

College Student Mental Health Action Toolkit

on Mental Health Data & Statistics

Developed by The Healthy Minds Network
in partnership with Active Minds and
The Jed Foundation (JED)



The Jed Foundation

Outline

1. Introduction to the Toolkit	2
2. Scope of Mental Health Problems	3-5
3. Diverse Populations and Non-Traditional Students	6-8
4. Personal Stigma and Perceived Stigma	9-10
5. Mental Health Knowledge and Attitudes	11-12
6. Mental Health Service Utilization and Help-Seeking	13
7. Academic Impact and Economic Case for Investment	14-15
8. Mental Health Policies	16-20
9. What Can You Do With the Data	21
10. Accessing Further Data	22-23

1. Introduction to the Toolkit

Mental Health in College Students

College campuses present a unique setting for intervening and fostering well-being among students. The age of college students typically coincides with the age of onset of mental health concerns. Additionally, campuses have many opportunities to provide tailored programs and resources and resources to their students. However, schools are often challenged with barriers, financial constraints, or uncertainty on how best to assist their students and ensure their well-being.

Healthy Minds Network and Study

The Healthy Minds Network (HMN) is a research-to-practice organization that investigates how to efficiently invest in mental well-being and success in student populations. The Healthy Minds Study (HMS) has been conducted on about 350 campuses since 2007 and has over 400,000 student responses to date. HMS covers a variety of topics related to well-being, such as mental health status and mental health service utilization/help seeking. In addition to these core portions of the survey, a variety of elective modules are offered such as substance use, sleep, eating and body image, and climate for diversity and inclusion. HMS is typically used by school administrators, counseling and wellness staff, and faculty among others to inform programs and policies on campus.

How to Use This Toolkit

Students: this toolkit was designed for YOU! Inside, you will find key data points and resources and tips to fully equip you to advocate for policies, systems, and environmental changes that will improve mental health and well-being on your college campus. Our aim is to provide accessible, digestible, and contextualized data to support your advocacy efforts.

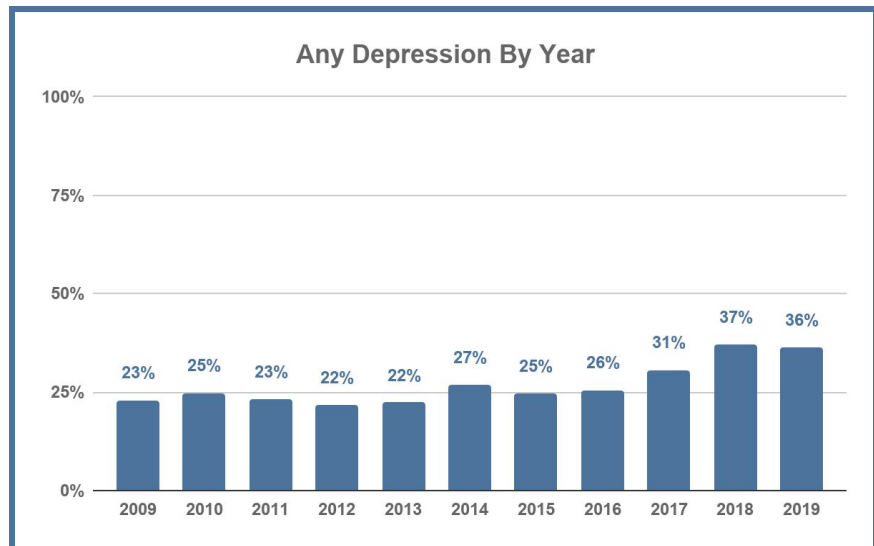
There are an abundance of topics you can explore relating to student mental health, and this toolkit is not meant to be exhaustive by any means. Links to further resources and data are included throughout the toolkit, as well as in [Section 10: Accessing Further Data](#).

2. Scope of Mental Health Problems

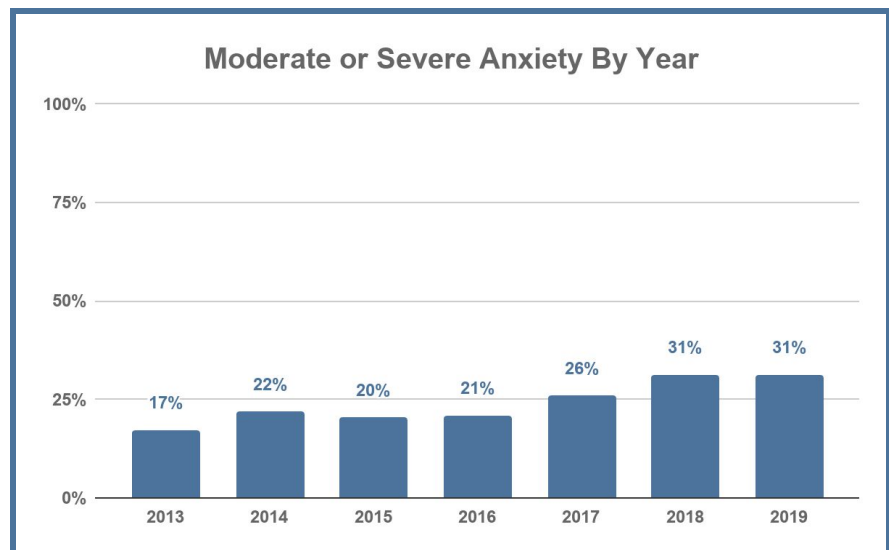
Prevalence Among College Students

- Out of approximately 50,000 students surveyed in 2016-2017 across 54 schools, 39% of students aged 18 or older were experiencing a significant mental health issue (HMS 2016-2017).
- Many students experience more than one mental health condition, compounding their burden.

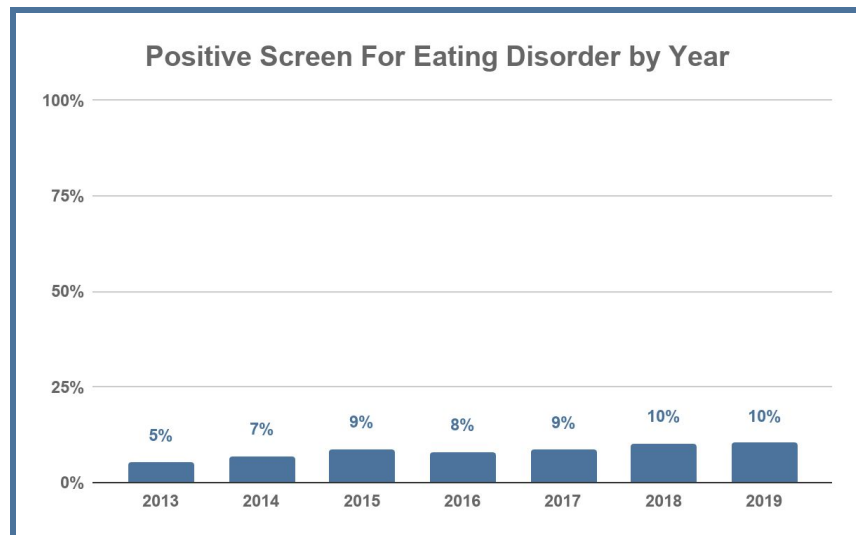
The proportion of students reporting **any depression** (mild, moderate, or severe) **jumped** from 31% in 2017 to 37% in 2018. Between 2018-2019, the prevalence of depression remained consistent. (HMS, [PHQ-9](#))



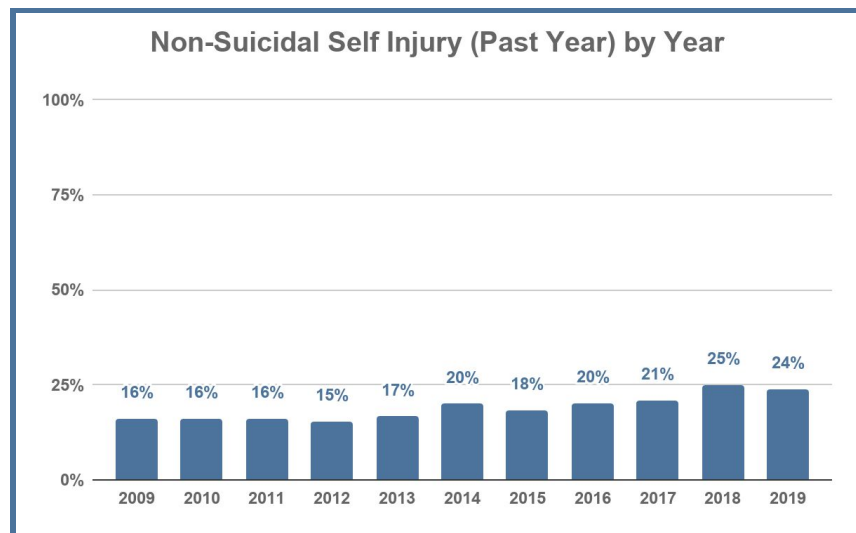
31% of the student population in **2018** screened positive for a moderate or severe **anxiety** disorder, compared to 26% in 2017. (HMS, [GAD-7](#))



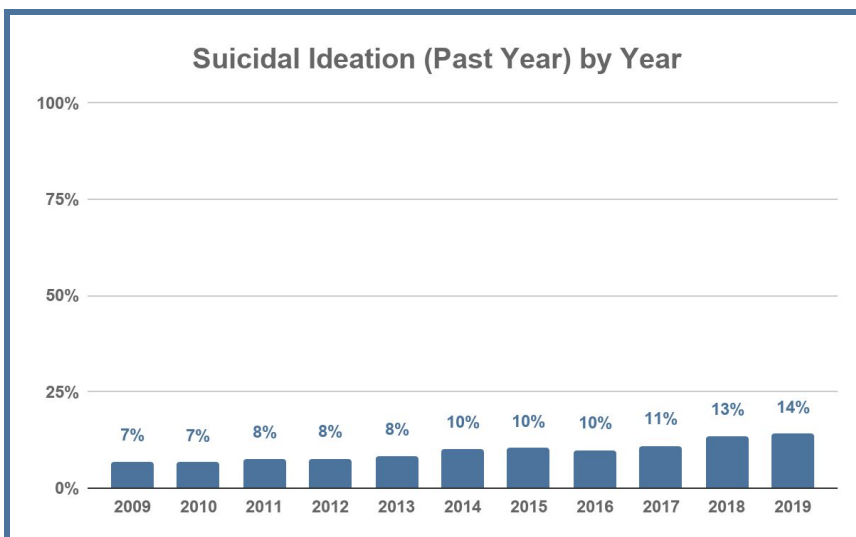
The prevalence of a likely diagnosis of an **eating disorder**, specifically anorexia nervosa and bulimia nervosa, has **doubled** from 5% in 2013 to **10% in 2019**. (HMS, [SCOFF Screen](#))



Non-suicidal self injury (NSSI) such as cutting, burning, or severe scratching, is associated with [emotional and psychiatric distress](#). The onset of NSSI is most common in adolescents [aged 14-15](#), though it peaks again around [age 20](#). 16% of students reported NSSI during the past year in 2009. This has increased to 24% in 2019. (HMS, [Healthy Minds Network scale](#))

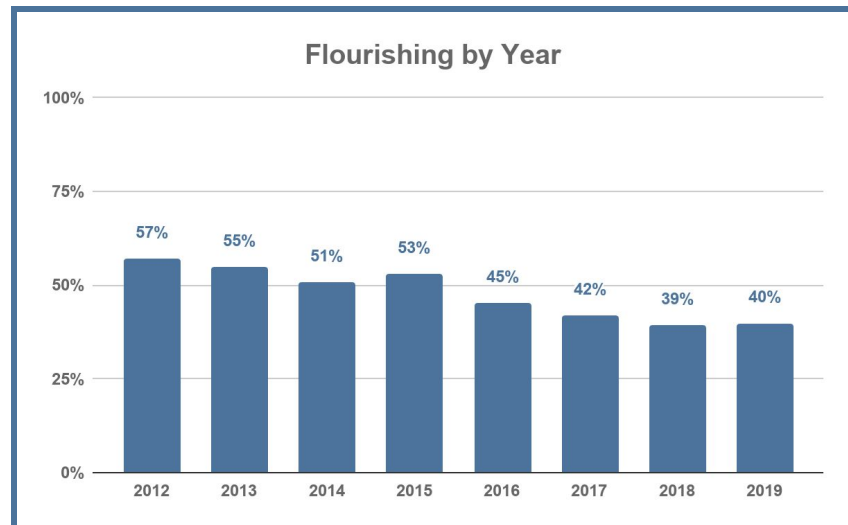


The percentage of students who reported having **suicidal ideation** in the past year (i.e., seriously thinking about attempting suicide) **doubled** in the past decade between 2009-2019. (HMS, [Adapted from the National Comorbidity Scale](#))



It is important to note that **many students** are experiencing **positive mental health** and meet the criteria for “**Flourishing**”, assessed via Diener’s Flourishing Scale. The scale measures self-perceived success in areas such as relationships, self-esteem, purpose, and optimism. Overall flourishing prevalence is on the decline, however, with 45% of students flourishing in 2016 compared to **40% in 2019**.

(HMS, [Diener’s Flourishing Scale](#)).



Note for Advocates

You might have seen very different numbers from other sources. Prevalences for mental health conditions can vary substantially, depending on the sampling approach and screening measures. For example, estimates tend to be higher in clinical samples (i.e., students receiving mental health care) such as the students who participate in studies from the Center for Collegiate Mental Health (CCMH). This is because clinical samples focus on students who have an apparent need for services, whereas the Healthy Minds Study estimates focus on general student populations.

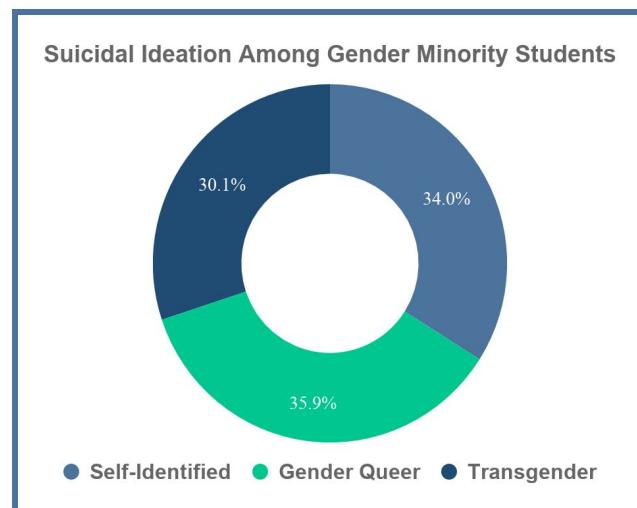
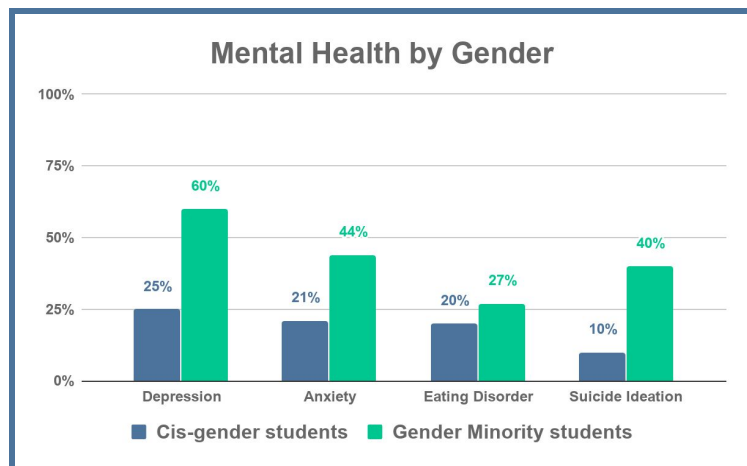
Additional Resources for College Student Mental Health

- [Healthy Minds data interface](#): This website allows you to explore the Healthy Minds national dataset in more detail. For example, you can look up variations across student subpopulations and examine trends over time.
- [Healthy Minds national data reports](#): An annual report aggregating the data from all participating institutions in the past year to highlight key findings.

3. Diverse Populations

Mental Health and Gender Identity:

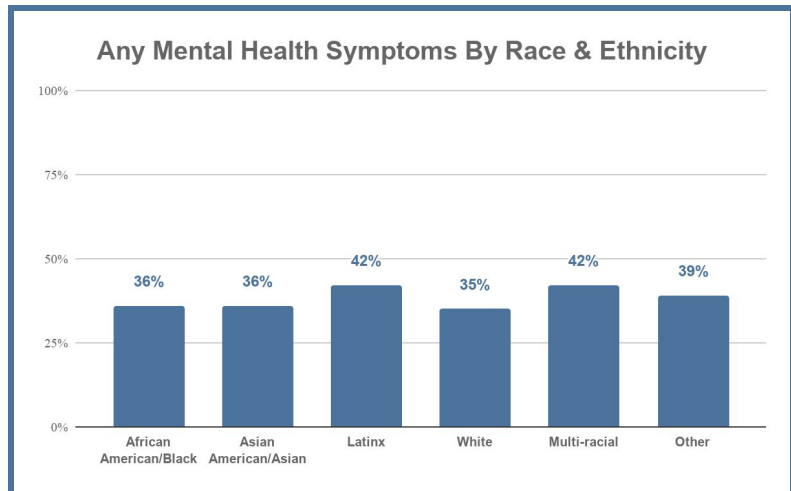
- As advocates for mental health and mental health services, it is important to address mental health inequities among populations who are institutionally underserved and may have particular needs to support their wellbeing.
- 2018-2019 data indicated a **higher prevalence of mental health problems** among students with marginalized gender identities. Concerningly, depression affected **60%** of gender minority students. (Healthy Minds Study, 2018-2019)



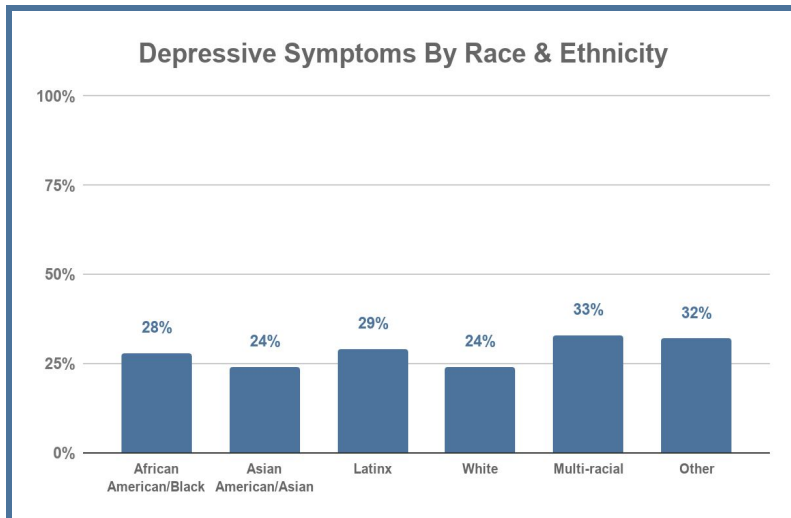
- Suicidal ideation is similarly more prevalent** among gender minority students. **40% of gender minority students** expressed thoughts of suicidal ideation in the past year in the 2018-2019 HMS survey.
- Among these gender minority students, about 30% identified as transgender, 36% identified as gender queer, and 34% self-identified their gender identity.

Prevalence Among Racial and Ethnic Groups

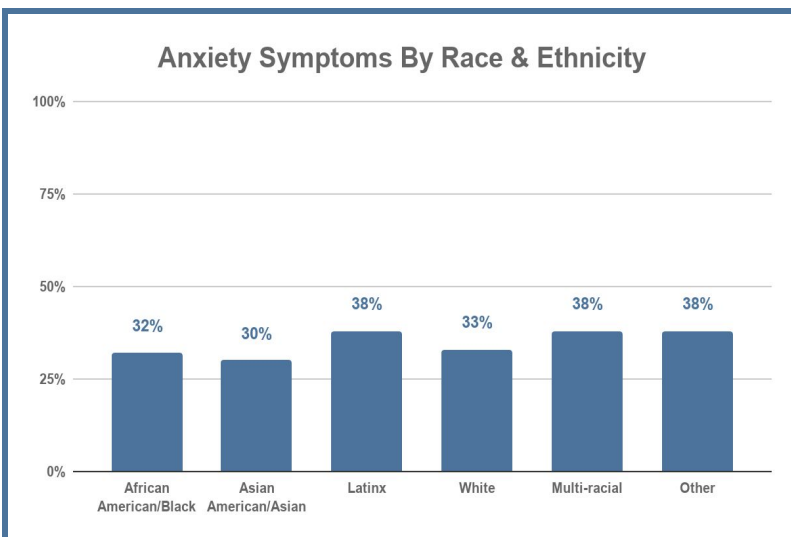
- Mental health, depression and anxiety symptoms vary within different racial and ethnic groups.
- In 2018-19, Latinx students and students with multiple identities showed more mental health symptoms compared to other groups.



- Depression is highest among students with multiple racial identities, with **33%** of multi-racial students showing depressive symptoms.

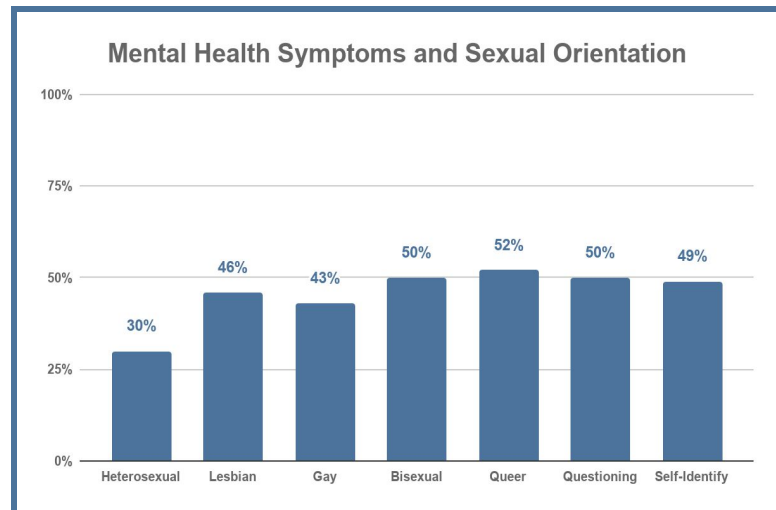


- 38% of Latinx students, students with multiple identities, and students who reported their race as “Other” reported symptoms of anxiety in 2018-19.



Mental Health and Sexual Orientation

- Mental health issues affect students within the LGBTQ+ community at concerning higher rates.
- More than half (52%) of queer students show mental health symptoms as well as 50% of bisexual and questioning students, 49% of students who self-identify their sexual orientation, 43% of gay students, and 46% of lesbian students.



Mental Health Among Other Student Groups

- There is a higher prevalence of mental health problems among undergraduate students, with **36% of undergraduate students** experiencing mental health symptoms compared to 30% of graduate students.
- Among students from **lower socioeconomic backgrounds**, about **42%** experience mental health symptoms.

Additional Resources for Advocating for Mental Health for Diverse Groups

- Articles by Lipson and colleagues ([2015](#) and [2016](#))
- Healthy Minds [book chapter](#) reporting data from 2016-2017
- [The Steve Fund](#), the nation's only organization focused on supporting the mental health and emotional well-being of young people of color.
- [The Trevor Project](#) is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) young people.

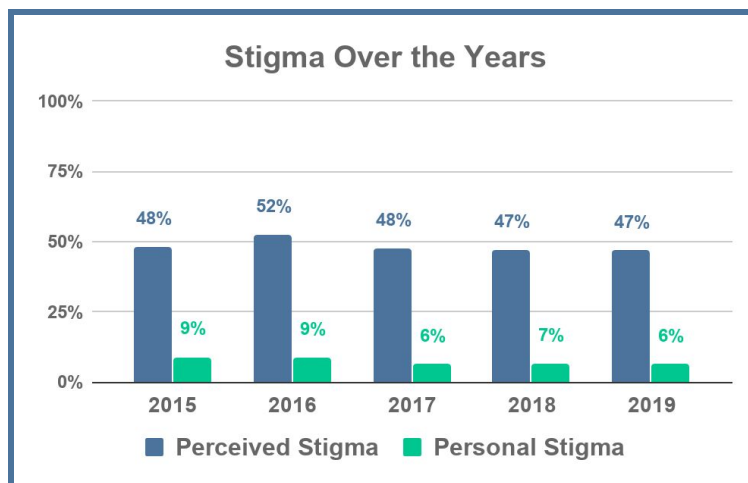
4. Mental Health Stigma

Mental Health Stigma Among Students

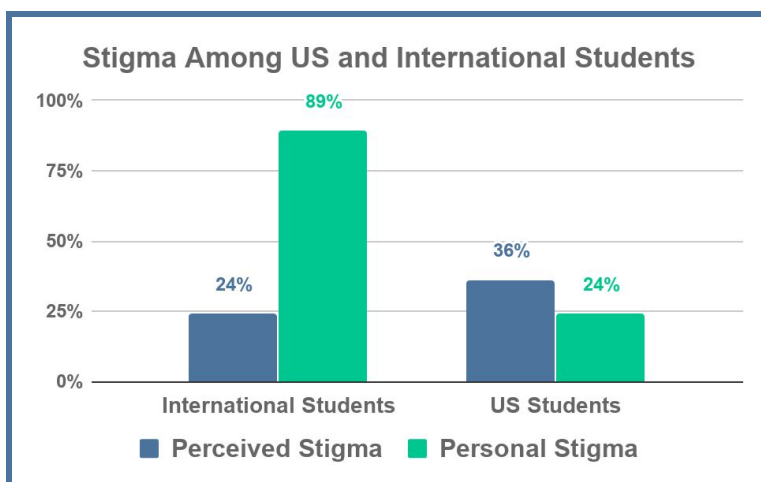
- As more people learn about mental health and encourage individuals to seek assistance, overall stigma related to mental health has been greatly reduced.

Personal stigma is attributed to one’s own beliefs and views about mental health and mental health treatment. **Perceived stigma** is how a person believes other people view mental health.

- Both personal and perceived stigma have declined since 2007, but have remained steady over the past five years.
- Perceived stigma is much higher** than personal stigma, showing a stark difference between how students believe others view mental health treatment, compared to how students actually view it.



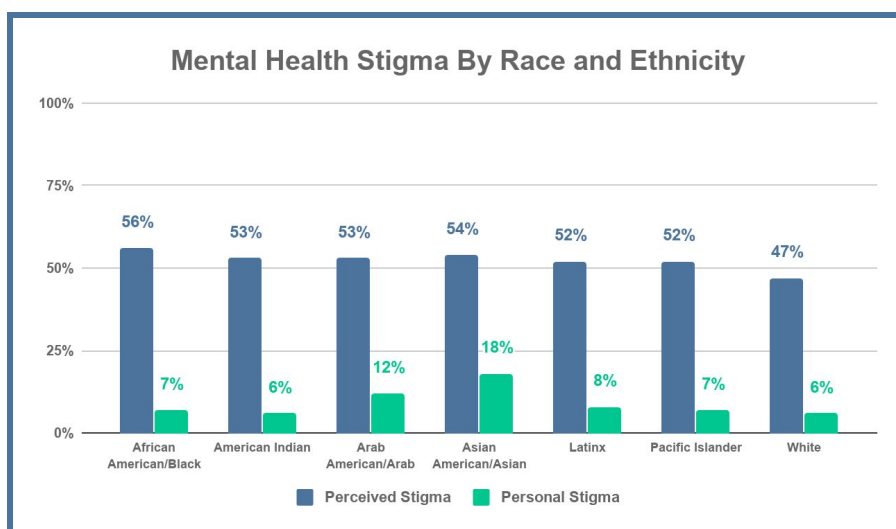
Mental Health Stigma Among U.S. Students and International Students



2018-19 HMS data show **differences in stigma levels** between U.S. students and International students. It is important to **consider cultural identities and beliefs** and how they may differ between International and U.S. students. Understanding these differences can help advocates find ways to create change and reduce stigma for all.

Mental Health Stigma Among Racial and Ethnic Groups

- Mental health stigma among **racial and ethnic groups** varies across the national population. Among racial and ethnic groups, there are stark differences between how students perceive mental health stigma and students' personal feelings of stigma towards mental health.
- Asian American/Asian students and Arab American/Arab students hold the highest personal stigma towards mental health at **18%** and **12%** respectively. It is important to consider culture when addressing stigma surrounding mental health in order to truly reduce mental health stigma.



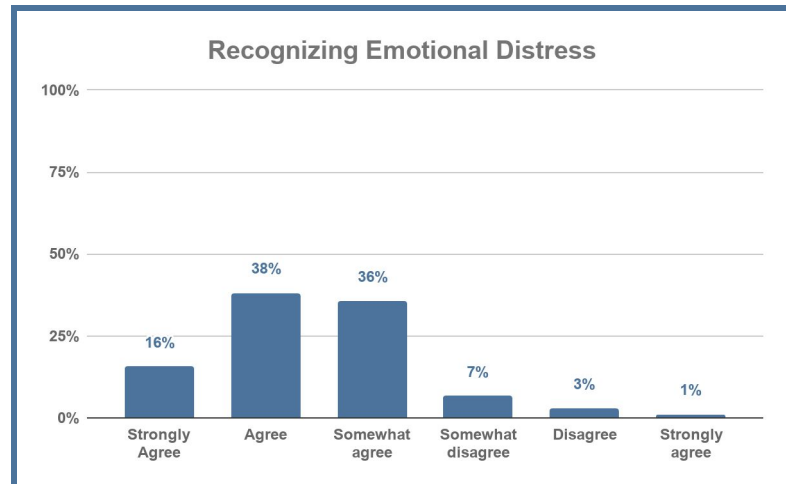
Note for Advocates

Remember that everyone has a different background and holds a unique set of experiences. Race, ethnicity, and culture are all factors that contribute to how individuals consider and approach the topic of mental health. Additionally, there are many systemic factors such as racism, sexism, and ableism that influence stigma levels in different populations. Keep this in mind when engaging with people about well-being and be mindful of the way you approach these conversations. Not everyone may have the same knowledge base or beliefs, so it is important to be open minded and ask questions to understand their point of view.

5. Mental Health Knowledge and Attitudes

Recognition

- The **knowledge and attitudes** someone has towards mental health can impact their acknowledgement of the struggles they have faced themselves and their willingness to seek help to support their well-being.



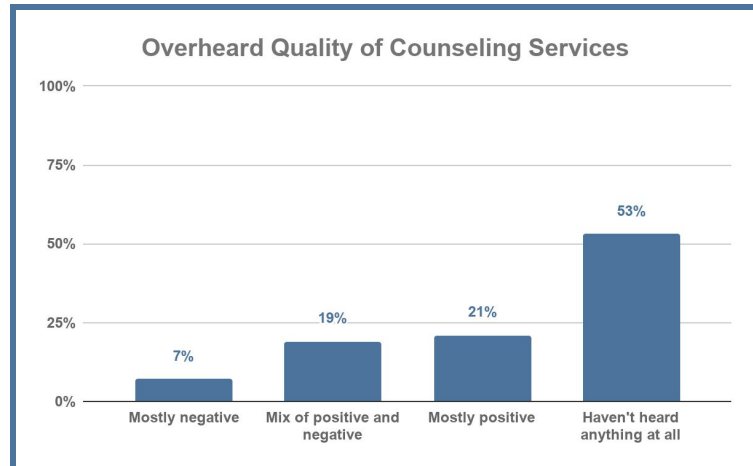
- Often, students turn to their **peers for support** when they are struggling. The better equipped an individual is to recognize distress, the faster that person can support their peer and connect them to the appropriate resources.
- According to the HMS data from 2018-2019, **90% of participants** agreed that they have a good idea of how to **recognize when someone is in emotional or mental distress**.

Note for Advocates

To increase the number of students who feel capable of recognizing mental or emotional distress, initiate and facilitate conversations among students about warning signs of distress. It is better to reach out when you begin to notice someone is struggling, rather than waiting until they are in a crisis. These informal trainings can also increase someone's confidence in knowing how to connect this individual to the appropriate resources on your campus. [Seize the Awkward](#) is a useful resource that outlines signs to watch out for, conversation starters, tips for during the conversation, and what to do after checking-in with a peer. Additionally, to learn more about more formal [gatekeeper trainings](#), [view \(8\) Mental Health Policies](#).

Counseling Attitudes

- The **counseling services on college campuses** have a great deal of power to support their students' wellbeing. However, if counseling services are not **properly publicized** to students, students may be less likely to turn to this resource when they are looking for support for their mental health or to refer a friend.



- According to HMS data from 2018 to 2019, **53% of respondents** had not heard anything at all about the quality of counseling services on their campus.

Note for Advocates

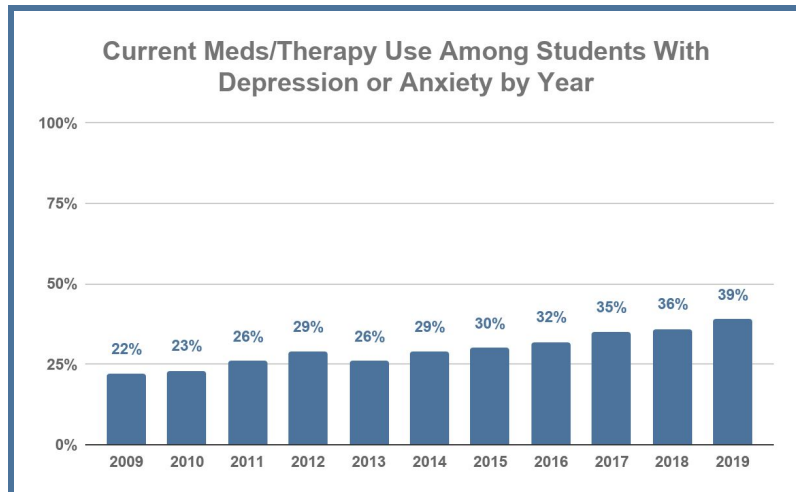
As an advocate for mental health, there is an opportunity to encourage students to be more open about their experiences with your school's counseling center. The more people share about their experiences and the resources they turned to when they needed the support, the topic of mental health and service utilization will become less stigmatized. Students can advocate for faculty to add counseling center information to course syllabi. View a sample statement at activeminds.org/faculty-guide and for first-year experience materials and resources, (see suggestions at activeminds.org/transform).

Additional Resources for Mental Health Treatment

- [Attitudes and Beliefs about Treatment](#) - Eisenberg and Colleagues (2012)
- [Comprehensive Review of Mental Health Gatekeeper-Trainings](#) - Lipson (2013)

6. Mental Health Service Utilization and Help-Seeking Barriers

- **Nearly 40%** of students reported using **medication and/or therapy services** in 2019. This percentage has increased over the past 10 years, up from 22% in 2009.
- **24%** of all students take some sort of **psychotropic medication** for their conditions (including SSRIs, benzodiazepines, stimulants like Ritalin and Adderall, etc.) (HMS Data Report 2018-2019).



- Around **64%** of students who screen positive for mental health symptoms are not receiving formal care. This **mental health treatment gap** indicates low service utilization or access to care for almost two-thirds of students.

Barriers to Help Seeking



Not Enough Time (23%)



Financial Reasons (15%)



No Knowledge of Available Resources (10%)



Difficulty Finding an Available Appointment (9%)

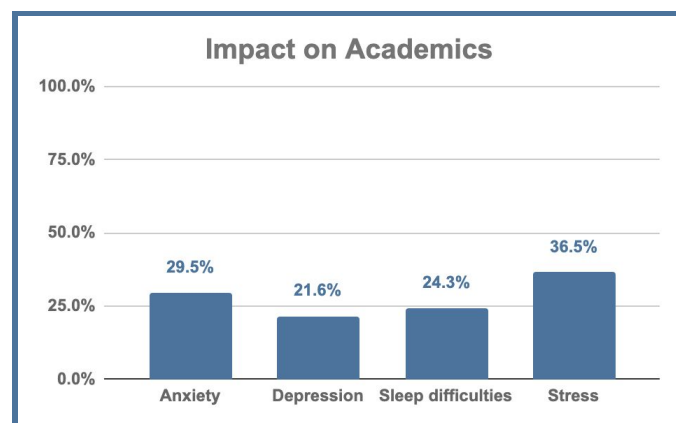
7. Academic Impact and Economic Case for Investment

Mental Health and Academic Outcomes: Our analyses of 10+ years of HMS data suggest that student mental health conditions such as depression and anxiety are strong negative predictors of academic outcomes.

- Depression and anxiety are negative predictors of students' **academic persistence / retention** as well as **grade point average**.
- Students who screen at-risk for depression are **twice as likely to leave college without graduating**.



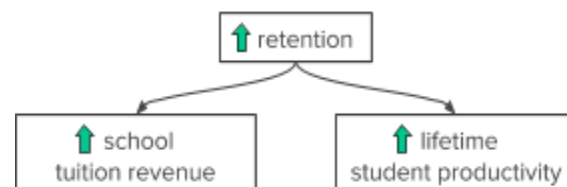
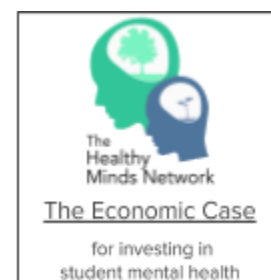
- Within the past 12 months, undergraduate students in 2019 felt their **academic performance** (such as a **lower grade on an exam or project**, a **lower grade in the course**, an **incomplete or drop of the course**, or significant **disruption to coursework**) was affected by following factors: anxiety, depression, sleep difficulties, and stress ([ACHA-NCHA II](#), 2019).



Economic Case for Investment: When it comes to investing in student mental health, the economic benefits outweigh the costs. As mentioned above, students with mental health problems are **two times** more likely than their peers to leave their institution without graduating. Increasing the availability of evidence-based services and/or prevention programs can reduce this risk and increase student retention.

Investments in student mental health can...

- ⊕ Student mental health and well-being
- ⊖ Student mental health burden
- ⊕ Student satisfaction
- ⊕ Retention
 - ⊕ Lifetime student productivity & earning potential
 - ⊕ Tuition-driven revenue for institutions
 - ⊕ Institutional reputation & alumni donations



Additional Resources for the Economic Case

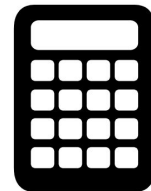
- [Mental Health and Academic Success](#) - Eisenberg and colleagues (2009)
- [Analysis](#) from the [College Life Study](#) - Arria and colleagues (2013)

HMN Return on Investment Calculator:

When advocating for policy change, presenting decision makers with information on the economic impact of a proposed policy can be a useful strategy for demonstrating a policy's feasibility. To help advocates determine the economic impact of implementing certain policies, HMN offers a free online [Return on Investment \(ROI\) calculator](#) for college mental health programs and services.

To use the ROI calculator, you will need to know the following information:

- Your institution's enrollment size (number of degree-seeking students)
- Your institution's approximate drop-out rate
- Your institution's approximate per-student tuition rate
- Approximate number of students who would receive the proposed service or participate in the proposed program over a one year period
- Approximate cost of delivering the proposed service or program on a per-student, per-year basis



After you enter this information into the ROI webpage's prompts, the ROI calculator provides economic estimates of the impact of adopting the policy, both for your institution and for your student population.

Note for Advocates

The ROI calculator's estimates are drawn from HMN research on how depressive symptoms predict student persistence in college. This means the calculator estimates are most accurate when applied to services and programs that specifically seek to reduce depressive symptoms. However, the estimates may extend to other mental health conditions like anxiety. For further information, please contact HMN at hms-coordination@umich.edu. You can also view the original research article on our ROI calculator [here](#). The ROI Calculator is a very powerful tool and taking point when speaking to college presidents, boards of trustees, and senior leadership whose role is to support students to graduation and maintain high retention rates.

8. Mental Health Policies

Colleges have a wide range of policies and protocols that influence (and are influenced by) student mental health and can help to make sure that students are getting the support they need, consistently and equitably. A few examples of policies are listed below, along with sample questions to ask administrators about existing campus policies, and who best to ask.



Leave of Absence

“Traditionally aged” college students (i.e. students aged 18-25) are attending college during the typical age of onset for many mental health conditions. Additionally, one [study](#) found that students with elevated symptoms of depression and anxiety are approximately twice as likely to leave college without graduating. As a result, allowing students to take a break from their education in order to nurture their mental health is important. **Leave of absence policies** include medical leave, mandatory leave, and return from leave processes. Clear and well-publicized policies for leaves of absence can help reduce stress and anxiety when a student might be in the midst of a medical or mental health crisis and may need to consider a leave of absence. Ensuring these policies are clear and easily accessible can also help reduce the perceived stigma of needing to ask for a leave of absence. JED created a framework for developing institutional protocols for the acutely distressed for suicidal college students, which can be viewed [here](#).

Policy Change: Leave of Absence

The national nonprofit Active Minds has created the [Leave of Absence Campaign](#) as well as advocacy materials through [Transform Your Campus](#) in order to empower students to create change. Improving leave of absence and petition to return policies will encourage students with mental health issues to take the time they need.

Typically Involved:

- Dean of Students office
- Leadership within schools or colleges
- Counseling/Health services
- Case managers

Means Reduction

According to the National Institute of Mental Health ([NIMH](#)), suicide is the second leading cause of death among individuals aged 10-34 in the U.S. One effective way to reduce the rates of suicide and self-harm on campuses is to limit access to [lethal means](#). **Means reduction policies** are developed based on research showing that removing or limiting the means to self harm in an environment can



prevent suicide and limit accidental deaths. In 2019, 24% of students reported non-suicidal self injury (NSSI) or self-harm and 14% of students reported suicidal ideation in the past year, thus supporting the need for these policies (HMS). These policies include regulations that address students’ access to weapons, chemicals/dangerous substances, and physical spaces across campus. Many schools complete an environmental scan to identify and address potential means reduction issues on campus.

Policy Change: Means Reduction

To create long term support for this campus- and community-wide effort, Active Minds created the [Means Reduction Campaign](#) through their [Transform Your Campus](#) program. Removing or impeding a suicidal individual’s access to lethal means can improve their chance of survival.

Typically Involved:

- Facilities
- Residence Life
- Campus Safety
- Counseling/Health services
- Research Compliance Offices (laboratory access)

ID Cards

Student ID cards hold tremendous power: they open doors, buy food, pay for laundry, and now have the power to save lives, too. Changes such as adding **resources on student ID cards** and making **mental health training more accessible** also help to increase knowledge and understanding across campus. During the 2018-19 school year, 23% of undergraduate and graduate students reported lacking knowledge of available mental health resources, which contributed to help seeking barriers (HMS).



Policy Change: ID Cards

Active Minds developed tools to help student leaders advocate to have mental health crisis numbers printed on the back of ID cards. The [ID Card Campaign](#) was created in conjunction with the [Transform Your Campus](#) program to empower students to update their institutions’ structures to support mental health and promote live-saving resources.

Typically Involved:

- Residence life staff
- New/transfer student orientation
- Counseling centers
- Cultural centers or international student services

Gatekeeper Trainings for Faculty, Staff, and Students

The term “gatekeeper” refers to individuals involved in students’ lives who are taught to recognize the warning signs of someone at risk of suicide and to connect such students with appropriate resources. Gatekeepers can include



peers, administrators, professors, resident assistants (RAs), coaches, faith-based leaders, etc. [Research](#) has shown that gatekeeper trainings were effective in teaching participants knowledge and skills, as well as in shaping their attitudes about mental health. In addition, trainings enhance help-seeking behaviors and increase access to care through referrals. Gatekeeper training programs can vary in duration and can be completed online or in person. There are several highly regarded programs listed in the following [Gatekeeper Training Comparison Table](#).

The Jed Foundation (JED) has found that **all** faculty, staff members (especially support staff who are often the first people a student interacts with and develops relationships with), and students in the community should receive some level of training as a gatekeeper to strengthen the campus safety net. Students can help advocate that these trainings be **institutionalized as part of faculty and staff onboarding and professional development, and part of student orientation**. Additionally, knowing where and how to refer peers who may be struggling with their mental health to the appropriate resources is crucial too. Thus, it is important to have a gatekeeper training program on campus to measure knowledge and behavior change related to recognizing and responding to students who are struggling. Annual refresher trainings, reminders, and PSAs are great ways to increase knowledge surrounding these topics and make sure students are supported!

Internal Policies

The internal policies that exist within universities and counseling centers shape the delivery of care and mental health responses on campus; however, they are often more difficult to advocate for due to privacy concerns and internal governance structure. These policies include but are not limited to issues such as counseling center fees and service limitations, diverse and inclusive training and hiring for staff, crisis response, misgendering in registrars, and student involvement in strategic planning.



Policy Change: Internal Policies

The National Association of Student Personnel Administrators (NASPA) publishes a *Policy and Practice* series to help effectively inform mental health change on campus. In their [Strategies for Addressing Mental Health Support on Campus](#), they outline sets of internal policies and encourage student participation in decision making.

Conversations with Administrators

The next section includes a list of sample questions to ask administrators and who best to ask on your campus. It's important to note that every institution has different organizational structures, so titles may differ across campuses.



Question	Who To Ask
<input type="checkbox"/> What is the school's approach to student mental health? Is student wellbeing a priority across all campus offices? Does the responsibility sit in the counseling office or health promotion office or elsewhere? Is there support from senior leadership?	Dean of Students or Vice President/Chancellor of Student Affairs
<input type="checkbox"/> What campus-wide policies currently exist in support of student mental health? How are they upheld? When were they last updated?	Counseling Center, Dean of Students, Vice President or Chancellor of Student Affairs
<input type="checkbox"/> What is the budget for mental health professionals and mental health resources on our campus?	Counseling Center, Dean of Students or Vice President/Chancellor of Student Affairs
<input type="checkbox"/> What type of training do faculty members, advisors, and other student support staff receive regarding mental health? Who is in charge of organizing trainings for faculty or staff members? <ul style="list-style-type: none"> ○ Tip: You can bring up the fact that faculty members participate in a Sexual Assault/Misconduct training. Mental health should be held to the same importance. 	Academic Affairs
<input type="checkbox"/> Who is in charge of organizing training for mental health professionals on campus? What types of training do these professionals receive?	Counseling Center
<input type="checkbox"/> What is the process for hiring additional mental health professionals? What are the existing limitations?	Counseling Center, Dean of Students, Vice President, or Chancellor of Student Affairs
<input type="checkbox"/> Who makes decisions regarding the campus counseling or wellness center? How are these decisions made?	Dean of Students or Vice President/Chancellor of

	Student Affairs
<p><input type="checkbox"/> When was the latest campus climate survey administered? Where are the results and can students access them?</p> <ul style="list-style-type: none"> ○ Follow up question: What are you planning on doing with the data? What data-informed decisions did you make/will you be making a result of the study findings? 	Chief Diversity Officer
<p><input type="checkbox"/> Who are our school’s peer institutions? (For example, by geographic location, size, public vs. private, community college vs. non, 4 year vs. 2 years, graduate program vs. non, etc.) When thinking about peer institution comparisons, what are the most important aspects? (For example, academic rank or geographic location)”</p> <ul style="list-style-type: none"> ○ Why ask: Once you know who your school’s peer institutions are, you can learn about what they are doing in terms of supporting student mental health policy wise and can mention this in future meetings. 	Office of Undergraduate Admissions
<p><input type="checkbox"/> Does a campus task force exist to promote positive mental health?</p>	Counseling Center, Dean of Students or Vice President/Chancellor of Student Affairs
<p><input type="checkbox"/> Does a campus task force exist to prevent suicide?</p>	Counseling Center, Dean of Students or Vice President/Chancellor of Student Affairs
<p><input type="checkbox"/> Did our school recently conduct a campus environmental scan to identify and reduce access to potentially lethal means? When was this last conducted? What changes were made to maximize safety across campus?</p>	Counseling Center, Dean of Students or Vice President/Chancellor of Student Affairs

Note for Advocates

Changing policies within institutions is often a complex and difficult process. With that said, stick with it! It is worth it. Written policies in support of student mental health hold administrators and faculty accountable and can create significant change on campus.

9. What Can You Do With the Data

- ❑ Share this document with a friend with the easy-to-share link: linktr.ee/healthyminds
- ❑ Mobilize your peers! If you are looking for resources and guidance on how to use these resources to recruit student allies to work with you on a key policy change, visit activeminds.org/transform for suggestions.
- ❑ Start a conversation about mental health with your loved ones.
- ❑ Post the data on social media; view the following link for a [sample post!](#)
- ❑ Join or start an [Active Minds chapter](#) on your campus to lead discussion groups and programs about mental health at your school.
- ❑ Bring this information to wellness organizations on your campus.
- ❑ Publicize data amongst the student body.
- ❑ Engage in a conversation with a trusted mentor or professor about student mental health.
- ❑ Set up a meeting with a wellness coordinator or administrator at your school to discuss school specific data, the HMS national data set, existing mental health policies on your campus, students' current needs, etc.
- ❑ Encourage your school's participation in the Healthy Minds Study to join a group of colleges and universities dedicated to understanding and addressing issues related to students' mental health and use the HMS data to inform policy and practice on college and university campuses. For more information, email hms-coordination@umich.edu.
- ❑ Advocate for your school to join the JED Campus Program, a signature JED program designed to guide schools through a collaborative process of comprehensive systems, program and policy development with customized support to build upon existing mental health, substance use, and suicide prevention efforts. For more information, visit www.jedcampus.org.

10. Accessing Further Data

Healthy Minds Study

Who Participated in the Healthy Minds Study

- To view the list of schools that have participated in the Healthy Minds Study, visit: healthymindsnetwork.org/participate/participating-institutions/

Access To School Specific HMS Data

- To find out if your college or university published their school specific data, email hms-coordination@umich.edu

HMN Data Interface

- Visit healthymindsnetwork.org/data/ to explore the Healthy Minds data in more detail. For example, you can look up variations across student subpopulations and examine trends over time. Select “Guest” to access the data interface.

HMN Data Request Form

- If you are looking for additional data from the Healthy Minds Study, you can access the Data Request form by visiting healthymindsnetwork.org/research/data-for-researchers/ and clicking on the “Data Sets” tab.

Return on Investment (R.O.I.) Calculator

- For data to support advocacy efforts by calculating economic returns of investment of mental health programs and services, visit healthymindsnetwork.org/, click on the Research tab, then R.O.I. Calculator dropdown.

Healthy Minds Publications

- This page contains a selected [list of publications](#) using the Healthy Minds, exploring a variety of topics in more depth. Publications reporting overall prevalence estimates include a [2013 study](#) (summarizing data from 2007-2011) and a report summarizing data from 2016-2017.

Partners

Active Minds

- Active Minds is the nation's premier nonprofit organization supporting mental health awareness and education for young adults. They are dedicated to saving lives and to building stronger families and communities. Through education, research, advocacy, and a focus on young adults ages 14-25, Active Minds is opening up the conversation about mental health and creating lasting change in the way mental health is talked about, cared for, and valued in the United States. Learn more at www.activeminds.org/.

The Jed Foundation (JED)

- JED is a nonprofit that exists to protect emotional health and prevent suicide for our nation's teens and young adults. JED partners with high schools and colleges to strengthen their mental health, substance misuse and suicide prevention programming and systems. JED's programs equip teens and young adults with the skills and support to grow into healthy, thriving adults; and JED encourages community awareness, understanding and action for young adult mental health. Learn more at jedfoundation.org.

Other College Mental Health Resources

ACHA-NCHA:

- This is the largest, longest-running survey [study of college student health](#). Although it covers the full spectrum of health issues, the survey has increased its coverage of mental health issues in recent years. The website includes annual data summaries and instructions for applying to work directly with the data sets.

Center for Collegiate Mental Health (CCMH):

- This network of hundreds of college and university counseling centers has generated enormous standardized data sets regarding the mental health concerns of [students who visit and receive services from the centers](#)

Association for University and College Counseling Center Directors (AUCCCD):

- This association is made of directors from over 900 college and university counseling centers across the country and around the world and asks directors to complete an annual data survey, [the summary of which they release publicly](#).