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# The Healthy Minds Network

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## Tulsa Community College

### Winter 2026

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REPORT OF DATA FROM THE  
HEALTHY MINDS STUDY  
FACULTY & STAFF SURVEY

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## HEALTHY MINDS STUDY TEAM

### STUDY TEAM

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# INTRODUCTION

## STUDY PURPOSE

The Healthy Minds Study provides a detailed picture of mental health and related issues in college faculty and study populations. Schools typically use their data for some combination of the following purposes: to identify needs and priorities; benchmark against peer institutions; evaluate programs and policies; plan for services and programs; and advocate for resources.

## STUDY DESIGN

The Healthy Minds Study is designed to protect the privacy and confidentiality of participants. HMS is approved by Advarra IRB. To further protect respondent privacy, the study is covered by a Certificate of Confidentiality from the National Institutes of Health.

### Sampling

Each participating school provides the HMS team with a randomly selected sample of currently employed faculty and staff members over the age of 18.

### Data Collection

HMS is a web-based survey. Faculty and staff members are invited and reminded to participate in the survey via emails, which are timed to avoid, if at all possible, the first two weeks of the term, the last week of the term, and any major holidays. The data collection protocol begins with an email invitation, and non-responders are contacted up to three times by email reminders spaced by 2-10 days each. Reminders are only sent to those who have not yet completed the survey. Each communication contains a URL that participants use to gain access to the survey.

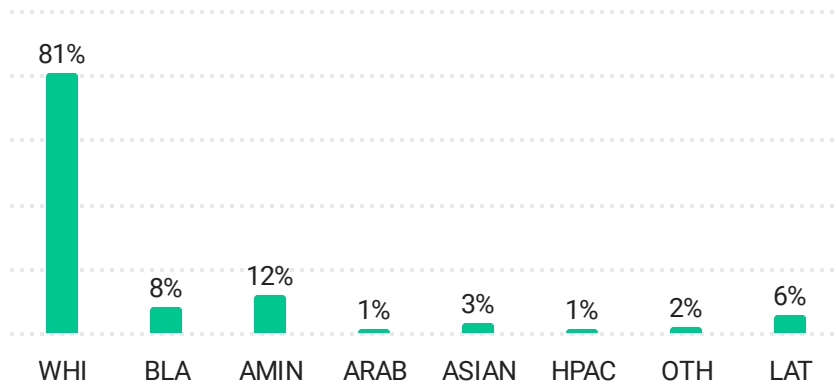
## ABOUT THIS REPORT

This data report provides descriptive statistics (percentages, mean values, etc.) using the responses from the administration of the Healthy Minds Faculty and Staff Survey at Tulsa Community College during the Winter 2026 Academic Semester.

# SAMPLE CHARACTERISTICS (N=414)

## RACE/ETHNICITY

400 Responses

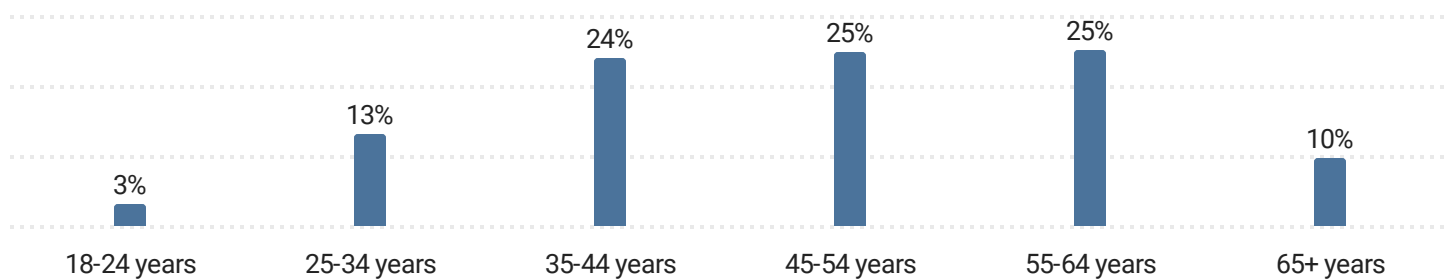


### ABBREVIATIONS:

- WHI White or Caucasian
- BLA African American/Black
- LAT Hispanic/Latino
- AMIN American Indian/Alaskan Native
- ARAB Arab/Middle Eastern or Arab American
- ASIAN Asian/Asian American
- HPAC Pacific Islander
- OTH Other/Self-Identify

## AGE

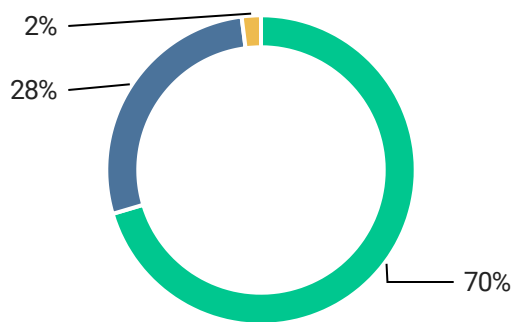
414 Responses



## GENDER IDENTITY

Other Gender Identity category includes: Trans man / Trans woman, Gender non-binary, Genderqueer/Gender nonconforming, Self-identify

405 Responses

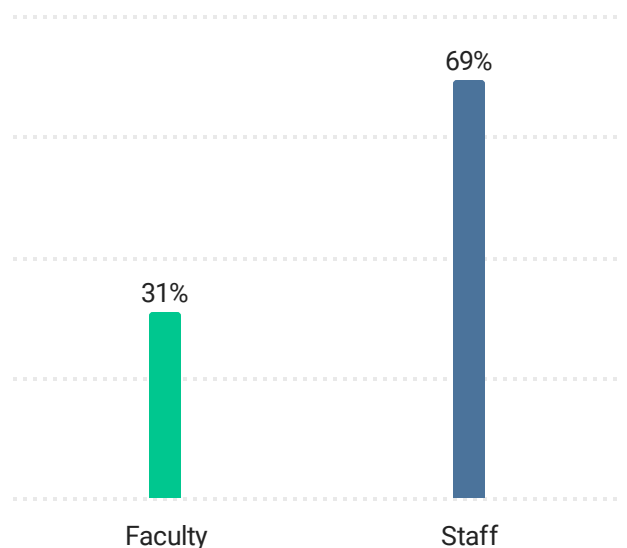


■ Woman
 ■ Man
 ■ Other gender identity

## FACULTY/STAFF DISTRIBUTION

What is your primary role at your institution?

413 Responses



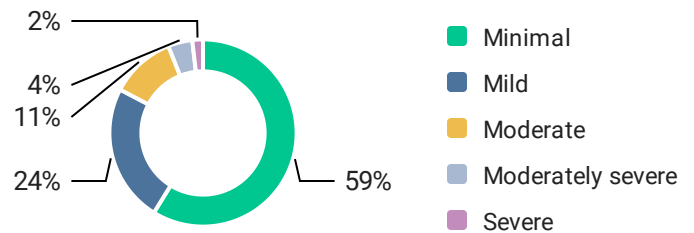
# PREVALENCE OF MENTAL HEALTH PROBLEMS

## DEPRESSION SCREEN

Depression is measured using the Patient Health Questionnaire-9 (PHQ-9), a nine-item instrument based on the symptoms provided in the Diagnostic and Statistical Manual for Mental Disorders for a major depressive episode in the past two weeks (Spitzer, Kroenke, & Williams, 1999).

Following the standard algorithm for interpreting the PHQ-9, symptom levels are categorized as severe (scores  $\geq 20$ ), moderately severe (scores 15-19), moderate (scores 10-14), mild (scores 5-9). There is no name for the category of scores from 0-4, so we use "minimal."

381 Responses



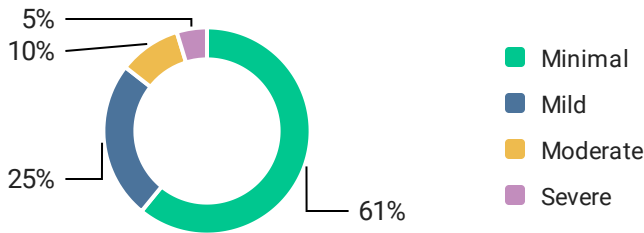
## ANXIETY SCREEN

### ANXIETY SCREEN

Anxiety is measured using the GAD-7, a seven-item screening tool for screening and severity measuring of generalized anxiety disorder in the past two weeks (Spitzer, Kroenke, Williams, & Lowe, 2006).

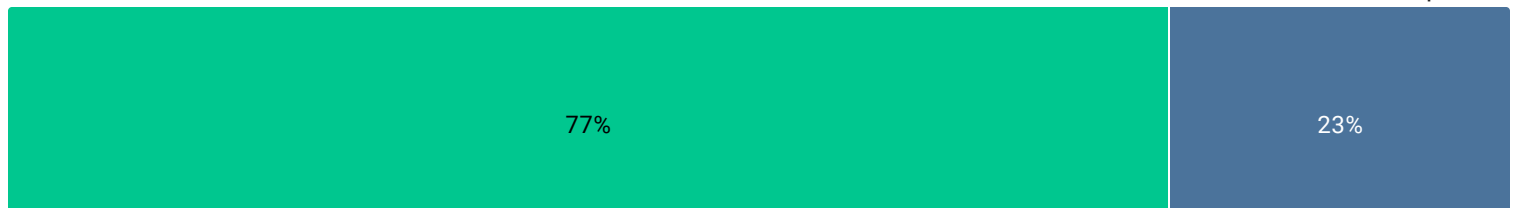
Following the standard algorithm for interpreting the GAD-7, symptom levels are categorized as severe (scores  $\geq 15$ ), moderate (scores 10-14), mild (scores 5-9), and minimal (scores 0-4).

381 Responses



## RISK OF EATING DISORDERS

381 Responses



■ No or low risk ■ At risk

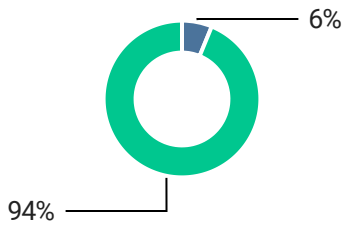
Risk for eating disorders is measured using the written U.S. version of the SCOFF, a five-item screening tool designed to identify subjects likely to have an eating disorder (Morgan, Reid, & Lacey, 1999). The SCOFF is not intended for use as a diagnostic tool; rather, answering "Yes" to 3 or more questions (the "At risk" category) indicates need for further investigation.

# SUICIDALITY AND SELF-INJURIOUS BEHAVIOR

## SUICIDAL IDEATION

In the past year, did you ever seriously think about attempting suicide?

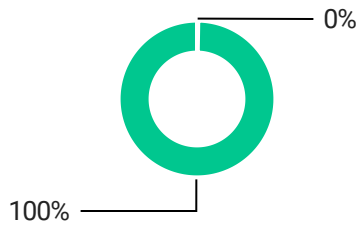
387 Responses



## SUICIDE ATTEMPT

In the past year, did you attempt suicide?

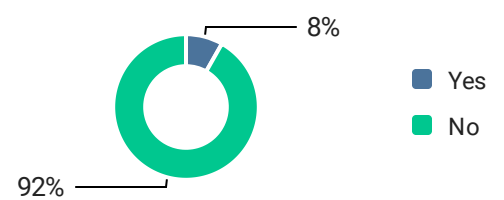
386 Responses



## SELF-INJURIOUS BEHAVIOR

Non-suicidal self-injury (past year)

377 Responses



## LIFETIME DIAGNOSIS OF MENTAL DISORDERS

Have you ever been diagnosed with any of the following conditions by a health professional (e.g., primary care doctor, psychiatrist, psychologist, etc.)? (Select all that apply)

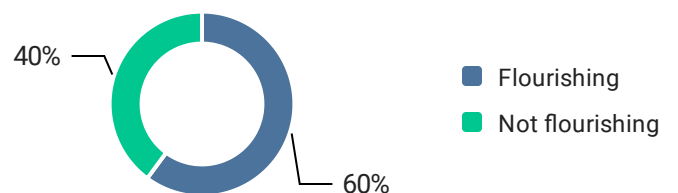
375 Responses

Diagnosis	Percentage of Responses
Anxiety (e.g., generalized anxiety disorder, phobias)	35%
Bipolar (e.g., bipolar I or II, cyclothymia)	3%
Depression (e.g., major depressive disorder, persistent depressive disorder)	36%
Eating disorder (e.g., anorexia nervosa, bulimia nervosa, binge eating disorder)	2%
Neurodevelopmental disorder or intellectual disability (e.g., attention deficit disorder, attention deficit hyperactivity disorder, intellectual disability, autism spectrum disorder)	10%
Obsessive-compulsive or related disorders (e.g., obsessive-compulsive disorder, body dysmorphism)	4%
Personality disorder (e.g., antisocial personality disorder, paranoid personality disorder, schizoid personality disorder)	1%
Psychosis (e.g., schizophrenia, schizo-affective disorder)	1%
Substance use disorder (e.g., alcohol abuse, abuse of other drugs)	3%
Trauma and Stressor Related Disorders (e.g., post-traumatic stress disorder)	10%
Don't know	2%
No, none of these	47%

## POSITIVE MENTAL HEALTH

Positive mental health (psychological well-being) is measured using The Flourishing Scale, an eight-item summary 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.

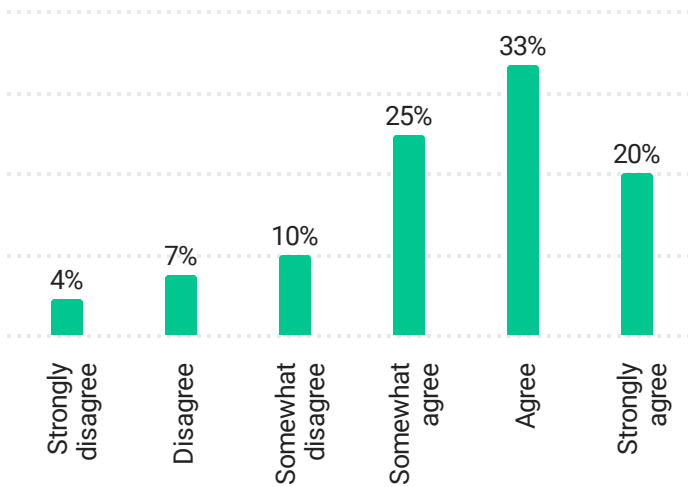
381 Responses



# EXPERIENCES OF BURNOUT

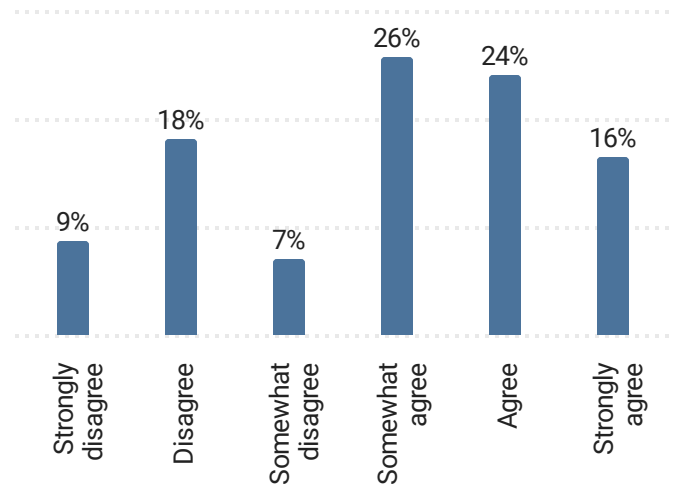
I achieve a healthy balance between my personal life and my professional life.

383 Responses



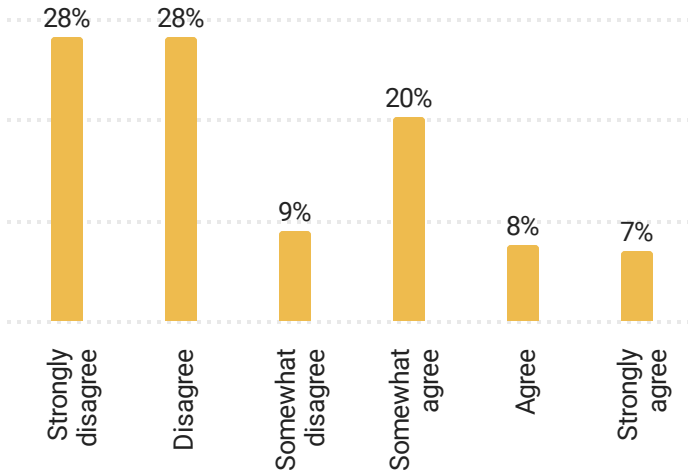
In the past 12 months, I have felt overwhelmed by all I had to do.

382 Responses



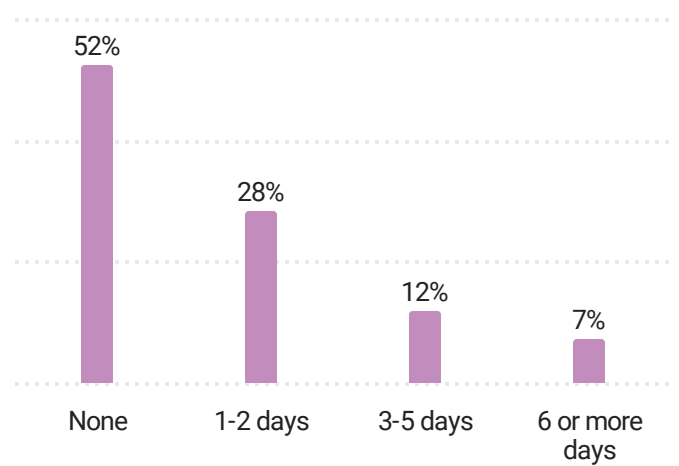
In the past 12 months, my job has taken a negative toll on my mental or emotional health.

384 Responses



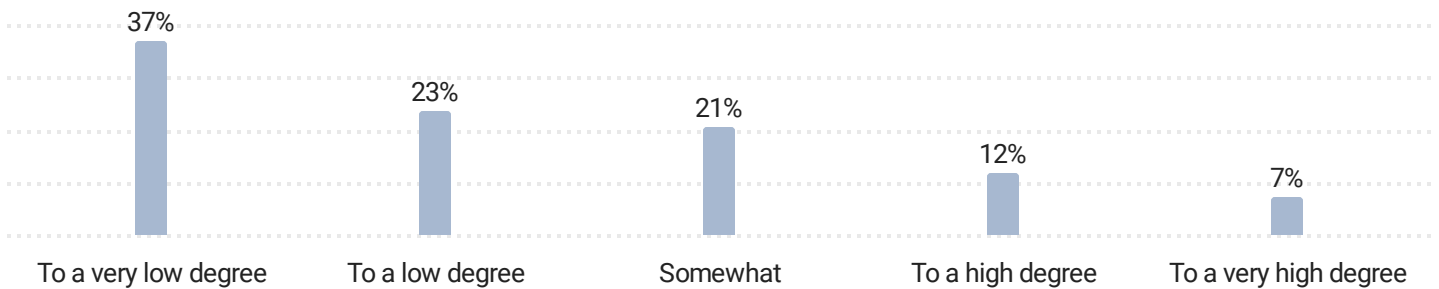
In the past 4 weeks, how many days have you felt that emotional or mental difficulties have hurt your work performance/productivity?

381 Responses



Do you feel burnt out because of your work? Work-related burnout is a state of prolonged physical and psychological exhaustion, which is perceived as related to the person's work.

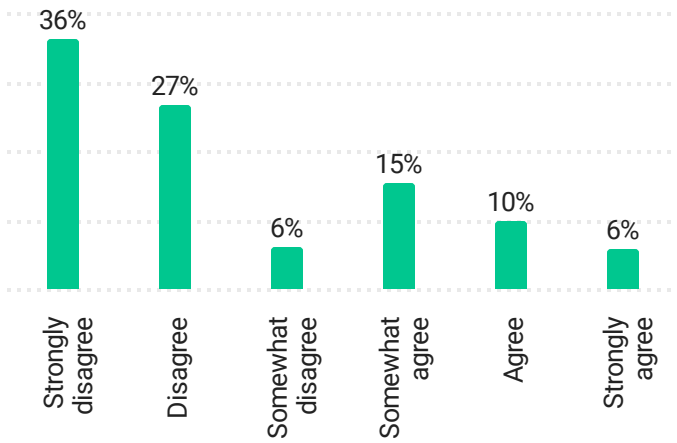
383 Responses



# EXPERIENCES OF IMPOSTER SYNDROME

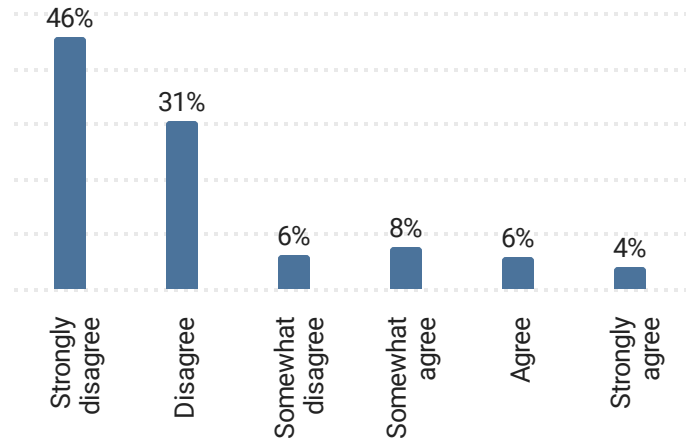
I'm afraid people important to me may find out that I'm not as capable as they think I am.

378 Responses



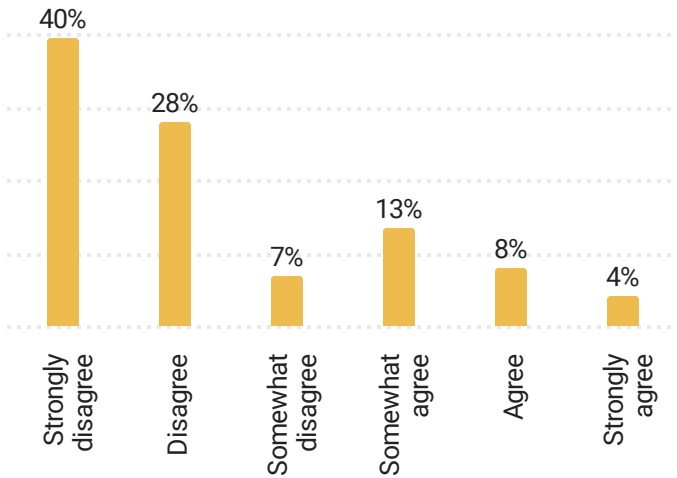
Sometimes I feel or believe that my success in my life or my job has been the result of some kind of error.

379 Responses



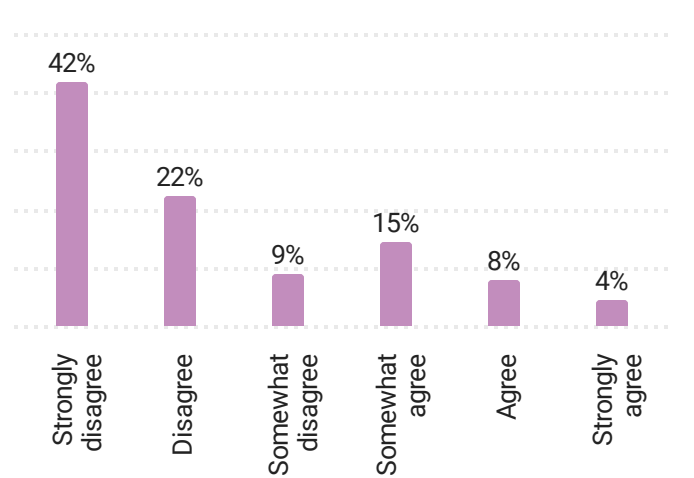
At times, I feel my success was due to some kind of luck.

379 Responses



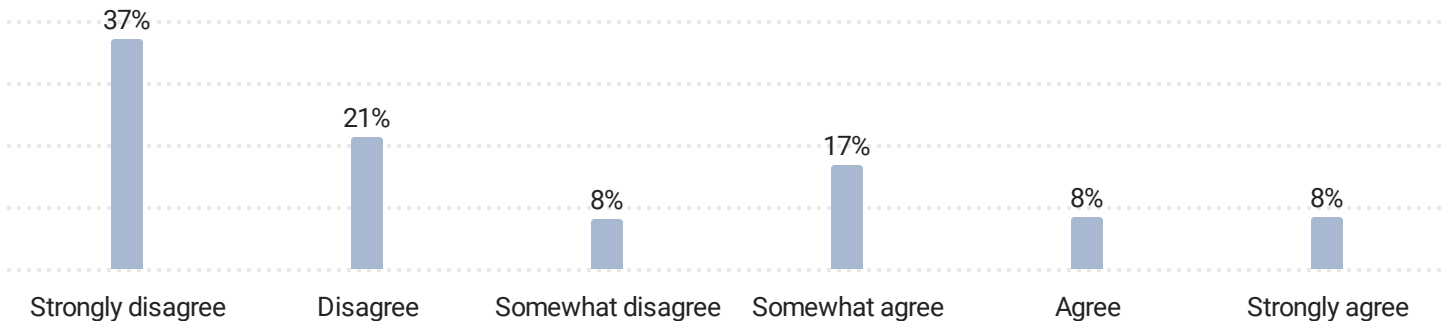
Sometimes I'm afraid others will discover how much knowledge or ability I really lack.

379 Responses



I often compare my ability to those around me and think they may be more intelligent than I am.

378 Responses

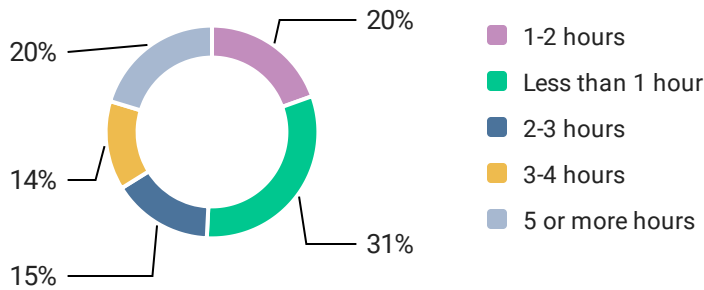


# HEALTH BEHAVIORS AND LIFESTYLE

## EXERCISE

In the past 30 days, about how many hours per week on average did you spend exercising?

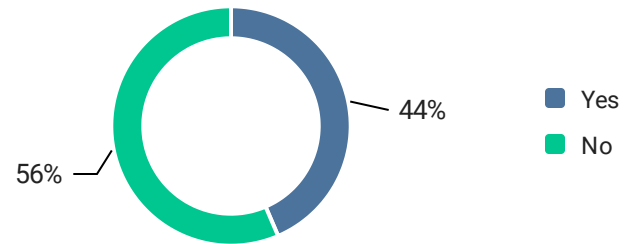
384 Responses



## ALCOHOL USE

Over the past 2 weeks, did you drink any alcohol?

388 Responses



## DRUG USE

Over the past 30 days, have you used any of the following drugs? (Select all that apply)

384 Responses

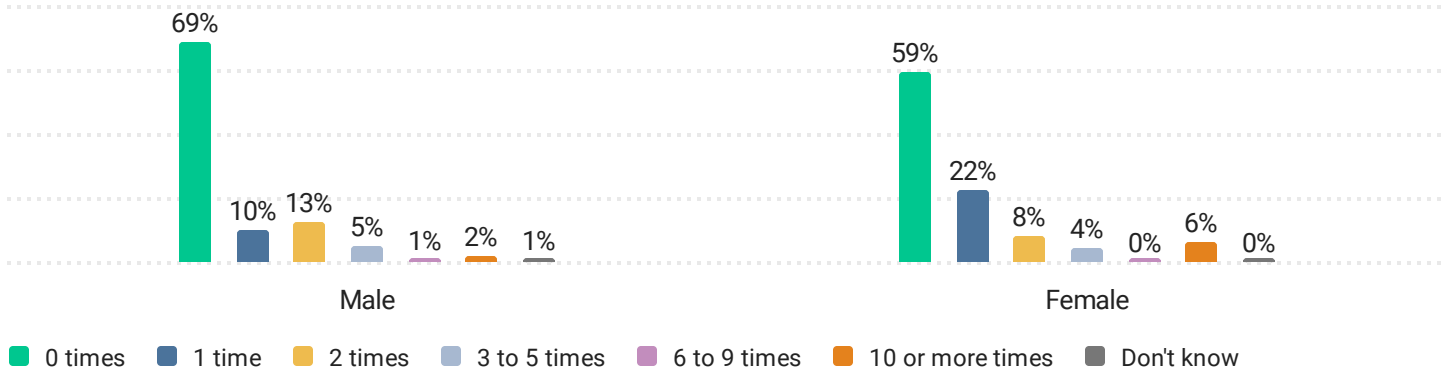
Substance	Percentage of Responses
Cocaine (any form, including crack, powder, or freebase)	1%
Heroin	1%
Methamphetamines (also known as speed, crystal meth, Tina, T, or ice)	1%
Other stimulants (such as Ritalin, Adderall) without a prescription or more than prescribed	1%
MDMA (also known as Ecstasy or Molly)	1%
Opioid pain relievers (such as Vicodin, OxyContin, Percocet, Demerol, Dilaudid, codeine, hydrocodone, methadone, morphine) without a prescription or more than prescribed	1%
Benzodiazepines (such as Valium, Ativan, Klonopin, Xanax, Rohypnal (Roofies))	3%
Ketamine (also known as K, Special K)	1%
LSD (also known as acid)	1%
Psilocybin (also known as magic mushrooms, boomers, shrooms)	1%
Kratom	1%
Cannabis products containing THC (including smoking, vaping, or edibles)	14%
Other drugs without a prescription	1%
No, none of these	84%

## BINGE DRINKING BEHAVIOR\*

During the last two weeks, how many times have you had 4 (if female or intersex), 5 (if male) or more drinks in a row?

\*Among participants with any alcohol use

168 Responses

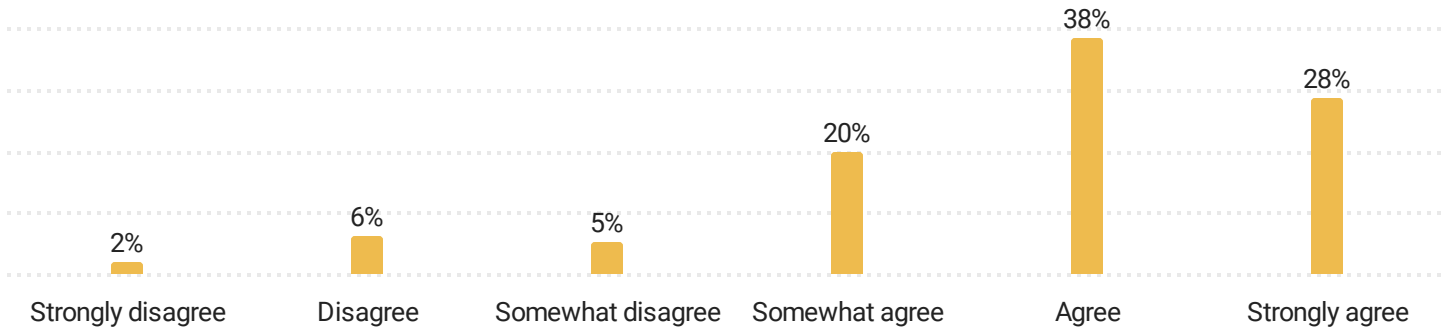


## ATTITUDES AND BELIEFS ABOUT MENTAL HEALTH SERVICES

### KNOWLEDGE OF RESOURCES

I know what mental health services, if any, are available for faculty and staff members at my institution.

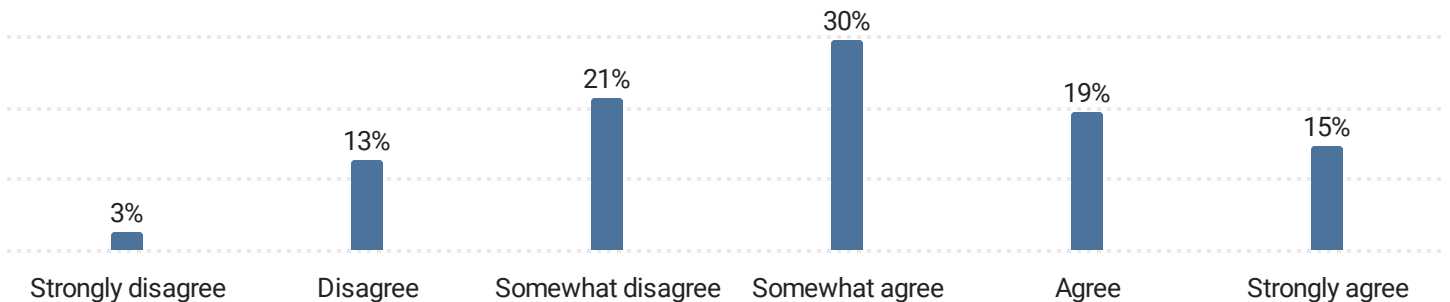
379 Responses



### ATTITUDE TOWARD RESOURCES

My institution should be investing more resources to support faculty and staff mental health and wellbeing.

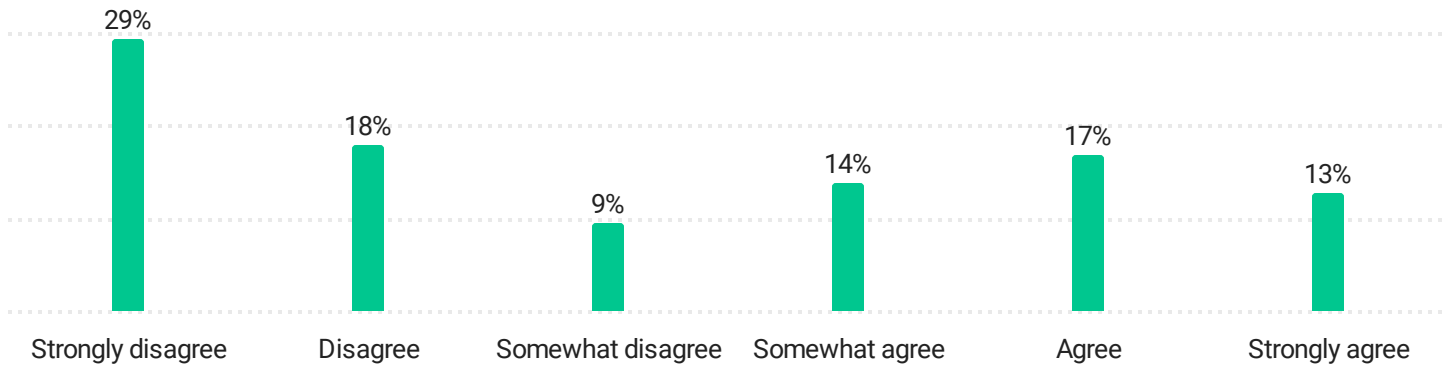
379 Responses



## PERCEIVED NEED (PAST YEAR)

In the past 12 months, I needed help for emotional or mental health problems or challenges such as feeling sad, blue, anxious or nervous.

379 Responses

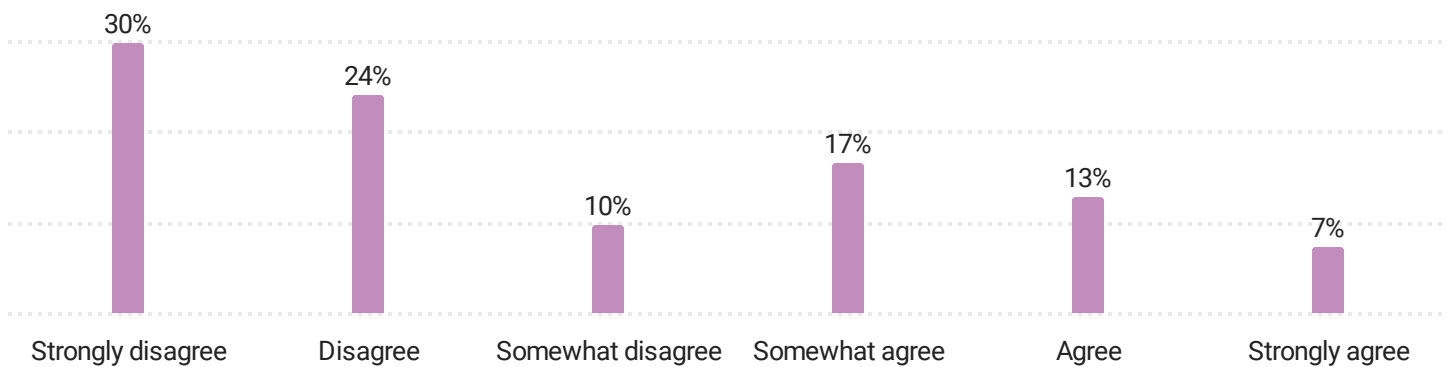


## PERCEIVED NEED (CURRENT)\*

I currently need help for emotional or mental health problems or challenges such as feeling sad, blue, anxious or nervous.

\*Among respondents who indicated they needed help for emotional or mental health problems in the past year

375 Responses

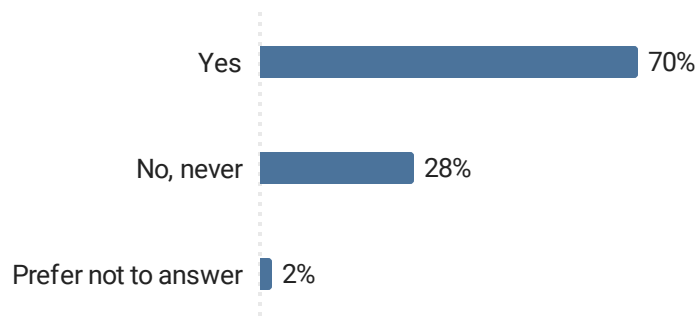


## USE OF SERVICES

### LIFETIME TREATMENT USE

In your lifetime, have you ever received mental health treatment (counseling, therapy, medications)?

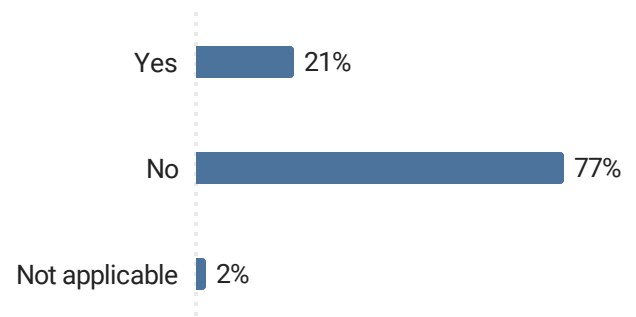
378 Responses



### CAMPUS RESOURCE USE

Have you utilized mental health or wellness resources for faculty/staff at your institution?

378 Responses



## BARRIERS TO SERVICES

In the past 12 months, which of the following explain why you **have not received** medication or therapy for your mental or emotional health? (Select all that apply)\*

\*Among respondents who indicated "No" to "Have you utilized mental health or wellness resources for faculty/staff at your institution?"

161 Responses

Factor	Percentage of Responses
I haven't had the chance to go but I plan to	4%
No need for services	74%
Financial reasons (too expensive, not covered by insurance)	11%
Not enough time	14%
Not sure where to go	7%
Difficulty finding an available appointment	3%
Prefer to deal with issues on my own or with support from family/friends	17%
Privacy concerns	4%
People providing services don't understand me	2%
Other (please specify)	3%
No barriers	6%

In the past 12 months, which of the following factors have caused you to **receive fewer services** (counseling, therapy, or medications) for your mental or emotional health than you would have otherwise received? (Select all that apply)

\*Among respondents who indicated "Yes" to "Have you utilized mental health or wellness resources for faculty/staff at your institution?"

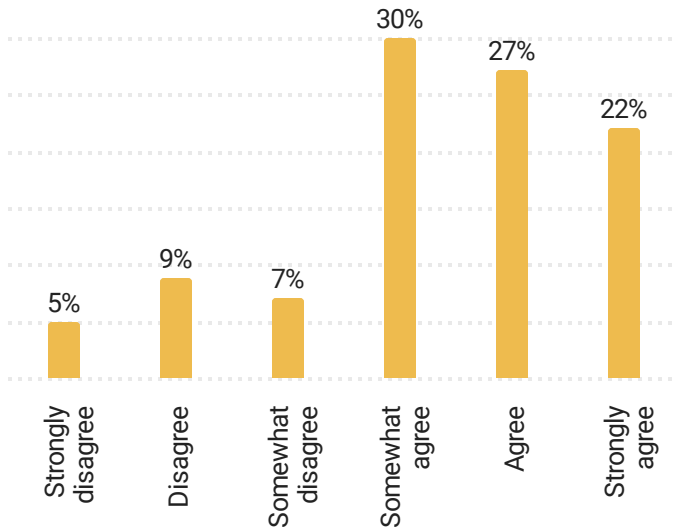
214 Responses

Factor	Percentage of Responses
No need for services	26%
Financial reasons (too expensive, not covered by insurance)	30%
Not enough time	33%
Not sure where to go	10%
Difficulty finding an available appointment	8%
Prefer to deal with issues on my own or support from family/friends	17%
Privacy concerns	5%
People providing services don't understand me	10%
Other reason(s)	10%
No barriers	18%

# SUPPORTING STUDENTS

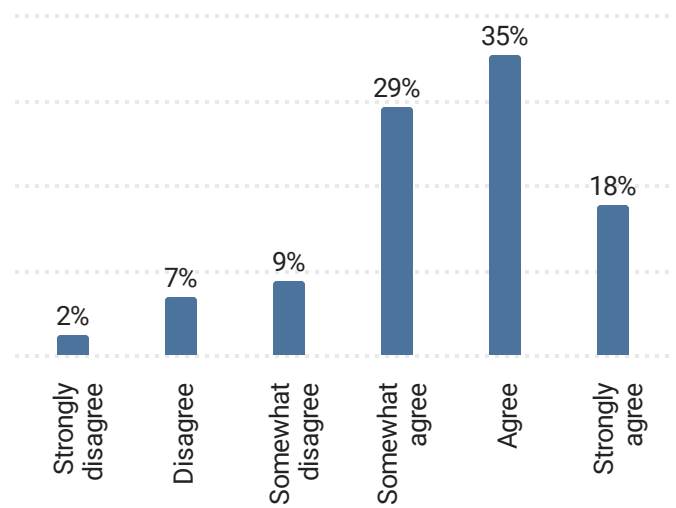
I am comfortable having conversations with students about their mental health.

350 Responses



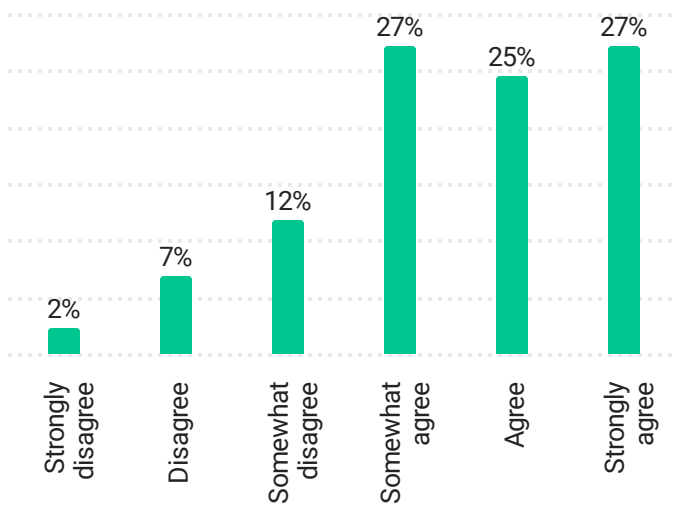
I have a good idea of how to recognize that a student is in emotional or mental distress.

353 Responses



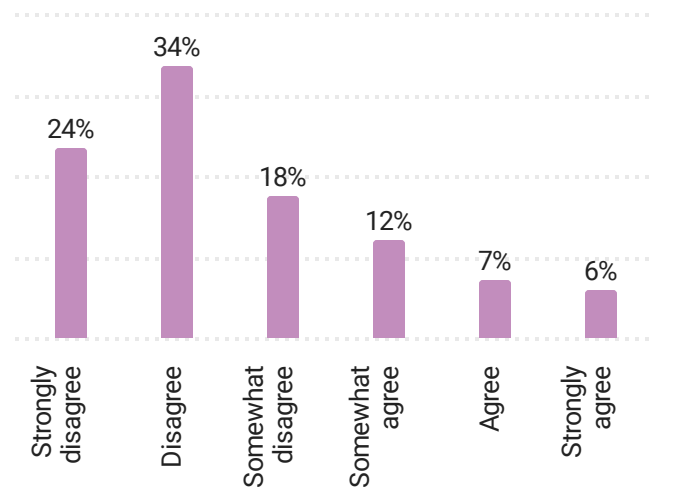
Student mental health problems are significantly worse now compared to when I began my career.

346 Responses



Supporting students in mental and emotional distress has taken a toll on my own mental and emotional health.

348 Responses



In the past 12 months, did you refer any students to resources for their mental health?

144 Responses

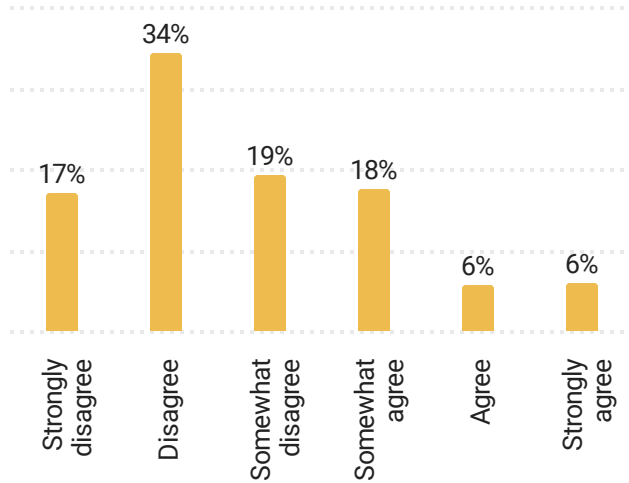
Field	Percentage
Yes, I referred 1 or 2 students.	40%
Yes, I referred 3-5 students.	26%
Yes, I referred 6-9 students.	5%
Yes, I referred 10 or more students.	9%
No, I did not refer any students to resources for their mental health.	20%

# CAMPUS CLIMATE

## PERCEPTIONS OF FACULTY/STAFF CLIMATE

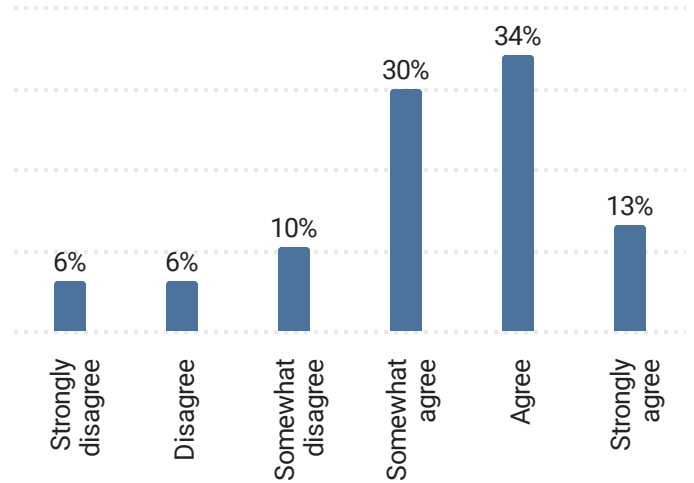
At my institution, the campus environment has a negative impact on faculty and staff mental and emotional health.

352 Responses



At my institution, faculty and staff mental and emotional health is a priority.

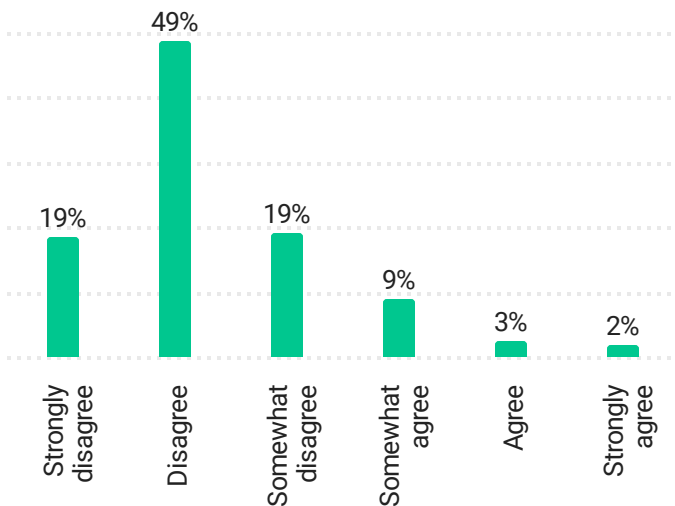
354 Responses



## PERCEPTIONS OF STUDENT CLIMATE

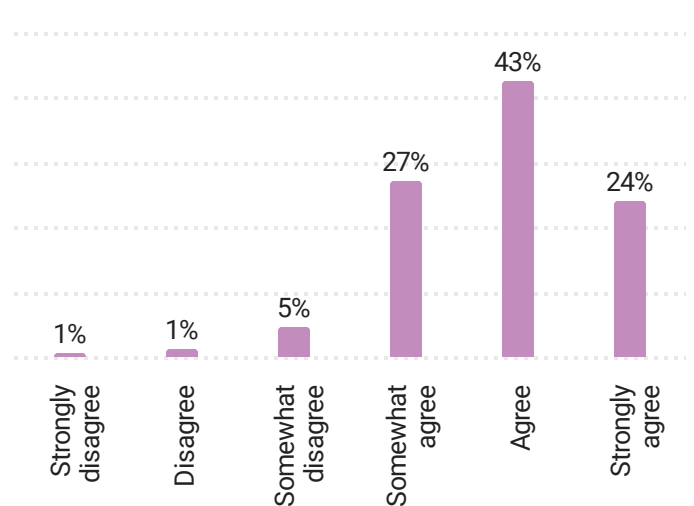
At my institution, the campus environment has a negative impact on students' mental and emotional health.

349 Responses



At my institution, students' mental and emotional health is a priority.

351 Responses



## REFERENCES

### MENTAL HEALTH SCREENINGS

Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2009). New measures of well-being: Flourishing and positive and negative feelings. *Social Indicators Research*, 39, 247-266.

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Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of Internal Medicine*, 166(10), 1092-1097.

### CONTACT

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