Music Education Majors and Mental Health: A Follow-up Study

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Abstract

Music education majors across the United States (N = 1029) self-reported indicators of depression, anxiety, personality, and stress. According to the results, music education majors are highly busy, and report elevated levels of stress as compared to their peers. Semester enrollment averages include: 18.5 hours (including 0 credit courses) a semester, rehearsing an average of 9.08 hours a week, and a majority of whom work an average of 13-15 hours a week all while reporting high perceived stress levels. Furthermore, 74% of respondents required additional screening on the DSM-V for depression with over 70% exhibiting symptoms of moderate or severe depression; whereas, 84% of the respondents required additional screening for anxiety with over 74% showing signs of moderate and severe anxiety. Both series of results represent significant increases from the original study. The discussion provides possible explanations and suggestions for future considerations regarding music education majors and mental health.

Keywords: depression, anxiety, mental health, music education, music teacher education

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Mental health concerns (primarily anxiety and depression) remain a topic of concern among college students according to an array of reports (ACHA, 2019; Eisenberg & Lipson, 2017; Zivin, et al., 2009). While many factors often interfere with receiving a specific diagnosis, students still feel the pressure, stress, and overwhelming symptoms of anxiety and depression throughout their time on campus. Music students share that they are keenly aware of these issues and experience them on a daily basis (Payne, et al., 2018). Given the rigorous degree requirements, it is no surprise that music education students report factors such as public performances, studio classes, master classes, rehearsals, and academic success as impacting their mental health. Focusing on these requirements has resulted in students placing academic and musical success above their mental or physical health (Payne, et al., 2020b). Could these findings represent a trend if they remain consistent with music education majors over time? An examination of current music education students and their daily lives could provide insight into whether the findings of Payne, et al., (2020b) represent a one-time anomaly or an emerging trend worth additional investigation.

Mental Health and College Students

Researchers across a variety of disciplines have revealed the impact of mental health on the collegiate community (ACHA, 2019; Allen, 2015; Eisenberg, et al., 2007; Eisenberg, et al., 2009; Hunt & Eisenberg, 2010). They asserted that while colleges and universities have more frequently addressed mental health as a critical issue, efforts have fallen well short of sufficient given its broader impact upon graduation and entrance into the workforce. Many experts have suggested that carrying unaddressed mental health issues into the jobs sector could lead to professional burnout (Bernhard, 2007), ineffective or unhealthy coping strategies (Bland, et al.,

2012), or substance abuse if they continue in their current profession (Levine, 2017). Given this emergence of literature on the critical nature of mental health in college-aged students, colleges and universities should focus on developing a transition from awareness to action.

Differentiating indicators of mental health issues from emotional episodes remains a precarious issue for college students. They are also often inefficient in developing effective coping mechanisms (Levine, 2017); conversely, they are affected by the turbulent ideas and feel anxious confronting the various pressures resulting in potential psychological crises if not identified and addressed early in the process (ACHA, 2019). The inability to address and detect mental health issues such as depression, anxiety, and stress can adversely affect anyone, especially college students. During the 2018 Academic Year, 87.4% of college students surveyed for the National College Health Assessment (NCHA)[1] reported feeling overwhelmed by the breadth and depth of their responsibilities across multiple paradigms (ACHA, 2019). As a result, college students become more susceptible to mental health issues (e.g. depression, anxiety, and stress), which could negatively affect their academic performance and general well-being.

Over 55% of students also shared they felt overwhelming anxiety, extreme hopelessness, and loneliness during that same academic year (ACHA, 2019). Additionally, some students reported that they were diagnosed or sought treatment for anxiety (24.3%) and depression (20%) within the last 12 months prior to completing the survey (ACHA, 2019); however, many students often choose not receive treatment despite its increased accessibility. Common barriers often reported by students preempting the seeking of treatment include: (a) a lack of perceived need for help, (b) a skepticism about the effectiveness of treatment, (c) being unaware of insurance

[1] The National College Health Assessment (NCHA) is an assessment administered by the American College Health Association (ACHA). NCHA will be used when referring to the assessment itself while all citations will refer to ACHA, the entity that designs and administers the assessment.

coverage or services offered, and (d) socioeconomic or cultural factors (Eisenberg, et al., 2007). Past research has also suggested that affordability is likely not a barrier for students since more than 90% of students in some samples hold active health insurance policies while attending an institution that offers complete mental health services; however, students' stigmatizing attitudes regarding mental illness correlated with lower help-seeking behaviors (Eisenberg, et al., 2009). This documented stigma revealed itself as a conundrum since students do not think less of those who seek help yet refuse to seek help because of the stigma that others will think less of them for such an act (Eisenberg & Lipson, 2017). Furthermore, campuses that support mental health awareness and treatment are more likely to see a higher percentage of students take advantage of these services, especially those who reside on campus and possess active coping skills (Sontag-Padilla, et al., 2016).

Mental Health and Music Education

Given the pressures experienced by music education majors (Payne, et al., 2020b; Wristen, 2013; Sternbach,2008) the connection between stress and mental health concerns could provide valuable insight to developing effective coping strategies based on their interactions with others and their current environments. Payne, et al. (2020b) identified stress as an emerging factor where music education students (N = 1303) reported an elevated average stress level (M = 7.12, SD = 1.97) prompted with a 10-point scale ranging from no stress (1) to overstressed (10). While participants self-reported these data within the study, their perceptions indicated a point of concern for researchers examining the current stress level and mental health of music education majors. The primary issue associated with an elevated stress level is the "vicious cycle" in which stress envelops its targets (Wheatley, 1997). Wheatley (1997) also suggested that stress resided at the epicenter of this cycle and directly influenced a multitude of factors including anxiety,

depression, sleep disturbance, unhealthy coping mechanisms, and physical illness. Furthermore, those who combat high stress levels often shared a common predicament: “When stress is long-continued, depression may develop insidiously under the cloak of continuing anxiety symptoms. Depression inhibits the ability to cope with stress and so a ‘vicious circle' becomes established, depression aggravating stress and vice versa” (Wheatley, 1997, 173). Given the comorbidity regarding the symptoms of stress, anxiety, and depression (Mostcati, et al., 2016), our study will not attempt to distinguish or diagnose based on any reported symptoms due to the inherently difficult nature of the subject. Our sole focus is reporting the current state of mental health for collegiate music education students.

Another area of emerging interest focused on the personality of musicians, specifically, music education students (Bandi, et al., 2017; Kemp, 1996; Payne, 2009). Personality often informed one’s feelings and guides decision making daily and is intimately connected with one’s mental wellbeing (Purvis, Howell, & Iyer, 2011). Considering the time commitment and daily habits of musicians, adding personality as a dimension of consideration will allow for determining the role of personality in contributing to or help in avoidance of stress in any given situation.

Music students have often shared that they are overextended (Payne, et al., 2020b). On average, music education students were enrolled in 16 hours a semester, carry two courses for no credit, spend 10 hours a week in rehearsals, practice 7 hours a week, all while maintaining a work schedule to provide enough income to make ends meet for both tuition and rent (Payne, et al., 2020b). Wristen (2013) and Sternbach (2008) also described the performance anxiety mixed with elevated levels of anxiety and depression of music education students. While neither study reported statistically significant results, the researchers surmised that anxiety and depression play

an increasing role in informing the learning environment and collegiate experience of every student.

Music researchers have suggested that placing a concerted effort on addressing the long-term effects of stress within music students should be at the forefront of any discussion regarding mental health and music majors (Orzel, 2010; Sternbach, 2008). This impact is framed in many contexts including healthy approaches to coping (Allen, 2015; Kuebel, 2019), professional burnout (Bernhard, 2010), and academic impact (Teasley & Buchanan, 2016). Music students are considered unique as compared to their university counterparts (Sternbach, 2008); however, they also share some similarities. The testing culture, inclusion of dual credit and Advanced Placement exams, and elevated entrance expectations have all played a role in inducing some level of stress among prospective college students (Suldo & Shaunessy-Dedrick, 2013). Conversely, music students often differ from their university counterparts in the number of courses enrolled as well as outside expectations required based on content (Payne, et al., 2018).

Over the course of the past several years, a search for effective coping strategies has been identified and outlined (Kuebel, 2019) to begin addressing mental health for music education majors. The impetus for such research is not only to focus on the physical and mental health of the students, but to maintain the vibrancy of the students in their transition into music teachers. Therefore, the primary purpose of this study was to revisit the current state of mental health among collegiate music education students as first reported by Payne, et al. (2020b) with respect to indicators of depression, anxiety, stress, personality, and daily lives by: (a) comparing a profile of music education students regarding personal, professional, and academic life to what we currently know, (b) identifying help-seeking behaviors and hindrances currently perceived, and (c) investigating any relationships between emerging and current factors.

Method

Given the nature of mental health, the definitions and common symptoms of each mental health topic are provided below for clarity of method, analysis, and discussion. The American Psychological Association (APA, 2020b) defines anxiety as "an emotion characterized by apprehension and somatic symptoms of tension in which an individual anticipates impending danger, catastrophe, or misfortune" (APA, 2020b). Those who share their experiences with anxiety often report symptoms such as sweating, dizziness, increased heart rates, or panic, and often in response to the inability to avoid scenarios that amplify these actions or emotions (APA, 2020b).

Depression is operationally defined as "a negative affective state, ranging from unhappiness and discontent to an extreme feeling of sadness, pessimism, and despondency, that interferes with daily life" (APA, 2020a) and is widely considered the most diagnosed disorder (APA, 2020a). Those diagnosed with depression frequently report physical changes comprised of sudden weight loss, insomnia, disinterest in normal activities or fatigue. Additionally, mental health professionals consider both anxiety and depression to be comorbid (Moscati, et al., 2016) given the frequency with which they are diagnosed together and the fact that patients often present with an overlap of the common symptoms.

While comorbidity reveals a dimension of complexity when initially investigating populations regarding both anxiety and depression, the current study will focus on identifying symptoms and the current mental state of music education majors as accurately as possible. Therefore, anxiety and depression are measured in this study using the *Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition (DSM-5)* upon the recommendation of local mental health professionals. The *DSM-5* asks that participants respond to a variety of screening

questions (Level 1) on a scale of 1-5 (never – always, respectively) and receive additional prompts if they answer mild (3) or above on any of the level questions. If prompted, participants then respond to a series of Level 2 questions on a scale of 1-5 (never – always, respectively) designed to determine the extent to which they exhibit the respective mental health symptom. At minimum, participants would respond to 19 statements with the possibility of initiating 23 additional statements based on their responses. The American Psychiatric Association reports the reliability, validity, and established these protocols as documented in the DSM-5 manual (APA, 2013).

Another foundational component to define is stress, which the APA defines as "the physiological or psychological response to internal or external stressors." Stress is an innately human experiences defined by the reactions to daily events and is not dangerous, in and of itself (APA, 2020c). Effectively managed, stress leads to growth both mentally and physically; however, the issues arise when the daily pressures start to interfere with daily routines and procedures that lead to negative reactions within one's health. Headaches, fatigue, and loss of sleep comprise the common symptoms of almost 75% of those who report high stress levels (APA, 2020c). Stress is measured in this study employing the *Perceived Stress Scale* (PSS) (Cohen, et al., 1983) where participants respond to 10 individual statements to capture a response to their current stress level. Cohen, et al. (1983) provide norms for all demographics as they relate to perceived stress levels and report a reliability coefficient of $r = 0.84$.

Given the scope of the current study, using the Big 5[2] as the lens through which to best measure a musician's personality emerged as the most effective option. Reporting an average reliability coefficient of $r = 0.84$, Saucier (1994) developed a set of mini-markers to quickly and

[2] Big 5 is a term used to describe personality in five categories that have two poles. The five areas are extraversion, agreeableness, conscientiousness, openness, and neuroticism (De Raad, 2000).

efficiently determine the extent to which an individual identifies with the five unipolar qualities of the Big 5. Considering the brevity of the measure and the scope of our study, we included the mini markers as a section within the survey.

The Instrument

We modeled the survey instrument administered in the current study after the one designed in Payne, et al. (2020b), which contained three primary sections, (a) demographics, (b) daily life questions, and (c) the DSM V.[3] After a thorough consultation with current music education faculty, we optimized the construction of the survey by eliminating questions that did not directly address our research foci[4] and added others in the demographics section to capture a better description of the current population of music education majors.[5] Referring to both feedback from the pilot and review of the related literature, questions added to the instrument included (a) a reporting of screen time on both mobile devices and laptops/TVs, (b) specific measures of stress, and (c) questions regarding personality.[6] Upon completion of all edits and solicitation of reviews from music education faculty, the final instrument included three distinct sections: (a) demographics, (b) stress, stressors, and personality, and (c) the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders Edition 5* (DSM–5).[7]

We developed and administered the survey using Qualtrics Survey Software. The implementation of safeguards employed in the design process allowed us to maintain and ensure

[3] A copy of the survey is included in Appendix A.
[4] The eliminated questions covered a range of demographic questions from specific ensemble enrollment to instrument or voice parts. These nominal data served no function in the investigation of music education majors and mental health at the current time.
[5] Questions added to the survey instrument included screen time practices, a perceived stress scale, and a short personality inventory.
[6] These questions are tied to both the feedback from the instrument pilot and studies listed in the review of the literature.
[7] Please see the online appendices for examples of both surveys.

anonymity through masking all IP addresses while removing any additional identifiers prior to the collection and analysis of all data. Additional security measures included implementing the "Prevent Ballot Box Stuffing" option as a guard against multiple entries regardless of the method through which the participants learned of the study. Given that (a) students are much more honest and likely to anonymously respond when self–reporting to sensitive questions than other methods (Aday, 2006) and (b) the APA designed the DSM–V to screen for mental health through self-reporting, we chose to employ these aligned procedures throughout the entire study (invitation, cover page of the survey, and the submission debriefing). While this structure presented some potential issues regarding the inability to follow up, clarity in tracking accurate response rates, and potential for a small response, we felt that the anonymity that the current process provided allowed for the most honest and introspective view of current music education majors.

Participants responded to a variety of items providing comprehensive demographic and environmental data. Upon completion of these opening sections, students reported on a wide range of items focused on measuring personality (Saucier, 1994; Saucier, 2005), stress (Cohen, et al., 1983), and mental health indicators (depression, anxiety, and sleep disorder). Data collected through the DSM-V (APA, 2013) allowed us to determine mental health in two steps: (a) Level 1 and (b) Level 2 items. All participants answered Level 1 questions [19 total]; whereas, participants only answered Level 2 questions [23 possible] if they responded "Mild" or above on any of the statements in a given category. The responses in Level 2 allowed us to measure the extent to which the participants exhibited the mental health indicators. Upon closing of the survey, we retrieved the data from Qualtrics and organized the responses for efficiency of analysis. Using both Excel and SPSS we developed a comprehensive demographic view of music

education majors nationwide and applied a wide range of analyses including standard measures of central tendency, linear correlations, independent-samples *t* tests, and multiple regression to continue defining the current state of mental health among this population while identifying any emerging factors or predictors that could shed light on this important topic.

Procedures

Given the scope and breadth of music education majors' enrollments, we employed two separate distribution procedures to ensure we contacted as many music education majors as possible. The first process involved securing the services of the National Association for Music Education's (NA*f*ME) comprehensive email database. Once approved, Na*f*ME distributed recruitment emails to all collegiate members spanning the current membership. In sum, 6,079 music education majors received a recruitment email with 2772 opening the email and 600 click throughs, which accounts for just over half of the participants. In this process, NA*f*ME sent out an initial email containing the recruitment letter and link followed by two follow-up emails spaced out at two-week intervals.

Understanding that not all music education majors were members of Na*f*ME, we designed a secondary recruitment process that included the stratified selection of 195 Universities covering all 50 states of whom the research team identified as offering a music education program. The first criterion in selection comprised developing a list of institutions that offered music education as a major for each state. Once established, we used the current National Association of Schools of Music (NASM) member list as the first exclusionary criterion. Upon finalizing the list, we separated the remaining institutions into their NA*f*ME regions. In the final step of the process, we randomly selected institutions for participation from each region ensuring representation from each state while maintaining proportionality. Once finalized (N = 195), we

identified the music education heads at each institution and sent an email and one follow-up (if no initial response) inviting them to participate in the current study. Upon receipt of acceptance (non-respondents were eliminated from inclusion), respondents received a recruiting email to be forwarded to all current music education majors attending their respective universities. Our contacts agreed to send the initial email containing the recruitment letter and link followed by two follow-up emails spaced out at two-week intervals to remain consistent with the Na*f*ME counterparts. In all, universities (n = 55) distributed approximately 1,100 emails to prospective participants to their respective music education majors.

Results

Participants

Participants (N = 1029) comprised music education majors across forty-seven of the fifty United States. A majority (84.4%) identified as white with Hispanic (5.65%), African-American (3.35%), and Asian-American (2.93) representing most of the remaining participants. Sixty six percent (66.18%) identified as female with 3% reporting as Non-Binary. The average age of participants (M = 20.15, SD = 2.84) indicated a balance of ages with Freshmen (33.09%) and Seniors (25.45%) representing the two most populated classifications. Students reported to attend primarily public institutions (73.72%) a majority of whom matriculate over 10,000 students (64.6%). These results appear to be consistent with Elpus (2015) who found similar demographics when reviewing national data on graduates registering for the *Praxis Music: Content Knowledge Exam* offered by *Education Testing Systems*.[8] While only upperclassmen typically enroll to take the *Praxis Music: Content Knowledge Exam*, the similarity in

[8] The Music: Content Knowledge exam is administered as a certification exam in many states leading to music teacher licensure.

representation indicates general alignment with the current demographics of music teacher education candidates and allows for some implications to be drawn based on the current data set.

Most students (50.68%) chose to live off campus and maintain employment in some fashion (57.49%). Students who held jobs reported working 13.66 hours (*SD* = 9.00) for an average of 3.28 days a week (*SD* = 1.53). All the while, they enroll in an average of 16.25 credits (*SD* = 3.72), 2.41 ensembles (*SD* = 1.46), and 1.60 0-credit courses a semester[9] (*SD* = 1.96). When combined, these data indicate that students consistently enroll in coursework/ensembles requiring over 25 hours of contact per week.[10] Specifically, students reported spending an average of 9.08 (*SD* = 5.53) hours a week in rehearsal and 7.2 hours (*SD* = 4.51) a week in the practice room. In contrast, students only reported less than two hours a week in which they participate in any physical exercise and just over 6 hours of sleep per evening (*M* = 6.33, *SD* = 1.33). Furthermore, students reported spending over 45 hours a week on electronic devices through engaging in mobile devices (*M* = 24.04, *SD* = 16.46, Median = 20) and laptops (*M* = 21.65, *SD* = 16.46, Median = 19). In short, music education students remain busy and engaged through a variety of pathways while attempting to complete the requirements for their bachelor's degree.

Mental Health Indicators

Depression

Seventy-four percent of respondents (74.09%) initiated the Level 2 questioning regarding depression indicating some awareness or exhibition of traits synonymous with depression.

[9] 0-Credit courses refer to ensembles or classes within the music curriculum in which you enroll but receive 0-credit (i.e. additional ensembles, recital attendance, proficiencies, etc.)

[10] Total contact hours are calculated using the following method: 15 credits at 15 contact hours a week, 1 credit (large ensemble) at 6 hours a week, 2 additional ensembles at 4 hours a week (twice a week for an our each), and then 2 zero-credit courses at 4 hours using similar requirements. This comes out to 29 hours total.

Following up with this subgroup of respondents, we found that 88% of the participants[11] answering Level 2 questions provided responses that would be initially classified as mild depression (17.85%), moderate depression (46.45%), or severe depression (23.68%) in a clinical setting. If a student responded to the same depression prompts in a similar manner, a medical professional would suggest additional follow-up to ensure the mental wellness of the respondent.

Anxiety

Eighty-four percent of respondents (84.34%) initiated the Level 2 questioning regarding anxiety indicating some awareness or exhibition of anxious traits. After administering Level 2 Questions, we found that only ten percent did not exhibit any indicators for additional follow-up; however, 89% of those who responded[12] to the Level 2 prompts reported symptomatic behaviors of anxiety that would be initially classified as mild (15.36%), moderate (49.12%), or severe (25.28%) in a clinical setting. If a student responded to the same anxiety prompts in a similar manner, a medical professional would suggest additional follow-up to ensure the wellness of the respondent.

Stress

We measured music education majors' stress level by employing the Perceived Stress Scale (PSS). Scoring ranges from 0-40 with a normed average of 14.2 for college students. Students reported an average score of 23.93 (SD = 7.2) on the PSS indicating a higher-than-normal score regarding stress for this age group. When disaggregated, we also found elevated stress scores when compared to normed values for gender and race (See Table 1).

[11] This indicates 88% of those who initiated Level 2 questions (74% of sample) and not the full slate of participants.
[12] This indicates 89% of those who initiated Level 2 questions (84% of sample) and not the full slate of participants.

Table 1

Perceived Stress Scale Scores as Compared to Norms

	Gender		
	M	*SD*	*PSS* Norm
Male	23.01	6.49	12.1
Female	25.00	6.26	13.7
	Ethnicity		
	M	*SD*	*PSS* Norm
White	24.57	6.28	12.8
Black	24.61	7.96	14.7
Pacific/Asian Islander	25.33	7.58	14.1
Asian American	21.08	6.88	14.1
Native American	26.75	4.79	14.1
Latinx	23.34	6.02	14.0
Other	25.25	7.10	14.1

Help seeking

Over half (51.06%) of the respondents had sought some sort of treatment for mental health issues (depression, anxiety, GAD, OCD, bipolar, etc.). Of those seeking help, 60% are still currently seeking help. Among the reasons cited for discontinuing care included: cured, time, money, developed stronger coping skills, lack of access, attending college. Of those who did not seek help, a majority of them (67.75%) refrained from seeking help due to extenuating circumstances such as fear of admitting a problem (20.52%), lack of knowledge or resources (17.59), stigma (14.2%), insurance (9.41%), and access (6.02%). Students appear open to seeking help; however, the rate at which they are exhibiting indicators is not equivalent to their seeking of help.

Relationships

In response to the current findings, we sought any predictors that could help with predicting any rise or fall in indicators of depression and anxiety. Therefore, we employed a multiple regression analysis given the multitude of factors. We found a significant regression

equation that revealed significant predictors for both depression (*extraversion, hours of sleep, and total stress*) and anxiety (*days of work, extraversion, neuroticism, hours of strenuous exercise, and total stress*). We calculated a multiple linear regression equation predicting music education majors' depression scores on the DSM-5 and found a significant equation ($F(24,323) = 17.001$, $p < .000$), with an R^2 of .558. Significant predictors of participants' depression scores were extraversion ($p = .001$), hours of sleep ($p = .011$), and total stress ($p = .000$). Furthermore, we calculated a multiple linear regression predicting music education majors' anxiety scores on the DSM-5 and found a significant equation ($F(24,329) = 12.299$, $p < .000$), with an R^2 of .473. Significant predictors of participants' depression scores were days of work ($p = .002$), extraversion ($p = .008$), neuroticism ($p = .004$), hours of strenuous exercise ($p = .043$), and total stress ($p = .000$). Information regarding beta coefficients and confidence intervals for the predictor variables are provided in Tables 2 and 3 below.

Table 2

Predictor variables for Depression

	Coefficients			*95% Confidence Interval for B*	
	B	*Std. Error*	*Sig.*	*Lower Bound*	*Upperbound*
Total Extraversion	-.137	.042	.001	-.220	-.053
Hours of Sleep/Night	-1.179	.458	.011	-2.080	-.277
Total Stress Score	1.251	.118	.000	1.017	1.484

Table 3

Predictor variables for Anxiety

	Coefficients			*95% Confidence Interval for B*	
	B	*Std. Error*	*Sig.*	*Lower Bound*	*Upperbound*
Days of Work/Week	-1.232	.390	.002	-2.000	-.465
Total Extraversion	-.0970	.036	.008	-.168	-.026
Total Neuroticism	.137	.047	.004	.044	.229
Hours of Strenuous Exercise/Week	-.634	.311	.043	-1.247	-.021
Total Stress Score	.865	.101	.000	.666	1.064

Given the significant regression equations, we reviewed the relationships of the multiple variables with mental health indicators as measured within the current study. Specifically, we examined the scores of mental health indicators (total depression, anxiety, and stress level) and other demographic data. Many relationships emerged from the current data set including four primary areas: (a) screen time, (b) personality traits, (c) sleep, and (d) stress. Each area revealed significant relationships to both anxiety and depression.

Screentime

Given the emergence of technology, we first examined screentime for any observable relationships. We found screen time significantly related to both personality traits and mental health indicators. Specifically, the amount of time spent on one's phone was significantly related to both total scores of Conscientiousness (r = -.148, p < .05) and Neuroticism (r = .147, p < .05). Furthermore, we revealed significant relationships between screen time on phone and both Stress Level (r = .100, p < .05) and Depression (r = .127, p < .05).

Personality Traits

To establish a more robust data set, we added the dimension of personality traits to the current study. In doing so, we revealed several significant relationships between personality traits and mental health indicators. The results section will reveal the significant results as they relate to the specific traits of the Big Five: Extraversion, Agreeableness, Conscientiousness, Neuroticism, and Openness. We found Extraversion to be significantly related to sleep quality (r = .111, p < .05), Stress Level (r = -.197, p < .05), Depression (r = -.259, p < .05), and Anxiety (r = -.231, p < .05). Likewise, we found Agreeableness to be significantly related to both sleep quality (r = .093, p < .05) and depression (r = -.088, p < .05). Openness revealed no significant relationships; whereas, Conscientiousness was significantly related to sleep quality (r = .160, p <

.05), perceived stress level (r = -.138, p < .05), Stress Level (r = -.232, p < .05), Depression (r = -.186, p < .05), and Anxiety (r = -.133, p < .05). Finally, Neuroticism displayed the strongest correlations among all the traits revealing significant relationships between sleep quality (r = -.216, p < .05), perceived stress level (r =.345, p < .05), Stress Level (r = .387, p < .05), Depression (r = .408, p < .05), and Anxiety (r = .367, p < .05).

Sleep

We measured sleep through two lenses: hours and quality. Students shared data that revealed significant correlations between both hours of sleep and the quality of their sleep. Regarding hours of sleep per night, a survey of the data revealed that the amount of sleep per night was significantly related to sleep quality (r = .419, p < .05), Stress Level (r = -.207, p < .05), Depression (r = -.248, p < .05), and Anxiety (r = -.177, p < .05). Similarly, students reported that significant relationships existed between sleep quality and Stress Level (r = -.292, p < .05), Depression (r = -.383, p < .05), and Anxiety (r = -.293, p < .05).

Stress

We measured stress using the Perceived Stress Scale (PSS). It revealed significant relationships to depression and anxiety as well as ancillary variables as stated above. Students' data revealed significant relationships between stress level and Depression (r = .703, p < .05), and Anxiety (r = .665, p < .05). Table 4 provides a full battery of correlations for selected variables.

Table 4

Correlation Table for Selected Variables

	STPh	STLt	HrSem	HrReh	HrPra	TotEx	TotAg	TotCo	TotNe	TotOp	TotSt	TotDp	TotAn
StPh	1	.472*	-.011	.046	-.065	-.033	-.065	-.148*	.147*	-.058	.100*	.127*	.068
STLt		1	-.005	.041	-.021	-.030	-.012	.005	.008	.017	.036	.064	.028
HrSem			1	.103*	.111*	.043	.020	.042	-.008	-.010	.042	-.005	.019
HrReh				1	.110*	.057	-.020	-.017	-.046	-.021	.006	-.032	-.026
HrPra					1	-.021	.064	.085*	-.061	.036	-.029	-.012	-.038
TotEx						1	.536*	.450*	.255*	.553*	-.197*	-.259*	-.231*
TotAg							1	.627*	.358*	.727*	-.058	-.088*	-.020
TotCo								1	.261*	.932*	-.232*	-.186*	-.133*
TotNe									1	.448*	.387*	.408*	.367*
TotOp										1	-.039	-.006	.063
TotSt											1	.703*	.665*
TotDp												1	.676*
TotAn													1

STPh – Screen Time Phone	TotCo – Total Conscientiousness
STLt – Screen Time Laptop	TotNe – Total Neuroticism
HrSem – Hours a semester enrolled	TotOp – Total Openness
HrTeh – Hours of Rehearsal Per Week	StLv – Perceived Stress Level
HrPra – Hours Practiced Per Week	TotSt – Total Stress Level
TotEx – Total Extraversion	TotDp – Total Depression
TotAg – Total Agreeableness	TotAn – Total Anxiety
	* $p < .05$

Comparisons

Prior to any comparisons, we first wanted to ensure that the samples in both studies could be considered equivalent. Upon completion of an F test (Depression: $F = 1.076$, $p = 0.139$; Anxiety: $F = 1.071$, $p = 0.155$), the researchers determined that no significant difference existed and ensure that additional tests could be administered to determine the difference in responses from Test 1 to Test 2. Using an independent-samples t Test, we compared the results of the current study to that of Payne, et al. (2020b). We found significant increases in total scores of depression ($t(1782) = 2.204$, $p < .05$) and anxiety ($t(1782) = 3.707$, $p < .05$) from 2017 to present with corresponding effect sizes of $d = 0.105$ and $d = 0.178$, respectively.

Discussion

In this follow-up to Payne, et al. (2020b), we focused on reporting the state of mental health for current music education majors in the Fall of 2019. Given the continual output of literature and critical nature of this topic, we sought to reveal if any meaningful change had occurred within the population. Therefore, we designed the discussion to align with the three foci of the current study: (a) comparing a profile of music education students regarding personal, professional, and academic life to what we currently know, (b) identifying help-seeking behaviors and hindrances currently perceived, and (c) investigating any relationships between emerging and current factors. We first want to address the low response rates within the current study. Similar to Payne, et al. (2020b), we received a lower-than-average response rate (16.9%). Sample bias should be considered when reading the following discussion. The low response rates could indicate that only those currently suffering from mental health issues responded; therefore, the respondents were not representative of the entire population thereby skewing the current results. Given the consistency of this response to the previous study as well as the data's alignment with the current population (Elpus, 2015), there appears sufficient evidence to support making inferences from the current and previous data sets as they apply to the population music education majors both now and moving forward. While caution should be exercised in generalizing the current data set based on the low student response, analysis gleaned from the data could be invaluable with making the transition from awareness to action.

Current State of Music Education Majors' Mental Health (Focus 1)

The primary intent of the current study focused on defining the current state of mental well-being of music education students as of the Fall 2019 and revealing any changes from the initial survey (Fall 2017). We found significant differences in the reported scores in both

depression and anxiety (Payne, et al., 2020b). Students' depression and anxiety scores appeared to be significantly higher than in the initial study (Payne, et al., 2020b) albeit with a smaller effect size ($d = 0.105$ and $d = 0.178$, respectively). While some of this issue could be systemic, music education majors are reporting significant increases in mental health indicators that need attention from stakeholders within institutions of higher learning. While one survey could represent an anomaly, two nationwide surveys designed to ask the same questions reveal a trend that left unattended might produce unintended consequences for both the students and the universities.

The trend for mental health of music education majors appears to be progressively deteriorating. Overextension, stress from work, paying bills, eating at regular times, and many other factors play a role in this constant decline. Additionally, these two surveys occurred in the October of 2017 and 2019, respectively. We recorded all responses prior to the pandemic, so we are certain that undertaking this study again in the present would add an additional layer of consideration and complexity. Given the impact of the pandemic on mental health, we would suspect that this trend would continue in the same direction if not amplified further. While the increase was significant, the effect size was limited. Therefore, additional investigation is warranted to continue developing a comprehensive view of music education majors' mental health and its role in maintaining a healthy and vibrant experience for future music teachers.

Regarding music teacher education, the question emerges as to what we must do as a profession to specifically address this topic. Are there options available to address these issues from various perspectives, including curriculum, scheduling, and realistic expectations? A reality we face is that we must prepare these students for the profession and the world in which they reside; however, how much of the profession's decision-making process is based on tradition

rather than focused on the professional world in which they are entering? As a profession, we must continue to pose these questions for the betterment of both current students and the future of the music education workforce.

Help-Seeking Behaviors (Focus 2)

The second focus of the current study centered on identifying help-seeking behaviors since the initial study (Payne, et al., 2020b) did not include these in their methodology or findings. Most music education students reported seeking help at least once with over 60% still maintaining a regular treatment schedule. While this finding appears promising, several students reported not seeking help at all for fear of stigma attached, lack of access, no money, or lack of awareness of available help supporting the current literature (Eisenberg, et al., 2009). This indicates that more than the 51% currently seeking help need more attention as noted by the findings on both anxiety and depression. While a majority were willing to seek help, there is a lot of room for improvement regarding education, increased awareness, and overall acceptance of these conditions as sicknesses and not just feelings while limiting the impact of its stigmatization. Educating the broader population, our faculties, and peers on the symptoms, warning signals, and how to address these issues will be critical in continuing to combat the apparent rise observed in the current study.

Emerging Relationships Regarding Music Education Majors' Mental Health (Focus 3)

Aligned with Payne, et al. (2020b), we examined any predictive or emerging relationships revealed throughout the data. We investigated a variety of factors including: screentime, personality, sleep, and stress in relation to depression and anxiety. Regarding predictive validity, we found significant predictors for indicators of both depression and anxiety. The percentage of variance accounted for ranged from 47.3% to 55.8%. We revealed

extraversion and stress as significant predictors for both, and several others could be identified for depression (*hours of sleep*) and anxiety (*days of work, neuroticism, and hours of strenuous exercise*). The fact that some personality measures could predict scoring on the DSM-5 is noteworthy. Specifically, extraversion and neuroticism seemed to be the two labels that might provide the most insight. Anecdotally, these appear to make sense, but additional studies will need to explore these correlations more specifically to continue refining the impact of each of these factors on the mental health of music education majors. Given the correlations observed, we turned our attention to the individual factors for more analysis.

In each case we found significant relationships, ranging from weak to moderate, emerging from the data. Understanding personality traits, stress, and screentime as well as how these items interact with students daily from audition to commencement could be paramount in addressing the issue of mental health. Every aspect of the music program should be in the purview of this investigation. Admissions, auditions, schedules, curriculum, program structure, transparency, accreditation, assessment, and program rigor (Payne, et al. 2020a) are all critical milestones and considerations for institutions decision-making processes. Mental health contributes both directly and indirectly to each of the aforementioned milestones as the student is an integral part of these events and could be impacted by the presence of these relationships. The correlations of these factors could serve as a foundation for making meaningful and effective change in how we onboard students into and aid in their navigation through a wide range of music education programs.

Additionally, as screen time and reliance upon technology continues to increase, we must be cognizant of our expectations and constant interaction with screens, which aligns with the current literature (Stiglic, et al., 2019). Interestingly, only screentime with mobile devices

revealed as significant as opposed to screentime with laptops. This suggests that the immersion of the mobile device into the lexicon is something we need to further define rather than combining all screentime into one bin. Additional investigations should examine the role of various technologies and how they are used in educational settings. The data revealed a weak significant relationship between screentime on phones with both stress and depression. Regardless, we must remain vigilant in examining this relationship further. The literature suggests that a link exists (Stiglic, et al., 2019), so this connection could be noteworthy; however, any generalization is premature at this moment. Moving forward, this context could allow for additional analysis and lead to conclusions that would directly benefit both music education students and the programs in which they are enrolled. Moving forward, screen time should remain an issue that is examined along with stress, anxiety, and depression to determine any role that it plays within one's own mental health.

The ensuing step should be to identify how these factors are all interrelated and develop a model or framework through which to analyze these findings. Given the number of factors that revealed significant connections, more research is necessary to determine how these factors interact and coexist with each other and within and among music education majors. We should investigate the impact these correlations exhibit both within music teacher education programs and throughout their daily lives to best serve the future of current students and the continued health and maintenance of the profession. As mentioned above an establishment of a codified framework could positively impact recruiting, curriculum, content sequence, assessments, instruction, and much more through improving the overall experience for music education students and graduates. These areas are traditionally left untouched (Payne, et al. 2020a); however, given the results of the current study, we must begin to open a dialogue to address

issues of mental health and the student more effectively at both the institutional and national levels.

Final Thoughts

Mental health of music education majors remains an important topic for the profession. Given the rigors of teaching, sending newly minted teachers into the classroom who are already struggling with anxiety and depression could be problematic. Considering music teacher attrition rate (Hancock, 2009) and music teacher burnout (Bernhard, 2007), inaction on our part as a profession to address mental health of our future music teachers might have negative consequences for all involved. This topic can be addressed on several levels: (a) proactive education, (b) access to and availability of treatment, and (c) systemic change within universities and music entities to better support all stakeholders. Continued vigilance from admissions to graduation regarding the education of identifying, accepting, and awareness of these issues is a critical first step. Furthermore, upon this writing, we should discuss that data collection occurred prior to the COVID-19 pandemic. Given the increase in mental health metrics observed from 2017 to 2019 in the current study, the events of Spring and Fall of 2020 will certainly have some effect on current students and new teachers entering the profession during this pandemic. Additional investigations have already emerged to determine the impact that isolation, social distancing, and lack of human contact in musical settings has had on all levels of music education including: (a) public school students, (b) music education majors, (c) university professors, and (d) K-12 music teachers (Hash, 2021; Nusseck & Spahn, 2021; Parkes, et al., 2021).

Finally, addressing mental health in an open environment with both students and faculty should be paramount in effectively addressing this critical topic. The primary topics for students

include destigmatizing mental health issues, codifying them as a disease within the population, and increasing awareness of help-seeking options from both the perspective of the students and the faculty in leading them to these resources. While most students in the current study responded that they sought help, this might not be the norm. Many still listed stigmatization and lack of awareness as reasons to either stop treatment or for never have begun initially. This should be a primary focus of our profession moving forward.

For faculty, we need to address this as a profession through consideration of how we design the rigors, sequencing, structure, and teacher development within music education programs while retaining standards and expectations of developing the best music educators possible for our schools nationwide. This is not to suggest that we lower our standards, but to considering meeting our students where they are and ensure a successful path forward. Additionally, professional development for faculty regarding identification, reporting, and support could be vital in establishing a framework/environment where seeking help for mental health issues is timely and can be successful and long-lasting. Resources should be allocated to increase access at the university level to avoid lengthy waitlists and allow for more timely care. Ultimately, these adjustments would provide our profession an opportunity to allow for a healthier and more vibrant student body/workforce moving forward.

References

Aday, L.A. & Cornelius, L.J. (2006). *Designing and conducting health surveys*. Jossey–Bass.

Allen, A. (2015). *Sources of job satisfaction and dissatisfaction among public school music educators* [Doctoral dissertation, University of Kansas]. Dissertation Abstracts International.

American College Health Association. (2019). *American college health association–National college health assessment II: Undergraduate student reference group executive summary spring 2019*. Hanover, MD: American College Health Association.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders edition 5*. *Technical Manual*. Payne.

American Psychological Association. (2020a). *Depression*. https://www.apa.org/topics/depression/

American Psychological Association. (2020b). *Anxiety*. https://www.apa.org/topics/anxiety/

American Psychological Association. (2020c). *Stress*. https://www.apa.org/topics/stress/

American Psychological Association. (n.d.). *APA dictionary of psychology*. https://dictionary.apa.org

Bandi, S., & Nagy, S.I., & Vas, B. (2017). Anxiety encoded in personality: Musical personality and the anxiety of musicians. *Studia Universitatis Babes-Bolyai Musica, 62,* 27-40. http://doi.org/10.24193/subbmusica.2017.2.02

Bernhard, H.C. (2007). A survey of burnout among college music majors. *College Student Journal, 41*, 392–401.

Bernhard, C. (2010). A survey of burnout among college music majors: A replication. *Music Performance Research, 3*(1), 31-41.

Bland, H.W., Melton, B.F., Welle, R. & Bigham, L. (2012). Stress tolerance: New challenges for millennial college students. *College Student Journal 46*, 362–375.

Cohen, S., Kamarck, T., and Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior 24*, 386-396.

De senRaad, B. (2000). *The Big Five Personality Factors: The psycholexical approach to personality*. Hogrefe & Huber.

Eisenberg, D., Downs, M.F., Golberstein, E., & Zivin, K. (2009). *Stigma and help seeking for mental health among college students*. http://doi.org/10.1177/1077558709335173

Eisenberg, D., Golberstein, E., & Gollust, S.E. (2007). Help-seeking and access to mental health care in a university student population. *Medical Care, 45*(7), 594–601.

Eisenberg, D., and Lipson, S.K. (2017). *Healthy Minds Study*. www.healthymindsnetwork.org.

Elpus, K. (2015). Music teacher licensure candidates in the United States: A demographic Profile and analysis of licensure examination scores. *Journal of Research in Music Education, 63*(3), 314-345. http://doi.org/10.1177/0022429415602470

Hancock, C. (2009). National estimates of retention, migration, and attrition: A multiyear comparison of music and non-music teachers. *Journal of Research in Music Education, 57*(2), 92-107.

Hash, P.M. (2021). Remote Learning in School Bands During the COVID-19 Shutdown. Journal of Research in Music Education, 68(4), 381–397. https://doi.org/10.1177/0022429420967008

Hunt, J., & Eisenberg, D. (2010). Mental health problems and help–seeking behavior among college students. *Journal of Adolescent Health, 46*(1), 3–10. http://doi–org.er.lib.k–state.edu/10.1016/j.jadohealth.2009.08.008

Kuebel, C. (2019). Health and wellness for in-service and future music teachers: Developing a self-care plan. *Music Educators Journal, 105*(4), 52-58. http://doi.org/10.1177/0027432119846950

Kemp, A. E. (1996). *The musical temperament: Psychology and personality of*

musicians. Oxford University Press.

Levine H. (Ed.). (2017). *College student mental health*. John Wiley & Sons, Inc. http://ebookcentral.proquest.com/lib/ksu/detail.action?docID=4789436

Moscati, A., Flint, J. & Kendler, K.S. (2016). Classification of anxiety disorders comorbid with major depression: Common or distinct influences on risk? *Depress Anxiety 33*, 120–127. http://doi.org/10.1002/da.22432

Nusseck, & Spahn, C. (2021). Musical Practice in Music Students During COVID-19 Lockdown. Frontiers in Psychology, 12, 643177–643177. https://doi.org/10.3389/fpsyg.2021.643177

Orzel, H., Harris, E. C., Adduci, M., & Haramaki, G. (2011). Undergraduate music student stress and burnout, *ProQuest Dissertations and Theses.*

Parkes, Russell, J. A., Bauer, W. I., & Miksza, P. (2021). The Well-being and Instructional Experiences of K-12 Music Educators: Starting a New School Year During a Pandemic. Frontiers in Psychology, 12, 701189–701189. https://doi.org/10.3389/fpsyg.2021.701189

Payne (2009). An investigation of relationships between timbre preference, personality traits, gender, and music instrument selection of public-school band students [Doctoral dissertation, University of Oklahoma]. ProQuest One Academic.

Payne, Lewis, W., & McCaskill, F. (2018). *Looking within: An investigation of potential relationships between music education majors and mental health* [Poster presentation]. National Association for Music Education, Atlanta, GA.

Payne, P. & Ward, J. (2020a). Admission and assessment of music degree candidates. *Journal of Music Teacher Education, 29*(2), 10-21. http://doi.org/10.1177/1057083719878388

Payne, P., Lewis, W., & McCaskill, F. (2020b). Looking within: An investigation of music education majors and mental health. *Journal of Music Teacher Education 23*(3), 50-61. http://doi.org/10.1177/1057083720927748

Purvis, A., Howell, R., & Iyer, R. (2011). Exploring the role of personality in the relationship between maximization and well-being. *Personality and Individual Differences, 50*(3), 370-375.

Saucier, G. (1994). Mini-Markers: A brief version of Goldberg's uni-polar big-five markers. *Journal of Personality Assessment, 63*(3), 506-516.

Saucier, G. (2005). Mini-Markers pdf file and normative values. https://pages.uoregon.edu/gsaucier/gsau41.pdf

Sontag-Padilla L., Sontag-Padilla, M. Woodbridge, J. Mendelsohn, E. D'Amico, K. Osilla, L. Jaycox, N. Eberhart, A. Burnam, & B. Stein. (2016). Factors affecting mental health service utilization among california public college and university students. *Psychiatric Services 67*(8), 890-897.

Sternbach, D.J. (2008). Stress in the lives of music students. *Music Educators Journal, 94*(3), 42-48.

Stiglic, N., & Viner, R. M. (2019). Effects of screentime on the health and well-being of children and adolescents: A systematic review of reviews. BMJ Open, 9(1). http://dx.doi.org.er.lib.k-state.edu/10.1136/bmjopen-2018-023191

Suldo, S., & Shaunessy-Dedrick, E. (2013). The psychosocial functioning of high school students in academically rigorous programs. *Psychology in the Schools, 50*(8), 823-843.

Teasley, M.L., & Buchanan, E.M. (2016). When music goes up in flames: The impact of advising on music major burnout. *NACADA Journal, 36*(1), 43–53. http://doi.org/10.12930/NACADA–15–002

Wristen, B.G. (2013). Depression and anxiety in university music students. *Update: Applications of Research in Music Education, 31*(2), 20–27. http://doi.org/10.1177/8755123312473613

Wheatley, D. (1997). Stress, anxiety, and depression. *Stress and Health, 13*(3), 173-177.

Zivin, K., Eisenberg, D., Gollust, S.E., & Golberstein, E. (2009). *Persistence of mental health problems and needs in a college student population*. http://doi.org/10.1016/j.jad.2009.01.001

Appendix A

A Step in the Right Direction: Understanding Mental Health in Music Education Students

Thank you for agreeing to take part in this email based survey. This survey should take no more than 10 minutes to complete. All that is required in this process is to answer a few sets of questions regarding your enrollment in music education and your current experiences in school. Researchers are gathering information related to music education major's demographic information as well as physical, mental, and academic health during their time in the degree program. The researchers are interested in describing a typical music education major's day/week/semester and studying the relationship between student workload and music education students' physical and mental health as listed above.

The benefits of this study are to reveal any indicators that physical or mental health is not on the forefront of students, faculty, and staff. Bringing attention to these issues will benefit all students and faculty within the participating institutions. Furthermore, any relationships revealed can help determine course or action for faculty, staff, advisors, and students when designing schedules for upcoming semesters or for approaches to address mental fatigue or issues throughout a semester. While there are no known risks to completing this survey, there are some questions of sensitive nature dealing with mental health; therefore, only minimal risk can be reported. All answers are completely anonymous and there is no way that researchers will recognize the respondents of this current survey since no identifiable data will be collected. By clicking the "next" button, you are consenting to being a part of this study. Once the survey has begun, it will take a minimum of 5 minutes (and no more than 10 minutes total) to complete and you may leave at any time should you decide not to complete the survey. Thank you again, in advance, for your participation.

If you have any questions throughout the process, please email Dr. Phillip Payne, Associate Professor of Music, Kansas State University at ppayne@ksu.edu or (785) 532-5764.

If the subject should have questions or wish to discuss on any aspect of the research with an official of the university or the IRB. Please contact: Rick Scheidt, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224; Cheryl Doerr, Associate Vice President for Research Compliance, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224.

(Note: This is text only. The electronic display was more user friendly.)

Start of Block: Default Question Block

Thank you for agreeing to take part in this email based survey. This survey should take no more than 5-10 minutes. Researchers are looking to gather information related to music education major's demographic information as well as physical, mental, and academic health. The researchers are interested in describing a typical music education major's day/week/semester and studying the relationship between student workload and their health as listed above. All answers are completely anonymous and there is no way that the researchers could know who responds to the survey. Thank you again for your participation.

What is your gender identity?

▼ Male (1) ... Other (4)

Display This Question:

If What is your gender identity? = Other

Please specify your gender identity:

_____

What is your classification?

▼ Freshman (1) ... Senior (4)

What is your current year of study?

0 2 3 5 6 8 9 11 12 14 15

Years in College ()

In what state do you attend college?

▼ Alabama (1) ... Other US Territories (55)

Is your university/college...

▼ Public (1) ... Private (2)

Describe the enrollment of your university/college...

▼ 1 - 4,999 Students (1) ... 20,000+ Students (4)

What is your age?

15 19 22 26 29 33 36 40 43 47 50

Age ()

What is your ethnicity?

▼ White/Caucasian (1) ... Other (8)

Relationship Status

▼ Single (1) ... Divorced (4)

What is your current degree emphasis?

▼ Instrumental (1) ... Both (3)

What is your GPA? (Freshmen, please indicate most recent GPA)

0 0 1 1 2 2 2 3 3 4

GPA ()

Do you live...

▼ On Campus (1) ... Off Campus (2)

Are you currently employed?

▼ Yes (4) ... No (5)

Display This Question:

If Are you currently employed? = Yes

If you are employed, how many hours a week do you work?

0 5 10 15 20 25 30 35 40 45 50

Number of hours ()

Display This Question:

If Are you currently employed? = Yes

If you are employed, how many days a week do you work?

0 1 2 3 4 5 6 7

Number of Days ()

How many hours of screen time do you average each week on your cell phone?

0 10 20 30 40 50 60 70 80 90 100

Screentime Hours ()

How often do you engage in the following platforms on your cell phone?

	Never (4)	Rarely (5)	Sometimes (6)	Always (7)
Social Media (Facebook, Instagram, etc) (1)	O	O	O	O
Streaming Services (Prime, Netflix, YouTube, etc) (2)	O	O	O	O
Messaging Services (GroupMe, Remind, etc) (3)	O	O	O	O
Email (4)	O	O	O	O
Homework (5)	O	O	O	O
Other (6)	O	O	O	O

Please rank the following platforms from most used to least used on your cell phone.

_____ Social Media (1)
_____ Streaming Services (2)
_____ Messaging Services (3)
_____ Email (4)
_____ Homework (5)
_____ Other (6)

How many hours of screen time do you average each week on your laptop/computer/TV?

	0 10 20 30 40 50 60 70 80 90 100
Screentime Hours ()	

How often do you engage in the following platforms on your laptop/computer/TV?

	Never (4)	Rarely (5)	Sometimes (6)	Always (7)
Social Media (Facebook, Instagram, etc) (1)	O	O	O	O
Streaming Services (Prime, Netflix, YouTube, etc) (2)	O	O	O	O
Messaging Services (GroupMe, Remind, etc) (3)	O	O	O	O
Email (4)	O	O	O	O
Homework (5)	O	O	O	O
Other (6)	O	O	O	O

Please rank the following platforms from most used to least used on your laptop/computer/TV.

_____ Social Media (1)
_____ Streaming Services (2)
_____ Messaging Services (3)
_____ Email (4)
_____ Homework (5)
_____ Other (6)

Describe your semester: (If 0, then click on slider to set to 0).

	0	3	5	8	10	13	15	18	20	23	25
In how many hours are you currently enrolled? ()											
In how many ensembles are you enrolled? ()											
How many 0-credit courses are you enrolled? ()											

How many hours a week do you spend in rehearsal?

	0	4	8	12	16	20	24	28	32	36	40
Hours in Rehearsal ()											

How many hours per week do you practice outside of rehearsal?

	0 3 5 8 10 13 15 18 20 23 25
Primary Instrument/Voice ()	
Secondary Instrument ()	
Methods Class Instrument ()	

Using the following list, please describe yourself as accurately as possible. Describe yourself as you see yourself at the present time, not as you wish to be in the future.

Select the accuracy of each descriptor in the matrix below:

	Extremely Inaccurate (1)	Very Inaccurate (2)	Moderately Inaccurate (3)	Slightly Inaccurate (4)	Neutral (5)	Slightly Accurate (6)	Moderately Accurate (7)	Very Accurate (8)	Extremely Accurate (9)
Bashful (1)	O	O	O	O	O	O	O	O	O
Energetic (2)	O	O	O	O	O	O	O	O	O
Moody (3)	O	O	O	O	O	O	O	O	O
Systematic (4)	O	O	O	O	O	O	O	O	O
Bold (5)	O	O	O	O	O	O	O	O	O
Envious (6)	O	O	O	O	O	O	O	O	O
Organized (7)	O	O	O	O	O	O	O	O	O
Talkative (8)	O	O	O	O	O	O	O	O	O
Careless (9)	O	O	O	O	O	O	O	O	O
Extroverted (10)	O	O	O	O	O	O	O	O	O

Q39 Using the following list, please describe yourself as accurately as possible. Describe yourself as you see yourself at the present time, not as you wish to be in the future.

Select the accuracy of each descriptor in the matrix below:

	Extremely Inaccurate (1)	Very Inaccurate (2)	Moderately Inaccurate (3)	Slightly Inaccurate (4)	Neutral (5)	Slightly Accurate (6)	Moderately Accurate (7)	Very Accurate (8)	Extremely Accurate (9)
Philosophical (1)	O	O	O	O	O	O	O	O	O
Temperamental (11)	O	O	O	O	O	O	O	O	O
Cold (2)	O	O	O	O	O	O	O	O	O
Fretful (3)	O	O	O	O	O	O	O	O	O
Practical (4)	O	O	O	O	O	O	O	O	O
Touchy (5)	O	O	O	O	O	O	O	O	O
Complex (6)	O	O	O	O	O	O	O	O	O
Harsh (7)	O	O	O	O	O	O	O	O	O
Quiet (8)	O	O	O	O	O	O	O	O	O
Uncreative (9)	O	O	O	O	O	O	O	O	O

Using the following list, please describe yourself as accurately as possible. Describe yourself as you see yourself at the present time, not as you wish to be in the future.
Select the accuracy of each descriptor in the matrix below:

	Extremely Inaccurate (1)	Very Inaccurate (2)	Moderately Inaccurate (3)	Slightly Inaccurate (4)	Neutral (5)	Slightly Accurate (6)	Moderately Accurate (7)	Very Accurate (8)	Extremely Accurate (9)
Cooperative (1)	O	O	O	O	O	O	O	O	O
Imaginative (2)	O	O	O	O	O	O	O	O	O
Relaxed (3)	O	O	O	O	O	O	O	O	O
Unenvious (4)	O	O	O	O	O	O	O	O	O
Creative (5)	O	O	O	O	O	O	O	O	O
Inefficient (6)	O	O	O	O	O	O	O	O	O
Rude (7)	O	O	O	O	O	O	O	O	O
Unintellectual (8)	O	O	O	O	O	O	O	O	O
Deep (9)	O	O	O	O	O	O	O	O	O
Intellectual (10)	O	O	O	O	O	O	O	O	O

Using the following list, please describe yourself as accurately as possible. Describe yourself as you see yourself at the present time, not as you wish to be in the future.
Select the accuracy of each descriptor in the matrix below:

	Extremely Inaccurate (1)	Very Inaccurate (2)	Moderately Inaccurate (3)	Slightly Inaccurate (4)	Neutral (5)	Slightly Accurate (6)	Moderately Accurate (7)	Very Accurate (8)	Extremely Accurate (9)
Shy (1)	O	O	O	O	O	O	O	O	O
Unsympathetic (2)	O	O	O	O	O	O	O	O	O
Disorganized (3)	O	O	O	O	O	O	O	O	O
Jealous (4)	O	O	O	O	O	O	O	O	O
Sloppy (5)	O	O	O	O	O	O	O	O	O
Warm (6)	O	O	O	O	O	O	O	O	O
Efficient (7)	O	O	O	O	O	O	O	O	O
Kind (8)	O	O	O	O	O	O	O	O	O
Sympathetic (9)	O	O	O	O	O	O	O	O	O
WIthdrawan (10)	O	O	O	O	O	O	O	O	O

Please respond to the following questions based on the current semester.

	0 1 2 3 4 5 6 7 8 9 10
How many hours of sleep per night do you get? ()	
How would you rate your sleep quality? (1 - Poor; 10 - the best!) ()	
Set this to 7.5 ()	
How many hours of strenuous exercise (running, lifting heavy weights) per week do you get out side of marching band or show choir? ()	
How many hours of light exercise (jogging, light lifting) per week do you get out side of marching band or show choir? ()	
How many times per week do you typically exercise? ()	

Do you have any hobbies or activities outside of music?

▼ Yes (1) ... No (2)

Display This Question:

If Do you have any hobbies or activities outside of music? = Yes

If yes, how many hours a week do you have to engage in those activities?

	0 4 8 12 16 20 24 28 32 36 40
Hours spent enjoying your hobby ()	

Describe your beliefs on the following statements.

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
I have time to complete all of my homework for courses. (1)	O	O	O	O	O
I feel as though the effort I give in my coursework is of the highest quality. (2)	O	O	O	O	O
I have time to eat properly throughout the day. (3)	O	O	O	O	O
I eat at appropriate times during the semester. (4)	O	O	O	O	O
Mark Neutral on this item. (5)	O	O	O	O	O
I have time to work to help with bills. (6)	O	O	O	O	O
I can balance my social and school life. (7)	O	O	O	O	O
I rarely feel stress during the semester. (8)	O	O	O	O	O
I have free time with which I can fill with any activities I choose. (9)	O	O	O	O	O
I enjoy spending time with my friends in my free time. (10)	O	O	O	O	O
I have time to hang out with my friends in my free time. (11)	O	O	O	O	O

On a scale of 1 to 10, how do you perceive your health currently?

	0 1 2 3 4 5 6 7 8 9 10
Physical ()	
Mental ()	
Academic ()	

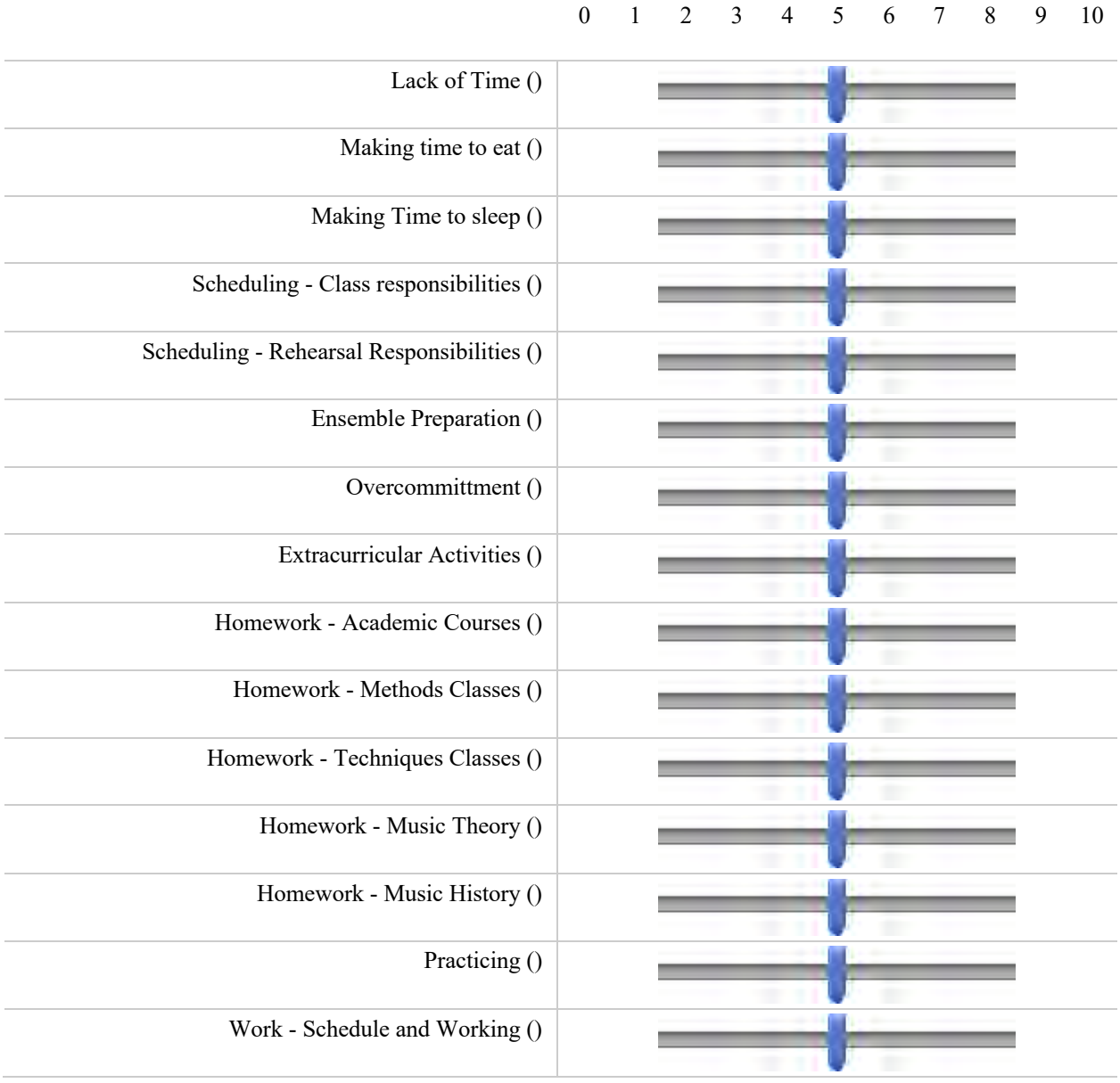
On a scale of 1-10 (One being no stress to 10 being overstressed), rate your current overall stress level.

	0 1 2 3 4 5 6 7 8 9 10
Stress Level ()	

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by clicking the circle that best represents how often you felt or thought a certain way.

	Never (1)	Almost Never (2)	Sometimes (3)	Fairly Often (4)	Very Often (5)
In the last month, how often have you been upset because of something that happened unexpectedly? (1)	O	O	O	O	O
In the last month, how often have you felt that you were unable to control the important things in your life? (2)	O	O	O	O	O
In the last month, how often have you felt nervous and "stressed"? (3)	O	O	O	O	O
In the last month, how often have you felt confident about your ability to handle your personal problems? (4)	O	O	O	O	O
In the last month, how often have you felt that things were going your way? (5)	O	O	O	O	O
In the last month, how often have you found that you could not cope with all the things that you had to do? (6)	O	O	O	O	O
In the last month, how often have you been able to control irritations in your life? (7)	O	O	O	O	O
In the last month, how often have you felt that you were on top of things? (8)	O	O	O	O	O
In the last month, how often have you been angered because of things that were outside of your control? (9)	O	O	O	O	O
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? (10)	O	O	O	O	O

Rank the Stressors Below from Highest to Lowest
_____ Ensemble Preparation (1)
_____ Lack of Time (2)
_____ Finding a Time to Eat (3)
_____ Finding Time to Sleep (4)
_____ Maintaining a Schedule (5)
_____ Practicing (6)
_____ Overcommittment (7)
_____ Extracurricular Activities (8)
_____ Homework (9)
_____ Work (10)
On a scale of 1-10 (One being no stress to 10 being overstressed), rate your stress level in these specific areas.



Have you ever sought treatment for mental health issues?

▼ Yes (5) ... No (6)

Display This Question:

If Have you ever sought treatment for mental health issues? = No

Why did you choose not to seek help? (Click all that apply)

- ☐ No reason to seek help (1)
- ☐ Did not want others to think less of me (2)
- ☐ Afraid to admit there might be a problem (3)
- ☐ Did not know who to turn to (4)
- ☐ Was not aware of mental health services at my institution (5)
- ☐ Insurance Issues (6)
- ☐ Access to necessary care (7)

Display This Question:

If Have you ever sought treatment for mental health issues? = Yes

What was your diagnosis?

Display This Question:

If Have you ever sought treatment for mental health issues? = Yes

Are you still seeking or attending treatment?

▼ Yes (1) ... No (2)

Display This Question:

If Are you still seeking or attending treatment? = No

Why are you no longer seeking or attending treatment?

_____

During the past **TWO (2) WEEKS** , how much (or how often) have you been bothered by the following problems?

	None (1)	Slight (Rare, less than a day or two) (2)	Mild (Several Days) (3)	Moderate (More than half the days) (6)	Severe (Nearly every day) (4)
Little interest or pleasure in doing things?					
Feeling down, depressed, or hopeless?					
Feeling more irritated, grouchy, or angry than usual?					
Sleeping less than usual, but still have a lot of energy?					
Starting lots more projects than usual or doing more risky things than usual?					
Feeling nervous, anxious, frightened, worried, or on edge?					
Feeling panic or being frightened?					
Avoiding situations that make you anxious?					
Unexplained aches and pains (e.g. head, back, joints, abdomen, legs)?					
Feeling that your illnesses are not being taken seriously enough?					
Thoughts of actually hurting yourself?					
Problems with sleep that affected your sleep quality overall?					
Problems with memory (e.g. learning new information) or with location (e.g. finding your way home)?					
Unpleasant thoughts, urges, or images that repeatedly enter your mind?					
Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?					
Not knowing who you really are or what you want out of life?					
Not feeling close to other people or enjoying your relationships with them?					
Drinking at least 4 drinks of any kind of alcohol in a single day?					
Smoking cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?					

Display This Question:

If During the past TWO (2) WEEKS , how much (or how often) have you been bothered by the following p... = Little interest or pleasure in doing things? [Mild (Several Days)]

Or During the past TWO (2) WEEKS , how much (or how often) have you been bothered by the following p... = Little interest or pleasure in doing things? [Moderate (More than half the days)]

Or During the past TWO (2) WEEKS , how much (or how often) have you been bothered by the following p... = Little interest or pleasure in doing things? [Severe (Nearly every day)]

Or During the past TWO (2) WEEKS , how much (or how often) have you been bothered by the following p... = Feeling down, depressed, or hopeless? [Mild (Several Days)]

Or During the past TWO (2) WEEKS , how much (or how often) have you been bothered by the following p... = Feeling down, depressed, or hopeless? [Moderate (More than half the days)]

Or During the past TWO (2) WEEKS , how much (or how often) have you been bothered by the following p... = Feeling down, depressed, or hopeless? [Severe (Nearly every day)]

In the past **SEVEN (7)** days..

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
I felt worthless. (1)	O	O	O	O	O
I felt that I had nothing to look forward to. (2)	O	O	O	O	O
I felt helpless. (3)	O	O	O	O	O
I felt sad. (4)	O	O	O	O	O
I felt like a failure. (5)	O	O	O	O	O
I felt depressed. (6)	O	O	O	O	O
I felt unhappy. (7)	O	O	O	O	O
I felt hopeless. (8)	O	O	O	O	O

Display This Question:

If During the past TWO (2) WEEKS , how much (or how often) have you been bothered by the following p... = Feeling nervous, anxious, frightened, worried, or on edge? [Mild (Several Days)]

Or During the past TWO (2) WEEKS , how much (or how often) have you been bothered by the following p... = Feeling nervous, anxious, frightened, worried, or on edge? [Moderate (More than half the days)]

Or During the past TWO (2) WEEKS , how much (or how often) have you been bothered by the following p... = Feeling nervous, anxious, frightened, worried, or on edge? [Severe (Nearly every day)]

Or During the past TWO (2) WEEKS , how much (or how often) have you been bothered by the following p... = Feeling panic or being frightened? [Mild (Several Days)]

Or During the past TWO (2) WEEKS , how much (or how often) have you been bothered by the following p... = Feeling panic or being frightened? [Moderate (More than half the days)]

Or During the past TWO (2) WEEKS , how much (or how often) have you been bothered by the following p... = Feeling panic or being frightened? [Severe (Nearly every day)]

Or During the past TWO (2) WEEKS , how much (or how often) have you been bothered by the following p... = Avoiding situations that make you anxious? [Mild (Several Days)]

Or During the past TWO (2) WEEKS , how much (or how often) have you been bothered by the following p... = Avoiding situations that make you anxious? [Moderate (More than half the days)]

Or During the past TWO (2) WEEKS , how much (or how often) have you been bothered by the following p... = Avoiding situations that make you anxious? [Severe (Nearly every day)]

In the past **SEVEN (7)** days...

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
I felt fearful. (1)	O	O	O	O	O
I felt anxious. (2)	O	O	O	O	O
I felt worried. (3)	O	O	O	O	O
I found it hard to focus on anything other than my anxiety. (4)	O	O	O	O	O
I felt nervous. (5)	O	O	O	O	O
I felt uneasy. (6)	O	O	O	O	O
I felt tense. (7)	O	O	O	O	O

Display This Question:

If During the past TWO (2) WEEKS , how much (or how often) have you been bothered by the following p... = Problems with sleep that affected your sleep quality overall? [Mild (Several Days)]

Or During the past TWO (2) WEEKS , how much (or how often) have you been bothered by the following p... = Problems with sleep that affected your sleep quality overall? [Moderate (More than half the days)]

Or During the past TWO (2) WEEKS , how much (or how often) have you been bothered by the following p... = Problems with sleep that affected your sleep quality overall? [Severe (Nearly every day)]

In the past **SEVEN (7)** days...

	Never (1)	Rarely (2)	Sometimes (3)	Often (4)	Always (5)
My sleep was restless. (1)	O	O	O	O	O
I was satisfied with my sleep. (2)	O	O	O	O	O
My sleep was refreshing. (3)	O	O	O	O	O
I had difficulty falling asleep. (4)	O	O	O	O	O
I had trouble staying asleep. (5)	O	O	O	O	O
I had trouble sleeping. (6)	O	O	O	O	O
I got enough sleep. (7)	O	O	O	O	O

In the past **SEVEN (7)** days...

	Very Poor (1)	Poor (2)	Fair (3)	Good (4)	Very Good (5)
My sleep quality was... (1)	O	O	O	O	O

End of Survey

Debriefing statement

Thank you for completing this survey. If there were questions that were uncomfortable to answer, or if you believe you might need help regarding your mental health, sharing these feelings with professionals is completely appropriate and encouraged. Please contact your advisor or student services at your college or university at your earliest convenience for further assistance, if needed. Thank you again and have a great remainder of the semester.