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Eastern Kentucky University

Perceptions of Mental Health among First Year College Students

Honors Thesis

Submitted

In Partial Fulfillment

of the

requirements of HON 420

Fall 2015

By

Kelly McGowan

Mentor

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Abstract

Perceptions of Mental Health among First year College Students

Kelly McGowan

Dr. Rachael Hovermale- Department of Baccalaureate & Graduate Nursing

College students are at risk for exposure to, exacerbation, and development of mental health issues. Exposure to and existence of historical stigmas and misconceptions is a portion of the hesitancy for this population to acknowledge symptoms and seek help. This hesitancy is often put in place by the media, in how they portray mental health Anxiety, mood, eating, psychotic, and substance abuse disorders are prevalent in this population. Colonel Campers are known for their involvement and retention at Eastern Kentucky University and are a representation for this at risk population. The participants were surveyed via a mixed quantitative and qualitative method. When research is combined with the survey analyses, it can be concluded that the population represented show a lack of preparedness and awareness in regards to the areas of mental health that they are at risk of experiencing. Abstaining from treatments can lead to an increase and worsening in symptoms as well as risks for comorbidities and involvement in violent situations. Treatment and awareness are critical components of recovery and maintenance of symptoms; this can be accomplished through pharmacological and alternative therapies as well as community education and involvement.

Keywords and Phrases: Colonel Camp, College, Mental Health, Eastern Kentucky University, Substance Abuse, Anxiety, Misconceptions, Treatment, Awareness.

Table of Contents

Abstract---------- ii

List of Figures, Illustration, & Tables---------- iv

Acknowledgements---------- v

Encompassment---------- 2

I. Anxiety Disorders---------- 3
II. Mood Disorders---------- 4
III. Psychotic Disorders---------- 4
IV. Eating Disorders---------- 4
V. Personality Disorders---------- 5
VI. Additional Mental Health Issues---------- 6

History---------- 6

Misconceptions---------- 9

At Risk Population---------- 11

Data Analysis---------- 12

I. Population---------- 12
II. Methods---------- 13
III. Limitations---------- 15
IV. Results---------- 15
    a. Quantitative---------- 15
    b. Qualitative---------- 17
    c. Analysis---------- 20

Treatment---------- 21

I. Eastern Kentucky University---------- 22
II. Noncompliance---------- 23

Implementing Change---------- 24

Conclusion---------- 25

References---------- 26

List of Figures, Illustrations, & Tables

Illustration 1

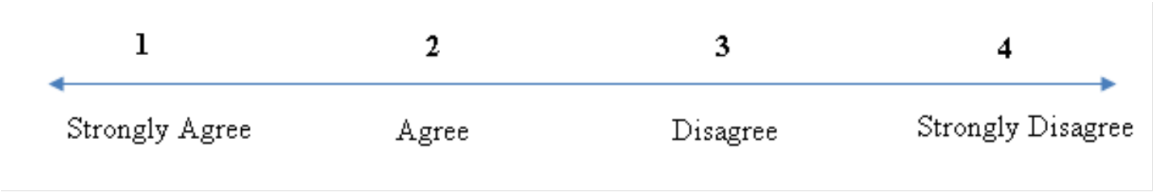
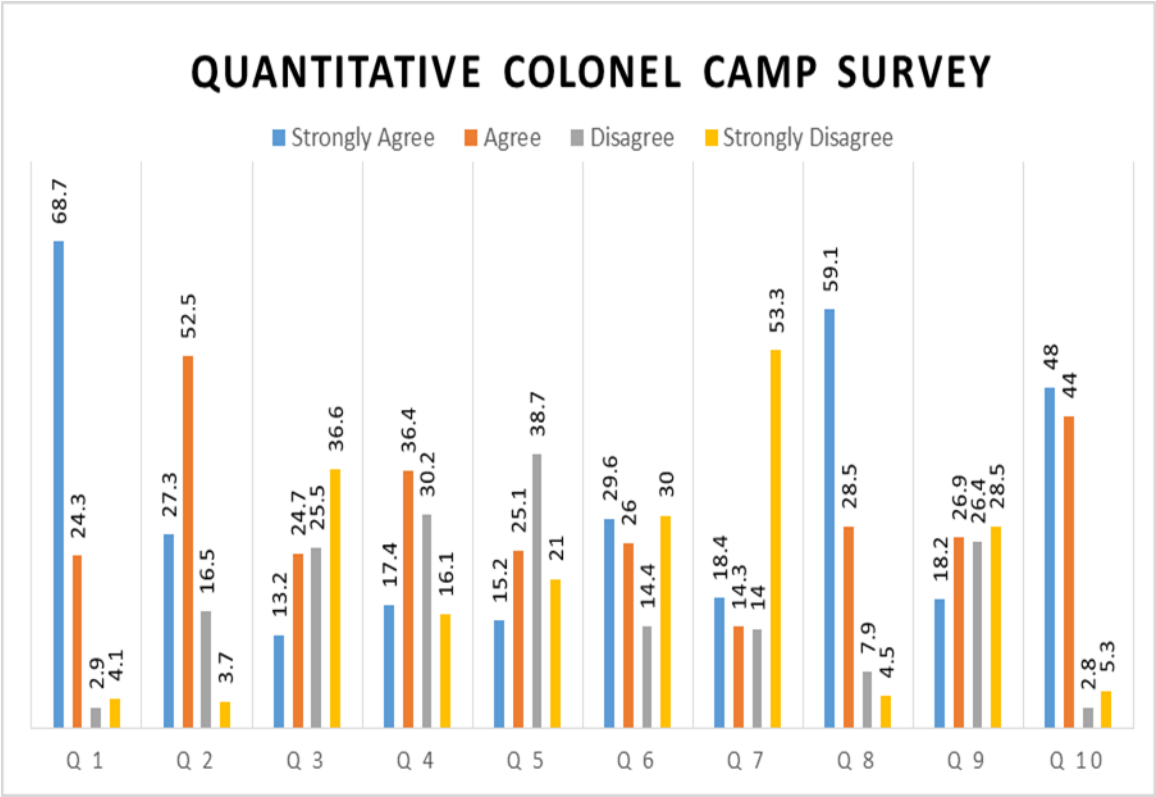


Table 1



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Perceptions of Mental Health among First Year College Students

Mental health is known as one of the most controversial disciplines of medicine dating back to the beginning of human history. Today, in conjunction with the commonly recognized diagnoses like Schizophrenia and Bipolar Disorder, mental health encompasses diseases and disorders such as alcoholism, other substance abuse issues, physical/sexual/emotional abuse, learning disabilities, behavior and anger disorders, anxiety, depression, eating disorders, self-harm practices, suicide, Post-Traumatic Stress Disorder (PTSD), personality disorders, and a variety of combinations and ranges of severity of diagnoses. The diagnoses is obtained through the presenting symptoms of the individual and may include changes in sleeping or eating habits, inability to cope, confusion, or social withdrawal (Mental Health Association in Forsyth County, 2015). When entering college, one may find a sense of immortality or immunity; This may be because the individual is young and running at the world full force thinking that nothing can slow them down or stand in their way. The prevalence of mental health disorders in college students is growing in size as well as in level of severity; however, due to the stigma that accompanies diagnoses and treatments, studies have shown that this population is very hesitant to seek help (Egan, Koff, &Moreno, 2013). The purpose of this project is to discuss the prevalence, history, prejudices, and treatment of mental illnesses through the utilization of current research and surveying of a prominent group of Eastern Kentucky University students, Colonel Campers.

Overview

Colonel Camp, a four day three night program in August, is an opportunity for incoming first year students to participate in leadership and team building skills, confront college issues, and become familiar with Eastern Kentucky University (EKU) before the start of the fall semester. Students develop a sense of friendship and comfort before the official beginning of their college experience. Evidence shows that since Colonel Camp was started the students at EKU have a higher rate of retention, tend to stay on track for graduation, and completion of their degree. The students that participated in Colonel Camp were chosen to take a survey covering their knowledge, concerns, and stereotypes surrounding possible arising mental health issues. The combination of the Colonel Camp surveys, with historical accounts, prejudice ideals, information from national mental health organizations and state agencies, and examination of university resources can be used to discuss effective treatment options and methods of decreasing prejudices surrounding this affected population. The utilization of the results and university study can be utilized to improve the Colonel Camp program, provide early recognition and interventions of mental health issues or misperceptions, local treatment options for students, and improved professional approaches.

Encompassment

The concept of mental health covers a wide range of categories that classify defined disorders as well as varying severities of diagnoses. The disorders briefly discussed are some of the more common diagnosis found on the college campus.

Anxiety Disorders

This classification includes generalized anxiety, Obsessive Compulsive Disorder, phobias, Post Traumatic Stress Disorder. Generalized anxiety disorder is usually manifestations of feeling overwhelmed, racing thoughts, rapid heart and respiratory rate, aggravated gastrointestinal symptoms such as diarrhea, chest pain, and other related symptoms of excessive nervousness. Obsessive compulsive disorder is associated with ritualistic or repetitive acts or thoughts; obsessions are the constant and repetitive thoughts and compulsions are the ritualistic and repetitive acts (Sulkowski, Mariaskin, & Storch, 2011). These obsessive compulsive thoughts tend to cause significant anxiety for the individual. Phobias display anxieties that are rooted in specific fears. Panic disorders are anxiety symptoms that have occurrence of sudden feelings of terror or dread that results in an ‘‘attack”. Posttraumatic Stress Disorder (PTSD) is typically associated with veterans and those serving in the military, but is also common in victims of violent situations, such as rape or physical attacks. The presenting anxiety symptoms are present but additional experiences include flashbacks and a heightened level of awareness with distrust. Those diagnosed with PTSD have demonstrated a strong correlation with poor academic achievement and lower GPAs, particularly in their first year (Bryan et al., 2014). Health care providers are taught anxiety has both positive and negative attributes, anxiety can allow the person to stay on guard, be aware and determined, or can become debilitating causing thought blocking and feeling of loss of control. This is often when treatment options are sought.

Mood Disorders

This group encompasses variations of clinical depression, which presents itself as lessened motivation and energy, feelings of hopelessness, loss of interest in activities, and potentially climaxes to either self-harm practices or suicide (Wyatt & Oswalt, 2013). Bipolar disorder is also included in this spectrum of mental health, and is categorized by fluctuating episodes of depression and mania, or a feeling of uncontrollable excitement and euphoria (Lejeune, 2011). Changes in moods can fluctuate from being withdrawn to a feeling of unstoppable motivation.

Psychotic Disorders

Schizophrenia is a disorder characterized by delusions (alteration in thought process) and hallucinations (alteration in one or more of the senses). These patients may hear, see, smell, feel, or even taste things that others are not aware of. Schizoaffective disorder is a sort of combination of schizophrenia and mood symptoms similar to those seen in bipolar disorder or depression; it may be presented in varying forms, ranging from depressive to manic symptoms. Substance abuse of drugs or alcohol can also induce a temporary state of psychosis due to the temporary effect it puts on brain transmitters and neurological functioning. These symptoms can often be scary for these patients. They may feel threatened by their hallucinations and may withdraw or suffer from additional anxiety or depressive problems.

Eating Disorders

This spectrum covers the variations of the three major disorders: anorexia nervosa where the person partakes in self-starvation practices, bulimia nervosa is described as a massive intake of food that is followed by purging or excessive exercising, and binge eating

disorder which is based on uncontrolled intake of food without the compensatory activities like purging (Mental Health Association, 2011). Causes are not always known however, increased stress levels, inability to cope, and a personality that strives for perfectionism have been connected to these students and patients (Ramsay, Branen, & Snook, 2013). These disorders do exist and are quite prevalent on college campuses, according to the national eating disorder association, 7.9-25% of male and 23.4-32.6% of college students will experience an eating disorder during their time at college (National Eating Disorder Association, 2011).

Personality Disorders

This includes a larger number of diagnoses separated into three subcategories. Class A disorders are described as being odd or eccentric; patients with a diagnosis in this class may have symptoms similar to that of a schizophrenic diagnosis or have issues "fitting in" or issues with everyday functioning. Class B disorders are described as emotional and dramatic; narcissists, antisocial, and borderline personality disorders and are characterized by intense relationships and inappropriate, severe emotions (Mayo Clinic, 2015). Class C disorders are described as anxious or fearful and can be very withdrawn. Obsessive Compulsive Personality Disorder can be included in this class based on the high level of anxiety and withdrawn behaviors associated with symptoms. The diagnosis can include a combination of the subcategories and levels of severity in disorders; every patient is different and treated holistically rather than by specific symptoms. (I am not sure what you are trying to say here)

Additional Mental Health Issues

According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), 60 percent of students aged 18-22 drink at least once a month, 67% of those students report episodes of binge drinking, which is defined as four to five drinks in one sitting. In addition, 1,825 college students die every year die to alcohol (National Institute of Alcohol Abuse and Alcoholism, 2015). A multitude of problems can arise, where early use of alcohol and drugs can lead to increased participation in risky behaviors, such as unprotected sex, and lays the foundation for future subsequent substance problems into adulthood (Claros et al., 2012).

Physical, mental, and emotional abuse typically stemming from relationship turmoil can contribute and exacerbate mental health issues. According to Rutter, Weatherill, Taft, and Orazem,(2012) 90 percent of college women reported psychological turmoil at some point in their relationships move this to the end) The victim of abuse is now at risk for developing or having exacerbations of anxiety, depression, or Post Traumatic Stress Disorder. The abuser may be suffering from unnoticed or ignored signs of rage or anger disorders that peak at a dangerous situation (Rutter et al., 2012).

History

Mental Health and its associated problems have existed since the beginning of history, though they have not always been acknowledged or studied. The earliest cultures saw a correlation to punishment, bad karma, or even possession by a demonic spirit. Cultures arising from Egyptian, Indian, Greek, and Roman descent often blamed illnesses on a religious origin and their correlations were heavily based on a system of reward and punishment. These cultures and communities saw the behavior and psychological

changes that is now viewed as mental instability or disorder, as a sort of form of punishment for committing sins or fallacies against a divine being. For example, if an Egyptian woman suffered from what we now know as postpartum depression, her community may have viewed this as a repercussion for a blasphemous act toward their god of fertility, pregnancy, or newborns. The community members and leaders chose to 'heal' the affected people through methods of sacrifices or means to appease the particular deity. Hippocrates was a mental health advocate during this time. Hippocrates veered away from the idea of basing origins of illness in religion. He explored outcomes that accompanied changes in environment or day to day happenings, he also experimented with the effects of medicinal substances in the improvement of behaviors and mental capabilities (Unite for Sight, 2012).

In the United States, events such as the Salem Witch Trials are evidence of inappropriate and drastic mindsets. United States is founded on a belief of God and his punishments. In cases like Salem, members with miniscule psychological issues, such as obsessive compulsive disorder, were labeled as different and connected to satanic initiatives. These communities often had a drastic response to the illness and ultimately led to banishment, torture, or execution of the person accused of the sin.

In the 19th century, the mentally ill individual's care was influenced by the advocacy from a new profession of the times, nursing. Dorothea Dix (put a year) was one of the first and most influential nursing mental health advocates of this time period. Dix fought for improved housing and living conditions for the patients that were labeled as 'mentally ill'. Her activism was influential in the government funding of approximately thirty two state psychiatric hospitals. These hospitals were the beginning of the ideals of

‘institutionalization’. Psychiatric patients could live and thrive in this medical environment under the safe watch of medical doctors and staff. Soon after the building of these institutions understaffing and underfunding led to criticisms for their physical living conditions; these human rights violations were the basis for scrutiny from reports and evaluations of institution progress (Unite for Sight, 2010).

The 20th century was the beginning of the modern era. This time period led to the transition of etiologies from moral causes to scientific ones. Researchers and professionals noted the psychologic turmoil that resulted from situations like war and they also began delving into the connection of heredity to illnesses. These realizations marked the start of a psychoanalytical approach that explained the possibility of mental illness origin as stemming from a person’s environment and pattern of development (Holyoake, 2013). By the 1950’s the idea of deinstitutionalization (quotes will need a reference) and forms of outpatient treatment were gaining popularity, based on the thought process that mental health patients would sustain an improved and higher quality of life if treated in the familiar environment of their community. This was also the time in history where psychiatric medications, especially antipsychotics, were being developed and trialed. These were vital for patient stabilization and therefore supported and assisted in the push for deinstitutionalization.

Presently, a popular theory exists among those involved in the psychiatric discipline. The idea of ‘Transinstitutionalization’ arises from opinions that argue that mental health institutions are interdependent with criminal justice systems. Supporters of this theory relate its occurrence to the prevalence of inadequate, under-funded, and under-supported community resources for deinstitutionalized people. Supporters claim that the

lack of community availability and support is motivation for criminal justice involvement and ultimate incarceration of the population that now needs increased supervision outside of the hospital setting (Unite for Sight, 2011). Regardless of support or opposition surrounding this theory, it is clear that there is still, and will continue to be, a need for increased and improved quality and availability of community care. These improvements could lead to better support and treatments for those that are being integrated by into their home communities.

Misconceptions

Media is a huge part of modern day society; TV shows, movies, social media, and many arrangements of music are popular and accessible via multiple devices and outlets. A lot of people have multiple TV's in their home, tablets, computers, and a smart phone, all of which have potential access to the internet. With such a large presence in today's society, these media outlets contribute to the continued stigmas and ideals that surround many topics, including those of mental health.

Music is one example of how the social media has broadened the reach to listeners. Listeners have been able to broaden their attention not only on the music but also the artists' opinions and reasoning behind their projects. This can affect the perception of mental health when artists compare album art or lyrics to a theme of "insanity" without veering from the public stigma associated with mental illness. For instance, Marshall Mathers III, aka Eminem, is a hip hop artist that rose to fame in the early 21st century, as of 2015, he has sold over 100 million albums worldwide (Shady Records, 2015). Eminem released a single in 2009 titled "3 A.M." the lyrics describe a mental breakdown leading to murder, in the music video, he is a patient in an institution

who, during this breakdown, kills the hospital staff and causes havoc throughout the institution with other patients. In 2013, Eminem released another single with R&B artist, Rihanna, titled “The Monster”, the lyrics describe hallucinations and delusions that lead to a “crazy” stigma attached to him; the video shows the artist experiencing hallucinations and being treated in an institution in a straight jacket and padded room. Both of these projects created by Eminem portray mental disorders as committing intense criminal activity by a patient, as well as ideals of institutions that are outdated or assumed Although these portrayals are inaccurate and severe, it doesn’t change the fact that he’s a very successful artist who is popular worldwide.

Television and movies have been another form of social media that is far reaching although a large proportion of shows and films are based on fiction, viewers’ plots as reality, this has been harmful, in some instances, to the discipline of mental health. American Horror has strived as an immensely popular franchise since 2011. Their second season, *Asylum*, was set in a mental institution that practiced extreme forms of therapy, murder by patients and doctors, terrible living conditions, and an overlaying plot surrounding the idea that mentally healthy civilians are kidnapped and held hostage in the institutions. The series demonstrated extreme examples, and although poor living conditions were an unfortunate reality for patients in the past, the show made no effort to correct or veer away from any stereotypes, no matter how outlandish. Despite the inaccuracies, this season was just as popular as any of the show’s other four seasons. It trended on social media, peaked as a popular search on outlets like *Netflix* and *Hulu,* and helped to add to the devoted fan base that patiently waits by their television on the respective night, to watch the newest addition to the series. Repeated views and devoted

interest has led to mental images and associations for viewers, surrounding mental health, whether intentional or not.

At Risk Population

A potential trigger for a mental health symptom exacerbation and development during the transition to college is the high level of stress associated. As Byrd and McKinney in 2012 point out, studies have shown that a student with higher levels of stress tends to have lower levels of self-esteem. During this time the students is moving away from home, friends may have decided on separate schools, they may be financially independent, or the course load could be daunting when compared to high school. 73 percent students that enter college with a previously diagnosed mental health disorder will experience a mental health crisis in college (Fritz, 2014). No matter the reason, if symptoms are already present, the risk is heightened in severity, college age is also a prime time for mental health symptoms to make themselves known.

The average age of a college student falls between eighteen and twenty-two. Research show that the brain does not cease in growth and development until age twenty-five. Therefore, the entire time students are in college, their brain is subject to new knowledge, habits, and influences. For example, a student decides to try drinking, they enjoy the way they feel when intoxicated, and eventually begin turning to alcohol when they are stressed about personal or academic issues. After persistent exposure to these substances, during this fast-paced time of development, the brain may be permanently affected and the student may also experience symptoms associated with addiction and withdrawal throughout life (Claros et al., 2012). As Hunt and Eisenberg report, “The college years represent a developmentally challenging transition into adulthood, and

untreated mental illness may have significant implications for academic success, productivity, substance use, and social relationships" (Hunt, 2010).

Erik Erikson (1959) is a well-known theorist and is utilized in many disciplines worldwide, especially those involved in healthcare. His theory of psychosocial development classifies age groups via their developmental crises or life goal that they are currently striving for at those ages. In the beginning of their college career they fall under the adolescence stage with a developmental crisis of identity versus role confusion. During this stage the student may struggle with confidence, independence, and insecurities which may put them at risk for developing depressive or anxiety issues or exacerbate possible underlying disorders. Throughout college, they may also fall under the young adult stage of development with a crisis of intimacy versus isolation. During this stage they find it necessary to build bonds and relationships, if this stage is not successfully met, they may fall risk to loneliness and depressive symptoms (McLeod, 2013). Throughout any form of awareness or treatment, it is important to stay aware of their goals in life and where they fall in regards to development, it helps to hone in on effective treatments and possible root causes.

Data Analysis

Population

Colonel Campers were the population chosen for this particular survey due to their prominence in the freshmen class and presence at college events and involvement throughout their college career. Colonel Camp originated in 2006 with barely fifty students in attendance. First year students voluntarily register for this camp, it is not a part of their educational requirements; it is simply offered to them and described as an

extra step towards preparation for their college career. Throughout the camp, the students are placed with one colonel camp leader and approximately ten to twelve other first year students. Along with the fun and games, the campers participate in team building activities, small group discussions regarding their fears and life experiences, and facilitation of real world scenarios that are a college reality, including many realms of mental health. The Office of First Year Programs track Colonel Camp participants throughout their college career, for their retention, involvement, and graduation rates. According to the most recent retention data, first year student retention rates have consistently risen from 65 percent in 2006 to 84 percent in the spring of 2015 (Palka, 2015). Colonel Camp students were chosen as candidates for the survey due to their appreciation of the college experience and willingness to discuss and learn about issues, such as mental health, that may ultimately affect them and those around them.

Methods

The survey that was devised for this thesis project was formatted as mixed model research. Part A of the survey utilized a Likert scale of ten statements that related to mental health. The project scale was a qualitative response between one and four rating, with one representing a strong agreement and four representing a strong disagreement. The ten presented statements were as follows:

1. I am familiar with the term “Mental Health”.
2. My peers/friends post their “problems” or “vent” on social media.
3. I participate in the act of dieting (examples: weight watchers, calorie counting, low carbs, skipping meals, binging, purging.
4. I consider anxiety to be a weakness or negative attribute.

5. I am worried about alcohol/drug use in college.
6. My family, friends, and/or myself, have attempted/committed self-harm or suicide.
7. I have been a victim of or committed acts of emotional/sexual/physical abuse.
8. I have someone to turn to when I'm not "feeling myself".
9. I have sought help to handle my emotions or mental health.
10. I know what services are available at EKU.

The survey presented this visual reference scale to use as a source for their decisions:

Illustration 1

Part B of the survey consisted of seven qualitative, open-ended questions that asked participants to expand on their answers or thoughts regarding specific mental health issues. The presented qualitative questions were as follows:

1. Please explain your interpretation of the term "Mental Health".
2. What is your opinion of "venting" via social media?
3. Please list or explain any forms of diets that you have tried or experimented with.
4. Is anxiety a negative or positive attribute? Explain.
5. What is your opinion on alcohol/drug use?
6. Who do you turn to when you aren't "feeling yourself"?

7. Please list any “mental health” services, to your knowledge, that are available at EKU.

Limitations

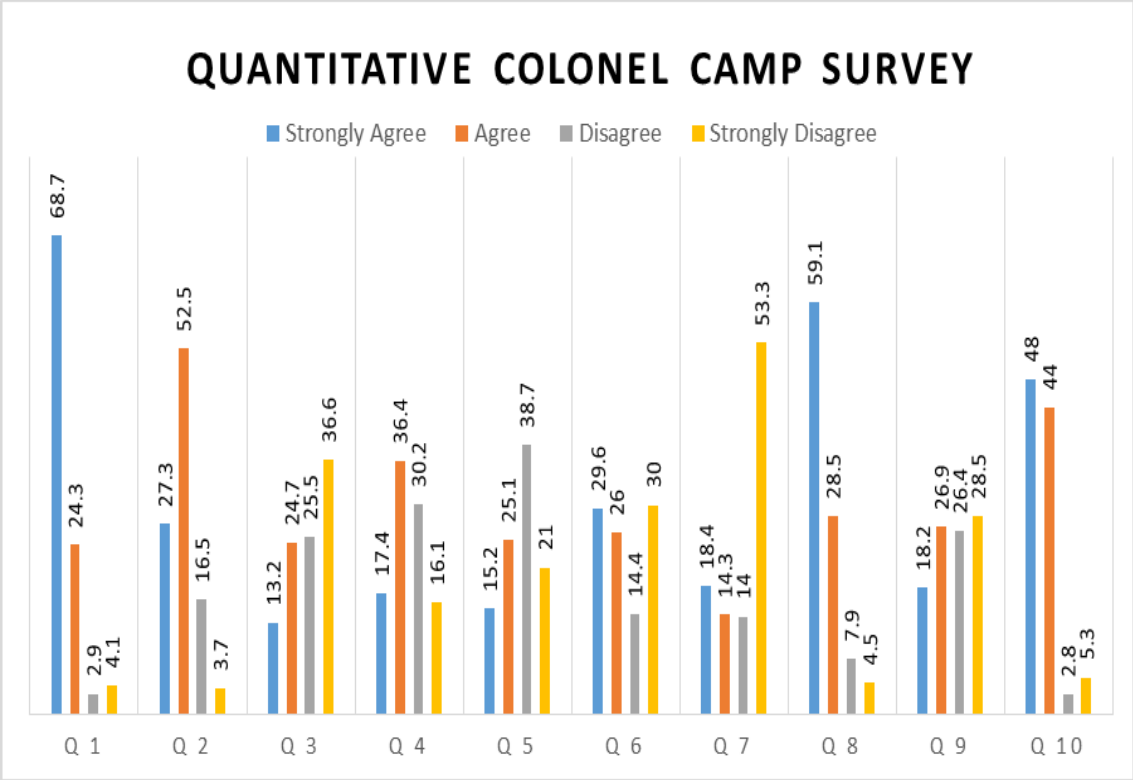
After registration for camp closed in the summer of 2015, there were 310 student registered to attend camp. Though, over the course of the final weeks leading up to camp there were several cancellations and (how many) participants did not showed up. The final number of campers in attendance was 278. After surveys were distributed to the Colonel Camp leaders, it was their responsibility to ensure surveys were completed and returned to a supervisor. There were two leaders who had either lost their set of surveys or forgot to pass them on to their students, leaving 246 of surveys completed. Some students did not answer one or more of the quantitative questions resulting in the outcome of 243 responses for question one, 242 responses for question two, 243 responses for question three, 242 responses for question four, 243 responses for question five, 243 responses for question six, 244 responses for question seven, 242 responses for question eight, 242 responses for question nine, and 246 responses for question ten.

Results

Quantitative. All data was analyzed and compiled into a table, which is shown below, table 1. In the first question regarding understanding the term “mental health”, the majority, 68.7 percent, of students claimed to strongly agree that they understood the term. Question two stated that participants and their peers utilized social media for “venting”, 52.5 percent, agreed with this statement. The third question addressed dieting, 36.6 percent strongly disagreed that they had dieted. Question four assessed opinions of

anxiety being a negative attribute, 36.4 percent agreed that it was a negative attribute, however it was followed closely by 30.2 percent disagreeing in its negativity. Question five assessed the students' level of concern in regards to drug and alcohol use in college, 38.7 percent, claimed to not be worried. Question six focused on their exposure to self-harm practices and suicide; 30% strongly denied any exposure, however, 29.6 percent strongly agreed that they had been exposed. Question seven asked about personal experiences with violence and abuse, 53.3 percent strongly denied being a part of any experiences. Question eight asked the students if they knew who to turn to when they weren't "feeling themselves" 59.1 percent strongly agreed that they had a support system. They were asked about seeking help In question nine, 28.5 percent strongly denied seeking treatment, while a close 26.9 percent agreed that they had sought help. The final question assessed their knowledge of resources at Eastern Kentucky University, a combined and large 92 percent agreed that they know where to go. The following Table 1 is a visual representation of the gathered quantitative data.

Table 1



Qualitative. Each of the 246 responses to all seven open-ended questions were analyzed and then a few from each specific question were analyzed and demonstrated a pattern that supported the focus of the study.

Question one assessed understanding of the term “mental health”. The World Health Organization (WHO) (2003) defines health as “a state of complete physical, mental, and social wellbeing-not merely an absence of disease”. However, one student that ranked them self as strongly aware of the term claimed that mental health is, “mental rightness, not physical at all.” Comparatively another student who rated themselves as lacking confidence in their knowledge stated that, “mental health is the emotional state of one’s mind with factors like stress, life events, and physical health being prevalent. These

contradiction support that mental health may not be accurately understood by this population.

Question two focused on social media usage and their personal opinion. The vast majority disagreed with the choice to "vent" but agreed that it does indeed exist, which collaborates the majority ranking of "Agree" on the quantitative portion. One response claimed that, "If everyone who can see it are members of a close friend circle, its fine, but if strangers can see it, people shouldn't do it"; though those scenarios would be ideal, studies show that over 90 percent of adults aged eighteen to twenty nine utilize social media (Pew Research, 2015) and its common knowledge that once something is posted online, it is public domain, in one way or another (Kuss & Griffiths, 2011). Others, however, voiced their understanding, one student said, "I think that venting on social media is unnecessary when the topic is about a peer or enemy of theirs because they should confront the person. However, if it is about a worldwide, controversial issue and they defend their topic well their words should be heard."

Question three assessed the students' personal experience with dieting and eating disorders. This can be related to the quantitative results which showed that the majority of students denied any history with dieting and eating disorders. We do know that this is a huge issue in college populations, referring back to the data on eating disorder prevalence. Some students did admit to partaking; one student stated that they personally, "count calories, binge, purge…" another student admitted they are, "quitting cold turkey…Well. Not eating at all."

Question four asked students to choose and explain whether anxiety is a positive or negative attribute to have. Qualitative results also supported that, similarly to the

quantitative results, most students voiced their choice as being the negative one. “Negative. It’s embarrassing-which makes it worse-and it can make it harder to try new things or to keep doing the things you already do” was the response of one student, supporting the stigma of embarrassed me that accompanies diagnoses. However, a lot of students admitted to personally having anxiety; one student admitted that, “In the way that it affects me, I see anxiety as a negative attribute because it causes me to shut down and feel like I’m not capable of the task at hand”; though the students continue to view anxiety as a negative attribute this testimony is an example that serves as evidence that this population is indeed handling a mental health disorder.

Question five asks about their opinions on drug and alcohol use in college. Comparable to the quantitative results that show an absence on concern in regards to the topic, most students responded to the question with definite opposition. For example, one student states that, “On illegal drugs, they are illegal for a reason. On alcohol use, when above 21 and in responsible moderation, drinking is acceptable. Regardless, a clear head is better in either case.” Though the student’s survey reported the students were against these activities. Research shows that drug and alcohol are vastly popular in the college environment. This can be shown in data previously mentioned under the encompassment, and in movies, shows, and music promoted by the media that portray college as a party environment.

Question six requests examples of people the students feel comfortable turning to when they feel upset or downhearted. Though the quantitative majority strongly agreed that they knew who to go to for support, the two very popular responses submitted were “my mom” or “my best friend. This may not be an option as some, students may not live

at home anymore or, as is common with college students, they may be overwhelmed and run out of time to call mom or dad for advice. According to the National Alliance on Mental Illness, only seven percent of parents reported knowing about their students' mental health issues. The student may choose to go to school apart from friends, and relationships may dwindle. The response that stuck out the most was the student that responded with, "Friends. When I have them…" which can be interpreted as disheartening and somewhat worrisome when confronted with a student that may already have some underlying withdrawal, anxiety, and self-confidence issues that are symptomatic of a mental health disorder.

The final question, question seven, asked students to list Eastern Kentucky University resources that they could turn to while attending school. 92 percent of students agreed that they definitely knew where to go at EKU, however, the vast majority of students answered with "counseling". It's unclear if this answer was because they truly know of EKU's specific office or if they just guess that it exists due to the common placement on college campuses. A few students responded with "RA's" in reference to resident assistants that live in the residence halls, one listed "campus police, and one blatantly responded with "I don't know" which only serves as further evidence that students potentially do not have the information for help that they may need.

Analysis. After comparing both the quantitative and qualitative responses of colonel campers to one another and then to current existing research, it can be concluded that this representing population of first year college students show a lack of certain preparedness and awareness of mental health issues that they risk facing throughout their time in college. The students in this study claim understanding of the term "mental

health", but few could actually give an accurate definition. The survey demonstrated disdain and unawareness of consequences brought about by social media when research shows its impact and large usage population. The majority denied any involvement in eating disorders, however some admitted to extreme dieting and research shows the prevalence of these disorders on this campus. Students reported anxiety had negative attributes, but many admitted to suffering from the disorder showing its presence in the population. In regards to substance abuse, a huge number of students showed fixed defiance against the topic and asserted their abstinence, but when research and media portrayals are presented, it supports the complete unawareness of these students. When students portray certainty in there lasting connections to parents and high school relationships, they can seem naïve to the development and strains shown to arise throughout college and career development. Finally, the frequent identical ideas of locations for help at EKU show the lack of knowledge of resources.

Treatment

Research shows best known form of treatment consists of pharmacological and nonpharmacological methods. Medication regimens are combined with therapies such as counseling, exercise, relaxation, mind-focusing activities, etc. For example, students have referred to conjunctive methods such as exercising and self-talking and deep-breathing as effective calming, non-pharmacological approaches to their mental health issues. It is important for nurses and other healthcare providers to stay aware of combined medicinal and alternative therapies to ensure optimum outcomes and holistic care (Aselton, 2012).

Eastern Kentucky University

Eastern Kentucky University offers multiple resources for students that may require or request treatment. The counseling center is located in the Charles Douglas Whitlock building on campus and offers individual and group counseling, referrals to specialists, and the ability to write certain necessary prescriptions. EKU's student health services is a useful resource for student issues, especially substance and relationship abuse; they can provide physical exams in conjunction with options are accurate referrals for additional treatment. There are campus opportunities for students seeking help and health care that are easily accessible and inexpensive, similar to EKU's. Mental health and awareness is a cause worth fighting for and universities strive for funding towards and implementation of these programs (Bernhardsdottir & Vilhjalmsson, 2013). The Student Government Association has recently implemented a mental health committee that serves as student advocates for those that may be too embarrassed, worried, or confused in regards to seeking available treatments. Mentoring programs are also available at EKU Colonel Camp leaders stay in contact with their students through graduation. The Nova Program a program for first-generation college students and provide mentors for successful transitions. The Honors program implements ambassadors that ease fears and stress related to adjusting to classes and course loads, Resident Assistants are hired and trained by the university and live in residence halls with students as a form of support, and Greek life is known for a "big/little" tradition which provides new members with an experienced mentor and friend that stands by the student throughout college and, in some cases, life.

Noncompliance

This population has a tendency towards noncompliance. Some of the reasons they may be non-adherent is the medication schedule may not match their school or work schedule. They may party and ignore the medicine warnings. They may not want their friends to notice their treatments, or maybe they just choose to abstain. A mental health diagnosis is typically life long, however, it is controlled and symptoms are suppressed. When a patient is non-compliant, with medications or therapy regimens, the symptoms usually don't resolve, they may also increase in severity if are exacerbated suddenly.

When learning about health and patient care, it is taught that a person is treated holistically; something physical may be a result of a mental issue and vice versa; Byrd et al. (2012) explain how a holistic picture can include, "a student's physical, cognitive, and emotional health as well as intra personal functioning, including internal influences and individual capacities such as self-esteem, coping abilities, and self-perceptions of skills and competencies". With the holistic mindset in place, the risk for comorbidities may appear with the mental health disorder. For example, a patient with bulimia nervosa may have damage to their gastrointestinal system, linings of their esophagus, and destruction of the enamel on their teeth due to the excessive exposure to stomach acid. This system is only one of many affected by the eating disorder. Another example is a patient with bipolar disorder who likes to excessively smoke and drink in their manic phase and binge drink during their depressive phase. This behavior is putting their liver, lungs, and cardiac system at risk among many other things (Mee, 2014). The risk for comorbidities leads to additional necessary medications, referrals, and physical diagnoses, leading to an increased chance at hospitalizations and a shorter life expectancy.

Implementing Change

Awareness is a critical component throughout all aspects of healthcare. Awareness can be defined as “having or showing realization, perception, or knowledge” (Merriam-Webster, 2015). A nonjudgmental approach to situations is also key, and can be a turning point for future interactions and treatments. A judgmental approaches may strain levels of trust and alter the amount of disclosure offered by a student. Developing a presence of awareness and effective interactions are the responsibility of the patient, any support present support systems, and the provider; practices with these characteristics allow unbiased, efficient, and effective care.

A patient, or student in relation to this project, should be able to notice changes they are experiencing and when it’s the appropriate time to seek help; when the burden is too much to carry alone, they can’t shake these thoughts or feelings, or their way of life and functioning is affected. When the student is aware of their personal normalcy and boundaries, they are more apt to turn to a resource or report changes. The support system whether it is parents, family, or friends, may be able to pick up on changes in a student before a significant event occurs and encourage them reach out for a source for help. As healthcare providers one must remember the importance of treating holistically (Mahmoud, Staten, Hall, & Lennie, 2012). Simultaneously treating and identifying signs of unknown or unmentioned mental illnesses, while treating a physical diagnosis, is a holistic approach.

Nonjudgmental environments for all students should be implemented as a form of comfort for each of them.; When a student feels pressured to escape the criticized ideals surrounding topics like mental health, they will be less likely to seek help and more likely

to shrug off mental changes to something unreliable (Legeune, 2011). As support systems, nonjudgmental approaches to relationships are, often times, a breaking point for these students. Coping mechanisms are generally influenced by outside forces (Byrd et al., 2012). The more support a student receives from those involved in their lives the more apt they will may seek treatment. If the student feels threatened or shunned by critical family members or friends, they may suppress symptoms which risks a more detrimental outcome. The act of nonjudgmental approaches is reinforced throughout the training of healthcare providers. Prematurely judging a patient can lead to decreased levels of trust, suppression of symptoms and patient disclosure, altered levels of administered and accepted care, and ultimately poorer outcomes for the patient.

The question to merit is how do involved parties increase their awareness and decrease judgmental mentality? Education is an important component to do this. Providing resources and opportunities for expanding mindsets and explaining prevalence is an effective way to achieve this goal. Claros et al. (2012) offer examples that include campus seminars, workshops, mentorships, and activities that promote safety and harm reduction. Simply drawing attention to the severity and frequency of symptoms and diagnoses can potentially interest those exposed. It is important to provide examples, but it is also important to ensure accuracy with sources. The goal is not to falsify concepts as a method of drawing attention, but to present facts that encourage genuine notice and motivation.

Conclusion

In conclusion, college students, particularly those of first year exposure, are at risk for development or exacerbation of mental health disorders and their indicators.

Based on the research and analysis of Colonel Camper surveys, a representation of the first year college student population, this populace shows a lack of certain preparedness and awareness of mental health issues that they risk facing throughout their time in college. Common areas of mental health diagnoses found among this population are derived from the realms of anxiety, mood, eating, personality, substance abuse, and relationship abuse disorders. Due to the exposure to and existence of historical stigmas and misconceptions put in place by the media, in regards to portrayals of mental health, this population has increased levels of hesitancy to acknowledge symptoms and seek help. A combined form of treatments involving pharmacological medicinal and alternative nonmedicinal therapies are the most effective form of handling exacerbations and diagnoses. Awareness of symptoms, changes, and treatment as well as a nonjudgmental approach from affected students, support systems, and healthcare providers is critical to successful treatment and maintenance of further development or exacerbation of these diagnoses and their presenting signs and symptoms.

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