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Article

Residential Community College Student Awareness of Mental Health Problems and Resources

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An exploratory survey study assessed residential community college student awareness of signs, risk factors, and resources for depression, anxiety, and substance abuse. The majority of the participants reported adequate awareness of mental disorders. Females were more likely than males and sophomores were more likely than freshmen to recognize signs and risk factors of mental illness. Half of the participants were unaware of campus mental health resources. Strategies for increasing student awareness of mental health problems, counseling, and other campus resources for mental illness are presented.

Keywords: community college, mental illness, campus services, residential community college students

A troubling number of college students face anxiety, depression, and other mental health problems (American College Health Association [ACHA], 2009; Dusselier, Dunn, Wang, & Whalen, 2005; Francis & Abbassi, 2010). It was discovered that over 50% of college students suffered from depression and 10% had thoughts of suicide (Furr, Westefeld, McConnell, & Jenkinds, 2001). Furthermore, 15.6% of undergraduate students suffered from both anxiety and depression (Eisenberg, Gollust, Golberstein, & Heffner, 2007). Initial findings indicate that the incidence of mental health problems in community college settings is similar to that of four-year university/college institutions (for purposes of this study university students represent those studying in universities and four-year colleges) (Francis & Abbassi, 2010). Furthermore, depression, anxiety, and other mental health problems can be exacerbated by substance abuse, which is common in community college and university settings (Blowers, 2009; Knight et al., 2002; Lewis & Mobley, 2010). University student perceptions of mental health problems and mental health resources have been addressed (Dobmeier et al., 2011; Dusselier et al., 2005; Eisenberg et al., 2007). The current exploratory study offers an initial look at perceptions of signs, risk factors, and resources for mental health problems among residential community college students.

Comparison of Community College and University Students

Community college and university students seem to face similar risks for mental health problems (Blowers, 2009; Francis & Abbassi, 2010). Dysfunctional family situations, stress about academic performance, sexuality and sexual identity, violence on campus, and pre-existing severe and persistent mental illness were identified as contributors to mental health problems on community college campuses (Francis & Abbassi, 2010). Credit card debt and student loans (Moore & Carpenter, 2009) and conflicted relationships (Dusselier et al., 2005) were discovered as sources of anxiety among university students. Furthermore, 47.1% of community college students and 56.0% of university students met the criteria for binge drinking over a two-week period (Blowers, 2009).

Compared to university students, community college students were more likely to face mental health problems and to struggle academically (Barnett, 2011; Francis & Abbassi, 2010). They were more likely to have lower family incomes, be less academically prepared for college, and face adverse health outcomes and chronic disease, all of which contribute to mental health

risk (Barnett, 2011; VanKim, Laska, Ehlinger, Lust, & Story, 2010). Half of all first-year students dropped out of community colleges, a factor contributing to and resulting from student mental health problems (Walters, 2003).

Student Use of Campus Mental Health Resources

Counseling and health centers, residence staff, and faculty have been recognized as potential resources for students facing mental health problems in a university setting (Dobmeier et al., 2011). University students who elected to participate in counseling services reported higher levels of self-confidence and more positive overall daily functioning compared to students who did not follow through with counseling (Lucas, 2012). Students who used the university counseling center also had a higher retention rate (75%) compared to the overall student population (68%) (Bishop, 2010). Reticence to use campus counseling services, however, seems common.

Over 50% of a sample of university students reported living with at least one mental health problem and less than half of those with a mental health problem chose to seek treatment (Zivin, Eisenberg, Gollust, & Golberstein 2009). Men, international students, African American students, and sexual minorities have been identified at risk for underutilizing university counseling services (Gallagher, 2012). Awareness of student mental health problems was lower among males than females and was lower among college freshmen in comparison with sophomore, juniors, and seniors (Dobmeier et al., 2011; Seem & Hernandez, 1998; Hayes et al., 2011).

Among community colleges, 68% reported that they provided campus-based mental health counseling services, but only 13% had on-site psychiatry services (Edwards, 2011). Still, little is known about actual use of mental health resources on community college campuses and no research could be located about student residents of community colleges. To increase knowledge about residential community college student awareness of signs, risk factors, and resources for mental health problems, the current study sought to answer the following research questions:

1. How knowledgeable are residential community college students about depression, anxiety, and substance abuse and the signs/symptoms of these disorders in others?
2. How aware are residential community college students of risk factors for depression and anxiety?

3. Are sex and year in college associated with student awareness of the signs of and risk factors for depression, anxiety, and substance abuse?
4. Which campus mental health resources are residential community college students aware?
5. Which resources are residential community college students likely to utilize for a mental health problem?

Method

An exploratory study was conducted at a community college in the northeastern United States. Enrollment at the college was approximately 19,000 students. The convenience sample for this study consisted of 144 residential students, all of whom were between 18 and 25 years old (over 77% of the students at this college were under 30). Responses from 30 participants were omitted from data analysis due to incomplete surveys, resulting in a total of 114 participants. Among the respondents, 44 (38.60%) identified as male, 68 (59.65%) identified as female, and two (1.75%) did not report their gender (student enrollment at this college is reported as 52% male and 48% female). In addition, 62 (54.39%) indicated that they were freshmen, 48 (42.12%) were sophomores, and four (3.51%) did not identify year in college.

Procedures

The current study was conducted as an action research project in a master's in counseling research course. The director of the Counseling and Advising Center arranged for the researchers to contact the Director of Housing and Residence Life to set up times to administer an in-person survey among student residents. On two separate evenings the surveys were administered in the lobbies of two residence halls on a student walk-in basis. The researchers explained the directions to the students, who completed the survey voluntarily and anonymously. Students were offered ice cream as an incentive for their participation in the study.

Instrument

A modified version of the questionnaire that was created by Dobmeier et al. (2011) was used in this research. The original survey instrument investigated student awareness of anxiety, depression, and sleep disorders. For the current study the questionnaire was modified by omitting sleep disorders and including items that sought information about substance abuse disorders. The signs of substance abuse disorders were taken from the *Diagnostic and Statistical Manual of Mental Disorders (DSM)-IV-TR* (American Psychiatric Association, 2000) as had the signs of

depression and anxiety in the earlier study. The first questions on the instrument sought demographic data. Participants were then asked to report their knowledge of depression, anxiety, and substance abuse disorders on a Likert type scale (1 = None, 2 = Limited, 3 = Adequate, 4 = Strong). In the next section, respondents indicated awareness of a friend suffering from depression, anxiety, or substance abuse. The final sections asked participants to check off signs and risk factors that they recognized for each mental health disorder and to identify resources they would use for a mental health problem. For further information about the instrument please see tables 1, 2, and 3 and/or contact the authors.

Results

Overall, participants reported adequate to strong awareness of depression, anxiety, and substance abuse. They also evidenced adequate to strong recognition when a friend is suffering from depression, anxiety, or substance abuse (see Table 1).

Table 1

Student Knowledge about Depression, Anxiety, and Substance Abuse and Awareness of Symptoms in Others

	Mean, *N*= 114	Standard Deviation
Knowledge of depression	3.24	0.71
Knowledge of anxiety	3.10	0.82
Knowledge of substance abuse	3.12	0.90
Awareness if a friend was suffering from depression	3.56	0.72
Awareness if a friend was suffering from anxiety	3.14	0.77
Awareness if a friend was suffering from substance abuse	3.41	0.74

Note: 1 = None, 2 = Limited, 3 = Adequate, and 4 = Strong

Knowledge of Signs and Risk Factors

Most respondents were aware of the signs of depression, anxiety, and substance abuse (see Table 2); the range of *yes* responses was 66.73% to 91.23%.

Table 2

Student Knowledge of Signs of Depression, Anxiety, and Substance Abuse

Depression	Yes		No		Anxiety	Yes		No		Substance Abuse	Yes		No	
	%	*n*	%	*n*		%	*n*	%	*n*		%	*n*	%	*n*
Depressed mood	91.23	104	8.77	10	Worry	87.72	100	12.28	14	Legal problems	87.72	100	12.28	14
Suicidal thoughts	90.35	103	9.65	11	Difficulty concentrating	80.70	92	19.29	22	Physical hazards	85.96	98	14.04	16
Feeling hopeless	90.35	103	9.65	11	Feeling on edge	79.82	91	20.18	23	Social problems	79.82	91	20.18	23
Feeling alone	88.60	101	11.40	13	Irritability	77.19	88	22.81	26	Failure in obligations	78.95	90	21.05	24
Feeling helpless	88.60	101	11.40	13	Disturbed sleep	73.68	84	26.32	30					
Sleep problems	85.96	98	14.04	16	Feelings of intense fear	73.68	84	26.32	30					
Loss of interest	85.96	98	14.04	16	Fatigue	72.81	83	27.19	31					
Loss of appetite	84.21	96	15.79	18	Agitated behavior	69.30	79	30.70	35					
Failing grades	82.46	94	17.54	20	Feelings of helplessness	67.54	77	32.46	37					
Overeating	73.68	84	26.32	30	Recurrent thoughts & impulses	66.67	76	33.33	38					

Most respondents recognized that each of the factors (see Table 3) represented a risk for bringing on depression and anxiety; the range of *yes* responses was 67.54% to 95.61%.

Table 3

Student Knowledge of Risk Factors for Depression and Anxiety

Risk Factor	Depression				Anxiety			
	Yes		No		Yes		No	
	%	*n*	*%*	*n*	*%*	*n*	*%*	*n*
Relationship problems	95.61	109	4.39	5	79.82	91	20.18	23
Family problem	94.74	108	5.26	6	74.56	85	25.44	29
Homesickness	82.46	94	17.54	20	75.44	86	24.56	28

Substance abuse	81.58	93	18.42	21	67.54	77	32.46	37
Alienation from others	78.95	90	21.05	24	74.56	85	25.44	29
Poor academic performance	78.95	90	21.05	24	77.19	88	22.81	26
Adjusting to academic work	69.30	79	30.70	35	76.32	87	23.68	27
Transition to college	69.30	79	30.70	35	82.46	94	17.54	20

A modest trend was noted for women to be more likely than men to recognize signs of and risk factors for depression and anxiety (see Sex in Table 4).

Table 4

Knowledge of Signs and Risk Factors by Sex and Year in College

Item	Percentage/Frequency: Yes Response (SPSS Crosstabs)	Chi Square, Phi, p-value*, Effect Size, 1-Beta**
Sex		
Feeling alone as a sign of depression	Female (F) = 94.12%, n = 64 Male (M) = 79.55%, n = 35	χ^2 (1, *N* = 99) = 5.88, Phi =.20, *p* = .05, ES = 0.62, 1-*B* = .99
Relationship problems as risk factor for depression	F = 100%, n=68 M = 88.64%, n = 39	χ^2 (1, *N* = 107) = 8.32, Phi =.27, *p* = .02, ES = .99, 1-*B* = .99
Substance abuse as risk factor for depression	F = 88.24%, n = 60 M = 70.45%, n = 31	χ^2 (1, *N* = 91) = 6.08, Phi = .23, *p* = .05, ES = .55, 1-*B* = .99
Alienation from others as risk factor for anxiety	F = 82.35%, n = 56 M = 61.36%, n = 27	χ^2 (1, *N* = 83) = 6.90, Phi = .25, p = .03, ES = .55, 1-*B* = .99
Year in College		
Feeling hopeless as a sign of depression	Freshmen (Fr) = 85.48%, n = 53 Sophomore (So) = 97.92%, n = 47	χ^2 (1, *N* = 100) = 5.92, Phi = .23, p = .05, ES = .35, 1-*B* = .94
Recurrent thoughts and impulses as a sign of anxiety	Fr = 54.84%, n = 34 So = 81.25%, n = 39	χ^2 (1, *N* = 73) = 8.62, Phi = .28, p = .01, ES = .53, 1-*B* = .99
Anxiety and worry as signs of anxiety	Fr = 85.48%, n = 53 So = 93.75%, n = 45	χ^2 (1, *N* = 98) = 7.19, Phi = .25, p = .03, ES = .23 1-*B* = .62
Feelings of intense fear as sign of anxiety	Fr = 66.13%, n = 41 So = 85.42, n = 42	χ^2 (1, *N* = 83) = 6.39, Phi = .24, p = .04, ES = .41, 1-*B* = .96
Recurrent substance use that is physically hazardous as a sign of substance abuse	Fr = 82.23%, n = 51 So = 93.75%, n = 45	χ^2 (1, *N* = 96) = 7.41, Phi = .26, p = .03, ES = .30, 1-*B* = .84

Item	Percentage/Frequency: Yes Response (SPSS Crosstabs)	Chi Square, Phi, p-value*, Effect Size, 1-Beta**
Substance abuse as risk factor for depression	Fr = 72.58%, n = 45 So = 91.67%, n = 44	χ^2 (1, *N* = 89) = 7.50, Phi = .26, p = .02, ES = .43, 1-*B* = .98

*α = .05; **G-Power 3.1.3, χ^2 Post hoc Goodness of Fit Test was used for effect size and power analysis.

In each of the reported findings, female respondents as a group had greater awareness than males for signs and risk factors. A trend was noted for sophomores to be more likely than freshmen to recognize signs of and risk factors for depression, anxiety, and substance abuse (see Year in College in Table 4). In each of the reported findings, sophomores as a group had greater awareness than freshmen for signs and risk factors.

Mental Health Resources

Fifty percent (*n* = 57) of participants reported that they were aware of the mental health resources that were available to them on campus. The respondents (N = 114) addressed their awareness and use of mental health resources. Only 12.3% reported they had referred someone to their college counseling center or to another campus resource. Participants were asked to identity various mental health resources that they would be willing to access if a friend were suffering from a mental disorder. The most commonly reported resource was for the survey respondent to *talk to the friend* (93.0%). The least frequently reported resource was to *take the friend drinking* (21.93%). Respondents indicated willingness to use other resources as follows: *encourage friend to seek counseling* (86.84%), *talk to a family member* (73.68%), or *see a medical doctor* (70.02%). Approximately two-thirds of respondents indicated that they would *take a friend to the campus counseling center* (66.28%), 60.53% would *talk to a friend's family*, and 57.89% would *take a friend to the campus health center*. Respondents would also consider *talking to a resident advisor about one's friend* (53.51%), *encouraging a friend to talk to a faculty* (44.74%), *talking to a faculty about one's friend* (41.23%), *not bringing the problem up in conversation with a friend* (34.21%), and *taking a friend to a party* (27.19%).

Discussion

A lack of student awareness and/or unwillingness (Zivin et al., 2009) to utilize campus mental health resources suggest that although many students have knowledge of mental health problems and their causes, they are not prepared to apply the knowledge when a mental health

problem is encountered. Women tended to be more aware than men and sophomores more aware than freshmen about the signs of and risk factors for mental health problems. It is recommended that community college leaders plan to start education about signs, risk factors, and services for mental health problems during freshmen orientation, continuing it with follow-up workshops and publications during freshmen year and through to graduation. A comprehensive, concerted campaign across the academic year may serve to help residents begin to incorporate their knowledge of mental health problems into their personal lives. Community colleges should promote and support both male and female students recognizing and seeking help for mental health matters. College-sponsored focus groups and workshops that include dialogue can make receiving counseling services less socially taboo.

Limitations of the Study and Future Research

This study was conducted in a community college residence in the northeastern United States that may not be representative of student residents at community colleges in other regions of the country and internationally. Furthermore, this study used a convenience sample, which may not be representative of the residential students at this community college. National and global attention should be given to awareness of mental disorders and to on campus and off campus mental health resources among in-residence community college students.

Another limitation of the study is that student awareness of signs and risk factors of only depression, anxiety, and substance abuse were investigated. The survey did not address signs and risk factors of other mental health problems. Currently, there is limited evidence among educators about the sophistication of student understanding of the actual nature of depression, anxiety, and substance abuse. Research into the depth of student understanding of these and other major mental disorders is called for.

The study did not look at several diversity groups among the participants. There is evidence that avoidance of campus counseling centers is related to racial, ethnic, and sexual minority status among university students (Hayes et al., 2011). In the current study, small cohorts of male and female residential students consistently reported being unaware of signs of and risk factors for mental health problems. Future research should be directed at identifying by gender, race, ethnicity, and sexual orientation, residential community college students who are especially at risk for not recognizing or seeking help for a mental health problem.

Similar to previous findings (Dobmeier et al., 2011; Hayes et al., 2011; Lucas, 2012), participants reported being less likely to access campus-based mental health resources for a friend (e.g., referral to the college counseling center and talking to a faculty or resident advisor), compared to non-college related resources (e.g., talking with a friend or family member). Student unwillingness to reach out to faculty and residence staff as resources when the student or a friend is suffering from a mental health problem needs to be better understood. With the increasing number of disruptive and violent events occurring on college campuses, faculty and residence directors/advisors could be vital resources to recognize at risk students (Keller, Hughes, & Hertz, 2011).

Conclusion

The current study revealed that half of the residential community college students surveyed were unaware of campus counseling and other campus mental health resources, which reflects rates found in university settings (Hayes et al., 2011; Lucas, 2012; Zivin et al., 2009). Strategies should be developed for educating residential community college students about signs, risk factors, and services for anxiety, depression, and substance abuse, as well as for eating, thought, and major mood disorders. It is recommended that the following nine practices be implemented and evaluated with residential community college students to strengthen their awareness of mental health problems and resources. The practices, some of which have been identified previously (Bishop, 2010; Walters, 2003) can be conveniently integrated into a residential campus setting: Freshmen student orientation conducted by campus leaders and counseling center staff begin a series of workshops on how to recognize signs and risk factors for mental health problems and how to help oneself or a friend suffering from mental illness.

1. Provide information and tours of the campus counseling center and health center during freshmen orientation.
2. Offer training to faculty and residential staff on recognizing behavioral signs of mental health problems.
3. Engage residence directors in presenting to students how to ask for help for oneself or a friend with a mental health problem.
4. Consult with faculty and staff in the development of policies and procedures for seeking help for at-risk students, including referring a student to the counseling center.

5. Engage students in focus groups about their reticence to turn to the counseling center, health center, faculty, or residence staff for help with a mental health problem.
6. In consultation with students, develop a workshop module for off-campus mental health resources available to students.
7. Engage upperclassmen and women to help conduct workshops as help-seeking and help-giving role models.
8. Include the phone number and a website link to the college counseling center on the back of residential student identification cards.

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