



# University of Wisconsin-Madison

## The Healthy Minds Study

Understanding and addressing the intersection of mental health and student success is vital to the health and growth of the UW–Madison campus community. Mental health issues can impact a student’s academic and social experiences in college, and may result in a student leaving the university before completing their academic career.

For students of color and underrepresented students, mental health issues can be exacerbated by discrimination

on campus, and can result in increased anxiety or depressive symptoms, feelings of isolation, and impact their ability to succeed in college.

In February 2016, the University of Wisconsin–Madison participated in the Healthy Minds Study to examine student mental health, service utilization, and related issues among undergraduate and graduate students. The survey was administered to all undergraduate and graduate students (43,000) and 7,400 students — 17 percent — responded.\*

### WHAT DID THE SURVEY FIND?

#### Key findings on overall mental health

- 21 percent of students screened positively for depression overall.
- 16 percent of students screened positively for an anxiety disorder.

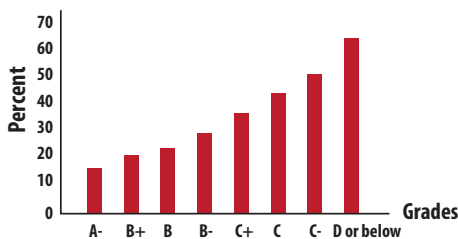
- 9 percent of students indicated they experienced suicide ideation in the last year.
- 27 percent of students have been diagnosed with a mental health disorder during their lifetime.

#### Historically underrepresented and marginalized students are disproportionately impacted.

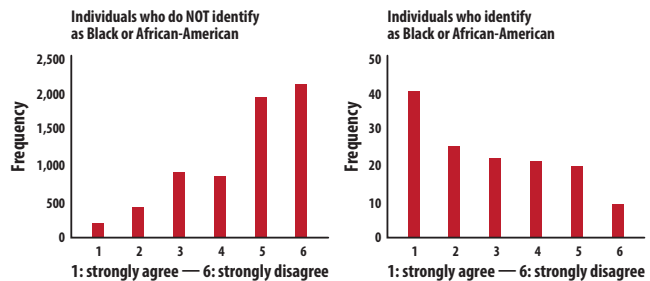
- Students who identified themselves as financially struggling are more likely to screen positively for depression and anxiety and overwhelmingly more likely to endorse suicidal ideation. They were also less likely to seek out services. African American, Latino, Hawaiian Native, and “other” were overly represented in this group. Transgender and gender non-conforming are also more highly represented compared to cisgender students.
- African American students were more likely than any other race/ethnicity to score positively for depression and anxiety, and endorse suicidal ideation.

- Students who identified as transgender or gender non-conforming were overwhelmingly more likely to endorse suicidal ideation than their cisgender counterparts.
- Students who described themselves as gay, lesbian, or bisexual, were more likely to score positively for depression and anxiety, and endorse suicidal ideation as compared to their heterosexual counterparts.
- African American, Latino, Asian, and lesbian, gay, and questioning students were more likely to agree that their peers thought less of a person seeking help, indicating stigma within these communities around help-seeking behavior.

**Figure 1**  
Percent of + score for depression related to GPA score



**Figure 2**  
Bias/Discrimination Affects My Well-Being



\* For complete demographics and results, visit [uhs.wisc.edu/healthy-minds](http://uhs.wisc.edu/healthy-minds).

### **Treatment**

- 40 percent of students with positive depression or anxiety screens indicated they received mental health therapy, counseling, or psychiatric medication in the last year.
- 60 percent of students who experienced suicidal thoughts in the last 12 months indicated they are seeking treatment.

### **Mental health issues affected academic success as measured by GPA. (Figure 1)**

- Elevated depression and anxiety scores correlated with lower grade point average. Students with higher depression and anxiety scores had lower GPAs.

### **Perceived public stigma**

- 40 percent of students agreed that ‘most people would think less of someone who has received mental health treatment.’

### **Bias and Discrimination**

- Historically underrepresented and marginalized students were more like to describe experiences in which they did not feel they belonged or connected to the UW–Madison campus community.

- Students of color overwhelmingly reported that bias and discrimination on campus negatively impacted their health and well-being compared to their white counterparts.
- LGBTQ students were more likely to endorse changing their appearance in order to be accepted by their peers.
- Black, Latino, students identified as “other,” LGBTQ students, and transgender or gender non-conforming students were more likely to disagree that they felt and saw themselves as part of the campus community. (Figure 2)

### **Informal help-seeking**

In the past 12 months, students received counseling or support for mental or emotional help from informal sources.

- 40% friend who is not a roommate
- 38% family member
- 29% significant other
- 20% roommate
- 3% religious counselor
- 2% support group
- 1% other non-clinical source

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## **NEXT STEPS**

### **UHS Services**

- Increase the UHS mental health capacity to improve access. Six additional counselors will be hired in 2017 to meet the recommended staff-to-student ratio and expand access and availability of services (Mandarin-speaking and LGBTQ-focused).
- Implement a clear pathway for students in outreach sessions to pursue ongoing counseling
- Increase awareness and skills of UHS staff to identify and support students impacted by bias/oppression.
- Develop a mental health awareness peer education program that is reflective of diverse student body.
- Hire staff with diverse backgrounds.
- Increase students’ ability to navigate and bounce back from difficult situations through mental health awareness programming.

### **Campus Recommendations**

- Take a definitive stance that discrimination and bias negatively impact emotional and mental health well-being.
- Address campus climate.
- Train faculty and staff to recognize and intervene students in distress.

- Increase faculty/staff/student awareness of the effect of discrimination and oppression on mental health.
- Evaluate and expand comprehensive suicide prevention programs.
- Identify students who struggle financially and provide specific outreach about no-cost campus services.
- Evaluate mental health resources and services available to graduate and professional students, review gaps and barriers, and develop adequate services.
- Develop and review specific protocols for postvention activities around, but not limited to, suicide, hate and bias incidents, and other critical incidents that may impact the emotional and mental well-being of the campus community.
- Conduct and compile results of exit interviews with students who withdraw from school to understand if or to what extent mental health issues, financial issues, bias/discrimination impacted their decision.
- Support students who leave school for mental health issues by providing transparency around leave and return policies.
- Evaluate, align, and enhance systems and strategies to identify and support isolated and disconnected students, including students of underrepresented backgrounds.