Colleges and universities continue to be invested in the mental health of students. As one part of this investment, research and data collection efforts around the country have started to systematically investigate rates of mental health, to identify the underpinnings of mental health issues, and to measure the effectiveness of treatment in counseling centers. This newsletter summarizes Phase III of the College Student Mental Health Survey (CSMHS) conducted by Counseling and Psychological Services (CAPS) at the University of Michigan (UM). Since 2004, the CSMHS initiative has been one of the leaders in gathering data to better understand the mental health needs of college and university students and to identify trends. For the reports on the Phase I (2004) and Phase II (2006) surveys, please refer to: http://www.umich.edu/~caps/research.html.

These new Phase III data make it possible to identify mental health trends. With a keen understanding of trends, comes the promise of developing a web of services and education that is grounded in current Michigan student needs. Some of the similarities and differences from the first two phases are identified and an in-depth analysis of the various ways UM students experience the “stigma” associated with seeking mental health counseling is provided.

According to the American College Health Association (2008), the frequency and severity of mental disorders among college students has increased. Mental health stigma is one of the main barriers for not seeking professional help (Corrigan, 2004). In this Phase III survey, we hoped to better understand students’ experiences of stigma about seeking counseling in order to inform our mental health education and outreach programs. We also explored correlates of help seeking stigma from demographic, psychological, and psychocultural perspectives.

Methods

A list of 10,000 random email addresses of currently enrolled students was obtained from the University of Michigan registrar. A letter inviting each student to participate was sent, and each participant filled out information about current as well as past mental health issues and concerns. A significant portion of the survey involved completing the Counseling Center Assessment for Psychological Symptoms (CCAPS-62), an instrument originally created at CAPS. This 62-item measure was created for and normed on college students, and has subsequently been revised by the Center for Collegiate Mental Health (CCMH) at Pennsylvania State University of Michigan Division of Student Affairs
**METHODS, CONTINUED**

University. For more information on the CCMH, please refer to: http://ccmh.squarespace.com/

Additional measures in the Phase III Survey assessed self-stigma about seeking psychological help; students’ perceived stigmatization by family, friends, and professors/academic department for seeking psychological help; psychocultural experience with discrimination; ethnic identification; and inter-ethnic interactions.

A broad range of students participated in the survey from November 2009 to January 2010. Of the 10,000 students invited to participate, 22% (N = 2215) students returned valid responses – a common and adequate return rate for survey research. A higher percentage of women, African-Americans, Latino’s and first-year students completed the survey than are represented in the UM population; a lower percentage of men, seniors and graduate students than in the UM population completed the survey.

**RESULTS**

**EXPERIENCE WITH COUNSELING**

Overall, 39.5% of respondents reported having been in counseling at any time, an increase from Phase I (30%) and Phase II (31%), $p < .001$. Another noteworthy trend is that international students who reported ever seeking counseling has increased from a rate of 9.4% in Phase I, to 19.4% in Phase II, to the current 27.5% in this Phase III survey. In terms of demographic difference, females, non-Asian students, graduate/professional students and domestic students were more likely to report they have had experience with mental health counseling. Males, Asian/Asian American students, undergraduates, and international students were less likely to have been in counseling.
MENTAL HEALTH HISTORY AND PSYCHIATRIC DIAGNOSIS

There were few changes from Phase I to Phase II in the percentage of students who reported rates of psychiatric diagnoses. However, in Phase III, the rates of diagnosis of depression and of generalized anxiety disorder were about 2-3% higher than previously (p < .05). We were curious about the rates for first-year students; for first-year students, 21.8% reported having ever been in counseling, and among them 8.6% reported they had been diagnosed with depression, 4.7% with generalized anxiety disorder, 3.6% with an eating disorder, and 0.3% to 3.4% with other psychiatric disorders in high school. This indicates some students come to college having experienced mental health services and already having had a pre-existing psychiatric diagnosis in high school.

Reported Rates of Psychiatric Diagnosis (%)

![Chart showing rates of psychiatric diagnoses]

SUICIDAL THOUGHTS

The percentage of students reporting mild to severe suicidal thoughts (i.e., students responding with a 1 to 4 on a 0-4 scale) in Phase III was 24%, while it was 23% in Phase I and 17.5% in Phase II. However, if we only look at the more intense degrees of suicidal thinking (i.e., responding 2 to 4 on a 0-4 scale), 10.6% of the student sample indicated they had thoughts of ending their life in the past two weeks. There were no group mean differences by race, level in school, international/domestic status. However, male students reported slightly higher suicidal thoughts, 27.7%, than female students, 22.3%, (p < .01).
DIFFERENCES AMONG IDENTITY GROUP MEMBERSHIP ON REPORTING OF PSYCHOLOGICAL SYMPTOMS

Demographic differences were found regarding psychological symptoms on the subscales of the CCAPS-62:

- Female students reported more psychological symptoms than male students on depression, generalized anxiety, social anxiety, eating concerns, and family of origin concerns ($p < .05$ to $p < .001$), whereas male students scored higher on alcohol and substance use and hostility issues ($p < .05$ to $p < .01$)
- Caucasian, Latino/a, and Multiracial students reported more alcohol and substance use than Asian/Asian American and Black/African American students ($p < .01$ to $p < .001$)
- LGBTQ students reported more psychological distress than heterosexual students on all the subscales of CCAPS-62 ($p < .01$ to $p < .001$) except Alcohol and Substance use

As always, these results should be interpreted with caution and followed by more intensive research. These demographic differences may be due to a variety of factors (e.g., cultural expression of distress, stress of being part of an oppressed group). However, it remains important to understand how group differences may impact how students interact with the mental health system.

INTERESTING SINGLE ITEM RESPONSES

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. The table compares responses across the three phases of the CSMHS.

<table>
<thead>
<tr>
<th>Item</th>
<th>2004 (%)</th>
<th>2006 (%)</th>
<th>2009 (%)</th>
<th>Test of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have sleep difficulties</td>
<td>66</td>
<td>63</td>
<td>67</td>
<td>$p &lt; .01$</td>
</tr>
<tr>
<td>I drink more than I should</td>
<td>29</td>
<td>33</td>
<td>31</td>
<td>$p = n.s.$</td>
</tr>
<tr>
<td>I feel confident that I can succeed</td>
<td>74</td>
<td>75</td>
<td>68</td>
<td>$p &lt; .001$</td>
</tr>
<tr>
<td>academically</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am dissatisfied with my weight</td>
<td>73</td>
<td>76</td>
<td>77</td>
<td>$p = n.s.$</td>
</tr>
<tr>
<td>Engaged in self-injury</td>
<td>–</td>
<td>13</td>
<td>15</td>
<td>$p = n.s.$</td>
</tr>
<tr>
<td>I have thoughts of ending my life</td>
<td>23</td>
<td>18</td>
<td>24</td>
<td>$p &lt; .001$</td>
</tr>
<tr>
<td>There is a history of abuse in my family</td>
<td>22</td>
<td>20</td>
<td>27</td>
<td>$p &lt; .001$</td>
</tr>
</tbody>
</table>

Note: a $p$ value of .05 or lower means a statistical difference comparing the two years of 2006 and 2009 and a $p$ value of n.s. means not a significant difference.
THE EXPERIENCE OF STIGMA

For college students, the concept of “stigma” is a multi-dimensional experience on campus with relevant aspects being a) self-stigma; b) perceived stigma from professors and/or their academic department; c) from friends; and d) from family. The Phase III survey addressed stigma in this multi-faceted manner, with the findings summarized below.

Overall Self-Stigma

The overall sample reported scores that indicated a moderate level of self-stigma; 28% of students indicated more serious levels of self-stigma. A sample question was: I would feel inadequate if I went to a therapist for psychological help.

Even though most students who had never been in counseling also reported lower psychological distress on the CCAPS, there was a subset of students who reported significant distress, yet had never sought counseling. Among the 1302 students who had never been in counseling, 457 students had a moderate to serious self-stigma score and reported statistically significant higher scores on two of the CCAPS subscales – social anxiety and hostility than students who had low self-stigma scores.

Overall Perceived Stigmatization by Others

Half of the respondents reported some level of perceived stigmatization by friends, family, or professors/academic departments for seeking psychological help. Of those, 5%-10% of students had moderate to serious levels of concern about being seen negatively by others if they were to seek psychological help.

Further, a small group (N=104) reported a high level of perceived stigma from others AND had never utilized counseling AND reported significant psychological distress. This group indicated they had never been in counseling and reported “some” to “a great deal” of concerns about being stigmatized by their professors/academic departments if they sought psychological help. These students had scores on the CCAPS measure that were statistically higher than the rest of the sample on all subscales (except substance use).

Highlighted Findings Regarding Stigma

Gender differences
• Male students, compared to female students, reported more self-stigma (p < .001) and more perceived stigma from friends (p < .001).

First generation differences
• First generation students, compared to non first-generation students, reported more stigma from family (p < .001) and from professors/academic departments (p < .01).

Graduate student differences
• Graduate students, compared to first-year students (p < .001), juniors (p < .05), and seniors (p < .05), reported less self-stigma.
STIGMA, CONTINUED

International student differences
- International students, compared to U.S. born students, reported more stigma from friends ($p < .001$), and more stigma from professors/academic departments ($p < .05$).

Racial/ethnic differences
- In the aspect of perceived stigmatization from professors/academic departments regarding seeking psychological help, no racial/ethnic differences were found.
- Asian Americans reported more stigmatization from family than any other racial/ethnic groups ($p < .01$ to $p < .001$).
- Asian Americans reported more stigmatization from friends than Latino Americans ($p < .01$).
- Asian Americans reported more self-stigma regarding seeking psychological help than African Americans ($p < .001$), Caucasian ($p < .01$), Latino/a ($p < .001$), and Multiracial ($p < .05$).

Sexual orientation differences
- No difference was found in any stigma category among different sexual orientation groups (lesbian, gay, bisexual, questioning).

Previous experience in counseling
- Students who have been in counseling (n = 824) reported less self-stigma regarding seeking psychological help than those who have never been in counseling (n = 1253).
- No other differences were found in other types of stigmatization (i.e., from family, friends, academic departments/professors).

Interaction of experienced racial discrimination and stigma
- Black/African American students reported more racial discrimination than any other racial/ethnic groups ($p < .001$).
- Perceived racial discrimination was associated with perceived stigmatization from family, friends, and academic departments/professors regarding seeking psychological help, for Black, Asian, and Latino students.
- Perceived racial discrimination was associated with self-stigma about seeking counseling only in Asian students.

Interaction of ethnic identity and stigma
- Higher ethnic identity was associated with less perceived stigma from friends, and less self-stigma for Black/African American students but not other racial or ethnic groups.

PERCEIVED RACIAL AND ETHNIC DISCRIMINATION, ETHNIC IDENTITY, AND OTHER-GROUP ORIENTATION

A moderate percentage of racial and ethnic minority students reported experience with racial and ethnic discrimination in their lifetime. Comparison of mean scores indicated that Black/African American students reported the highest scores on discrimination and ethnic identity. With regard to other-group orientation (i.e., a willingness to interact with people from ethnic groups outside of their own), Latino/a, Black/African Americans, and Multiracial students reported higher scores than Asian/Asian American and Caucasian/White students.
### PERCEIVED RACIAL AND ETHNIC DISCRIMINATION, CONTINUED

<table>
<thead>
<tr>
<th>Sample Items</th>
<th>Asian/Asian American</th>
<th>Black/African American</th>
<th>Caucasian/White</th>
<th>Latino/a</th>
<th>Multiracial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated unfairly because of race/ethnic group? a</td>
<td>25%</td>
<td>48%</td>
<td>7%</td>
<td>20%</td>
<td>22%</td>
</tr>
<tr>
<td>Threatened with harm because of race/ethnic group? a</td>
<td>16%</td>
<td>14%</td>
<td>4%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Clear sense of ethnic background and what it means b</td>
<td>77%</td>
<td>85%</td>
<td>50%</td>
<td>81%</td>
<td>62%</td>
</tr>
<tr>
<td>Strong sense of belonging to ethnic group b</td>
<td>60%</td>
<td>77%</td>
<td>37%</td>
<td>62%</td>
<td>36%</td>
</tr>
<tr>
<td>Spend time with people from other ethnic groups b</td>
<td>71%</td>
<td>76%</td>
<td>72%</td>
<td>89%</td>
<td>87%</td>
</tr>
</tbody>
</table>

a The numbers in these rows indicate % of participants who reported “sometimes” or “almost all the time” on these items.

b The numbers in these rows indicate % of participants who reported “somewhat agree” or “strongly agree” on these items.

### PSYCHO-CULTURAL VARIABLES, PSYCHOLOGICAL SYMPTOMS, AND STIGMA ABOUT SEEKING PSYCHOLOGICAL HELP

- Racial and ethnic discrimination was associated with reports of increased psychological distress.
- Ethnic identity and other-group orientation, i.e., however, was associated with lower levels of psychological distress.
- Importantly, ethnic identity buffered the relationship between perceived racial/ethnic discrimination and psychological distress. A higher level of ethnic identity appeared to protect students from greater increments in psychological distress.
- Students who reported higher scores on perceived racial/ethnic discrimination were more likely to report higher scores on self-stigma, perceived stigmatization by family, friends, and professors/academic department for seeking psychological help.
- Students who scored higher on ethnic identity, however, were more likely to report lower scores on self-stigma and perceived stigmatization by friends for seeking psychological help.
- Higher scores on other-group orientation were associated with lower scores on self-stigma and perceived stigmatization by family, friends, and professors/academic departments for seeking mental health counseling.
CONCLUSIONS AND FINAL THOUGHTS

Data is only as useful as its’ ability to inform. It is our hope that you find these data helpful in increasing your understanding of college student mental health issues as they pertain to UM students.

The data from the three phases of the CSMHS research suggest some interesting trends. Overall rates of counseling and some psychiatric diagnoses appeared to be increasing across the 6 years, both Phase II and Phase III found about 21%-23% of students arriving at college reporting experience with counseling. Consistent with Phase II data, international students appeared to be increasing their use of counseling services across the 6 years since Phase I survey. LGBTQ students appeared to be experiencing more psychological distress than their counterpart peers.

In terms of new areas of inquiry, data from Phase III suggest that Asian/Asian American students were least likely to have utilized mental health services and were most likely to report higher levels of self-stigma and perceived stigma from family and friends for seeking psychological help. A small but noticeable subset of students reported higher level of psychological distress with a higher level of stigma about seeking psychological help, and have never utilized counseling. This group of students may be at a greater risk for developing serious levels of mental health problems because they may delay or refrain from seeking psychological help that may otherwise intervene before the exacerbation of their psychological problems.

The survey data document that students have encountered discrimination attributable to their racial and ethnic group status. Discrimination was related to greater psychological distress and mental health stigma. However, students who have developed a strong sense of ethnic identity appear to demonstrate resilience that shields them from the otherwise detrimental effects of discrimination on their psychological health. Students who have a strong ethnic identity and demonstrate an openness to interact with people from other cultural and ethnic groups, appear to report lower distress and lower self-stigma and fewer concerns about being stigmatized for seeking mental health counseling.

Overall, the Phase III Survey data identified similarities as well as changes in UM students’ report of psychological symptoms and mental health history from the previous two surveys. The investigation of mental health stigma on Phase III highlight some focus areas for mental health outreach and initiatives, including the higher stigma reported in social identity groups like Asian/Asian American students, first generation college students, male students, and international students. Data also highlight the importance of striving for a non-discriminative campus climate and facilitation of inter-cultural relations as a preventive approach to foster psychological wellbeing and acceptance of mental health services.

References

Additional Information:
http://www.umich.edu/~caps/research.html

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