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**Newsletter Designed By:
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HIGHLIGHTS OF SURVEY:

- Presents groundbreaking research on college student mental health
- Offers a baseline for which future studies may be compared
- Suggests UM students are similar to national data on rates of mental health issues
- Diverse sample of students

RESEARCH & PREVENTION FOCUS AREAS:

- International students are less likely to seek services
- Graduate students report greater levels of mental illness, medication usage and academic issues than undergraduate students
- Need to understand factors which protect students with suicidal thoughts from self-harm behaviors

**THE UNIVERSITY
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COLLEGE STUDENT MENTAL HEALTH SURVEY

MENTAL HEALTH AND WELLNESS OF U OF M STUDENTS

Over the past decade, colleges and universities in the United States have been reporting an apparent rise in both the presence and severity of mental health issues among students (Kitzrow, 2003; Pledge, Lapan, Heppner, Kivlighan, Roehlke, 1998; Rudd, 2004). However, few research efforts have been conducted to systematically investigate the mental health of college students. Much of what has been done has focused on the students who seek help at college counseling centers (Benton, Robertson, Tseng, Newton, Benton 2003; Furr, Westefeld, McConnell, Jenkins, 2001) and on broader health issues (American College Health Association, 2004). For example, Benton et al. conducted a longitudinal study that charted college student clients' presenting issues on intake from the period 1988-2001. For the past 4 years the American College

Health Association has conducted the National College Health Survey, an informative survey of college student health, which includes some questions on mental health issues such as medication use, depression, and suicide. Although these efforts have provided us with valuable information about mental health issues facing college students, little is known about what the general student body, including those who do not seek help, may face in terms of the broad range of mental health challenges within the context of the college environment. The College Student Mental Health Survey (CSMHS) was undertaken by Counseling and Psychological Services (CAPS) to gain a better understanding of the current mental health status of undergraduate and graduate college students enrolled at University of Michigan.

METHOD

To gather this information, a list of random email addresses of currently enrolled students was obtained from the University of Michigan registrar. A letter inviting the student to participate was sent out by email with a web link that led them to a survey at a third party world wide web site. After completing the informed consent, each participant filled out information about current as well as past mental health issues and concerns. A 70-item instrument created by CAPS was used: the Counseling Center Assessment for Psychological Symptoms (CCAPS).

This instrument has nine subscales that measure type and level of distress, as well as coping over the past two weeks on a range from 0-4. This measure was created for and normed on college students.

A broad range of students participated in the survey between November 2004 to January 2005. A total of 939 students completed the survey. The sample was representative of the UM student population for Fall 2004 in many respects (level in school, national origin, some racial/ethnic categories).

MENTAL HEALTH HISTORY

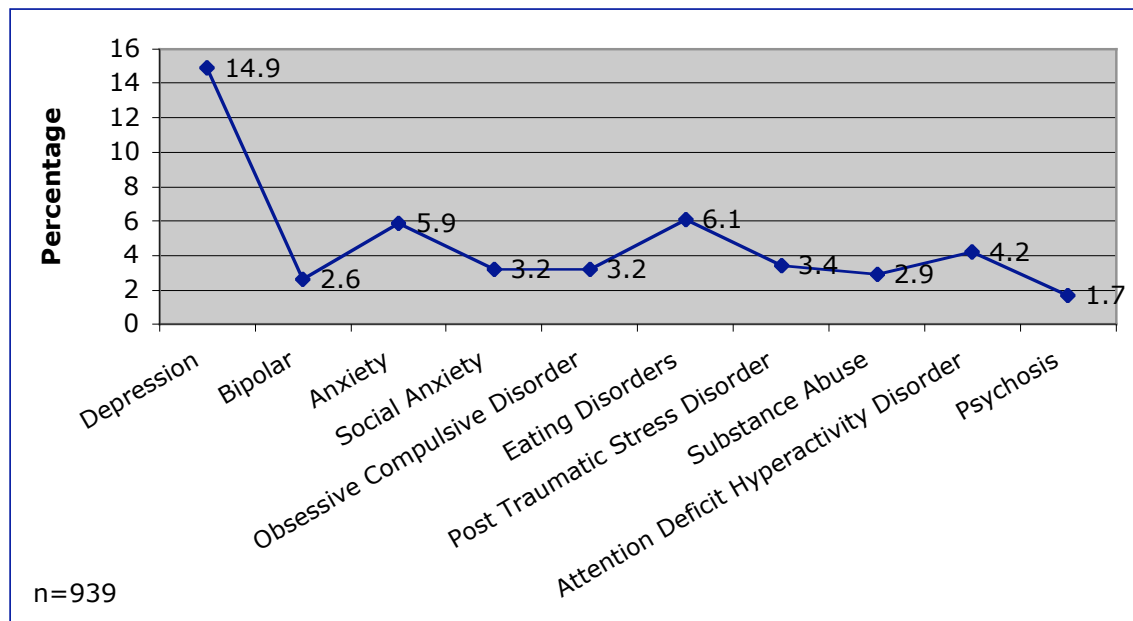
WHO SEEKS SERVICES?

Overall, 30% reported ever having been in counseling. Of those people (n=277) 20% were currently in counseling – 8% were participating in therapy for the first time, while 12% had received mental health services in the past as well as currently. There were significant differences in the proportion of people reporting having ever been in counseling by sex, race/ethnicity, level in school and national origin.

Students more likely:		Students less likely:	
	% of Sample		% of Sample
Females	35.3	Males	20.3
Black/AfAm	29.5	Asian/AsAm	9.2
White/EuroAm	35.0		
Graduate	38.4	Undergraduate	25.6
Professional	34.3		
Domestic	32.8	International	9.4

WHAT ARE THE MOST COMMON DIAGNOSES?

We asked students about their history of psychiatric diagnoses. Analysis of specific past and current psychiatric diagnoses found that students self-reported depression, eating disorders, anxiety and Attention Deficit Hyperactivity Disorder (ADHD) as the most common diagnoses.



There were statistically significant differences found by sex for depression and eating disorders, with females being more likely to report both types of diagnoses. There were also differences in depression by level in school. Graduate and professional students were almost twice as likely to report depression than undergraduate students. There were no significant differences by national origin.

WHO IS TAKING PSYCHOTROPIC MEDICATION?

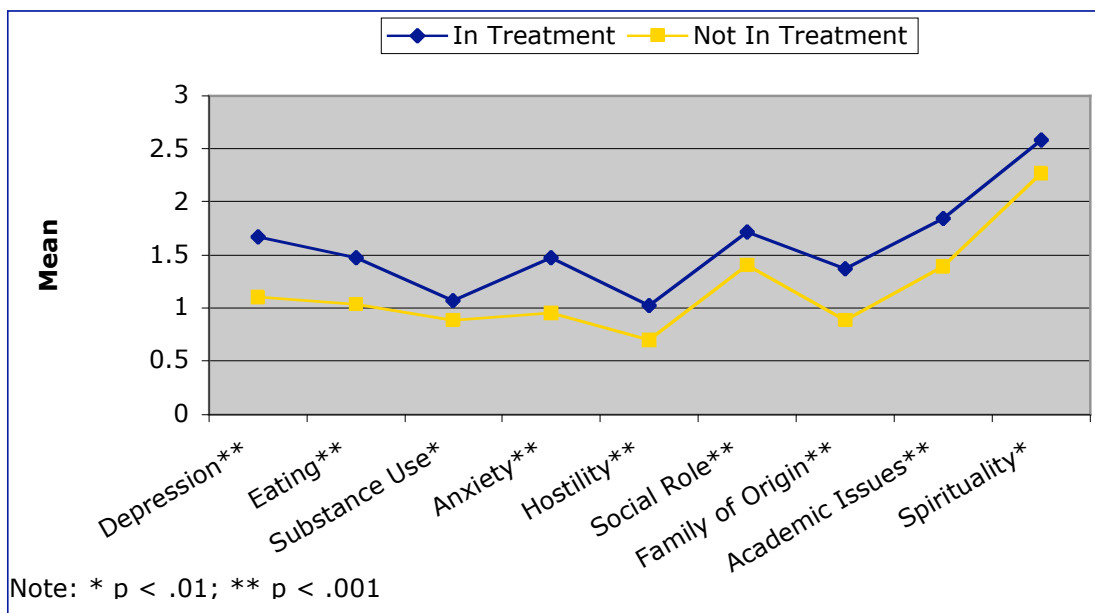
A total of 14.2% of students reported having ever taken psychotropic medications in the past; 6.8% were currently taking medications. There were significant differences in who is currently taking medication by all identity groups studied.

Students more likely:		Students less likely:	
	% of Sample		% of Sample
Females	8.3	Males	4.3
White/EuroAm	8.8	Black/AfAm	4.9
		Asian/AsAm	2.2
Graduate	8.9	Undergraduate	5.7
Professional	9.1		
Domestic	7.8	International	.8

CURRENT DISTRESS AND COPING

HOW DO THOSE IN TREATMENT DIFFER FROM THOSE NOT IN TREATMENT?

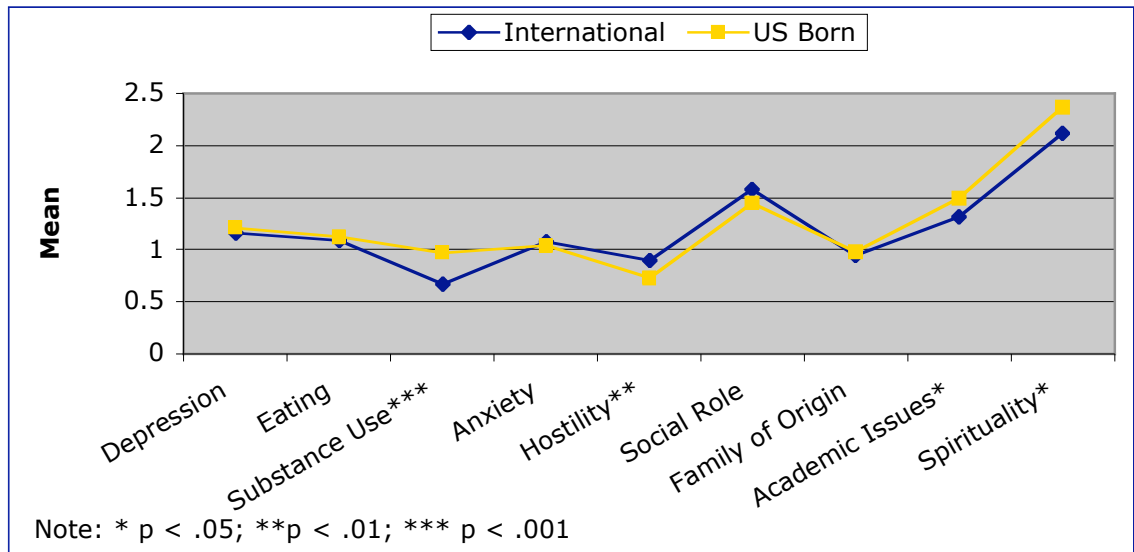
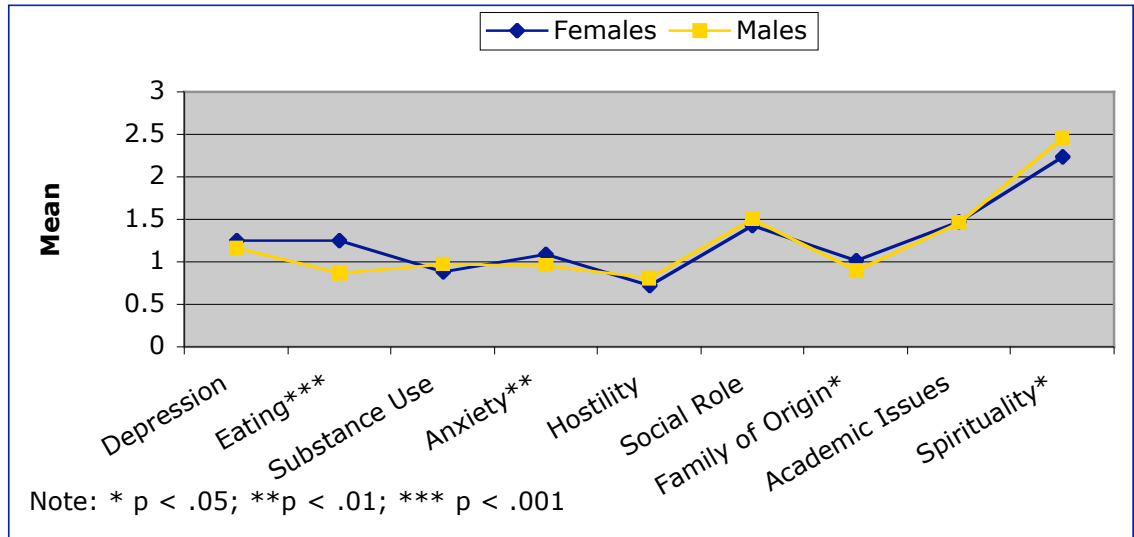
The next section outlines the results of the participants' responses to CCAPS. This instrument measures types and levels of distress as well as coping over the past 2 weeks. For each subscale a higher score indicates greater level of distress for that issue, note that for spirituality a higher indicates less connection to spirituality and religion.

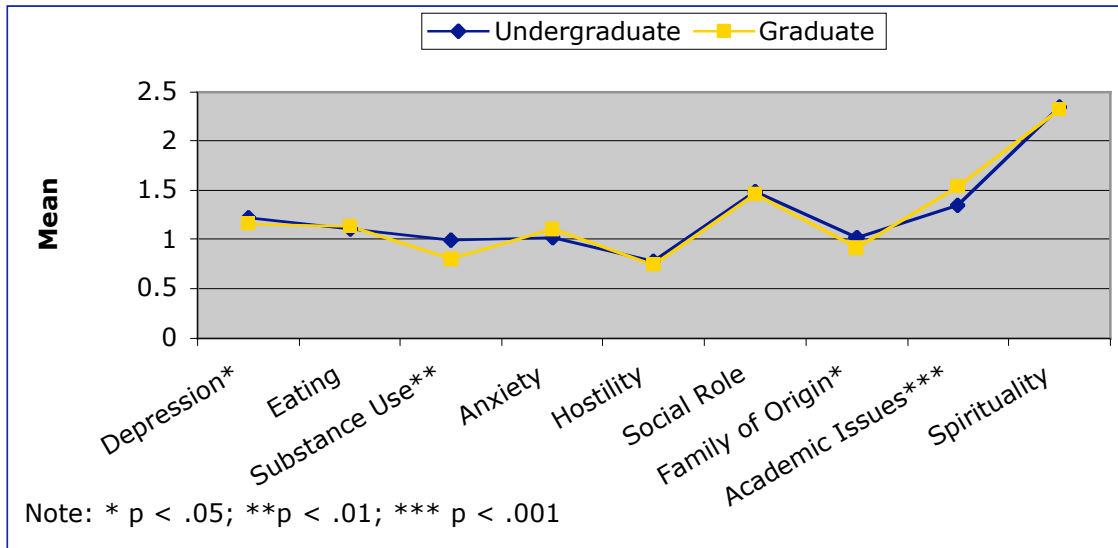


Although both the participants in treatment and not in treatment show similar patterns, there were significant differences on all issues, with those seeking treatment reporting more distress on all measures.

WHAT ARE THE DIFFERENCES BETWEEN IDENTITY GROUPS?

There were significant findings with each identity group.





There were significant differences by race in reporting current distress and coping. The following describes the three groups studied and who reported higher or lower distress or coping in certain categories:

<u>Black/AfAm</u>	<u>Asian/AsAm</u>	<u>White/EuroAm</u>	
Less eating issues	Less eating issues	More eating issues	($p < .05$)
Less substance use	Moderate substance use	More substance use	($p < .001$)
Less anxiety	More anxiety	More anxiety	($p < .01$)
Less social issues	More social issues	Less social issues	($p < .05$)
More reliance on spirituality/religion	Less reliance on spirituality/religion	Less reliance on spirituality/religion	($p < .01$)

WHAT ARE SOME MORE INTERESTING FINDINGS?

The findings below are based on responses to single items on the CCAPS. The percentages represent students who responded from a 1 to 4 on a scale from 0 to 4, indicating that they felt that this item described them somewhat to extremely well.

Students Reported:

- 66% - mild to severe difficulties with sleep
- 23% - some degree of suicidal thoughts in the past 2 weeks
- 60% - strong cultural or ethnic identity
- 73% - spirituality and religion integral to their identity
- 33% - drinking more than they should
- 76% - some dissatisfaction with their weight
- 22% - some history of abuse in their family
- 67% - sometimes feeling isolated and alone
- 83% - mild to severe difficulty staying motivated for classes

HOW DOES THIS COMPARE TO FINDINGS FROM OTHER STUDIES?

In comparing our data to the 2004 National College Health Survey conducted by the American College Health Association, we found that our sample of UM students was very similar to the national sample in reporting diagnoses of depression, anxiety, eating disorders, and substance abuse. Although there have not been many published reports from the counseling center profession regarding survey findings, there have been a few studies looking at individual topics. Our suicidal thoughts statistic (22.8% reporting some suicidal thoughts) fell between a 1987 and 2001 statistic from one national study (Furr, Westefeld, McConnell, & Jenkins, 2001; Westefeld & Furr, 1987).

In relationship to our differences between undergraduate and graduate students, our findings provide some support for the recent report by the Berkeley Graduate and Professional Schools Mental Health Task Force. In their study they found that graduate and professional students reported mental health issues at a higher rate than undergraduates. In the CSMHS, graduate students were more likely to report ever having counseling, being diagnosed with depression and taken medication in the past. However our undergraduate students were more likely to report higher scores on scales measuring current depression and substance abuse symptoms.

CONCLUSIONS

In sum, filling in a gap in our current knowledge, this study provided an initial look at the mental health issues facing a wide range of college students. In examining mental health issues of clinical and non-clinical students across a broad spectrum of mental health concerns we have been able to increase our understanding of students prior to coming for counseling. The study can also serve as a baseline for future studies to examine the perception that college students are experiencing increasingly high rates and severity of mental health issues.

Finally, these data may be used to fine tune service delivery and programming for a variety of students. For example, data can help guide efforts revolving around salient college students issues such as sleep, academic issues, alcohol use, suicidal thoughts and eating concerns. It may also be used to identify issues that are prominent in certain groups of students and to tailor interventions for various identity groups.

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