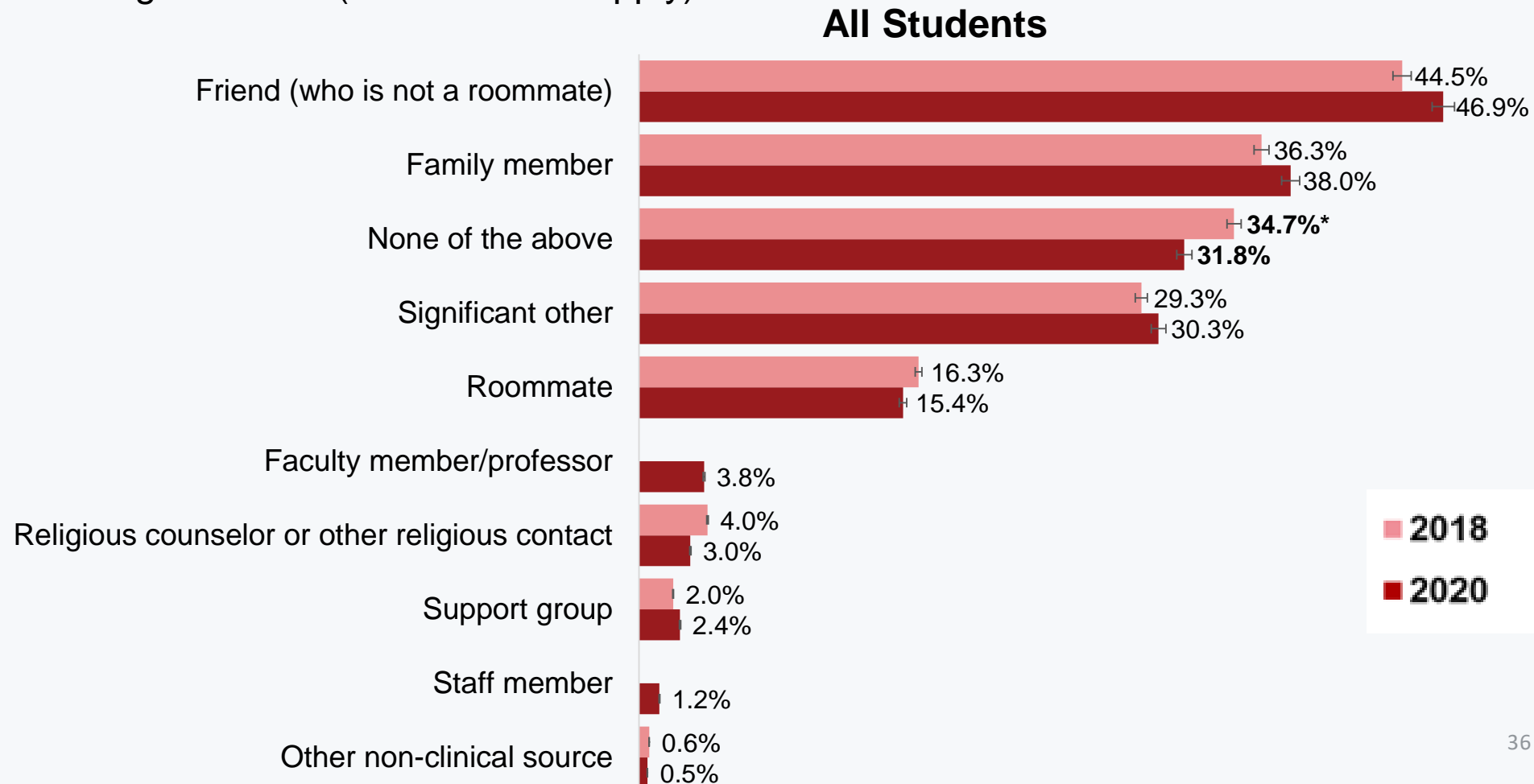
MENTAL HEALTH COUNSELING/THERAPY (LIFETIME)

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



INFORMAL HELP-SEEKING

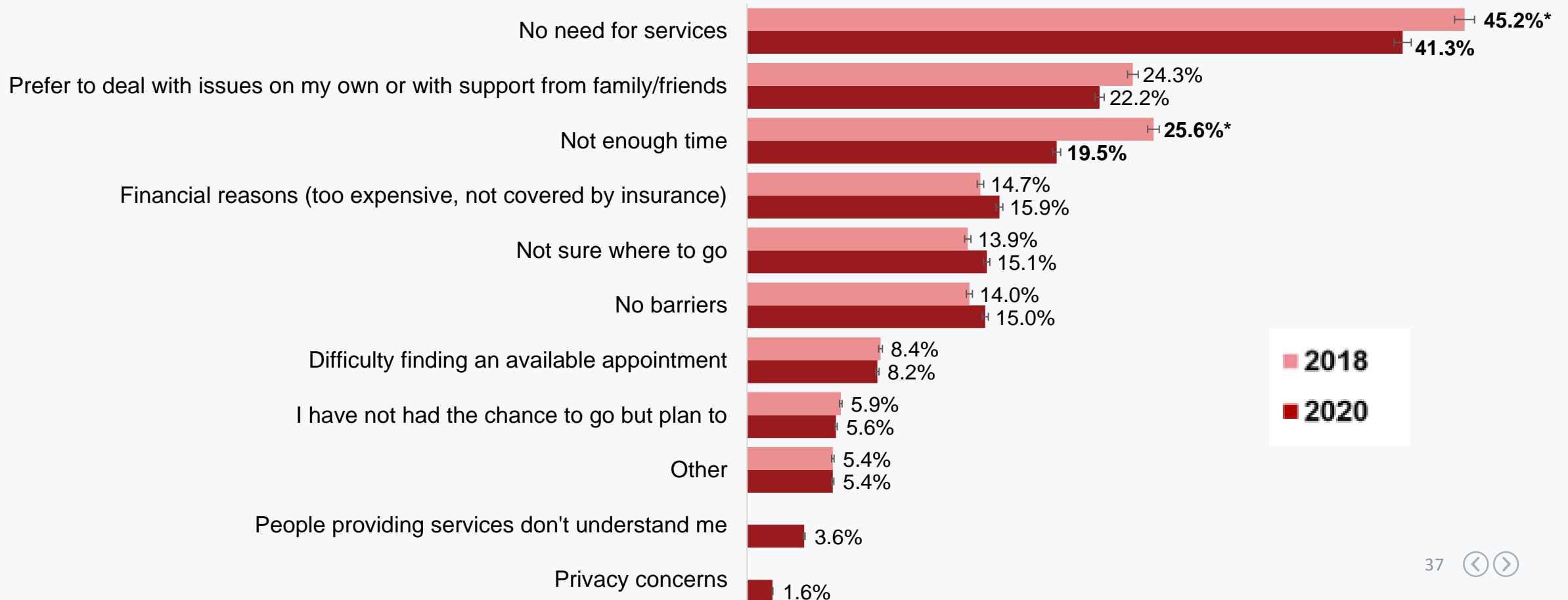
In the past 12 months have you received counseling or support for your mental or emotional health from any of the following sources? (Select all that apply)



BARRIERS TO HELP-SEEKING

In the past 12 months, which of the following factors have caused you to receive fewer or no services (counseling, therapy, or medications) for your mental or emotional health than you would have otherwise received? (Select all that apply)

All Students



USC HEALTHY MINDS STUDY

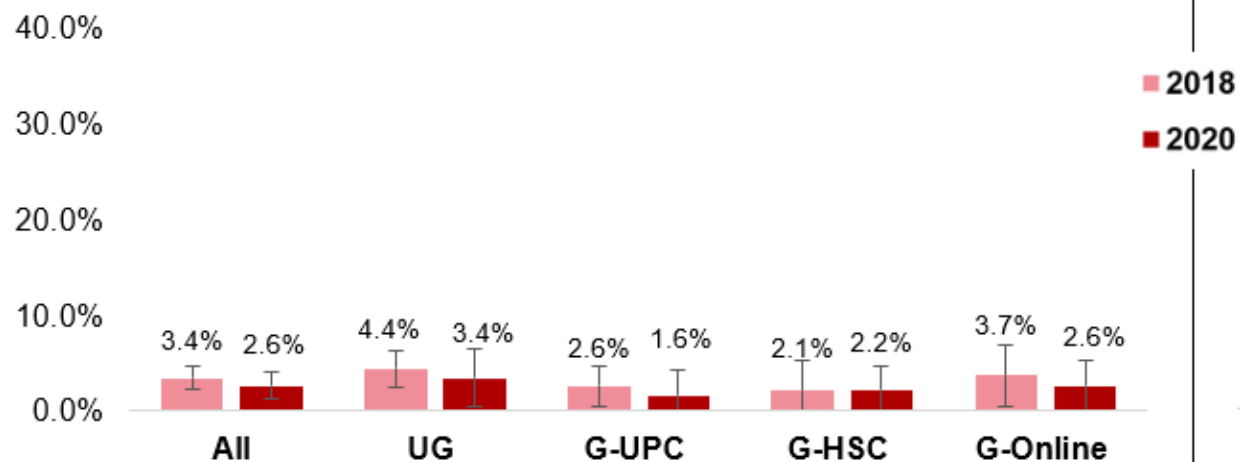
PRELIMINARY FINDINGS:

- Sample Characteristics
- Prevalence of Mental Health Problems
- Health Behaviors and Lifestyle
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- Utilization of Services and Help-Seeking Behaviors
- **Experiences of Violence**

EXPERIENCE OF PHYSICAL VIOLENCE

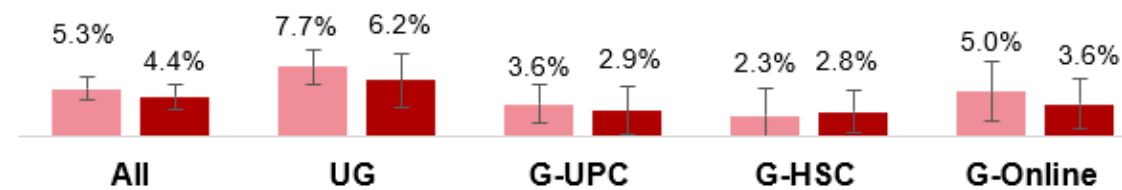
Experience of physical abuse as a perpetrator

Over the past 12 months, did you **strike or physically injure anyone?**
(not contact sports)



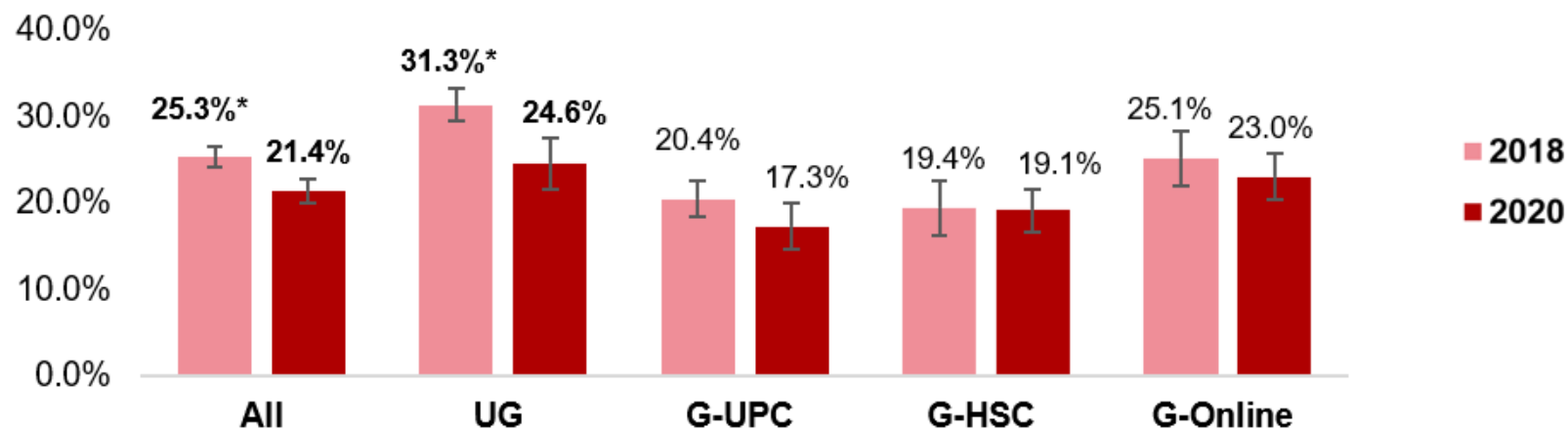
Experience of physical abuse

Over the past 12 months, were you **kicked, slapped, punched, or otherwise physically mistreated** by another person?



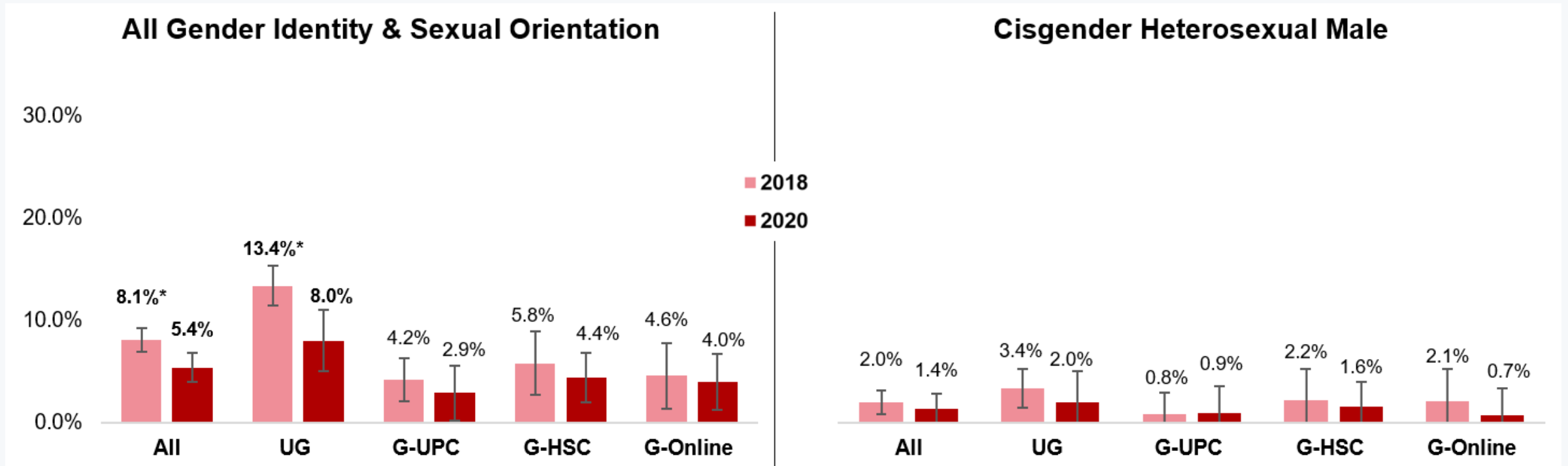
EXPERIENCE OF EMOTIONAL ABUSE

Over the past 12 months, were **you called names, yelled at, humiliated, judged, threatened, coerced, or controlled** by another person?



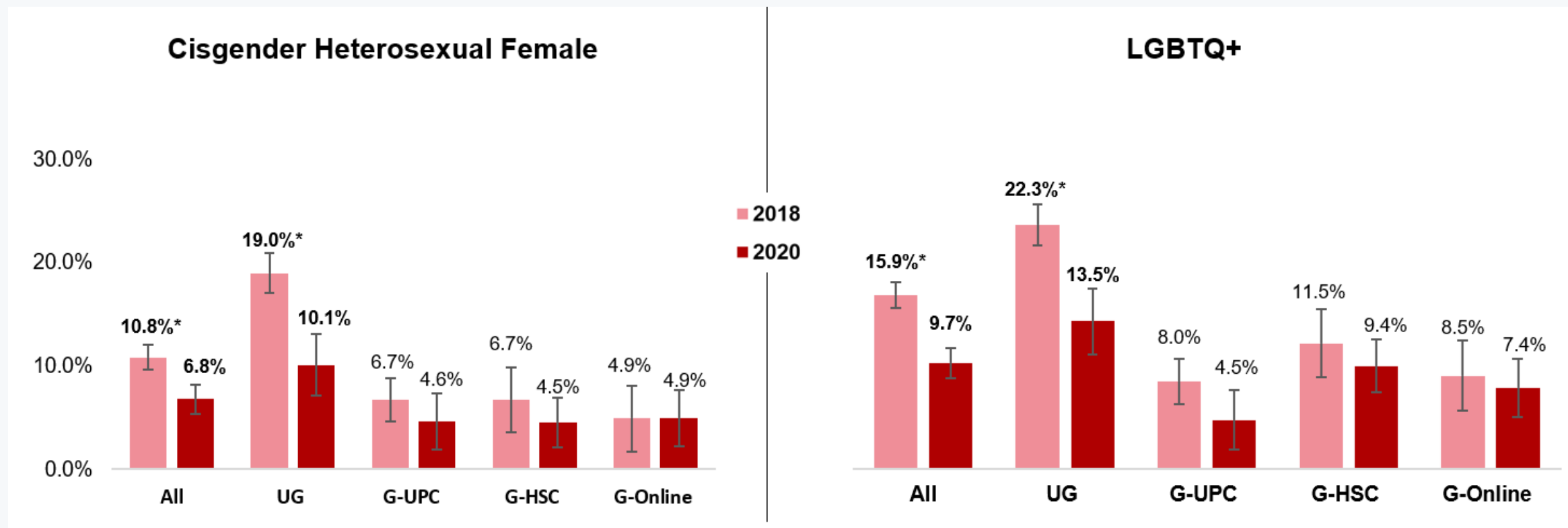
EXPERIENCE OF SEXUAL ASSAULT

In the past 12 months, has anyone had **unwanted sexual contact** with you?



EXPERIENCE OF SEXUAL ASSAULT

In the past 12 months, has anyone had **unwanted sexual contact** with you?

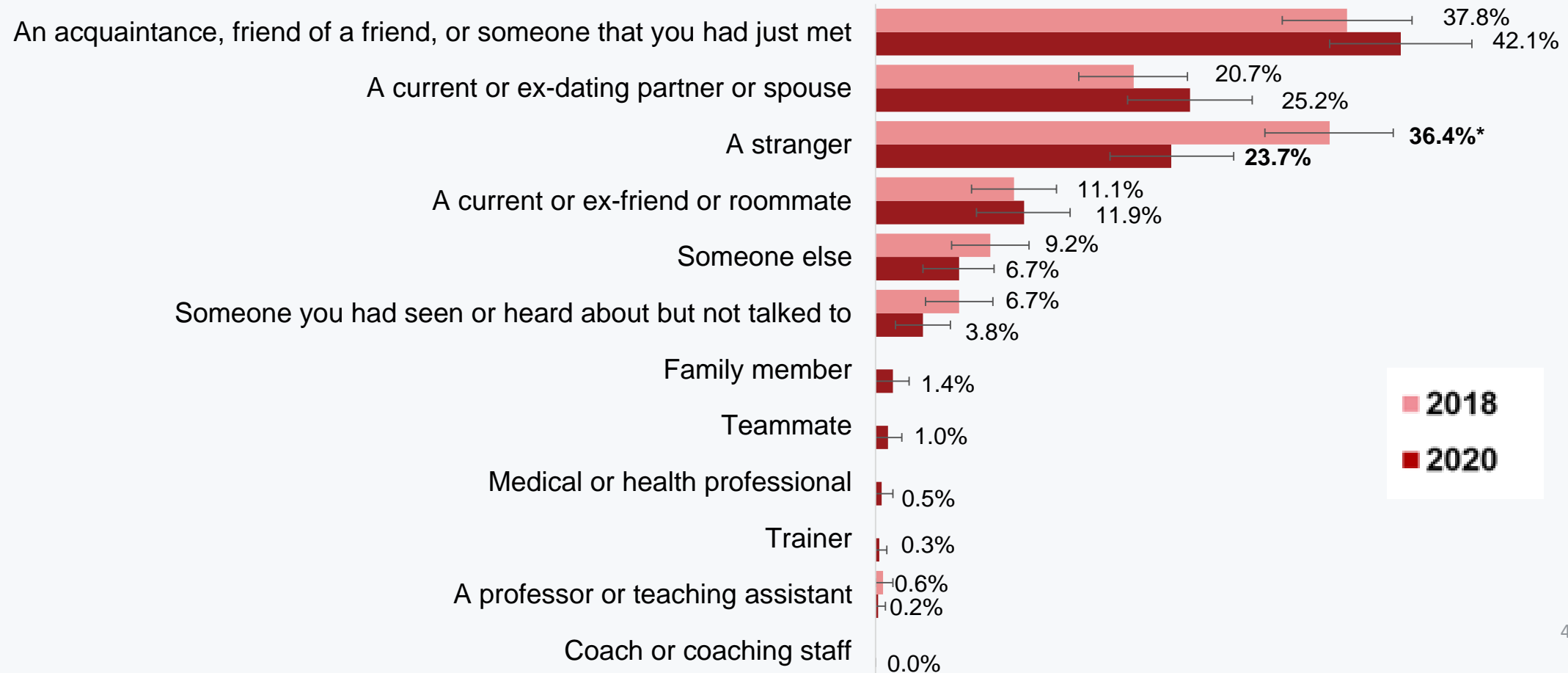


PERPETRATOR OF SEXUAL ASSAULT

Who was the person who had unwanted sexual contact with you?

(Only among students who had experienced unwanted sexual contact in the past 12 months)

All Students





AGENDA

01

Welcome and Check In

02

HMS: Preliminary Findings

03

Facilitated Discussion

04

Questions + Comments

05

Next Steps and Check Out

HEALTHY MINDS STUDY: DISCUSSION QUESTIONS

Initial Reactions

What are your reactions to these data?

Digging Deeper

What additional analyses are needed for us within Student Health to understand student experiences?

Data Sharing

What data should be shared with others outside Student Health?

What would be necessary for data dissemination to be successful and appropriate?

Open Question: Is there anything else you would like to add?



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Next Steps and Check Out



Please send any comments, questions or feedback to:

USC Student Health –
Office for Health Promotion Strategy,
Backbone for the USC Well-being Collective

hpstrategy@usc.edu

For updates go to:

<https://uscwellbeingcollective.usc.edu>