

2025 HEALTHY MINDS SURVEY HARVARD UNIVERSITY NATIONAL COMPARISON REPORT

SEPTEMBER 2025

The 2020 Report of the Task Force on Managing Student Mental Health made the recommendation that the University engage in ongoing efforts to regularly collect student mental health data. In Spring 2025, the University launched the Healthy Minds survey and asked **all Harvard degree-seeking students** to confidentially share information about their knowledge and attitudes toward mental health. Students were also invited to provide feedback on the services they utilize and the resources available on campus. Approximately 25% of the total student population of Harvard University responded to the survey (n = 5,957).

Harvard's Healthy Minds survey is part of a national study of young adult mental health (<https://healthymindsnetwork.org/hms/>). This report presents university-wide survey findings alongside the results from the national study, which includes over 100 U.S. higher ed institutions, including 53 private nonprofit colleges and universities that administered the survey in the 2024-25 academic year. All differences between Harvard and the national sample shown in this report are statistically significant ($p < 0.5$).

The survey was a joint initiative of the Office of the Associate Provost for Student Affairs and Harvard University Health Services, aimed at fulfilling its commitment to better understand students' experiences related to mental health and provide access to mental health resources. Specific survey items were selected for inclusion in this report due to their importance for benchmarking purposes. These survey items were then grouped into three areas of focus:

1. Mental Health

Harvard students reported higher levels of flourishing than their peers nationally. Rates of depression, anxiety, suicidality, and disordered eating at Harvard were lower than national averages but still represent significant concerns for a portion of the student body. Patterns of binge drinking were also present, with Harvard students reporting slightly higher rates than their national peers. These findings suggest that mental health and health-related risks remain important areas of focus for ongoing support and intervention.

2. Sense of Belonging

Most Harvard students report feeling connected to their peers and the campus community. At the same time, many students experience imposter syndrome, such as doubting their abilities or fearing that others may discover gaps in their knowledge. Students also noted feeling less informed than others about what was happening at Harvard. These findings suggest that while students generally feel supported and integrated within the community, imposter syndrome remains a meaningful challenge to their overall sense of belonging.

3. Utilization of Care and Services

Awareness of available mental health resources at Harvard is high, with most students indicating they know where to turn for support. Still, barriers such as lack of time and financial concerns continue to

limit access, whether by reducing the amount of engagement with care or preventing students from seeking services altogether. At the same time, actual utilization data from Counseling and Mental Health Services (CAMHS) show steady growth in demand, with year-over-year increases in initial consultations and the vast majority of students moving from these first visits into short-term or long-term therapy. These findings suggest that while knowledge of services is strong and many students successfully engage with care, ongoing attention is needed to reduce structural and personal barriers that limit access for others.

MENTAL HEALTH

Flourishing: Diener and Biswas-Diener (2009)ⁱ define flourishing as a measure of psychological prosperity. Students rated their perception of how well they are functioning in eight specific domains of their lives, including competence, self-respect, and optimism. An aggregate score for psychological and social function was then calculated. **When compared to the national sample (38%), Harvard students reported a higher rate of flourishing (47%).**

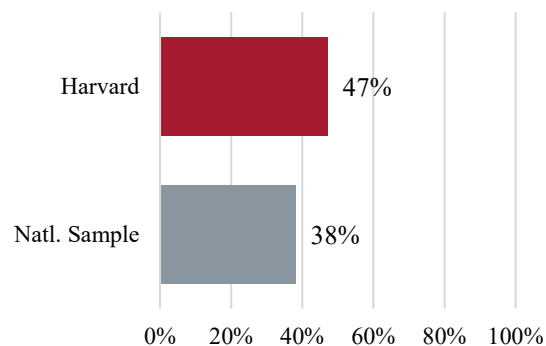


Figure 1. Flourishing Rates Among Harvard Students and the National Sample

Depression: The Patient Health Questionnaire-9 (PHQ-9) is a common tool to screen for depression that has been in use for over 20 years (Kroenke et al., 2001)ⁱⁱ. Students responded to items that asked whether they had experienced, in the last two weeks, symptoms including issues with concentration, feelings of worthlessness, etc. **Of Harvard respondents, 22% reported signs of depression, compared to 36% of the national sample.**

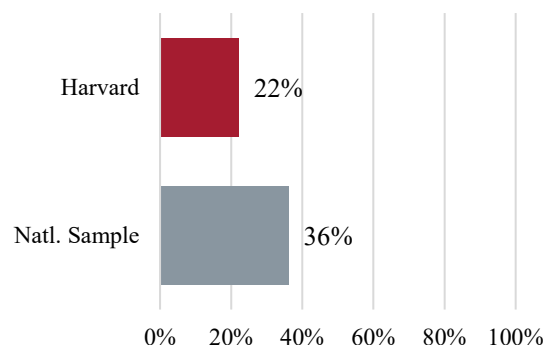


Figure 2. Depression Rates Using the PHQ-9 Among Harvard Students and the National Sample

Anxiety: The Generalized Anxiety Disorder-7 (GAD-7) is another self-report assessment for anxiety that has been in use for nearly 20 years (Spitzer et al., 2006)ⁱⁱⁱ. Like the PHQ-9, the GAD-7 asks respondents to report on symptoms experienced over the last two weeks, including nervousness and irritability. **At Harvard, 23% of students reported experiencing anxiety, whereas nationally, 32% of students reported experiencing anxiety.**

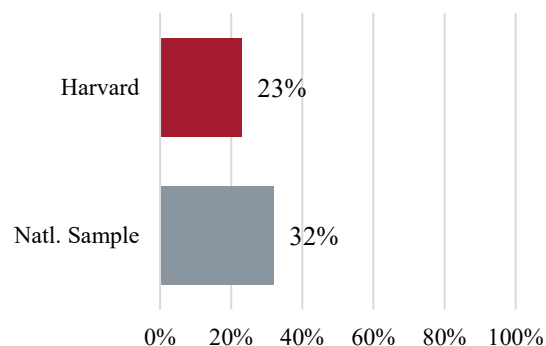


Figure 3. Anxiety Rates Using the GAD-7 Among Harvard Students and the National Sample

Suicidality: Suicidality is not limited to suicide attempts but encompasses behaviors and thoughts surrounding suicide. Students indicated whether they seriously thought about attempting suicide, made plans for attempting suicide, or attempted suicide within the past year. While a 0% suicidality rate is unrealistic, striving for a low percentage is crucial. **Harvard students reported a lower suicidality rate (7%) as compared to the national sample (17%).**

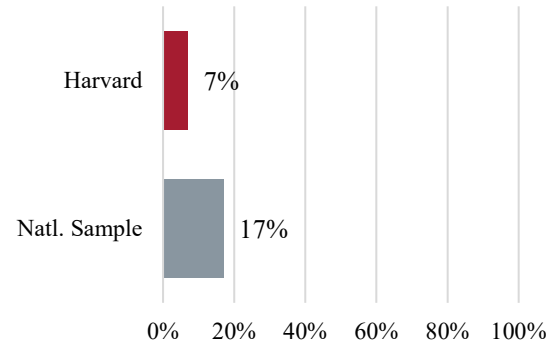


Figure 4. Rates of Suicidality Among Harvard Students and the National Sample

Disordered Eating: The Screen for Disordered Eating (SDE) is a self-reporting tool that has been in use since 2018 (Maguen et al., 2018) ^{iv}. Students responded to items that asked about behaviors such as stress eating or vomiting to control their weight. **The percentage of Harvard students who screened positively for disordered eating (26%) was close to, but still lower than, the prevalence of disordered eating in the national sample (28%).**

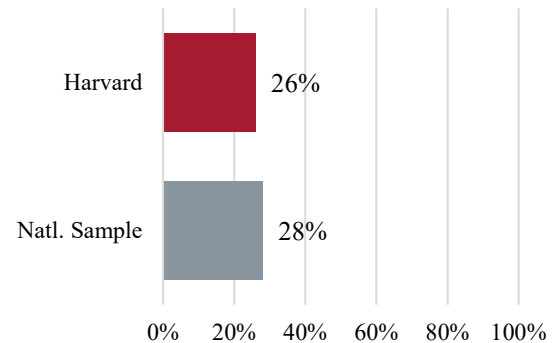


Figure 5. Rates of Disordered Eating Among Harvard Students and the National Sample

Binge Drinking: The National Institute on Alcohol Abuse and Alcoholism (NIAAA) ^v defines binge drinking as consuming four or more drinks for women and five or more drinks for men on a single occasion. **Using this definition, 29% of Harvard students reported engaging in binge drinking one or more times during the two weeks prior to the survey, compared to 26% of students in the national sample.**

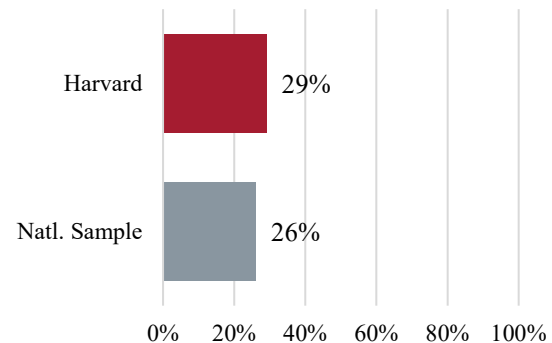


Figure 6. Rates of Binge Drinking Among Harvard Students and the National Sample

SENSE OF BELONGING

Belongingness: A sense of belonging reflects how connected and supported students feel within their campus community. This sense of belonging is a key component of student well-being and engagement, and the survey included items designed to capture students' experiences of community connection. A majority of Harvard students reported positive perceptions of belonging, including fitting in at school (81%) and seeing themselves as part of the campus community (83%). Just over half felt connected to campus life (56%), though 45% of Harvard students also reported feelings of isolation. Additionally, 68% of students felt that others understood more about what was happening at Harvard than they did.

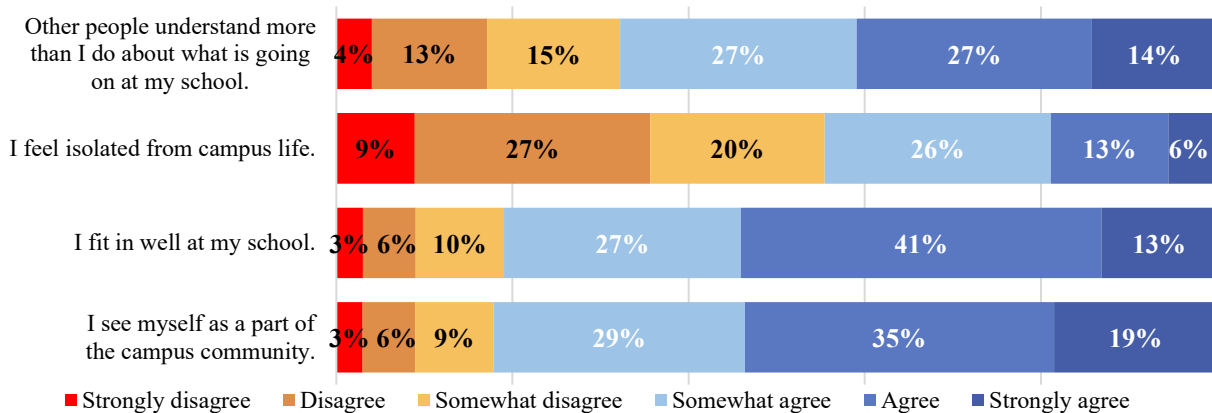


Figure 7. Perceptions of Belongingness Among Harvard Students

Imposter Syndrome: Imposter syndrome reflects feelings of self-doubt and the belief that one's accomplishments are undeserved despite evidence of competence. To better understand how this phenomenon affects Harvard students, two custom questions were included in the survey. More than half of Harvard students (61%) reported that they often compared their ability to those around them, thinking that those individuals may be more intelligent than they are, and a little more than half of Harvard students (52%) indicated that they were afraid that others would discover how much knowledge or ability they lacked.

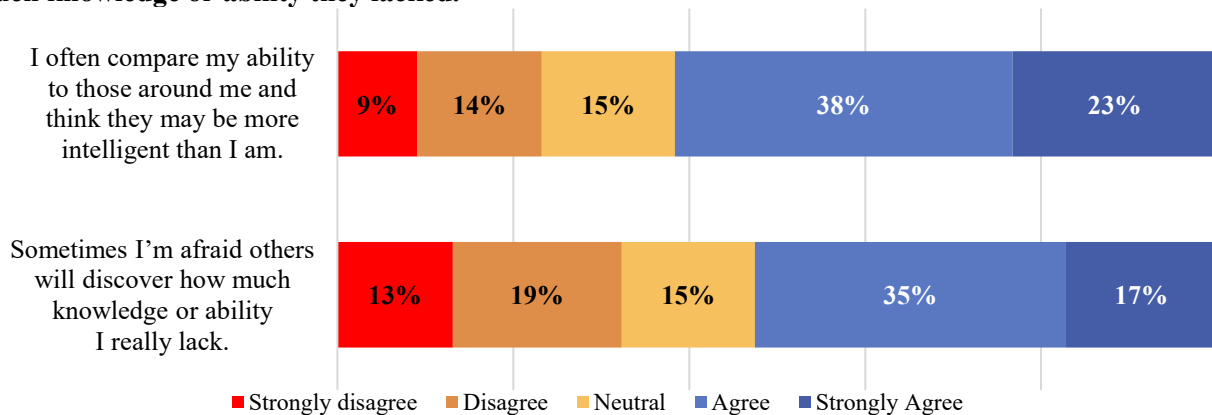


Figure 8. Perceptions of Imposter Syndrome Among Harvard Students

UTILIZATION OF CARE AND SERVICES

Knowledge of Services: While Harvard students have many avenues to express concerns about their mental health and well-being, the utilization of mental health care and services depends not only on the students' willingness to seek help, but also on their awareness of what resources are available. **Overall, 89% of Harvard students indicated having knowledge of mental health care and services available to them, compared to 83% of students in the national sample.**

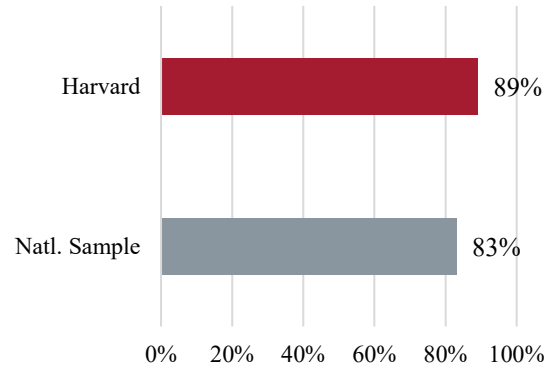


Figure 9. Rates of Awareness of Mental Health Care Services Among Harvard Students and the National Sample

Barriers to Care Among Students Using Fewer Services: Beyond awareness of resources, other factors can limit students' access to mental health care. The chart below shows the top five barriers reported by Harvard students who had received some form of care in the past year, yet indicated they received *fewer services* than needed. **Lack of time was the most frequently reported barrier, cited by 38% of Harvard students compared to 33% nationally. Financial reasons showed the largest gap, with 33% of Harvard students identifying this as a barrier compared to 27% of the national sample.** These rankings were consistent for Harvard students who screened positive for depression or anxiety.

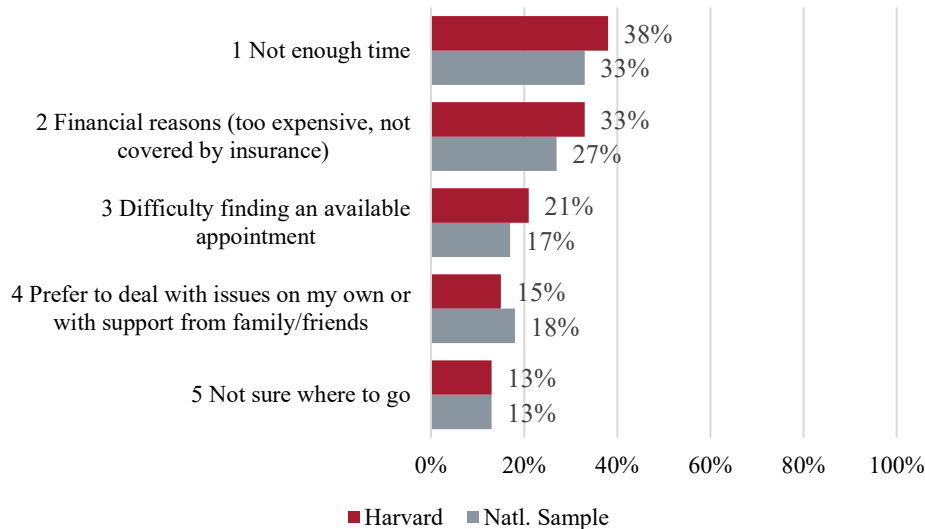


Figure 10. Rates of Barriers to Receiving Fewer Mental Health Services Among Harvard Students and the National Sample

Barriers to Care Among Students Who *Did Not Seek Any Services*: Among Harvard students who did not seek care in the past year, **lack of time emerged as the most frequently reported barrier, cited by 20% of students compared with 17% nationally.** An additional 20% of Harvard students indicated a preference for managing concerns on their own or with family and friends, closely aligning with 21% of the national sample. Although financial reasons were a notable barrier among students receiving fewer services, **only 9% of Harvard students identified finances as a barrier to receiving any services, compared with 14% nationally.** These findings were consistent among Harvard students who screened positive for depression or anxiety.

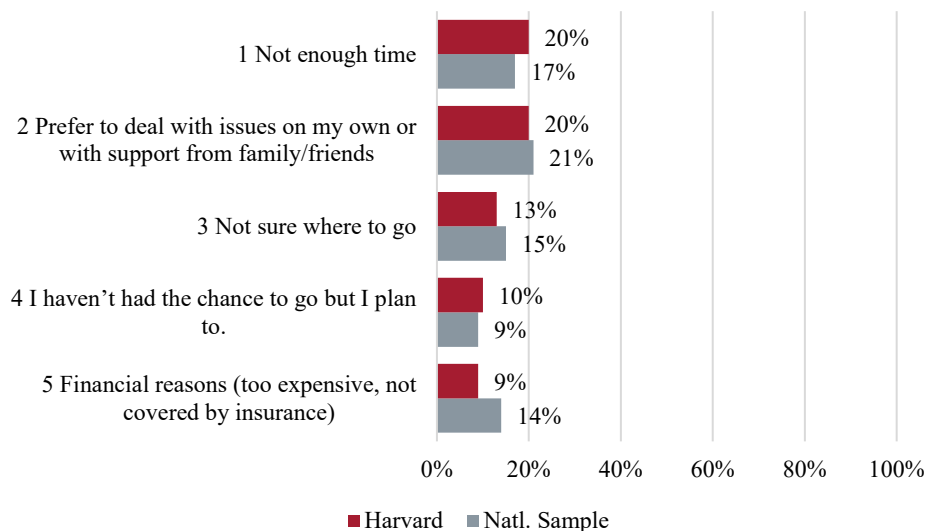


Figure 11. Rates of Barriers to Receiving Any Mental Health Services Among Harvard Students and the National Sample

Counseling and Mental Health Services (CAMHS) Utilization: Survey data and actual utilization rates provide important insight into student help-seeking. CAMHS often represent students' first steps toward engaging with mental health care. CAMHS clinical providers often serve as the gateway to ongoing therapy, medication management, or referral to specialized care. Overall, **initial consultations rose by 14% during the last academic year.** Of those students who completed an initial consultation, **approximately 85% went on to seek additional therapy.** The remainder sought other approaches or found that the initial consultation was sufficient. Additionally, **wait times for initial consults have decreased from several weeks to just 0–3 days.**

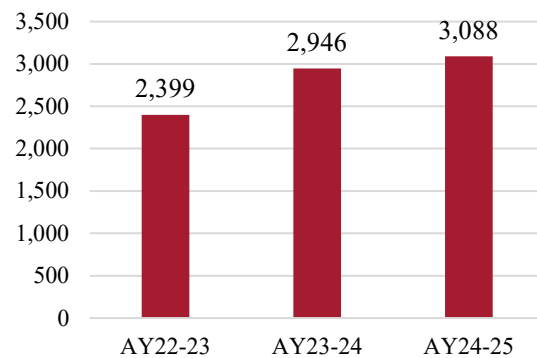


Figure 12. Year-over-Year Growth in Initial Consultations at Harvard's CAMHS

CAMHS Awareness vs. Actual Utilization:

Awareness does not necessarily equate to utilization. According to the survey results, Harvard students may not need or choose to use a service even if they know it exists. CAMHS was both the most widely recognized and the most utilized resource. By contrast, the CAMHS Cares 24/7 Line was the second most well-known but had the lowest use. TimelyCare had the lowest awareness but higher utilization than the 24/7 line. **Survey results show that Harvard students' awareness of mental health resources is consistently higher than actual use.**

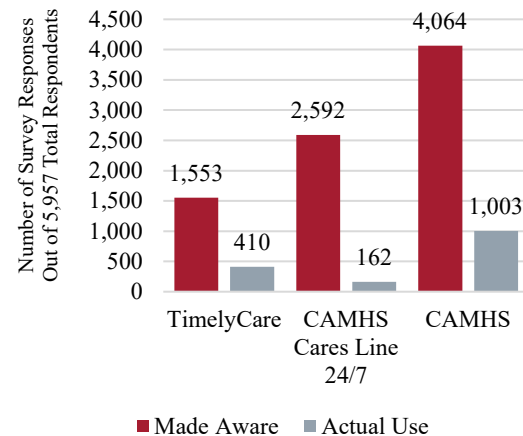


Figure 13. Awareness of Campus Mental Health Resources Was Consistently Higher Than Actual Use

ⁱ 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. <https://doi.org/10.1007/s11205-009-9493-y>

ⁱⁱ Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9), 606–613. <https://doi.org/10.1046/j.1525-1497.2001.016009606.x>

ⁱⁱⁱ Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine*, 166(10), 1092–1097. <https://doi.org/10.1001/archinte.166.10.1092>

^{iv} Maguen, S., Hebenstreit, C., Yongmei, L., Dinh, J. V., Donalson, R., Dalton, S., Rubin, S., & Masheb, R. (2018). Screen for Disordered Eating: Improving the accuracy of eating disorder screening in primary care. *General Hospital Psychiatry*, 50, 20–25. <https://doi.org/10.1016/j.genhosppsych.2017.09.004>

^v National Institute on Alcohol Abuse and Alcoholism. (n.d.). *Understanding binge drinking*. Retrieved August 2025, from the NIAAA website