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## College Students' Experiences and Perceptions of Mental Health in a Campus Culture

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# Walden University

College of Health Sciences and Public Policy

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Elizabeth R. Fait

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Walden University  
2024

Abstract

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by

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MEd, College of St. Scholastica, 2014

MHA, University of Minnesota/Twin Cities, 1994

BA, College of St. Scholastica, 1990

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health

Walden University

May 2024

## Abstract

Mental health issues among college students are increasing, and a better understanding of the issues may lead to more effective solutions. The purpose of this generic qualitative study was to explore mental health culture at a college setting for first-year students by exploring communication methods used by students. Ajzen's theory of planned behavior was the theoretical framework that guided this study. Data were collected from personal artifacts shared by 12 participants followed by interviews to explore their mental health experiences, perceptions, beliefs, and behaviors. The findings from coding and thematic analysis were put into context by participant definitions of mental health, anxiety, and depression. Five themes emerged: (a) Community culture; (b) mental health stigma; (c) toolbox; (d) counseling services; and (e) mental health and student learning. Implications for positive social change may include improving the culture surrounding mental health issues and potentially optimizing the learning environment on college campuses.

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## Dedication

I would like to dedicate this work to the students I have worked with who have struggled with their mental health, to those who have embraced their mental health as a part of their humanity, and to those who have been open and willing to share their experiences with others.

## Acknowledgments

Thank you to my family. They have put up with me writing discussion posts and papers in the evenings on the couch, in the car on the way to soccer games, in the kitchen while making breakfast, and many, many other places. The journey to complete my doctorate has taken several years of focus, and I am very thankful for the times they have listened, participated in assignments, and put up with sharing me with this project.

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Out of the forest surrounding the depths of Lake Superior, a PhD was born. The writing of this dissertation is very much woven in and out of the life I have lived, and I am thankful for the ability to put my words and knowledge down on paper.

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## Chapter 1: Introduction to the Study

College is traditionally a time of transition as individuals leave home (National Alliance on Mental Illness, 2021). College students learn foundational approaches to taking care of their health. Further, mental illness impacts a significant number of college-age students (ACHA, 2019). The onset of mental illness comes before the age of 24, and a significant percentage of individuals this age attend college (Kuhlman et al., 2019). The American College Health Association (ACHA, 2019) found that 24% of students reported having been diagnosed or treated for anxiety and 20% for depression. These numbers are likely a low estimate because students who are not diagnosed or treated for anxiety or depression may also have intermittent symptoms of mental illness. Better understanding of students' attitudes, behaviors, and beliefs surrounding their mental health may help determine interventions to transition the culture to a mentally supportive one. Academically, postsecondary students' success can rely on the level of student wellness, both mentally and physically (Condra et al., 2015).

The current qualitative study addressed mental health from the perspectives of college students and their beliefs surrounding their behavior regarding communicating about mental health, including actions when having mental health issues, the campus norms, and how these norms impacted the campus culture. Qualitative interviews and artifact collection with college students helped me explore how the college culture impacted communication surrounding mental health. Understanding underlying cultural implications surrounding mental health can be used to improve overall health by creating an environment and culture of health (both mental and physical), which can impact

academic achievements (ACHA, 2019; Baik et al., 2019; Capone et al., 2020; Chang et al., 2020; J. I. Chen et al., 2016; Condra et al., 2015; Corona et al., 2017; Downs & Eisenberg, 2012; Gardner & Kerridge, 2019; Holt et al., 2019; Lambert et al., 2019; Roming & Howard, 2019; Roy, 2018; H. Shea et al., 2019; Wada et al., 2019; Wieland & Kucirka, 2020).

Chapter 1 provides the justification for this study and addresses the gap in the literature. This chapter includes the background of mental health on college campuses and young adults, the problems related to the culture and communication surrounding mental health that were addressed, and the purpose of the study. The chapter also covers the research questions, theoretical foundation, nature of the study, definitions, assumptions, scope, and limitations. The chapter concludes with the significance and social change aspects of the study.

### **Background**

Health is a complex, multidimensional phenomenon that can be impacted by the body and mind of a person was born and by environmental factors and their social environment (World Health Organization [WHO], 2020). Mental health is one important facet of the health of an individual (Centers for Disease Control and Prevention [CDC], 2021). The mental health continuum models focus on the spectrum of mental health and where humans may fall at any given time (S.-P. Chen et al., 2020; Keyes, 2007).

Mental health is a significant issue, and suicide is the second leading cause of death for people age 15–34 in the United States (CDC, 2021). Mental health issues such as depression and anxiety have increased in children age 3–17 (CDC, 2021). Mental

health issues are continuing to increase in children from birth to age 17, which can indicate future increases in mental health issues in higher education students (Lebrun-Harris et al., 2022). This can lead to a larger number of college students starting out with existing mental health issues and/or developing them as they begin a new life phase. Mental health issues are increasing and impacting the population worldwide, and mental health issues continue to increase in college students (ACHA, 2019; Healthy Minds Network, 2023; University of Minnesota, 2021).

Many studies indicated causes for mental health issues. For example, underlying cultural issues contribute to feelings of otherness that can impact mental health of ethnic or racial minority students (Cokley et al., 2017). Assimilation into the college community can cause a cultural stressor, while at the same time the Latina/o cultural value of community and family can help maintain a health mental state (Corona et al., 2017; Hernández & Villodas, 2020). The feeling of differentness regardless of race or culture can also lead to the stigma effect related to mental health that causes people to avoid addressing any mental illness issues (Peter et al., 2021). Studies have found that college students are unlikely to seek help such as counseling, and this can be related to beliefs that counseling is ineffective (Downs & Eisenberg, 2012; Kuhlman et al., 2019).

Unspoken campus cultural rules can determine how comfortable students are communicating their mental health issues with each other, faculty, and staff. Student well-being can be improved through the environment, culture, and communication or the overall setting in which students are learning and living (Baik et al., 2019). When students reported more communication regarding mental health issues, personal stigmas

regarding mental health decreased (Carmack et al., 2018). Supporting effective communication and mental health storytelling can encourage sympathy and resulting social support (Y.-I. Lee et al., 2019). Issues with accessing mental health counseling when needed and the stigma associated with mental illness are also associated with sociocultural barriers (Topkaya et al., 2017). Improving the mental health culture and the resulting communication around mental health could increase the number of university students who reach graduation (Baik et al., 2019). Understanding the underlying cultural factors directly from students may reveal possible interventions that can improve mental health, thereby improving the future for students once they graduate.

The WHO (2019) accelerated its work with creating universal health coverage for mental health in targeted countries. WHO sustainable development goals include decreasing suicides and many other goals related to mental health. Although there has been much research about mental health and young adults, mental health issues continue to exist and are often found to be increasing (ACHA, 2019; Healthy Minds Network, 2023; University of Minnesota, 2021). The onset of diagnosed mental illness most often occurs before the age of 24, an age when many are traditional college students are enrolled (Kuhlman et al., 2019). Understanding students' needs, communication, and relationship to the culture may provide insight into interventions that could reverse this trend (Giamos et al., 2017). Understanding the cultural impacts can allow for changes that encourage students to seek help, which may improve overall campus mental health (J. I. Chen et al., 2016). Highlighting ways to improve overall health trajectories at the

crucial stage when young adults are learning how to live and work independently may positively impact individuals and society.

### **Problem Statement**

This project focused on campus mental health and students' experiences with anxiety and depression on the college campus. The social problem addressed in this study was that mental health issues in college students are increasing, and a better understanding of the issues may lead to more effective solutions. In the fall of 2021 survey by the ACHA, 50.8% of students had a moderate psychological distress score, and 22% had a serious psychological distress score. The Healthy Minds Network (2023) found that 22% of students had major depression, 41% had depression, and 34% had anxiety. At the college where the current study took place, 20.8% of students reported being diagnosed with anxiety, and 15% reported being diagnosed with depression within the past 12 months. Furthermore, almost half of respondents (47.5%) reported having been diagnosed with anxiety within their lifetime, and 42.5% reported being diagnosed with depression within their lifetime. Data at the regional and state level also showed significant mental health issues statewide, especially in the northeastern region (Kjos et al., 2020). Statewide, data showed that 28.7% of individuals reported symptoms of depression and/or anxiety (CDC, 2017). Increasing rates of depression and anxiety are not uncommon in higher education (ACHA, 2019; Healthy Minds Network, 2023; University of Minnesota, 2021).

Campus culture is an amalgamation of faculty and staff culture along with undergraduate and graduate student culture. There are many different social groups and

cultural elements within these groups. Additionally, the focus on achievement and ability can lead to neglected individual well-being and associated problems with mental health (Lambert et al., 2019; Wada et al., 2019). A college campus has a fairly closed community, as many students live, work, and go to school on the campus. The culture of a community at the basic level is defined as how people perform activities and how they interact with each other (Henderson et al., 2018). Mental health culture is defined by how students address their mental health issues and how mental health issues impact fellow students. For example, students' perceptions of mental health norms and existence of negative stigmas impact their willingness to seek help (Henderson et al., 2018), which can exacerbate issues. There is a stigma associated with mental health, and a transformed campus culture has the potential to impact that stigma and promote increased openness surrounding mental health issues (Link & Phelan, 2006).

Some research has been done on the campus culture relationship and how elements of the culture, such as communication, impact health, but more research needs to be done to determine how to change the culture to improve students' mental health status (J. I. Chen et al., 2016; De Somma et al., 2017). The gap in research was the lack of information about how to change campus mental health culture. The research also had been quantitatively focused. The current qualitative study provided a more in-depth look at the individual level, providing insight on positive social change opportunities.

### **Purpose of the Study**

The purpose of this generic qualitative study was to explore mental health culture at a college setting for first-year students by exploring communication methods used by

students. The culture of a community and how individuals communicate with each other can have a fundamental impact on the health of that community, and a better understanding of the culture may lead to more effective interventions. The study involved a social constructivist and constructionist approach and included semistructured interviews and artifact collection to obtain data regarding student views on the mental health culture at the college. Increasing understanding of mental health culture may allow for more focused interventions and changes at the college to increase students' overall well-being. The current study supported the overall purpose of an educational setting to provide a community that supports learning and enriches human life.

### **Research Questions**

The primary research question was the following: What are the cultural norms in regard to mental health in the individual and communication of mental health issues? The secondary research questions were as follows:

- What were students' perceptions and experiences of anxiety in themselves and others at the college campus?
- What was their relationship with anxiety and student learning?
- What were students' perceptions and experiences of depression in themselves and others on the college campus?
- How did the campus culture support or hinder mental health?
- What were potential solutions for improving and maintaining student well-being on campus?

## **Theoretical Framework**

The theory of planned behavior (TPB, Ajzen, 2021) was used to explore behaviors and beliefs related to the mental health culture on a college campus. The TPB can be used to understand how individuals' beliefs and attitudes impact student intentions surrounding mental health and responding behavior (Ajzen, 2021). Two perspectives that were considered for my research were the social science perspective, which addresses how people interact with one another, and psychological perspective, which looks at why people behave how they do. The conceptual framework related to social constructionism and constructivism was also used to explore existing perceptions. Increasing understanding of how perceptions and behavior are connected related to mental health may lead to positive change (J. I. Chen et al., 2016).

The TPB is useful to predict the connection between behavior and people's attitudes (Edberg, 2015) and has been used to study mental health culture on a college campus. For example, J. I. Chen et al. (2016) found that campus culture can be an important tool to consider when working to improve mental health. Another perspective was the feeling of belonging on a college campus and how that influences students' mental health (Downs & Eisenberg, 2012). In addition, the social network theory and social support theory have been used to examine individuals and how connected they are within their community (Fertman & Allensworth, 2017). These connected feelings denote a sense of belonging that impacts social health. When community bonds are strong, with strong social ties, interventions can often be more impactful (Fertman & Allensworth,

2017). I conducted one-on-one semistructured interviews with first-year college students to create a better understanding on their thoughts and beliefs related to mental health.

### **Nature of the Study**

I took a social constructionist and constructivist qualitative approach and used semistructured interviews and artifact collection with first-year traditional college students to collect data that would aid in understanding the mental health culture on the campus. Social constructionism and constructivism are used to determine an individual's reality, how they communicate, and the relationship to the community culture of mental health (Patton, 2014). Current participants were asked to provide artifacts related to the questions before the interviews, such as pictures, items, phrases, and lyrics that related to their beliefs and perceptions regarding mental health. I collected a total of six artifacts over the course of the 2 weeks preceding the interviews. The artifacts provided breadth and depth to participants' responses and allowed them to think about the questions from a unique perspective. This allowed for a more complete and detailed question response. The coding process was used to develop themes that were used to answer the research questions. Attention was given to qualities and relationships of codes that pertained to mental health culture (see Saldaña, 2016).

The study focused specifically on a small, private, college in the Midwest United States. The on-campus traditional student population was a little over 1,500. Although the total population was a little over 4,000 (including online and graduate students), this research focused on the traditional, on-campus students. The college conducts a health survey biennially to assess the health of the students. The data showed a marked increase

in students who reported mental health issues such as depression and anxiety between 2015, 2017, 2019, and 2021.

### **Definitions**

*Anxiety:* Having excessive worry that can cause symptoms such as fatigue, difficulty concentrating, or irritability (Weber, 2021).

*Culture:* A group of people's customs, thoughts, and behaviors. Groups can be people living in a similar area or participating in similar activities. Cultures can have varying homogeneity and are an amalgamation of backgrounds and beliefs. One aspect of culture is how the customs, thoughts, and behaviors are communicated within the community:

- The culture of health can take on an individualistic or collective approach. The overall culture in the United States is generally individualistic, with the rights and desires of any one person taking precedence over the overall health and well-being of a community (Kashihara et al., 2019).
- Mental health culture was defined by how students address their mental health issues and how issues with mental health impacted fellow students. For example, students' perceptions of mental health norms and existence of negative stigmas impact their willingness to seek help (Henderson et al., 2018).
- Campus culture refers to the unique culture that develops on each college campus and is often what draws students to a location, along with desired

academic tracks. Campus culture refers to the collective nature of how students think, act, and behave (J. I. Chen et al., 2016).

- Academic culture impacts mental health when there is an ability-focused climate compared to a love-of-learning focus (Wada et al., 2019). Students can be dissuaded from taking care of their mental health because of a fear of losing academic status.
- Culture of belonging is the feeling that students are part of the community where they live, work, or participate. Having a sense of belonging within the community is one of the dimensions of mental health (Keyes, 2007).

*Depression:* When an individual is feeling sad, irritable, or empty often or over an extended period of time (WHO, 2020).

*Health:* The well-being associated with the mental, physical, and social aspects of an individual (WHO, 2020). Health is not only the absence of a disease or sickness and can occur along a continuum with varying degrees of health.

*Help-seeking behaviors:* The resources an individual looks to when dealing with mental health issues or illness, such friends, counseling services, or medication (either prescribed or self-medicated; Chang et al., 2020).

*Mental health:* An aspect of overall health that focuses on the state of a person's ability to recognize their abilities, to function effectively and positively with others within their community, and to live effectively with normal stress (WHO, 2003).

*Mental health continuum:* A continuum model in which all individuals fall on the continuum at any given time. Different models have various categories along the

continuum. Keyes (2002) grouped people into languishing, moderate, or flourishing mental health categories. A model developed by the Canadian Department of National Defense also had indicators designating where a person would fall at any given time along the continuum with options for maintaining, improving, or treating mental health depending on where the person fell at any given time (S.-P. Chen et al., 2020).

*Mental illness:* When an individual is on the end of the continuum where there is a defined sickness related to mental health. An individual can have a diagnosis of a mental health issue (such as anxiety or depression) and not have an illness at any given time (Keyes, 2007).

*Stigma:* A negative labeling of anyone with mental illness or mental health issues. There are two perspectives related to stigma: self-stigma and public or social stigma. Self-stigma refers to prejudices individuals feel toward their mental health, and public or social stigma refers to how they view others' mental health (Kuhlman et al., 2019).

*Traditional-age college students:* Students generally between the ages of 18 and 22 living on campus and attending school mostly in person, taking part in the community that exists within this age group at the college.

*Traditional student:* Students who enroll in college directly after graduating from high school, live on-campus, and are full-time students (University of Minnesota, 2022).

### **Assumptions**

The research was qualitative and included semistructured interviews and artifact collection. Assumptions made regarding the qualitative nature of the study were that each participant brought their own perspectives and honestly conveyed their thoughts. The call

for participants was voluntary, and I assumed that a variety of perspectives would be obtained. I also assumed that participants would participate freely and honestly without fears or concerns that their personal information would be shared with others.

The theory used was the TPB, which involves looking at beliefs to predict behavior intentions. This study addressed cultural impacts of individual perceptions related to mental health. The TPB constructs include behavioral, normative, and control beliefs, and I assumed that these constructs need not be equal (see St. Quinton et al., 2021). The TPB can explain the relationship between behaviors and beliefs regardless of whether interview participants are accurate in their perceptions. The theory is a continual work in progress, and research continues to be done exploring its application and validity (Bosnjak et al., 2020). Mental health and human behavior are complex, and assumptions will be continually applied, and models continually questioned.

### **Scope and Delimitations**

The scope of this study included exploring experiences related to mental health and culture in a college community. The focus on culture and communication was to explore what changes could be made across the community to reduce stigma, increase the supportive nature of the campus, and improve overall health. The college chosen was a small, private, Catholic college, and the students who were invited to participate were first-year traditional students. This population was chosen to gather information on the perspective of students when they first join the community. The TPB and conceptual frameworks of constructionism and constructivism were chosen to explore the gaps between intention and action related to caring for mental health. The study frameworks

were also used to increase understanding of the phenomenon of public and personal stigma and associated impacts that affect help seeking. Findings may be used for traditional college students at similar colleges and may provide information for college students in other settings.

### **Limitations**

One possible issue that was addressed was any potential relationship with students and interviewing them about mental health. Because the study was on students where I had taught, I did not interview students whom I had current or previous academic relationships with (see Walden University, n.d.). Consent forms were also clear and avoided any teacher–student conflicts.

Another issue is whether the research being conducted would be valid and relevant (see Rudestam & Newton, 2015). It was important for me to notify student affairs, faculty, counseling, and wellness staff and make sure they were aware of the research plan and the results. If students were willing to give their time to improve the culture of mental health, I needed to make efforts to ensure their input was validated by the college.

Mental health is a topic in which sensitive issues can arise when it is being discussed (Walden University, n.d.). I asked students about mental health issues such as chronic depression, anxiety, and suicide, which can be emotionally triggering. It was important for me to think through possible issues that may have arisen and make sure support options for students were provided at the time of the interviews.

### **Significance**

The rates of students indicating they had depression or are suffering from depression are increasing in Minnesota (University of Minnesota, 2015, 2017, 2019) and are not uncommon in higher education (Vidourek & Burbage, 2019). There is a stigma associated with mental health issues; although it may be decreasing, it is still evident in the campus culture (Giamos et al., 2017). It is unclear how many students do not finish higher education due to mental health issues.

The information gathered from this study may provide insight into the mental health culture in higher education and how it can be improved. Diagnoses such as anxiety and mental health can impact learning. Education can be an important factor in helping people reach their goals (Wada et al., 2019). Providing a culture and environment that supports well-being can be a tool that increases students' effectiveness and happiness while reaching those goals.

### **Social Change**

There are many opportunities for social change when looking at the mental health of communities. Understanding mental health results in more opportunities to improve it for individuals and for the community. The campus where this study took place has a mental health improvement initiative in place that was informed by this study. Many higher education campuses utilize resources such as The Jed Foundation, ACHA, and Healthy Minds. The results from this study may help college campuses improve the mental health of their students and their academic achievements. The campus where this study took place exists to educate students so that they can make an impact in the world,

and this is a common goal for higher education: to provide a valuable workforce for the community. This value reflects the college founders' wishes that students will be equipped to make positive changes in the world after graduation. Understanding students' mental health would allow the college to better serve the students, would improve the quality of community, and would allow the students to make positive social change in the world. One important aspect of higher education is to encourage students to be fully capable of fulfilling their goals and make positive change (Thomas et al., 2009). This is an important perspective because it can help motivate people if change agents can figure out new ways to get them involved.

### **Summary**

This chapter outlined the qualitative study using semistructured interviews and artifact collection to understand students' beliefs, perceptions, and experiences about mental health and how that relates to the culture of the college. This chapter summarized the study, the background behind it, and its relevancy. Chapter 2 provides an in-depth literature review of research on mental health and higher education. Chapter 3 outlines the methodology, Chapter 4 provides the data collection and analysis, and Chapter 5 includes recommendations based on the research.

## Chapter 2: Literature Review

This review addresses mental health and how it is viewed and manifested within college students, recognizing it is just one facet of a whole. Core tenets that rose up after reading through the literature were threefold: First, the stigma surrounding mental health still exists, and the collective knowledge around mental health remains problematic to improving or eliminating the stigma throughout the population and specifically within higher education. Second, maintaining health (both mental and physical) is multidimensional, and obtaining improved population health is more successful when prevention is focused on utilizing cultural, gender, and racial perspectives. Third, health is addressed from a positive perspective (compared to only when people are ailing or need help, which can be detrimental). Mental health is seen as something people all have with variation throughout their lifetime.

Chapter 2 begins with the strategy that was used when reviewing the literature. It then gives a brief history of mental health and definitions to put the literature review in context. The theoretical and conceptual frameworks are then described. The review then focuses on current trends that are occurring in higher education, with the pandemic, and the increased utilization of online education and studies on how these are impacting mental health. Next, culture is reviewed in relationship to mental health, followed by the concept of belonging. The stigma related to mental health in general is then reviewed. Research conducted on the attitudes and beliefs surrounding mental health is summarized next. Substance abuse, treatment barriers, and current study considerations related to mental health conclude this chapter.

### **Literature Search Strategy**

Research questions were developed and key terms from those questions were used for the literature searches. Searches were done over time to include relevant topics. For example, I included research that was done on the mental health impacts of the pandemic on college students. Because the pandemic was recent and the impact is ongoing, research was limited, but there were some studies that had been published, and these are included. Primary terms that were used included *mental health*, *culture*, and *higher education*. Research questions and a tree of topics and terms that were used in the searches are included in Appendix A. A detailed list of searches, the library databases, and the search engines used are also included in Appendix A.

### **Initial Exploration Literature Review**

The articles reviewed were selected because they related to mental health on a college campus and were used for initial exploration to choose the topic and development of this study. The keywords searched were *culture*, *mental health*, *anxiety*, *depression*, *stress*, *college*, *higher education*, and *university*. The main search tool used was the Thoreau multi-database. This initial literature review indicated that more could be learned about mental health in the higher education setting.

Brady et al. (2018) investigated causes of anxiety or worry and how this worry could be reduced by increasing the amount and type of preexam communication. Academic-related mental health issues appear to continue to be an issue in higher education. Denckla and Bornstein (2015) found that there are some advantages and disadvantages to attachment and detachment strategies when dealing with stress. Denckla

and Bornstein found that understanding the student situation was key in determining which strategy to use. This can be important with the traditional college student because they are detaching from the home they grew up in and adjusting to a more independent life.

A study by Giamos et al. (2017) resulted in insight into the stigma associated with mental health and useful information for future programing. This study included a novel interview process that was useful in gaining hard to gather information. This interview process was reviewed for the data gathering process of the current study. The Giamos et al. study was also used to develop the process for the qualitative methods used in the current study.

Hasan et al. (2017) found that issues regarding sleep, anxiety, religion, and emotional adjustment are related and can impact mental health of university students. Orzech et al. (2011) also showed a direct connection between trouble sleeping and the existence of mental health issues or conflict in a relationship. This research added understanding regarding the connection between sleep and mental health. The culture in higher education and academic pressure often results in students limiting sleep as they work to study for tests or complete homework.

Newton and Ohrt (2018) found opportunities to use mindfulness-based interventions such as meditation in support groups with students dealing with grief, anxiety, and depression. Rankin et al. (2018) found that students with strong social support were less likely to report depressive symptoms. This connection could relate to how mental health issues are communicated with the community. Rahn et al. (2016)

reviewed the ACHA's National College Health Assessment and found limitations with the survey that can be important in utilizing data from this source. Rankin et al. (2018) found that students with strong social support were less likely to report depressive symptoms.

### **History of Mental Health, Physical Health, and Higher Education**

The health industry has focused mostly on physical health, and in the United States the focus has been on illness diagnosis and intervention. Technology and acute care are overused to the detriment of public health, prevention, and primary care (Shi & Singh, 2019). The WHO (2020) defined *health* as the well-being associated with the mental, physical, and social aspects of an individual and how overall health can be optimized when attention is multidimensional. In considering health and well-being, it can be difficult to make an intervention to improve the health of a population if all aspects (e.g., mental, physical, spiritual, and social) are not considered.

Mental health as a medical field came into existence around the same time as the WHO developed the definition of health in 1948 (Bertolote, 2008). In 2004, the WHO published a report promoting mental health defined as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (p. 13). Although this report was published almost 2 decades ago, provider and payment practices related to illness and crises remain primary in the United States, with prevention and promotion as secondary in importance (Shi & Singh, 2019), and the recommendations of this report are largely unmet.

Similarly, college campus health services have been more focused on the physical health of students. This has changed with the increasing number of students who have reported having mental health issues such as depression and anxiety (ACHA, 2019; Healthy Minds Network, 2023; University of Minnesota, 2019). Although mental health counseling may be available at many colleges, accessibility continues to be an issue. This can be due to confusion about services, payment, and/or stigma regarding mental health (M. Shea et al., 2019). Larger, public universities with less access to resources appear to have higher rates of mental health issues (Ketchen Lipson et al., 2015).

Traditional college students, approximately ages 18–22, are a unique population in their transition to adulthood. College rules can dictate that they must live on campus, which results in a semiclosed environment where students live, eat, go to school, and sometimes work together. This type of environment can also impact all aspects of their health. Smaller, private campuses with on-site housing appear to have lower rates of mental health issues (Ketchen Lipson et al., 2015). The community created by academics and residential requirements can also be an opportunity for encouraging lifelong healthy habits and behaviors that can improve the health of students.

Attention to mental health can be crucial in adolescence because it can establish the precedent for the future. Students can have the onset of mental health issues starting in college, so it can be difficult to determine if issues will be chronic or episodic (Condra et al., 2015; Ketchen Lipson et al., 2015). Campus culture can support all types of issues when viewed holistically. The college-age student population is important to look at because changing the trajectory of mental illness at this point can have lifelong

implications (L. Chen et al, 2013; Y.-I. Lee et al., 2019). Even though 3 out of 5 students experience anxiety and 2 out of 5 experience depression, only 10%–15% accessed counseling services on campus (Roy, 2018). These numbers are increasing and have been exacerbated by the pandemic. Improving individual and community health requires a systemic and cultural change that posits mental health as a campus-wide responsibility and that health and well-being are shared values for the entire community, including students, staff, and faculty (Roy, 2018).

It can be beneficial and more accurate to consider mental health as a continuum. Traditionally, mental health was not considered unless someone became ill or was struggling. The mental health continuum model (MHCM) by Keyes (2002) categorized individuals into languishing, moderately mentally healthy, or flourishing. The idea is that people are not well or sick; they are often somewhere in between and somewhere different on the continuum. Optimal mental or physical health is an elusive target and is individualized with each person. As with physical health, mental health exists on a continuum, and the stigma can be decreased by increasing the understanding that everyone is on this continuum (Persson et al., 2021; Peter et al., 2021). Also, an individual's understanding of this continuum and where they are on the scale is hoped to improve awareness and coping strategies.

Another MHCM was developed by the Canadian Department of National Defense (S.-P. Chen et al., 2020). This model addresses the continuum of health from well to ill, gives indicators for each stage, and gives recommendations for how to maintain, improve, or treat mental health depending on where on the continuum a person falls.

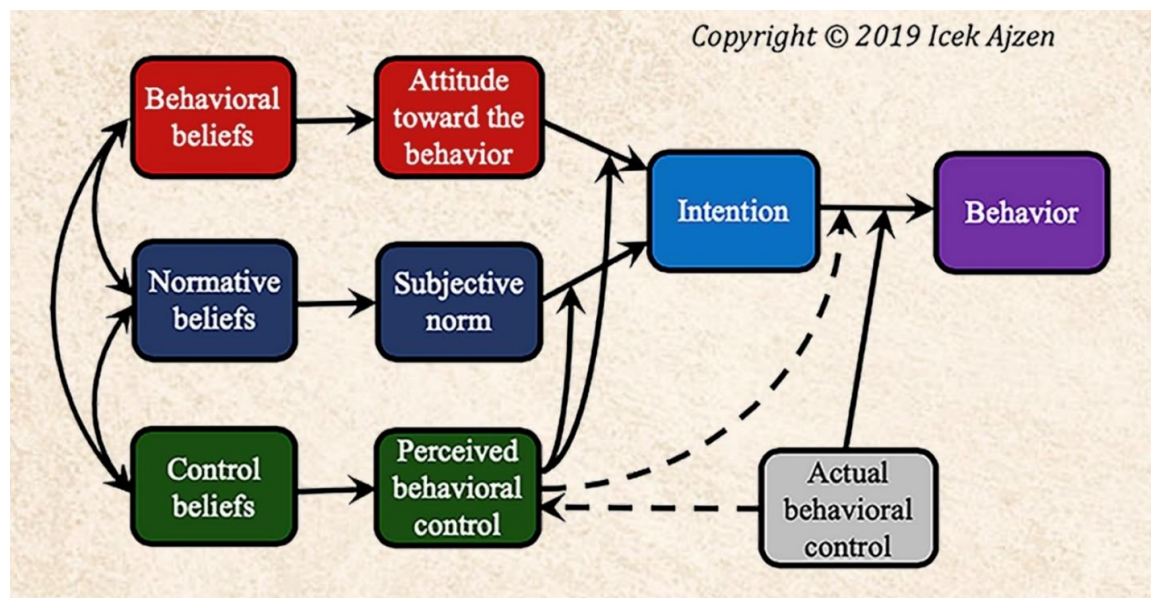
Although there are differences between how points along the continuum are named in the MHCM developed by the Canadian Department of National Defense and the MHCM developed by Keyes, the similarities are a focus on wellness and that all individuals are moving along the continuum in the course of life.

### Theoretical Foundation

The theory that was used for this study was the TPB (see Figure 1). This theory was created by Ajzen in the 1980s and was refined in the following years (Ajzen, 1991).

**Figure 1**

*TBP Diagram*



*Note.* Adapted from I. Ajzen, University of Massachusetts, Amherst.

<https://people.umass.edu/ajzen/tpb.html>, Copyright © 2019 by Icek Ajzen.

The premise of this theory is that an individual may have an intention to behave in a certain way, and this intention is impacted by what the subjective norm is, the

individual's attitudes regarding the behavior, and the individual's perceived control over the behavior. In the current study, the model was used to explore students' understanding, experiences, and attitudes about mental health for themselves, for the campus community, regarding help seeking, and how the culture of the community impacts overall mental health and help seeking. The model has three main constructs related to behaviors, normative beliefs, and control and were defined by Ajzen (2021) as follows: Behavioral beliefs are defined by whether students believe an action will produce a result. Normative behaviors and the subjective norm relate to the social pressure or peer pressure to behave in a certain way. In this case, when students move on campus, they are exposed to cultural rules about acceptable behavior. The beliefs related to the control construct have to do with what students feel is within their ability to control.

M. Shea et al. (2019) used the TPB to study barriers to treatment seeking for mental health issues. M. Shea et al. looked at students' thought processes regarding help seeking and the associated behaviors. One issue discovered was a negative association between value and intention to seek help from mental health counseling. It was thought that increasing students' knowledge regarding counseling could help with this issue. Cultural barriers were also found, indicating more diverse counselors could increase help seeking. M. Shea et al. focused on the barriers present when students have a need for help or are experiencing mental illness.

J. I. Chen et al. (2016) also focused on mental health help-seeking intentions. This study focused on the connection between the campus culture and help-seeking intentions. The findings from this study connected perceived campus culture with community-held

treatment beliefs. J. I. Chen et al. suggested that future studies could incorporate overall cultural perceptions into planning for programs and services related to mental health.

### **Current Trends About College Students and Mental Health**

#### **Higher Education and Mental Health**

Research focused on mental health in higher education addressed current trends across the United States. Higher education institutions have used a health survey investigating all components of health including physical and mental conducted by the ACHA called the National College Health Assessment. This survey showed a growth of the prevalence of lifetime depression diagnosis from 10% to 20% between 2000 and 2015 (ACHA, 2001, 2014). The trend was more pronounced for students reporting generalized anxiety, social anxiety, and depression. The research by the ACHA is consistent with college-level research on health at the campus where the current study took place. Data showed increasing numbers of students reporting that they had been diagnosed with anxiety or depression within their lifetime. The ACHA (2014) assessment also noted that there were increasing numbers of students seeking treatment. Recent data tracked at the campus where the current study was conducted also showed an increase in counseling services needed, particularly crises-oriented services (Student Health and Wellness Director, personal communication, February 7, 2020).

Students with mental health issues are more likely to drop out and not complete their degree (Baik et al., 2019). Baik et al. surveyed a large sample of students and found that mental health is an increasing concern. Student recommendations for addressing the issue focused on many areas including teaching practices, student services and support,

culture, and student activities. Student dropout and continuation of higher education is also likely impacted by the pandemic.

### **COVID-19 Impact**

The impact of the coronavirus pandemic is multifaceted. Although some individuals were directly affected when they contracted the virus, others may have ongoing mental health issues due to isolation and changes in social activities. Higher educational institutions need to be aware of mental health issues and intentionally work to address issues (Zhai & Du, 2020). Along with providing support, this includes educating and empowering college students to address their own issues. Social support or sense of community can decrease the likelihood of anxiety and is more difficult to consistently achieve in a pandemic (Fu et al., 2020). Fu et al. also found reports of increased anxiety in college students who reported decreased economic status. A qualitative study conducted by Son et al. (2020) found the concerns that were most often reported were worry about health of themselves and loved ones, along with difficulty concentrating. Students tended to be more worried about others versus themselves getting sick and having resulting economic ramifications; but they were more concerned about their own educational opportunities or situation (Cohen et al., 2020). The ability to concentrate can have a direct effect on students' ability to complete coursework. Developing appropriate and effective coping mechanisms can be important in dealing with long lasting anxiety and depression.

Newer methods for maintaining health (including mental, physical, social, and spiritual) have gained popularity, for example, meditation or mindfulness apps such as

Headspace. Headspace's co-founder Puddicome noted that the issues that people struggle with are similar to what they have been in the past, they are just amplified by the issues surrounding the pandemic (Lindsay, 2021). Headspace has produced some materials for Netflix which is one social media tool that has become integrated into popular services. Other meditation, yoga, and mindfulness exercises can be found on free or purchased phone apps, health insurance and employer wellness pages, YouTube, and the internet.

The MHCM by Keyes was used as a theoretical framework to look at college students' well-being during the initial lockdown during the COVID-19 pandemic in spring of 2020 (Capone et al., 2020). Capone et al. (2020) found that there was a negative impact from the initial lockdown during the COVID-19 pandemic and recommended using the results of their study to improve college students' well-being going forward. A focus on the well-being of college students and helping them learn how to put together their own set of resources can help them cope in the future.

### **Online Teaching Issues**

Online teaching has become more prevalent, even before the COVID-19 pandemic, but especially after it, creating ramifications for teachers. Addressing mental illness or difficulties may not be in teachers' repertoire and the inability to physically see the students can add one more factor that makes any intervention difficult (Holt et al, 2019). It can be important for schools to have a support structure of services and resources for faculty along with teachers understanding their role as a professor (not a clinician) (Holt et al., 2019). Students struggled with the weight of workload, pace of work, and not being able to concentrate in online classes during the COVID-19 pandemic

(Son et al., 2020). Holt et al. (2019) strongly advised that faculty be able to identify online issues and be aware of and able to provide helpful and easy to use resources. Providing links to these resources within the class and on the syllabus may also help students. The shift to online teaching creates a different environment that needs to be addressed.

### **Culture and Mental Health Issues**

Culture needs to be considered when planning mental health interventions and not only the culture of the location or community that you are working with, but the subcultures (e.g., gender, race, age, etc.) within that community (Mokkarala et al., 2016). The relationship of culture to other concepts such as belonging, social aspects, habit development, engrained values, etc. is complicated and interwoven. Xu (2020, p. 522) stated, "...there forms an invisible centripetal force attracting the students' behaviors to a common cultural spirit, promoting their individual socialization, which plays an important role in the healthy growth of college students' physical and mental health." Culture is a foundational concept that can be altered in ways to improve health.

Perceptions regarding mental health and illness can differ due to cultural perspectives that are related to cultural learnings versus data. For example, in 2020-2022 the United States was struggling with immunizing against the COVID-19 virus, even though scientific data demonstrated effectiveness (Mann et al., 2022). Another example is that the benefits of mental health counseling are scientifically valid, and people do not access these services (Downs & Eisenberg, 2012; Kuhlman et al., 2019). Effective interventions depend upon a good understanding of how and why social norms within

each subculture impact the effectiveness of the intervention and the plan to implement it. This can be especially true for cultures that have been historically attacked or minimized. Revitalizing and recognizing cultural experiences that have been lost can lead to enhancement of academic achievement (H. Shea et al., 2019). Understanding cultural values can help you determine how they will act and what interventions will work best (Liang et al., 2017). For example, most students may not go to counseling initially. They will need to be continually encouraged. They conform to norms which would be managing your mental health on your own (Kuhlman et al., 2019). How can this be shifted to a more communal, help one another approach?

Mental health issues such as anxiety and depression are increasing in prevalence among college students. The ACHA (2019) survey showed that 3 out of 5 students suffered from high anxiety and 2 out of 5 suffered from depression. A small percentage (less than 25%) sought help from campus health services, although the majority of students were most likely to look to their friends or peers for psychological help (ACHA, 2019; Kuhlman et al., 2019; Roy, 2018). Kuhlman et al. (2019) found that students with more serious mental health issues were less likely to participate in peer-helping behaviors. Issues with mental health can impact friendships and socialization as well as their physical health (S.-P. Chen et al., 2020).

The culture of students, their interactions with each other, and communication about mental health can be complicated. Often, students can be seen as successful in many ways - academically, socially, athletically, artistically, etc. - but below the surface they are struggling (Wieland et al., 2020). This contrast is exacerbated by the positive

picture displayed by social media. The University of Pennsylvania (2018) started a resiliency and story sharing site that worked to highlight stories from the campus community including staff, faculty, and students. Multidimensional prevention efforts are effective if strategies not only target individual components, but community aspects such as interpersonal and campus culture including attitudes, behaviors, and policies (Downs & Eisenberg, 2012; Y.-I. Lee et al., 2019). Including students in the planning to determine the needs for changing the culture is important (Giamos, et al., 2017).

Perceived campus culture was against receiving counseling services and supported an ongoing stigma associated with mental illness (J.I. Chen et al., 2016; Henderson, et al., 2018). Giamos et al. (2017) had similar findings from their study and noted that changing the infrastructure of mental health services and improving access could increase their utilization. The United States has a more individualistic culture compared to other countries (such as the Scandinavian countries or Japan which have more collective or interdependent cultures) (Kuhlman et al., 2019). Individuals were okay with others having mental health, issues but felt others wouldn't be okay with their own mental health issues (Carmack et al., 2018; Giamos, et al., 2017). The complications within the mental health arena can be related to other societal or behavioral problems as well and these can be ignored with the individualistic cultural orientation (Y.-I. Lee et al., 2019). One way to address this reticence to obtain treatment is to educate students about the mental health continuum and the focus on having the presence of positive emotions and developing resiliency (S-P Chen et al., 2020).

J. I. Chen, et al. (2016) used the TPB to explore how the climate or culture of a college campus can impact help-seeking behaviors. If students, faculty, or staff talk about difficulty in getting appointments with counseling services, or that appointments are ineffective, the resulting culture may be to not attempt to schedule appointments. Additionally, if students are getting the message that people who seek counseling are weak or not able to academically perform, then students may shy away from seeking counseling service appointments. This can shift help-seeking for mental health issues to be more informal between individuals, which often means students with mental health issues helping others. There may be benefits to this, but it can also lead to unresolved and heightened issues. Race and gender can also have an impact on mental health help-seeking behaviors. It can be important to understand the differences that exist in subpopulations or cultures to determine how to increase utilization of counseling services (Liang et al., 2017). Rates of students reporting anxiety and/or depression have increased to be the majority of college students (ACHA, 2019). It is hard for students to differentiate between having a clinical problem and intermittent issues with depression or anxiety (Carmack et al., 2018). Thus, making an appointment with counseling services is important.

The vast majority of students (over 80%) who die by suicide never accessed counselors at their school's mental health clinic (Ketchen Lipson et al., 2015). Ketchen Lipson et al. studied undergraduates who participated in the Healthy Minds Study from 2007 to 2013. Ketchen Lipson et al. (2015) also reported that only 39.4% of students with mental health problems received treatment. Ketchen Lipson et al. (2015) found that

mental health problems appeared to be more prevalent at campuses where mental health resources were limited. They also found that students with mental health issues were more likely to have academic performance issues.

The U.S. healthcare system has predominantly and historically focused on intervention and downstream issues (Shi & Singh, 2019). Creating effective change with upstream preventative approaches is equally important (Gardner & Kerridge, 2019). These approaches can be related to health practices such as exercise, meditation, healthy eating, and good sleep patterns. When these changes become the norm, they also become an integral part of the culture.

The National Alliance for Mental Health (n.d.) noted that the transition into adulthood takes place on the college campus. There are many choices that need to be made regarding the school you go to: such as who you will live with, your major, and what extracurricular you will join. There are important steps to take that can help a person with mental health issues get assistance. For example, they may get time and one half on a test or three extra days to complete it.

The academic culture on the college campus can also impact mental health. Wada et al. (2019) found that at the university they studied there was a focus on ability that led to mental health concerns. This focus on ability or developing excellence in knowledge and skills can often mean neglecting sufficient focus on well-being (Lambert et al., 2019). Students that need to accomplish or achieve to be able to maintain their academic status can have diminished joy and increased stress. This culture of achievement versus a love of learning could be explored to determine the impacts on mental health. One idea

suggested by Condra et al. (2015) was to have a department faculty liaison to mental health services. This faculty member could provide assistance to other faculty as they deal with mental health issues. Another idea was to create more academic opportunities to learn and practice wellness activities and how they can benefit overall lifelong well-being. Lambert et al. (2019) found there to be benefits of doing this in a culturally diverse college. L. Chen et al. (2013) found that students that were more satisfied with their academic major reported less depressive symptoms. Effectively advising students can be important to make sure appropriate counseling is given to students as they choose an academic path.

In higher education, the imposter phenomenon can exist. Cokley et al. (2017) defined imposter phenomenon as a condition where people feel that they don't really belong or are not worthy of their accomplishments, even when they are worthy. The phenomenon can be instigated by social cues. The feelings of otherness and intellectual incompetence can be linked to poor mental health (Cokley et al., 2017).

Having a strong sense of life purpose and resiliency can ameliorate racial/ethnic stressors (Hong et al., 2018). The sense of belonging: to a college community, to a home community, to a family, to a high school, to an ethnic group, to a team, etc.; is multifaceted. Can it help if you have a strong sense of belonging somewhere even if your sense of belonging is low in another area? For example, if you have a strong sense of belonging in your family but not on the college campus do you still do okay and treat one as your "home for belonging needs?"

Hernández and Villodae (2020) reported that there may be some buffering impact on mental health if one has a strong sense of belonging to their ethnic or racial community. Military-connected students are also a population of students that can have increased and/or notable issues with their mental health. This does not necessarily mean that all military-connected students will have mental health issues, but that they are at a risk for them and the issues they have can be more severe (Bonar, 2016). Bonar (2016) recommended targeted strategies to make sure individualized support services were in place for military-connected students. Mental health strategies were overlapped with other strategies for improving health and wellbeing, for example, providing cultural training and improving communication and connections with available services. Veterans were less likely to seek help related to their mental health, particularly within the educational community and more likely to practice avoidant coping (Romero et al., 2015). Increasing familial social support and combining with other problem-focused coping methods can help reduce depressive symptoms (Romero et al., 2015).

The sense of community and its relationship to the overall college campus culture can also be a factor in mental health culture. The Caring Project (2018) utilized a community empowerment philosophy with its traditional college students for problem identification, dialog and solution seeking, ownership of the plan, and future actions. This project started with a broader focus that included mental health and substance misuse but narrowed its approach to alcohol misuse as that was the most pressing issue (Stuart et al., 2018). The project wasn't punitive but addressed the issues with dialog and prevention.

Another angle that impacted the overall culture of a higher educational community was the blending of cultures that students brought with them. For example, international students can struggle to acclimate to the college's culture which can result in mental health issues. Amado et al. (2020) found that identity gaps experienced by international students were associated with stress and depression. Stress was defined as acculturative stress which is specifically related to the process of adjusting your sense of being to the new environment around you (Amado et al., 2020). Corona et al. (2017) found that when acculturative stress and discrimination increases, mental health issues increase. When mental health issues increase, there was lower academic achievement, success, and completion. Corona et al. concluded that helping Latinx students in particular keep their connections with family and culture strong, it helped improve mental health. A poor parental relationship has also been found to be correlated with mental health issues (L. Chen et al., 2013). Strong family support can minimize issues with depression, stress, and anxiety. Colleges can ensure that their student support staff are effectively trained in supporting mental and physical health issues. For example, residential advisors (RA's) can visit the counseling support centers for a tour and training, so they understand how the services work (Canto et al., 2017).

Athletes have unique perspectives when looking at mental and physical health. Lundqvist and Andersson (2021) conducted a narrative review of theoretical perspectives concerning mental health and athletes. Lundqvist and Andersson stated that the topic of mental health is complicated, and sports psychology has not reached a consensus in its definitions. For example, there were several different models considering health on a

continuum versus a solid state and disagreements about how the ideal model should look. Research in the athletic realm looked at emotion-related feelings (e.g., anxiety, stress) and how they can be intermittently and naturally present as part of competition. These emotions and feelings that may be natural for an athlete may be a concern for a non-athlete or outside of the competitive environment.

First-generation college students tended to underutilize social support so as not to burden others and to develop a need for self-reliance (Chang et al., 2020). Eveland (2020) noted that there is a gap in literature exploring the causes behind differences that can be found with first-generation college students. They can find implicit support by just hanging out with others. There can be intersectionality between social group identification which can complicate how they look at mental and physical health and illnesses (Chang et al., 2020). Eveland (2020) found that first-generation college students may receive less social support from campus-activities. This may be due to the increased possibility they don't live on campus and accessed campus resources differently.

### **Culture of Belonging**

Part of the college experience as an 18-year-old was to sever the dependence on the family and people one grew up with and develop a new or enhanced sense of self (Capone et al., 2020). One of the factors of the self-determination theory is defined by the need to belong (Grevenstein et al., 2019). The relationship between well-being and belonging is an important one to consider (Capone et al., 2020). Well-being and belonging can lend themselves to better academic success. Having good family relationships can be directly related to self-efficiency and resilience (Grevenstein et al.,

2019). A sense of belonging was found to be linked to positive mental health and lower alcohol misuse (Henderson et al., 2018). This study also found that the role that professors and staff play regarding belongingness can have an impact on alcohol misuse.

The transition from living as part of a family to living independently may be impacted by the feeling of belonging in the family unit. Brené Brown (2017, p. 31) define belonging as “the innate human desire to be part of something larger than us.” The process of becoming part of one’s college community can be a struggle with peer pressure and looking to others for approval. Brown noted that to effectively belong, one needs to present their real and authentic self. Authenticity is when one is able to be honest and real about who they are and are able to comfortably present that being to others in their community (Myers, 2011). Part of this authenticity as a college student was determining what one wants to be when they are done with college. There can be conflict between what others want, what is expected, and where an individual finds their true passion. This true passion can be reflected in one’s authentic self. Pisarik and Larson (2011) hypothesized a relationship and the results to their study found a statistically positive association between measures of authenticity and measures of psychological well-being for college students. This was supported by previous work by Erickson (1968) and Harter (2002).

First-generation college students can have some unique struggles with belongingness and fit on campus if they came from an environment where college was not the norm (Chang et al., 2020). This can also be true for other minority segments of the college population. If college students are seeing their differences or otherness more

clearly than their acceptance and role in the community, it can impact feelings of belonging. It can be difficult to create a culture of belonging in a diverse population (Chang et al., 2020; Hernández, & Villodas, 2020; Hong et al., 2018).

Communities are defined by the relationships within them. Bowen family systems theory outlined the way anxiety and stressors were managed in these relationships (Frederick et al., 2016). When one person is having negative health issues, they may look to another person in the community for support. The support person then relies on another person to help relieve the stress of caring for another individual. Keyes (2007) noted that having a sense of belonging within the community is one of the dimensions of mental health. S. Lee et al. (2016) found that the cultural capital and a strong sense of community that existed at a college can have an impact on life satisfaction, social support, and general well-being on the campus. Procentese et al. (2019) found a connection between a sense of community and the sense of responsible togetherness. If people feel connected and part of the community their relationships within that community will be stronger, and actions they take to support others will be more impactful. The WHO (2020) definition of health includes physical, mental, and social aspects. Keyes (2007) connected this up and noted the importance and interconnectedness of all three legs of the stool. The COVID-19 pandemic indicated the health effects of isolation and not being able to interact with others in the community which is the social aspect of health.

## **Stigma and Mental Health**

One issue with mental health is the associated stigma. Understanding the components that result from the stigma can help with conceptualization (Link & Phelan, 2006). These can be summarized by how humans see differences between people, which results in labels or stereotypes. This can be considered a moral experience or career which means societies ability to categorize people based on societal beliefs that may be acted out in intentional ways or subconsciously (Goffman, 1963; Harvard Medical School, 2010). The term “career” recognizes the long-term existence of some stigmas and that an individual experiences some stigmas for a lifetime (Goffman, 1963). This labeling further categorizes and separates people unnecessarily and inaccurately into an “us” and “them (Goffman, 1963).” People with mental health issues then face discrimination and loss of power. It is not accepted and recognized that everyone has mental health and at any point in time it is possible for an individual to have struggles with the quality of that mental health.

Link and Phelan (2006) noted the difference in public reaction to an individual with a broken bone or heart disease compared to schizophrenia or AIDS. This stigma can lead to discrimination, lack of available resources, and avoidance of existing resources. Discrimination towards individuals experiencing mental illness can be direct, structural, or insidious. For example, structural stigma can partially explain governmental research funding decisions (DeLuca et al., 2017). This stigma may impact mental health treatment. Insidious types of discrimination are often incorporated and integrated into the culture which makes them not only hard to see, but hard to change.

Using the MHCM as a foundation to communications surrounding mental health can help to reduce stigma (Peter et al., 2021; Smith & Applegate, 2018). Framing mental illness as something that everyone experiences at some time can help to create more of an inclusive experience when people find themselves struggling. Society tends to view physical health from a positive starting point and mental health from a negative starting point (Weber, 2021). These differing perspectives of physical and mental health lead to the stigma associated with mental illness. They also lead to the lack of treatment that many are willing to get as they don't want to be designated with a mental illness.

Dialectical thinking, which refers to the ability to see things from multiple perspectives, can be helpful to broaden the view and allow for more solutions (Yang et al., 2016). Yang et al. (2016) also noted that this more complex observation along with experiencing more emotional complexity can also benefit physical health. Eisenberg et al. (2012) surveyed college students to determine if they held beliefs or attitudes that prevented them from going to a behavioral health counselor. They found there were not any differences in views and opinions on counselors whether college students had chosen to go to one. College students with mental health issues that did not go to a counselor did not appear to have any expected negative feelings about therapy (Eisenberg et al., 2012). College students' reasons for not going to a therapist included not feeling their problem was serious enough, independence, not feeling their problem warranted counseling, or they did not feel they had time (Downs & Eisenberg, 2012). Dillinger (2021) reported that adolescents with high rates of stigma themselves, were less likely to help others than those with low stigma rates. These peer-helping relationships may be improved with

effective messaging that target culture changes and addressing gender differences in supporting peers (Kuhlman et al, 2019).

Wada et al. (2019) found that the stigma and academic achievement culture were intertwined. If college students' mental health impacts their ability to complete the workload, the perception of their academic ability was altered. The focus was on college students with ability – mentally, physically, and academically. Mental health disabilities can be viewed as an inability to achieve academically. Higher education is about academic achievement and a stigma surrounding one's ability to consistently and naturally achieve can be limiting.

According to Goffman (1963), there are two forms of stigma – self-stigma and social stigma. Self-stigma is prejudicial feelings towards mental health illness in yourself (Goffman). Social stigma is looking outward towards others and feeling prejudicial regarding their mental illness or ill-health (Goffman). These two types of stigma can impact how individuals personally make decisions or attend to their mental health along with how they provide support to others.

The stigma can be supported inadvertently by professionals in the field. Canto et al. (2017) begin their article regarding college students in mental health crises by highlighting recent campus shootings. Canto et al. continues the article with many important points about the changes college students were going through and discuss the range of mental health issues and how residential advisors can be important in prevention efforts. In reality, a shooting or injuring someone else's life is a remote chance versus the very present and very prominent mental health issues that are impacting the majority of

college students (and on campuses where no shootings or adverse incidents against other students have occurred).

Stigma was found to be more effectively eliminated with contact-based programs such as face-to-face presentations (Corrigan et al., 2014; Y.-I. Lee et al., 2019; Ma et al., 2018). Important components of presentations included having presenters with lived experiences and stories. It can be important to incorporate cultural considerations into these stories as the effectiveness of the message is different depending on the audience (Ma et al., 2018). Ma et al. (2018) also noted the importance of effective narrative to transport the individual into the story to allow for the listener to connect with the storytellers' experiences. Efforts to utilize individuals as experience and story sharers needed to be carefully designed and implemented to avoid creating any residual stigma around the individuals that were brave and vulnerable in sharing their stories (Smith & Applegate, 2018).

It can also be noted that the stigma around other positive health measures such as meditation, exercise, and a good diet is low and yet it can be difficult to get people to make effective changes with these measures (Eisenberg et al., 2012). There can be a social aspect, for example, if others are participating in healthy behaviors, it may assist their friends. The current societal culture has a strong element of immediacy towards results with quick access to information and needs through social media and internet connections. Developing healthy habits may not have this same immediacy, which can cause a disconnect and hamper people's ability to firmly establish healthy habits.

### **Attitudes and Beliefs**

An ongoing issue with mental healthcare was that people were unlikely to receive treatment (Eisenberg et al., 2012; Weber, 2021). Weber (2021) noted that public perspective towards mental health care tends towards the negative, compared to physical health where perspectives were more positive related. Treatment can mean addressing issues with an individual's primary care physician or accessing an individual specializing in mental health counseling. College students often have counseling support on-campus, but it can be underutilized. Eisenberg et al. (2012) found that college students' attitudes and beliefs about mental health treatment were fairly positive. Eisenberg et al. (2012) compared mental health treatment to other positive health behaviors such as eating healthy and exercise. Even though these behaviors do not have a similar stigma related to them, it can still be difficult to get people to form healthy habits related to them. Encouraging effective treatment methods such as counseling in adolescents or traditional aged college students can be important as it can decrease mental illness progression and prevent more serious issues such as death from mental illness (Eisenberg et al., 2012). Studies have found that a minimal number of college students that die by suicide contact the college counseling center (Downs & Eisenberg, 2012; Son et al., 2020).

Beliefs in a higher being or ideas about spirituality can also impact mental health. Klausli and Caudill (2018) found that the risk for depression was similar for college students whether they were within a religious environment or not. Klausli and Caudill found in their literature review, the results were mixed. They concluded that even if depression is relatively equal, the focus on spirituality and its messaging may make the

pathway to and recovery from depression different. The meaning that college students may attribute to their feelings may be shifted by the communication and thoughts related to why and how humans exist. Higher levels of ability to cope and reduce stress were found to be related to higher levels of quality of life related to spiritual growth, exercise, healthy eating, and social support. (Roming & Howard, 2019).

The MHCM refers to all individuals having mental health somewhere along a continuum and not a dichotomy which is often commonly assumed (Persson et al., 2021; Peter et al., 2021). Weber (2021) wrote that beliefs, that can often be unconscious, posit physical health on the positive side initially, any variations as normal, and not usually the fault of the individual experiencing the physical malady. Alternatively, common thinking surrounding mental health originated from a negative perspective and more within the individual's control (Weber, 2021). From a scientific perspective, the two types of health – physical and mental – have more in common. The negative view or stigma surrounding mental health can prevent people from accessing care (Holt et al., 2019).

### **Mental Health and Substance Misuse**

There is a strong relationship between mental health and substance use. Alcohol, marijuana, or other substances can be used when an individual is having mental health issues and vice versa. The Caring Campus Project (2018) noted that the issue can lead to a risk factor perspective, i.e., a student with mental illness may turn to substances for relief. Substance use can also be a way of self-medicating (Walters et al., 2018) and perhaps substance use becomes a substitute for counseling. In addition, mental illness can also result from substance misuse. The Caring Campus Project (2018) developed a

program at a couple universities that centered on college students leading the program. It explored evidence informed approaches such as college students determining where they fell on the risk continuum at a given moment and monitoring their own behavior, peer sharing from college students with experience with mental illness and/or substance abuse, and student leadership impacting culture change.

Just as mental, physical, and social health is intertwined, mental health can also be related to other issues such as chemical addiction. Mental health can be linked with substance abuse both as a consequence of mental health concerns and as a risk factor leading to mental health concerns (Cohen et al., 2020). Heavier alcohol use can be linked with marijuana use and the frequency you utilize the substances (Keith et al., 2015). The findings by Keith, et al. (2015) may be linked to college students who are struggling looking for multiple ways to chemically ease their mental pain. Another study found linkages between depression and tobacco, cannabis, and harder drugs (Walters et al., 2018). College students may be using substances to self-medicate as there was found to be a positive relationship between depression and substance use. Walters et al. (2018) noted that research on the connections between mental health and addiction is conflicting and more needs to be done. Limitations in this study (see Walters et al., 2018) included participants not showing up on data collection days which may also be related to mental health or addiction issues. Although the research does not appear to be conclusive, it was important to consider the influence of alcohol, cannabis, and drug use when looking at depression and anxiety.

## **Treatment Barriers**

Chang et al. (2020) utilized interviews and focus groups that revealed that first-generation college students were conflicted with self-expression and self-reliance which led to underutilized reliance on others to cope with any mental issues. A literature review done by Topkaya et al. (2017) in Turkey found that barriers to treatment fit into three categories; personal barriers (e.g., specific to an individual), socio-cultural barriers (e.g., cultural norms), and barriers related to the institution providing the care (e.g., counselor availability). Lipson et al. (2021) found cost of care the most important barrier to care noted by traditional aged community college students. Kuhlman et al. (2019) also found financial barriers along with perceived need, stigma, negative thoughts regarding counseling, and benefits.

One barrier was financial reasons (40% of college students cited this in a survey by Downs & Eisenberg, 2012). This makes it a system failure if the service was available on campus or was provided for free and college students don't know that. Limitations on counselor staff and resources can cause providers to be less open about services and hesitant about advertising. Often with services that are not charged for, it was felt limits need to be put in place to prevent overuse.

Some treatments are easier to access than it was in the past, but developing a routine that utilizes self-help tools can be a challenge. For example, Headspace.com (2021) has worked with Netflix to develop several tools that can help with keeping mental health stable in a series called *Headspace: Guide to Meditation*. Meditation has been proven to impact not only your emotional state, but physical indicators as well, such

as lower blood pressure on a limited research base. Zheng et al., (2020) found through empirical cross-sectional and time lagged studies that utilizing mindfulness techniques may be an effective way to increase well-being. Pisarik and Larson (2011) conducted a study on first-year college students where they utilized mandalas and assessed well-being and authenticity. They found that the mandala tool was effective in increasing self-awareness. Just as encouraging people to exercise and eat healthy comes with its challenges, so does asking people to incorporate mindfulness techniques.

M. Shea et al., (2019) utilized Aizen's 1991 TPB model to study help-seeking intentions and success. Barriers they found included college students not seeing a value in therapy, discomfort with emotions, lack of access, stigma, lack of knowledge, and cultural barriers. Often college students felt the mental health issue will resolve on its own (Downs & Eisenberg, 2012; M. Shea et al., 2019). These factors indicated a need to educate college students and others about mental health and counseling and improve awareness.

### **Summary and Conclusions**

This literature review summarized research that addressed mental health concerns in higher education. In a learning community, physical and mental health can be important to reaching academic goals. Learning more about how mental health is communicated and perceived can be helpful to improving health in a community. This is important as mental health surveys are showing continuing issues in college students such as depression and anxiety increasing (ACHA, 2019, Health Minds Network, 2021; University of Minnesota, 2021).

The purpose of this study was to explore mental health culture at a college setting for first year students and communication surrounding mental health issues. Culture refers to the collective behaviors and customs on the college campus and more specifically the behaviors and customs related to mental health. College students were asked questions regarding their perceptions and experiences regarding anxiety and depression, how these experiences impact student learning, and the impact of the college cultures.

Chapter 3 contains the research method aspects. It describes the research design and rationale, the role of the researcher and the methodology that will be used. The participant selection process is described and the interview and artifact collection are discussed including procedures for recruitment and participation. Chapter 3 also outlines data collection and analysis and discusses resolutions for ethical and trust issues along with the data quality related to transferability and dependability.

### Chapter 3: Research Method

The current study explored mental health culture at a college setting for first-year students. Several quantitative studies had been done investigating mental health that showed increasing or stagnant rates of mental health diagnoses (ACHA, 2019; Healthy Minds Network, 2023; University of Minnesota, 2021). My qualitative study explored more how mental health is reflected in the higher education culture. The aim of this study was to explore mental health culture by looking at communication methods and realities.

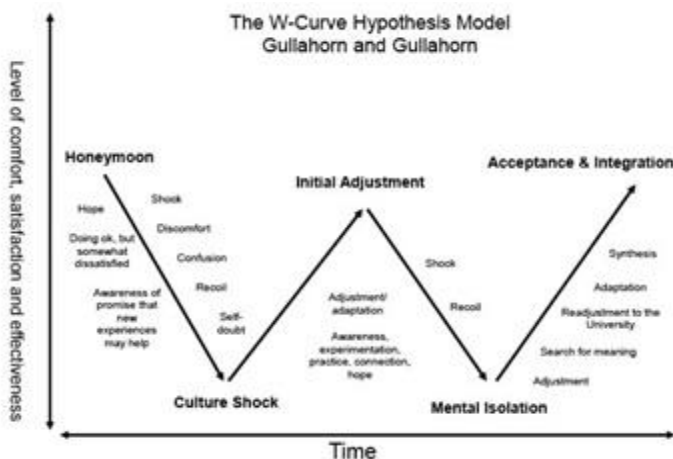
A basic qualitative design was used to understand the cultural norms for the college campus regarding mental health in students, how they communicated with others, and how they asked for help. Interviews and artifact collection with first-year college students were used to answer the research questions. The rationale for this type of research was to allow for an in-depth exploration of the culture of mental health on a college campus and allow for comprehensive responses.

This chapter provides details on the research methodology including why and how the research design was chosen. The population of study, sampling method, and rationale are discussed. How the interview protocol was developed and tested are also reviewed. Details are provided on how the data were gathered and analyzed, as well as the procedures and process that ensured data integrity.

#### **Research Design and Rationale**

This study was designed to give further insight into the mental health culture of traditional first-year students at a small community college. The focus was on first-year students to study the culture of mental health during the initial transition that happens at

the beginning of the educational journey. There is an adjustment that happens when students move from their local high school educational experience, live on campus, and attend college classes (Bishop, 2023; Zeller & Mosier, 1993). The W-curve hypothesis was initially proposed in 1963 by Gullahorn and Gullahorn as a model of how individuals react to culture shock (see Figure 2). The W-curve hypothesis was later adapted to reflect how first-year college students adapt to the change in culture (Bishop, 2023; Zeller & Mosier, 1993). College students are confronted with a reality that may not always correlate to their expectations (Bishop, 2023; Zeller & Mosier, 1993). College students then may experience stressful emotions that may impact their adjustment, well-being, and sense of belonging. Students may adjust but then have a setback when they go home for the break between semesters. Eventually, they reach an equilibrium and better sense of belonging (Zeller & Mosier, 1993).

**Figure 2***W-Curve Hypothesis Model*

*Note.* Adapted from Hoffenburger, et al. (1999).

The research questions for the current study addressed cultural issues that impact college students' mental health. The primary research question was the following: What are the cultural norms regarding mental health in the individual and communication of mental health issues? The secondary research questions were as follows:

- What were students' understanding of perceptions and experiences of anxiety in themselves and others at the college campus?
- What was their understanding of the relationship with anxiety and student learning?
- What were students' understanding of perceptions and experiences of depression in themselves and others on the college campus?
- How did the campus culture support or hinder mental health?

- What were potential solutions for improving and maintaining student well-being on campus?

Quantitative research existed on this topic and showed a significant percentage of college students indicated they had experienced mental health issues such as depression or anxiety with the percentage of students reporting these issues had increased over time (ACHA, 2019; Health Minds Network, 2023; University of Minnesota, 2021). In the current qualitative study, I used individual interviews and artifact collection with the goal of learning more about this phenomenon. Using interviews rather than focus groups can help eliminate issues of college students being impacted by other student comments. Peter et al. (2021) found that when people feel differently than those in the group, it can cause them not to address their mental health issues. Using individual interviews eliminated this issue and allowed individuals to share information more freely without feeling influenced or inhibited.

The research tradition that was used was a generic qualitative design. The interviews and artifact collection provided information to gain a more detailed understanding of how the community culture surrounding mental health impacts the individual culture and vice versa. These findings may be helpful in determining more impactful and effective interventions that may improve overall mental health and decrease the number of college students having debilitating mental health issues.

Other research methodologies did not fit the research questions for the current study. For example, the ethnographic design addresses the cultural aspects of a location and specified population (Patton, 2014). The culture being looked in the current study

was specific to a college campus and residential first-year students rather than a particular ethnicity. The primary phenomenon being researched was the cultural norms for communication of mental health issues for first-year college students. As noted by Kahlke (2014), using a generic qualitative design allows the research questions to be asked and a matching approach to follow. Sometimes the correct approach is not an established research method.

Credibility can be a concern when following a generic qualitative design. Caelli et al. (2003) noted that providing clarity in the areas of theoretical positioning, methodology, and method congruency establishes rigor, and an analytic perspective can resolve any credibility issues. In the current study, the TPB was used to explore the normative and behavioral beliefs behind mental health, the attitudes that resulted, and the corresponding behaviors. The methodology included individual interviews to provide an environment in which individuals could share responses without other participants impacting their participation (see Peter et al., 2021). Methods focused on confidentiality, for example using an unused conference room for interviews where college students had complete privacy to share. Rigor was emphasized by recording and transcribing the interviews and allowing for a follow-up visit where participants could review their transcript and make corrections and additions. I also clarified assumptions surrounding the theoretical framework in my data analysis.

### **Role of the Researcher**

One of the roles of the researcher that was relevant to my study was the potential power relationship. This would be a relationship in which either the interviewer or

participant had status that could influence or control the other person (see Rubin & Rubin, 2012). Not only are there ethical reasons for interviewing without undue pressure, but it can provide inaccurate results (Rubin & Rubin, 2012). My study took place at the institution where I taught in the small community where I live, so it was possible that I would know the participants, or they would know me. Therefore, I excluded college students with whom I had current relationships. The informed consent form provided information about dropping out of the study at any time, and participants were given the opportunity to withdraw from the study at any time.

Research should be valid and relevant, especially to the participating institution (Rudestam & Newton, 2015). In the current study, regular updates were communicated by email to student affairs, faculty, counseling, and wellness staff at the college. Any questions that were raised were answered quickly by me. Because college students were willing and able to give their time to improve the culture of mental health, I provided them with copies of their transcripts, an interpretation and verification document, and a \$20 gift card. This served as a verification of the data collection and token of appreciation.

The topic of mental health and cultural norms on a college campus could have raised sensitive issues for the participants (Walden University, n.d.). I asked college students about mental health and issues such as chronic depression, anxiety, and/or suicide, which could have resulted in triggering certain thoughts. It was important for me to think through as many possible sensitive issues that could have arisen, be prepared to

address these issues immediately, and provide participants with the support options provided by the college community.

## **Methodology**

### **Participant Selection Logic**

Data were collected using semistructured interviews with approximately 12 first-year students (18–19 years old) who attend school on campus. The goal of interviewing at least 10 students was a rough estimate based on information from Creswell and Creswell (2018). College students who volunteered to be interviewed came from a variety of backgrounds, and information that was being gathered started to overlap within the first five interviews. Interviews were concluded when the data collection was not eliciting new insights or revealing new answers to the research questions (see Creswell & Creswell, 2018). The incoming 10-day census for fall of 2023 first-year students was 346. The total number of undergraduates at the college where the research took place was 1,755 for the fall of 2023. First-year traditional students are encouraged to live on campus, and participants who lived on campus were the population of the study.

I determined that using first-year college students would provide insightful information because they are experiencing the campus culture with a fresh perspective. They were able to describe their experiences as they transitioned into living in a new environment. Because they were first-year students, their transition between high school and college was recent and fresh in their minds. On-campus students were the population of study because living and attending school on campus involves more experiences with the inclusivity of the campus culture.

The entire first-year class was informed and recruited for the study. All college students who participated lived on campus in the first-year dormitories, although they lived on a variety of wings. Students who responded were primarily female and were involved in a variety of activities. For example, students who were interviewed were active in sports and clubs and came from various religious backgrounds and ethnicities. More information on the participants is provided in Chapter 4.

### **Instrumentation**

Learning more about why people feel or act in certain ways is an important part of research (Rubin & Rubin, 2012). I used semistructured interviews and artifacts to gather deep and rich data (see Rubin & Rubin, 2012). Being a skilled interviewer who understands the importance of the process and the questions is necessary (Patton, 2014). The interviews were semistructured with an established list of questions (see Appendix F). Patton (2014) referred to this type of interview as a semistructured interview. My interview questions were developed in a Walden course taken. Patton (2014) and Rubin and Rubin (2012) were also used to provide guidance. The course was structured to allow feedback from other students and the professor to improve the interview questions. The questions were open-ended and allowed the respondents time to respond openly.

The interview guide was initially created in a doctoral course and was further developed through test interviews and feedback from fellow students and instructors. The interview guide was created to determine the cultural norms regarding campus mental health and how they were communicated. My ability to test and adjust the questions over time assisted in ensuring their validity and credibility. Rubin and Rubin (2012) noted

three approaches to determining interview questions, and a combination of these was used in the current study. Because I had been teaching a class for several years that addressed mental health, this provided a basis for developing interview questions. Second, I used the literature review to provide information for the interview guide. Finally, researching the questions as part of my coursework furthered the question development. Patton (2014) stressed the importance of practicing to develop interview skills. I was able to practice with older students at the college where the research was eventually conducted.

The interview questions were tested using the two mock interviews that were done to test the interview guide. The mock interviews were an assignment in a Walden course that allowed for input from the professor and fellow students. The mock interviews were conducted and shared in the course. This process indicated that the interview guide was effective, although some improvements were made to answer the research questions more effectively.

Codes were determined using the process outlined by Saldaña (2016), who described coding as a heuristic process in which several cycles are used to discern the meaning within the data. Data should be read through and/or listened to multiple times to codify and categorize the data. Reflexive thematic analysis was then used to develop themes from the data, which involved analyzing and interpreting patterns across the data set (see Braun & Clarke, 2022). Possible first-level codes included the following:

- emotions
- confidence

- perceptions of high prevalence
- high stress
- multiple relationship possibilities
- transition problems
- counseling use issues
- mental health myths
- lack of understanding
- resources for talking
- gender notes
- people don't want to share
- differences between mental and physical ailments
- know people with mental health issues
- isolating yourself
- difficulty multitasking, focus on illness
- don't use campus services
- anxiety and depression
- community impact
- wellness

### **Procedures for Recruitment and Participation**

Participants were purposefully sampled from all traditional first-year college students who lived on campus. Although 12 participants were included in this study, this

number would have been increased if data saturation had not been reached. Data saturation is an indication of when a researcher has reached an adequate sample size and can discontinue data collection (Ravitch & Carl, 2016). Data saturation is reached when no new information is coming in from the interviews, there is a repetition of answers, and the research questions are sufficiently answered (Ravitch & Carl, 2016).

College students from the first-year class were targeted through flyers (Appendix B) posted around campus and announcements from their year-long first-year seminar class professors and teaching assistants. The first-year seminar class is often used to share information and class announcements as all traditional students are enrolled and it's an effective way to communicate with the entire first-year class. The communication shared was purely informational, and it was clear that student participation was purely voluntary and would be in no way attached to the grading process. An email (Appendix D) was sent out to these students requesting participants and included my contact information to clarify any questions. Students who were interested in participating were asked to fill out a form (Appendix C) that included a consent form and collected basic information that allowed a diverse pool of participants to be selected. Participants were given a \$20 Visa gift card for participating at the second verification.

### **Procedures for Data Collection**

College students were recruited and if they were interested in participating in the study were asked to fill out a consent form (Appendix C) and a form that collected some basic information that allowed a diverse pool of participants to be selected. Once students agreed to participate in the study, they were provided with instructions and contacted to

ensure their understanding and answer any questions they had. The approach that was used to collect data was two-fold. First, participants were instructed to collect artifacts. Second, they participated in a semi-structured interview which began with preset questions but allowed for variances (Patton, 2015; Rubin & Rubin, 2012). The study participants were required to collect photo and audio artifacts that related to the research questions (Appendix F), which they discussed in the interview. Examples of artifacts were provided to study participants to stimulate thought and ease confusion about the assignment (Appendix E). The collection of artifacts allowed participants to provide information from visual, reflective, and thoughtful perspectives, which provided for deeper meaning. They were able to contact me to ask clarifying questions while they were collecting their artifacts.

Participants were interviewed in person. A virtual option was possible, but the participants all chose in person. This allowed me to read facial cues and provide deeper meaning (Patton, 2015). Mental health stigmas are a sensitive issue (Wada et al., 2019), and a face-to-face meeting allowed for a more empathetic, comfortable exchange. An in-person interview also allowed for an easier encouragement of detail from the interviewee (Rubin & Rubin, 2012).

At the beginning of the interview, the participant was reminded about the content in the consent form and reminded that they had signed it. They were also asked if they had any questions or concerns before beginning. I then described that the importance of the information being collected, explained the reasons for the data collection, the benefits of the study, and the purpose of the interview (Patton, 2015). The artifact submissions

and explanations were used in the interviews to clarify answers to the seopen-ended questions depending on what a person answered, follow-up questions were asked that explored the specifics of their personal experiences. Questions were also asked related to the artifacts that were submitted.

Google Meet was used as the platform for recording and transcribing every interview. The interviews were planned to last about 30 – 60 minutes. The iPhone Voice Memos utility was also used as a backup recording of the meetings. Participants completed a consent form and were provided with copies of the interview transcripts and a summary interpretation of the transcript.

An ethical consideration was discerning any disclosure in the interview that would indicate the interviewee is in danger, e.g., in the process of the interview indicated their mental health is in crisis. Interviewees who were demonstrating a mental health crisis would be referred to the college mental health clinic. This never occurred during the research.

### **Data Analysis Plan**

The interview transcripts were automatically transcribed using Google Meet. Each interview was listened to, and discrepancies were corrected as Google Meet's automatic transcription process is not perfect. Each participant had one initial interview and a follow-up interview. They also turned in six artifacts that were submitted as pictures in a Google Document with explanations. The corrected interview files, including both the initial and follow-up meetings, and the artifact documents were uploaded into NVIVO 14.

The coding process followed the process outlined by Saldaña (2016). The interview data was coded using three different methods. In Vivo coding was used to reflect the participants actual voices. It is used by beginning researchers and allowed for coding of literal responses to more accurately capture participant meaning. Emotion coding was used to reflect content related to feelings and emotions (Saldaña, 2016). As the interviews were about mental health using emotion coding worked for analyzing and noting perceptions around experiences of anxiety and depression. Values coding was also used as it was a method to connect participants' words to attitudes and beliefs which are core components in the theory behind this research, the TPB (Ajzen, 2021). The first round of coding In Vivo and emotion coding were used. The second round of coding, values coding was used.

### **Issues of Trustworthiness**

Trustworthiness means the study results were able to provide information that is reliable and valid (Ravitch & Carl, 2016). Having a thoroughly prepared interview process and guide, making and data storage methods, and generally, a well-thought-out process can assist with ensuring trustworthiness (Ravitch & Carl, 2016). Researchers need to pay attention to the details and remain vigilant throughout the entire process. One process that was used was informed consent. College students who were interested in participating were given the informed consent form, had to agree to participate, and then demographic data was collected. After the initial interview, the transcript was listened to and corrected as needed. Participants were then provided with the transcript along with a summary of the interview. I then met with the participants briefly to make sure the

transcript reflected their thoughts. These tools allowed for a formal approval process of the research participants' thoughts and contributions (Ravitch & Carl, 2016).

Ravitch and Carl (2016) introduced relational ethics. They noted that accurate qualitative research comes from the researcher developing a close relationship with the participants. This close relationship needs to be developed, understanding ethical considerations, and making sure participants are protected and established research guidelines are followed. High quality research includes following rules to ensure confidentiality and privacy are achieved and no harm comes to the participants (Rubin & Rubin, 2012).

It was important in the reporting segment of the research to make sure privacy concerns were attended to. For example, reports needed to be written so that they do not reveal confidential sources (Rubin & Rubin, 2012). Allowing participants the ability to look over the final report or any final notes of their interviews helped ensure validity and allow participants input on how their words were portrayed (Ravitch & Carl, 2016). Ethical and procedural concerns needed to be attended to at all points of the research.

### **Credibility**

Credibility was enhanced by ensuring data is elaborate and thick. Interviewing of study participants elicited complex and thorough responses (Morrow, 2005; Rubin & Rubin, 2012). These data were utilized for a thoughtful and planned out purpose. Proactive approaches and utilizing fellow researchers as well as advisors helped the researcher think through the process to achieve the goal of good, credible data (Ravitch & Carl, 2016). There are several effective techniques for credibility. For example, one way

is to create triangulation in the study (Shenton, 2004). Using a combination of resources allowed for triangulation to double check the integrity of each source and provide more breadth to the data (Patton, 2015). This meant structuring the study to allow for the results to be collaborated from several different angles. Although all interview participants were traditional college students in their first year of study, attempts were made to diversify the group, which also is a method of triangulation. Participant backgrounds related to gender, faith, culture, ethnicity, and activities (sports, music, art, clubs, etc.) were varied which provided different perspectives.

Another way credibility was increased was by using the literature review as a tool to reflect on results from past research in comparison to this study. When information can be found from different types of sources in various locations, it lends credibility to it (Creswell & Creswell, 2018). The sources included quantitative studies, interviews with multiple students, and the collection of artifacts. Another method that was used was member checks (Creswell & Creswell, 2018). This involved meeting with the interviewees after providing them with a finalized transcript and a document where I provided my interpretation and summary of the interview. They were able to correct any misconceptions or provide additional information if needed. I also asked additional questions if any answers needed additional clarity.

Another way that assisted the research in being credible was learning the culture and history of the people that are involved in the study (Shenton, 2004). Shenton noted that understanding what exists prior to research can help with confirmation of the results, improve accuracy which impacts credibility. This helped the researcher understand how

to develop a higher level of trust. It also helped the research team understand social norms and decrease the possibility of any problems. Having a team of individuals helped as well. If there are more people to double check methods and provide thoughts and feedback it improves the overall study. This can draw attention to any problems with the research and adjustments can be made to retain credibility (Shenton, 2004).

Building trust can be extremely important to collecting accurate and in-depth information. Open and honest communication when talking and interviewing participants builds high levels of trust (Rubin & Rubin, 2012). The researcher was respectful of the participants and did not treat them condescendingly to build assurance. Also listening completely and actively can also help build trust. This resulted in participants fully participating.

### **Transferability**

Transferability is the ability of a study to be applicable to a similar context while still retaining unique attributes (Ravitch & Carl, 2016). Comprehensive descriptions were utilized to provide a detailed narrative of how the interviews and artifacts were collected. This allows for the ability to recreate similar research (Shenton, 2004). The researcher's experiences during the data collection were recorded and notes regarding the participants and setting were taken. Connections were made between the interviewees reports and any cultural or social contexts that exist on the college campus (Shenton, 2004). Details about the participants general and specific situation the day of the interview were recorded. This aided in showing transferability between this research and its application to other similar settings. Connections were explored between existing data such as the

quantitative surveys done at other settings and with larger sample sizes to demonstrate transferability.

### **Dependability**

Collecting and recording data that is consistent between interviews and allows for the collection process to be repeated is dependability. This consistency increased the validity and ability for the research to be used more widely. Work can be done on each component of the research to ensure this. For example, one important factor was taking time to ensure the interview tool measures responses that answer the research questions (Patton, 2015). Using an outside researcher to review the study and data collected was another way to make sure the research was dependable. As a doctorate student, there is a process for getting work approved and allows for several people to review the research process and report. This also helped increase dependability.

### **Confirmability**

One method that was used to assure objectivity is collecting data from a variety of perspectives by including participants from a variety of backgrounds. The additional perspectives added depth and detail to the data and findings (Patton, 2015). The various perspectives were detailed and recorded to create an audit trail. Any work done on coding was noted and recorded for reference. Another technique or strategy that was used is reflexivity. The researcher needed to be aware of their own background and how they are influenced within the research process. I kept a journal to detail any thoughts on the research process as it happened with the intention of providing a narrative that minimized

reflexivity and provided information about influences my background had on the research.

### **Ethical Procedures**

Conducting research to provide valuable knowledge that can be utilized and replicated by other researchers is a worthwhile goal. The ability for the research and results to be used and to answer collective research questions relies on high quality, trustworthiness, and credibility. The quality of a research study involves the scientist being detailed and careful in planning and rolling out the research. For example, one key milestone in a study is receiving institutional review board (IRB) approval. The IRB makes sure benevolence criteria are met, meaning the research will do no harm to the study participants (Ravitch & Carl, 2016). Harm can happen in many different and unobvious ways, and the IRB takes a detailed look to ensure it is unlikely to occur. This research was approved by both the IRB where the researcher is a student and where the research took place.

Ethical concerns were addressed by utilizing a recruitment method that asked all college students in the pool if they would like to participate. Students who volunteered were provided with information about how the process would work and what the study was for. Confidentiality was maintained by giving students code names that were used in analysis and reporting. The key to these name codes will be shared only if necessary. The data is shared on a secure Google drive.

IRB approval was obtained from Walden IRB with approval # 04-17-23-0662443 and the research site IRB approval #2048021-4. Recruitment was started after obtaining

IRB approval by providing the invitation to all first-year college students through their first-year class communication channel. Information about general purpose of the study and more specific reasons for the questions helped develop trust between the interviewer and interviewee. It was important to be open and honest with the interviewee as it helped increase motivation of the interviewee to provide more detail and be honest (Patton, 2015). At the end of the interview, the process for follow-up was shared with respondents.

### **Summary**

The interviews were conducted at a local college with a carefully laid out plan. College students were recruited from the first-year traditional class and interviewed. Opportunities to discuss and gather personal beliefs and intentions through interviews were used to create a final dissertation report that provided insight on the culture of mental health at the study site. The interviews were used to make recommendations for possible interventions to consider that can improve the environment, both health wise and academically. Responses from the interviews were coded using descriptive coding and grouping responses into themes. Several methods such as triangulation and utilizing other researchers to review the process and data were used to ensure data trustworthiness.

## Chapter 4: Results

The purpose of this study was to explore mental health culture for first-year students at a small private college in the Midwest. A qualitative study was conducted using interviews to allow for in-depth answers and exploration of the mental health culture of first-year college students in an on-campus college setting. Interviews and artifact collection were used to determine the cultural norms for students entering the college community and how these norms were communicated. The primary research question was the following: What are the cultural norms regarding mental health in the individual and communication of mental health issues? The secondary research questions were as follows:

- What were students' perceptions and experiences of anxiety in themselves and others at the college campus?
- What was their relationship with anxiety and student learning?
- What were students' perceptions and experiences of depression in themselves and others on the college campus?
- How did the campus culture support or hinder mental health?
- What were potential solutions for improving and maintaining student well-being on campus?

In Chapter 4, the setting is described, demographics presented, and data collection detailed. The participants are defined, the data collection process is outlined, and any variations or unusual circumstances are noted. Evidence of trustworthiness is then

described. The results are presented and themes are addressed with examples from the data to support them. Any nonconforming data or data discrepancies are noted.

### **Setting**

The setting for this study was a small, private college campus in the Midwest. Interviews were conducted on campus in person in a private conference room. The interviews were recorded and transcribed using Google Meet and the iPhone Voice Memos application. Artifacts were also collected from the participants and uploaded into a Google Drive folder shared by the participant and me.

### **Demographics**

The participants were 18 or 19 years old and were residential, first-year students at the college where the research was done. Participants were from various cities in the Midwest and from rural and metropolitan areas. The college is grounded in a Catholic tradition, and students are asked to identify their faith tradition. One student identified as agnostic, four as Christian, one as previously Episcopalian, and six as Catholic. Ten students identified as female, one as male, and one as nonbinary. Nine students identified as White, one as Latino and White, and one as Mexican. The students all participated in a variety of activities and hobbies.

### **Data Collection**

College students were recruited using flyers (see Appendix B). The flyers were posted by a student teaching assistant and me on bulletin boards throughout the college. The study was also announced or posted in targeted first-year online course sites, classes, and meetings. First-year class and advisement programs for all first-year students were

used as the primary vehicle to recruit students. The flyer was distributed to faculty and teaching assistants to share within in first-year classes. Residential advisors also emailed and/or posted the flyer for first-year students who lived on their units.

College students who saw the flyer could click on a link or scan a QR code, which brought them to the consent form. If they consented to participate, they were asked for demographic data. The initial process to sign up for the research took less than 2 minutes to complete, which included both the consent form and demographic information collection. The consent form was a Google Form that was managed in a Google Sheet. I was the owner of the Google Form and Sheet, so I had control of the data within it and checked regularly for new submissions. Once participants had completed the consent form and participant information form, I communicated with them through email (see Appendix D). I gave them my phone number if they preferred texting or calling rather than using email. The artifact collection instructions (see Appendix E) were provided, along with a link to a folder shared by the participant and me. Participants were instructed to contact me if they had any questions. Participants were asked to set up an interview time with me on a bookable Google appointment schedule. Once data collection was completed, the form was closed to responses.

During the Fall 2023 semester, 14 college students responded to the survey and completed the consent form. Of these, six submitted artifacts, were interviewed, and completed the research process. One of the six participants who was interviewed did not meet the research criteria because they were a sophomore transfer student and not a first-year student, so the data from that participant were excluded. One of the 14 participants

submitted an artifact but never was interviewed. One participant scheduled their interview for spring semester. Five of the 14 participants signed up and submitted the consent form but did not proceed further with the research. Participants did not give any reasons for dropping out, but it is possible that as they progressed into fall semester and had a heavier academic load, they were unable to find the time to participate.

In January 2024, an additional eight participants responded to the survey and completed the consent form. Of the additional eight participants, six collected artifacts and completed the interviews. Two of the participants who completed the consent form in January did not respond to further emails and were not interviewed.

Participants were asked to collect six artifacts (see Appendix E) over the course of 2 weeks. This was estimated to take about 30 minutes to collect all six artifacts. The artifacts were items, such as a picture or words, that represented or gave meaning to a concept. For example, participants were asked to provide an artifact of an emotion they were feeling. These artifacts allowed participants to communicate using visual, auditory, or kinesthetic examples of their thoughts related to mental health. The artifacts were collected by the participant and submitted to a Google folder shared by me and the participant. The participant wrote why they collected the artifact and discussed it in the in-person interview.

Participants were given a choice of meeting virtually or in person, and all of them chose to meet in person. The remote nature of the conference room ensured privacy and confidentiality, but it was still easily accessible for on-campus college students. The interviews lasted 33 to 61 minutes and were recorded. The average length of the

interviews was 49 minutes. A transcript of the interview was created from the recording with Google Meet. I listened to the transcripts and corrected them as needed. Once this process was completed, the participant was given access to the final transcribed interview for review. I met with the participants so they could provide any additions or corrections. These follow-up meetings took 4–30 minutes with an average of 12 minutes per meeting.

### **Data Analysis**

The collected data were organized and stored in a Google file where they could be shared with participants and my committee chair. The data included recordings of the interviews, scrubbed transcripts, notes, artifact files, and interpretation and verification documents. Data were stored in a Google folder to allow the participants to have access for verification purposes. NVivo 14 was used for coding and analysis.

The interview transcripts were transcribed using Google Meet. Each interview was listened to, and discrepancies were corrected because Google Meet's automatic transcription process was not perfect. Each participant had one initial interview and a follow-up interview to clarify any discrepancies or make any additions. An interpretation and verification document that summarized key points was provided to participants along with the full transcript for review before the follow-up meeting. Participants also turned in six artifacts that were submitted as pictures in a Google Document with explanations. The corrected interview files, including the initial and follow-up meetings, and the artifact documents were uploaded into NVivo 14.

The interviews and artifact documents were uploaded to NVivo 14 and were reviewed for key words or phrases. The key words or phrases were assigned a code. The

coding process followed the process outlined by Saldaña (2016). The interview data were coded using in vivo coding to reflect the participants' voices. In vivo coding is used by beginning researchers and allows for coding of responses to capture participants' meaning (Saldaña, 2016). The codes were then categorized by primary comment topic, and the main themes were drawn out of those categories.

### **Evidence of Trustworthiness**

Trustworthiness means the study results provide information that is dependable, legitimate, and reasonable (Ravitch & Carl, 2016). The study results are reliable and valid as several steps were taken to allow for this. The strategies for ensuring trustworthiness are credibility, transferability, dependability, and confirmability. The interview guide was prepared and used for each participant. Participants' verbatim words were recorded and transcribed by Google Meet, and then I listened to each interview and corrected any errors with the automatic transcription. Although the script was used as a basis for the interviews, I was able to go off script as needed. All of the questions were asked even if the interview veered off script. The data were stored in files on my hard drive and also within my Google Drive. Each participant was given access to the transcript and a summary document that interpreted the interview. The participants were able to review their transcript and make any corrections or additions.

### **Credibility**

Credibility refers to the ability of the researcher to deal with inconsistencies or difficulties in explaining the data and provide clarity in a meaningful way (Ravitch & Carl, 2016). The strategies used for credibility in the current study involved a process that

accurately captured the interviews. Google Meet was used to record and transcribe the interviews. This allowed me to listen to the participants and provide transcripts that were reviewed and corrected following the interview. A follow-up interview was conducted in which participants had the opportunity to review the transcript and make any corrections. At the follow-up interview, I also asked any questions I had for clarification of comments from the initial interview.

Triangulation was one of the methods used to ensure credibility. Triangulation involves verifying and ensuring accuracy by checking the data with other sources and understanding any inconsistencies (Shenton, 2004). Throughout the research process, I used other resources that addressed mental health in the college community. For example, I examined large-scale quantitative resources that summarized research done at colleges across the United States (Health Minds Network, 2023; University of Minnesota, 2021) as one check of the integrity of the data. When various sources are used, this provides breadth to the data (Patton, 2014). A few preliminary demographic questions were asked after the consent form was approved. The results from these questions showed that the college students being interviewed were involved in many different activities, came from a variety of hometowns (rural and urban), had many different majors, and had various faith backgrounds.

Another method that was used to increase credibility was member checks (see Creswell & Creswell, 2018). The member checks were meetings that were less than 30 minutes and set up after each initial interview. After each interview, I listened to the recording and made corrections to the transcript. I then created a summary of the

interview with my interpretation of the content and verified that with each participant. I also asked for clarification of anything I felt I needed to understand better to eliminate misunderstandings. Participants were able to add any information they felt they missed sharing in the initial interview. A multiple-step process that allowed participants to see and verify what they had said created trust between me and the participants.

### **Transferability**

Transferability is the ability of a study to retain some properties of similar research but have unique components as well (Ravitch & Carl, 2016). Components of the research are explained in detail to allow for the ability to create similar studies (Shenton, 2004). My experiences during the data collection were recorded, and notes regarding the participants and setting were taken. One issue that came up was the difficulty in getting participants to volunteer. Participants were willing to volunteer in the first few weeks of the semester but then got busy and were not able to participate. I was able to collect five usable interviews during the fall semester and then revised my methods through the IRB to add other recruitment techniques. I put up more flyers and went to meetings to encourage residential advisor and staff, who both had access to first-year college students, to share my study flyer. I also was able to go to one class.

### **Dependability**

Dependable data are collected by having a well-thought-out collection process and following the same process for each interview (Ravitch & Carl, 2016). Throughout the data collection process in the current study, the research questions were kept on hand to make sure the interview questions were providing answers to the research questions

(see Patton, 2014). The interviews were done in a private conference room. When the first conference room was no longer available, a similarly private space was found. Allowing for interviews to be conducted in person in a private and accessible setting added to the dependability of the data. The focus was on the questions and sharing information without distractions from other individuals or people able to overhear responses.

Another component that ensured dependability was to have a team review the process, ask questions, and suggest improvements. My chair and committee member were able to do this, which added to the quality of the research process. Having more than one voice in the process improved the output.

When data show consistency over time, they are considered stable (Ravitch & Carl, 2016). This was demonstrated throughout the current study. One limitation of the study was that it was initially meant to be completed during the fall semester. Because there were not enough participants in the first semester, there needed to be a second call for participants during the second semester. The data may have varied from one semester to the next, but the variations did not appear to be substantial.

### **Confirmability**

As I bring my unique perspective to the study, confirmability means the study can be corroborated beyond one perspective. Although one individual's perspective can add depth and valuable information to the results (Patton, 2015), breadth can be beneficial. Detailed notes and a collaborative process allows for the process to be checked and double-checked as needed and adjusted appropriately. Detailed notes on the interviews,

summaries, coding, categorization, and theme creation allows for others to check my work and assure that it can be collaborated. Another piece that helped me reflect on the perspective I was bringing to the research was keeping a journal where I could note thoughts regarding what participants shared, how I coded them, and my process thoughts along the way.

### **Results**

The results follow and address the primary research question directly and the secondary research question through the presentation of various comment themes. I believe the participants were forthcoming with honesty and noted that this was research and they wanted to be transparent. Quotes from the interviews and the artifact submissions were utilized to support the themes. All participants were first year students and had attended the college where the interviews took place both semesters, except for one participant who transferred in for spring semester from a nearby college. This participant's contributions may be impacted by attending a different school for a semester.

### **Definitions and Understanding of Mental Health**

The themes that follow are better understood when placed into context by the meaning of mental health, illness, anxiety and depression in the words and pictures of the participants. Some participants defined it by what they experienced themselves or witnessed in others, others defined it based on their general understanding. A list of the definitions and feelings associated or thought to be associated with mental health, anxiety, and depression are included in Appendix I. The participant definitions were

provided as the many different descriptions illustrate how difficult it was for participants to broadly define these terms for everybody, it can be easier to define them from an individual perspective. As participant L stated, “Mental health, it’s different for everyone. It’s one of those things that you can’t categorize for each person. Someone can tell you that they have anxiety, but that doesn’t mean your anxiety is the same as their anxiety.” Defining it personally can also be difficult as when you are having poor mental health it can be hard to mentally conceptualize what is going on. “I see mental health as basically a just like a struggle” (Participant J). It is also directly connected to your physical health which adds a complexity. Participant L shared an artifact picture of a cell phone battery flashing at empty (Figure 3). They noted,

if you don’t have your phone charged you can’t connect with other people...similar to my brain if I’m not charged. I don’t want to connect to people in person. I don’t want to be around people if I’m low battery wise. ...My mental health personally runs on what feels like a battery system. If I don’t give myself enough of a break/charge, I’ll only get worse/more low.

**Figure 3**

*Participant L Artifact: Low Battery*



Participants often used the word “stress” or “stressed” to describe their anxiety. Participant B used the word “spiraling” for anxiety as they found “it feels utterly out of control.” Participant K noted that it felt as though “there is a little gremlin in your brain, that just is like going a million miles an hour bouncing off the walls and never giving you a break.” Participant J described their anxiety as follows:

like a hamster on a wheel. So, you feel good, so your hamster is asleep on the wheel, but as you get more anxious, if you feel more worked up then he’ll start running and it’s like we need to get the hamster back off the wheel.

Participant J also noted it’s like there are “two brains in their head. One is the normal brain that I can make focus and I’m thinking about work or dinner...and then my other brain is all the homework and school and the hamster on the wheel again.” Many of the participants commented that anxiety and depression are linked. “Some people that get so anxious about life that it might cause them to be depressed” (Participant I). Other comments described depression as a much more withdrawn state, “I was in such a dark

space and I was using up all my energy to stay alive” (Participant E). There were also comments that reiterated the inability to control depression without help, As noted by Participant A,

I’d be surrounded by people that I love and there would...be a little bit of loneliness and sadness in there...and so it would be hard to fully enjoy things...it’s like everybody’s so happy, but then the person’s like really off to the side and very in pain.

Participant E described depression like a tornado spiral. Participant K like a “weighted blanket, but not in a good way. More like a heavy sheet that just kind of lays on you and compresses you and shuts you off from the world.” Mental health and associated diagnoses can be found on a continuum, one side is perfect mental health and on the other side is serious and/or persistent mental illness. Participant B noted the difficulty in understanding where one is at on that continuum, “I wasn’t sure at what point sadness actually turned into depression. How long did it have to go for?” This can be very individual.

### **Theme 1: Community Culture**

The theme of a multifaceted and resource rich community that supported and addressed student mental health came out strongly in the interviews. Participants described the community at the college as “exceptional” and that it provided many resources for students if they are needed or if they chose to use them. Participant E defined community as “the community to me is just like people, I love, I’m surrounded

by, and support me.” Various aspects of community were used and that varied for participants.

Participants noted that their primary circle usually included their friends, roommates, and/or teammates if they were involved in formal activity. Participant J noted, “even without wanting to try to build a community, you just already have them around you.” Generally, the individuals in their community were the first people participants would go to if they had a mental health concern. Participant B provided an artifact that was a picture of a sports video game and noted the game demonstrated the importance of community in the meaning of mental health for them:

Community: My friend and I love to play this video game together. He always says how much he enjoys that time with me. Playing video games is vital for our mental health and maintaining a close network of friends to go to with your problems.

Several participants felt a strong sense of independence and would first work on solving the problem by themselves. As Participant C noted,

I am definitely closer to some people than others. But I know if I was struggling with something and one of them walked by, I know they would help me that kind of thing but with deeper stuff I would probably go to... I made two close friends on that trip (pre-fall semester activity) ... So, I'd go to them with any deeper problems that I have but I tend to refuse help, I like being independent. So, I would try to figure it out myself first.

Participants that had a roommate that they could immediately share concerns with as they happened, really appreciated having that ability. The emotional energy of roommates or friend groups were helpful or stressful. For example, Participant L noted that sometimes she didn't want to go to the gym, but her roommate made her, "I feel obligated to get up and do it for her...my body doesn't want to get up but in my brain I'm like, I will feel so much better."

Residential advisors (RA's) were seen by some participants as supportive and someone that could be counted on. However, participants noted that some RA's did not reach out or come across as approachable. Participant J moved from one unit to another between semesters and describes the difference between RA's,

That RA was really distant she never really talked to us. I don't think she even knew our names. So, when I switched this new RA, she's super nice, always sends out newsletters and emails and tries to talk to us in the hall. So, I already feel like I already have another person to go to if I need something so that's really nice.

Participant B noted the importance of, "just hiring really good RAs that are extremely involved and constantly checking and our floor RA is amazing and they are just super...they're always checking in on us and making sure that we are feeling okay." In contrast, Participant E said, "I don't really know my RAs." Participant L mentioned that their RA's put a diagram of the W-curve (see Figure 2) on their bulletin board and noted that it was helpful to have repeated information from their RA's that they had seen during welcome week. It made the participant feel as though the RAs understood what

they were going through and reminded them that their RA went through it as a first-year student.

Participants said that the W-curve was introduced during welcome week by the Dean of Students. They felt the Dean's welcome week presentation was memorable and helpful and that the W-curve was a helpful concept for students to reflect on as they adjusted to college. Two-thirds of participants noted that the Dean was someone they felt they could go to with any mental health concerns and two participants had positive interactions with her when they needed help. Participant B remarked, "She radiates positivity, so I feel like you couldn't talk to her very long without feeling better." Participant F noted a problem their roommate was having that was brought to the Dean's attention and when she came back from meeting with the Dean she said,

I'm just so relieved like she listens to me. She understood me. She validated how I was feeling. I thought she was gonna try and just immediately provide solutions, but she listened to me and heard my side of the story.

Participants mentioned the Dean of Students unsolicited and appeared to feel she was a community presence that was there to support them. The final group that was mentioned repeatedly by participants as part of the supportive community were professors. Most comments were positive such as Participant C's, "it seems like the teachers...want you to be at your best too." Participants noted that professors not only pointed you in the right direction if you needed something, but they were willing to have a conversation and they listened to college students as well. Participants point out that professors have office hours and many give mental health days. A few participants noted

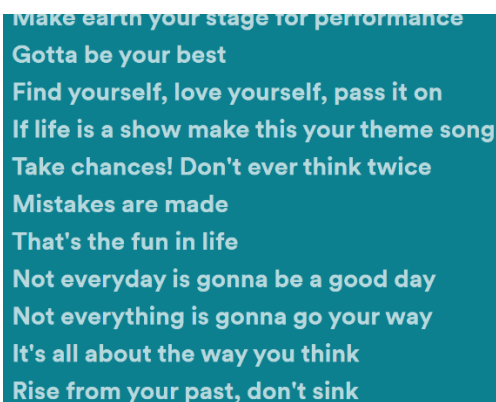
they would never use the mental health days. Participant K stated, “I would never take a mental health day, it’s just ingrained into my brain...you go to class, you show up every day. You push through, you don’t take a day for yourself.” Professors appear to be providing options to support mental health even if college students are not ready to utilize these options.

Participants rated the campus options for mental health support at 5.6 on a scale of 1 to 7 with 1 being the worst and 7 being the best. Participant K rated the mental health support on campus at a 2 and shared the story of calling counseling during Fall semester and being told they were busy and to call back. Participant F rated it a 5 and noted “there’s definitely stuff for people that need it but like I was saying with my roommate, it was really hard to get a counseling appointment.” Overall, participants had higher rankings for activities and community members that supported their mental health. According to Participant A and an artifact they shared (see Figure 4), there are some ups and downs to finding your place in the campus community:

This song, *The Fun in Life*, helps me remember that life is a roller coaster and that it isn’t always perfect. You have people around you that you can depend on. One of the hardest parts about living on campus for people that I’ve talked to is finding routine, and finding who your friends are.

**Figure 4**

*Participant A Artifact: Fun in Life (Elton Caste, 2019)*



Make earth your stage for performance  
Gotta be your best  
Find yourself, love yourself, pass it on  
If life is a show make this your theme song  
Take chances! Don't ever think twice  
Mistakes are made  
That's the fun in life  
Not everyday is gonna be a good day  
Not everything is gonna go your way  
It's all about the way you think  
Rise from your past, don't sink

**Theme 2: Mental Health Stigma**

Although there were many community support systems, there was a component of mental health that is still hidden on campus. In the health care continuum model (Chen et al., 2020) participant's comments indicated a stigma if an individual is trying to communicate that they are having mental health struggles. There are only certain aspects of mental health concerns that can be shared or communicated openly. Participant I noted, "society kind of makes it hard to come out with what you feel." Many of the participants talked about how they feel there are resources and options on campus for talking about mental health, but they have experienced or seen situations where mental illness is often not acceptable to share. Participant H shared the story of her roommate crying and she called it a breakdown. They talked briefly about the issue, her roommate dried her tears, and they both went off to class as if nothing had happened. Participant A noted that they could talk openly with their professor which they found helpful, but they couldn't tell them everything because they would be mandated to report it. Participant L

noted that “sometimes I find I tend that I keep a little bit of the truth away when I’m talking to loved ones” although they may tell them more when they are feeling better in a day or two.

There were several reasons for this hesitation to openly share, including a societal pressure to be happy, a need to not be different, and a discomfort with feelings that are difficult to address. Participant I noted that there is a public persona of happiness that feels like a fake happiness.

Society kind of makes it hard to come out with what you feel. I don’t know.

You’ve probably heard multiple people say this, but social media just shows the positive side of everything and I see all my friends back home and they’re posting all the happy moments in their life. And I forget that other people struggle with things as well.

Another participant struggled to accept help or studying and test accommodations as they did not want to be different from others. Participant B described a situation where “a friend may be looking at his phone and going ‘I have just been feeling really depressed lately’ and somebody would just be making a joke about it.” They noted it can be hard to be taken seriously about mental health issues with friends. Situations were also described where people aren’t able to acknowledge their mental health problems, so their loved ones feel helpless as they sit and watch problems fester.

### **Theme 3: Toolbox**

The toolbox are items or methods the participants use to manage their mental health. Contents of the toolbox can be a wide variety of things like all kinds of physical

exercise, music, breathing techniques, art, visualization practices, mindfulness, etc. Each person's toolbox is unique to them. Specific items mentioned by participants during the interviews can be found in Appendix J. Participant E noted,

Yes, I've definitely gone through a roller coaster of figuring things out. It's just like if one thing doesn't work for you, then try something new. If that doesn't work for you, try something completely different, and if it sort of works, give it another try another day. Maybe it'll work, maybe it doesn't.

Participants noted that practicing and using their tools when they were mentally healthy made the tools easier to use when they were struggling with mental health issues as they are more habitual versus needing more thought to use. Using the toolbox can be helpful, but sometimes when struggling with mental health, the toolbox can be difficult to put into practice. As Participant K noted when explaining their ranking for how they care for their mental health,

It's hard work. It's hard to deal with it and actually use the tools that your taught.... I would say that I have the toolbox and I carry it around with me everywhere. Do I open it when I need it. No, finally it's like if I was in my kitchen, I had all the ingredients to cook a meal and I just didn't cook it. That's kind of what my four is.

Participants were asked, on a scale of 1 to 7, 1 being bad and 7 being good, to rate how they felt they take care of their mental health. The average of the 12 participants was 4.9 with all participants choosing a 4,5, or 6. Many commented that their ranking varied and

that they could do better at caring for themselves. Community support such as friends or roommates using your tools with you can help.

Changes in one's life can make it difficult to use the toolbox. As Participant K put it, "And then the first semester I was like, hey guys. I feel like I left my toolbox at home. Like guys, I'm so lost. I think I threw the key in Lake XXX. I might need a new toolbox." As people transition into new roles and new locations, they need to assess their toolbox, determine what tools will still work, and decide where they need to make changes. Just as new homeowners are often given a toolbox as a housewarming gift, a new virtual health toolbox may need to be developed when moving on campus and into the next phase of an individual's life.

#### **Theme 4: Counseling Services**

Participants spoke about having successfully used mental health therapy in the past and spoke highly of both primary care physicians and therapists who had helped them and were still available if needed, even if they had moved away for college. Participants also discussed the on-campus counseling services, which were noted as high quality for example, Participant B noted "the counseling on campus I've heard is really good." Participants mentioned that access to the on-campus counseling services was challenging. Participant L noted that "One of my good friends on campus...he needed to go to therapy and it took him weeks to get in." Communication with on-campus counseling services also left some participants frustrated. Participant D noted that they "did actually reach out to them but they didn't respond." They noted "I like emailed and didn't hear anything back. I'm like, it's a sign that I don't need to go." Participant K

noted that this was their only resource for counseling and they were told the service was booked out for two months and to try again in the spring semester.

No, they were like we'll let you know when something opens up. So I was like well... and then it's always like "If you need severe mental health help, please call the hotline." No, I need therapy, please. I just kind of felt like, pushed aside a little.

Participant F noted "I don't even really know where the counseling office is. I felt like they should have been okay, this where it is because sometimes even that gives you anxiety...I'm going to walk around all lost...I felt someone once said, if you get someone to a space once, they're more likely to come back."

Another issue with communication regarding counseling services was that everyone assumes it was someone else that needs it and not a personal need. Participant H noted that during covid their high school put out a lot of emails regarding counseling services and the importance of mental health,

I feel like I didn't think I needed it. A lot of people don't think they need it. Like my high school put out a lot of emails like counseling services will resume and the importance of mental health, but I think a lot of people thought that it wasn't for them.

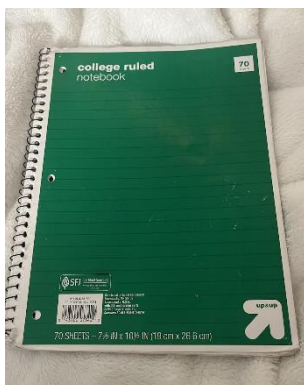
When asked how it should have been framed, the Participant H noted "more people should have used them maybe if it was framed like a check-in... people seem to not want it be like in therapy or a mental health thing."

### **Theme 5: Mental Health and Student Learning**

Another theme that emerged from the data was that academics and student learning appear to be synonymous with anxiety and stress. Participant L noted, “It just gets kind of bad during the school year when I have a lot of workload, but during the summer I’m pretty much fine.” Participants appeared to be actively planning when and how to study but this didn’t seem to prevent procrastination and test anxiety. Participant D shared a photo of their calculus homework as an artifact and noted they were feeling stress. Participant D went on to say,

I had a Calc exam later that day that I didn’t prepare enough for and I was stressed about it and having a difficult time understanding the material. I was studying for the exam and wondering how on earth I’d get a good grade on it.

Participant K shared a picture of their chemistry notebook in an artifact (see Figure 5) with the comment, “Today I was feeling extremely anxious and defeated. I am struggling to grasp the concepts we are learning about in chemistry. This is a photo of my chemistry notebook where I take lecture notes.”

**Figure 5***Participant K Artifact: Chemistry Notebook*

Even when college students receive good grades if they aren't perfect, they wonder if they could have done better. As Participant C put it, "It was still a good grade, it was above the class average...but I could have done better." Even though they are in college where they should be learning more, it causes anxiety to not know. Participant K noted, "I struggle a lot with not being perfect and not knowing everything." The anxiety can spread from student to student as well. Participant E discussed the nervous energy that can arise, "I know when she's anxious cuz then I feel anxious. It's kind of like we're back and forth popcorning at each other...the tension is in the air; you can feel the energy." The spreading of nervous energy or stress was particularly noted during finals week or around common tests or big assignments. Participant D noted with their chemistry book picture artifact the following.

My teacher was talking about that (an assessment) was due on Friday evening at 8 o'clock but her was like, if you are really struggling with it, don't just stress about

and let it ruin your entire week. You can take some time; you can try and figure it out. You can contact me and we can work it out. You're more important than the test.

Even with a professor communicating clearly, not to stress and there is flexibility, it doesn't appear to be eliminating the stress of academic pressure.

### **Summary**

This chapter summarized the results of a qualitative study utilizing semi-structured interviews and artifact collection to better understand the mental health culture that exists for first-year students at a private religious college in the Midwest. Participants were able to define and illustrate the meaning of mental health, illness, anxiety, and depression. The community culture was found to be supportive and participants found connections with a variety of people including friends and roommates, RA's, campus staff, and professors. Findings showed that although the campus was a mostly open and supportive community when it comes to mental health, there were still some things that are struggles or stressful for students. There was still a level of mental health that was not openly shared. Academics maintain an element of pressure even with professors that are making attempts to focus on learning and provide options to lessen the stress on students. Counseling services was positively regarded for therapy services, but participants struggled to get appointments. Participants overwhelmingly had tools that they used to take care of their own health. Chapter 5 provides an interpretation of the findings, implications, limitations, and recommendations for future studies.

## Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this study was to explore cultural norms and how mental health is communicated, perceived, and experienced at a private religious college in the Midwest by first-year students who live on campus. The study was conducted using a social constructivist and constructionist approach to explore students' reality and how mental health was communicated in the community. Research conducted on mental health across the United States at colleges showed increasing and significant rates of anxiety and depression in this population (Healthy Minds Network, 2023).

Interviews with participants provided vivid descriptions and definitions for mental health topics. Mental health definitions in the words of participants set the state for the following themes. Theme 1, community culture, illustrated an overall openness to general mental health and a multifaceted network of individuals forming connections and providing support. Even with this supportive community, a continued stigma regarding more serious or mental health issues remained and was illustrated in the second theme, mental health stigma. In the third theme, toolbox, participants shared the tools they used to address their mental health. Participants had a wealth of tools to prevent and take care of mental health that they were fairly effective at using. The fourth theme focused on counseling services. Participants used counseling but struggled with making appointments in the on-campus counseling service. Theme 5 illustrated the connection between mental health and student learning. The participants struggled with elevated levels of stress from achievement anxiety and studying, but comments from participants showed improvements had been made.

Chapter 5 provides an interpretation of the findings that connects the findings to the literature review in Chapter 2 and discusses how the current study confirms and extends the reviewed literature. Limitations of the study are also presented, and recommendations for future research are discussed. Finally, positive social change implications from a practical, theoretical, and methodological perspective are described.

### **Interpretation of the Findings**

The Chapter 2 literature review revealed three main points that were illustrated broadly by the findings from the interviews. First, a stigma still exists with mental health. This was emphasized in the interview data collection as participants noted a level of mental health still not easily shared. The research knowledge around mental health was limited, and there were many gaps. This point was also illuminated in the interviews, especially with the descriptive definitions given for mental health issues. The second point mentioned in the literature review was that maintaining health (both mental and physical) is multidimensional and can be maintained more effectively when looked at it from the preventive perspective. Focusing on aspects of health before a crisis can be helpful in many ways. Third, mental health is often viewed from the mental illness perspective. Switching this perspective to one of mental wellness and understanding that all individuals have mental health was noted in the literature review. Current participants were mixed in their comments about their ability to communicate this, although they seemed to understand this. The difficulty in communicating could be caused by historical language choices, which could be addressed in another study.

The findings from the interviews complemented much of what was found in the literature review. Many of the current findings elaborated on or provided more detail to other study findings. The first topic shared in results presented participants' definitions of mental health, anxiety, and depression. The definitions and descriptions given by participants were much more descriptive of how their mental health can impact their studying and learning compared to quantitative research and the definitions included in Chapter 2.

The theoretical foundation for this research was the TPB, which included constructs of behavioral, normative, and control beliefs and explores how they impact behavioral attitudes, subjective norms, and perceived behavioral control. These constructs are also used to explore the difference between intention and behavior (Ajzen, 2021). Behavioral beliefs are whether it is subjectively believed that an action will produce a result (Ajzen, 2021). Normative beliefs are the behaviors college students engage in because they believe those are the acceptable behaviors by other students or members of the college community (Ajzen, 2021). Control beliefs are related to what students feel is within their control related to mental health and the care of their mental health (Ajzen, 2021).

Theme 1, community culture, related primarily to the behavioral and normative beliefs constructs. The actions by the community members define what is culturally acceptable. The culture of a college community can be like an invisible force that impacts student behaviors in a common way that positively influences their physical and mental health (Xu, 2020). The community culture can cultivate the development of other factors

such as belonging, social connections, and habit development (Xu, 2020), which aligns with the current themes. One key finding from my study was that although the community was largely supportive of college students' mental health needs and the attitude toward mental health was positive, this viewpoint did not always lead to openness when it came to mental health.

This finding was illustrated in the first theme of community culture. Although the individuals in the community generally talked about mental health freely, they did not always feel comfortable to share personal issues or problems they were having. For example, a participant could believe that by practicing self-care and going to a counselor they were taking care of their mental health. Normative beliefs are what first-year college students see as socially acceptable. For example, findings from my study showed that participants did not see other students taking effective care of their mental health. Participants heard staff, professors, and residential advisors saying therapy is a good idea, but had not heard of anyone using it. Another barrier was reported regarding when students were in a mental health crisis. During a crisis, they were not in a cognitive state to seek help and take the actions that would improve their health. A student may have intended to use therapy when they were feeling healthy, but that intention was clouded by negative thoughts.

Theme 2, mental health stigma, demonstrated that although there was an openness to sharing some mental health issues, there was a stigma to sharing too much. This theme relates to the normative belief construct in the TPB (Ajzen, 2021). Stigma was defined as an unfair negative belief about a trait (Kuhlman et al., 2019). This is confirmed in the

literature of Link and Phelan (2006) who defined stigma as how humans are stereotyped by how each person sees differences with people around them. One difficulty with mental health is the inability to see the changes. The existence of a stigma was found in the current interviews and confirms the results noted in Chapter 4. Findings from my study confirm Link and Phelan's (2006) findings that stigma can lead to a lack of available resources and counseling availability.

Current participants who had not attempted to use counseling did not feel they needed therapy and did not want to take services away from others whom they thought needed it more. This is similar to research by Eisenberg et al. (2012) who found that college students who did not use therapy did not feel their problem was serious enough or they did not have time. Students' reasons for not going to a therapist included not feeling their problem was serious enough, independence, not feeling their problem warranted counseling, or not feeling they had time (Downs & Eisenberg, 2012). Literature showed that although there may be a general acceptance of mental health and illness within the community, this acceptance toward others does not always allow an individual to be comfortable with their own mental health issues (Carmack et al., 2018; Giamos et al., 2017). This is confirmed in the findings in the current study. Participants had suggestions for alleviating the stigma by focusing on mental health check-ins rather than encouraging treatment or illness counseling.

Theme 3, toolbox, related to items or methods participants used to take care of their mental health. Participants displayed an understanding of their mental health and had many options for how they addressed it (see Appendix J). This theme relates to the

perceived and actual behavioral control constructs in the TPB (see Ajzen, 2021). Having an elaborate support system and set of tools can create the perception that mental health can be controlled, but this is tempered by an individual's ability to use the tools (Eisenberg et al., 2012). The tools listed by current participants are broadly supported in the literature, but the breadth of these interventions appears to be a gap in the literature. The literature focused on counseling or help seeking rather than self-help tools. The Caring Campus Project (2018) confirmed some of the tools that were noted by current participants, but this project was focused on community tools (e.g., formal groups or clubs). The tools listed in Appendix J are more individually focused and can be done on one's own. The information gathered about the tools extends knowledge about developing individual tools to address mental health. The college students had elaborate toolboxes and knew the importance of them, but still struggled to use them. This may indicate the importance of having both community-based and individual tools to support mental health.

The fourth theme, counseling services, is supported by the literature and extends the understanding of experiences of participants who needed help and participants' general knowledge of the services. Participant comments illustrated the importance of counseling and areas where they found gaps in the counseling service on campus. This theme relates to the normative belief and subjective norm construct found in the TPB (see Ajzen, 2021). For example, if a student feels that only those with severe mental health issues use the counseling services and the normative beliefs make using the counseling services less acceptable for the average student, the average student will feel less

comfortable accessing them. This was reiterated in the current findings, which showed that several participants were unable to obtain appointments with counseling services. Other participants noted that they would not try to schedule appointments because they felt it was better to save limited services for others.

Participants noted an increase in stress when academic workload was heavier, which led to the fifth theme of mental health and learning. This theme connects to the behavioral belief construct in the TPB (see Ajzen, 2021). The belief that studying and only studying at the expense of overall health was indicated in the interviews and is confirmed in the literature. Wada et al. (2019) and Lambert et al. (2019) showed a focus on academic ability that led to a neglect of well-being. Postsecondary students can feel an immense pressure to achieve academically. Current participants noted the increase of stress around tests and finals week, which was when academic progress and ability were being measured. Participants' comments indicated that the shift at this point was away from well-being, which led students to choose academics over well-being. Although several participant comments related to a supportive faculty, the interviews indicated that students were reticent to take mental health days when they were offered or take advantage of the options presented by faculty to allow for flexibility.

### **Limitations of the Study**

Although this study was credible and trustworthy, a few limitations were encountered. One limitation was that the research had to be spread out over two semesters due to the low response rate during the fall semester. This meant some participants had been at the college longer and their mental health concerns may have

shifted. The data could have varied from one semester to the next, but the variations did not appear to be substantial. Another limitation was that one participant was new to the school spring semester because they had attended a different school in the fall. The final limitation was there was only one participant who identified as male.

### **Recommendations**

This study contributed to better understanding the cultural norms surrounding mental health in the individual and within a campus. I explored how and what people were willing to share with one another and whom they were willing to share with. Findings showed a community that provided multiple opportunities for connection and support. Findings also showed a limit in how much participants were willing to share with one another and people who could support them. Future research could explore historical language choices surrounding mental health and mental illness and how this impacts further communication. Another possibility for further research was to explore why college students appeared unable to accept professors' attempts to lesson stress surrounding academics or why that stress remains with a shifting culture. Current findings indicated this shift and that participants were aware of the shift, but the impact was unclear. Mental health concerns continue within higher education, and further research into the nuances may be useful to the overall health of communities.

Another area to explore was a better understanding of why college students choose not to take advantage of mental health days or other flexible options presented by professors. Several participant comments provided examples of options faculty gave to alleviate academic pressure, and participants reported that they would not take advantage

of those options. A better understanding of the barriers to taking advantage of these options could be explored.

## **Implications**

### **Positive Social Change**

The findings of this study may be used to improve the understanding and communication of mental health issues in college students at this college. Although the findings of this study cannot be generalized to all college students, they may contribute to the wider body of knowledge about this population and mental health. Findings may assist college staff and faculty in understanding the culture of mental health and communication issues.

### **Methodological Implications**

I used the TPB framework, which includes the elements of behavior and normative beliefs and how they impact the attitude or intention toward a behavior (see Ajzen, 2021). Social constructionism and constructivism were also used to explore the differences between real and perceived realities, communication, and the relationship to cultural elements within the community (see Patton, 2014). Mental health may be explained by this framework in that individuals' intentions may be to care for their mental health, but their behavior does not always follow.

### **Practice Implications**

An educational institution lends itself to looking for additional training or types of training that can impact changes. One learning shift was suggested regarding chemistry, which was noted by three participants as difficult. One participant suggested extra

scheduled class time for difficult concepts. This is an area that could be explored to determine whether it could help decrease the stress associated with learning.

There were many comments about the importance of engaged and receptive staff and faculty (e.g., RAs whom participants did not know compared to RAs who reached out). Improving hiring and training to increase the number of supportive staff and faculty may be helpful and improve the overall community health. Participants appeared to appreciate general reaching as opposed to crisis training. Crisis training was not addressed in this study and was not mentioned by participants.

### **Conclusion**

Although much has been done to address mental health concerns on the college campus, students continue to report consistent or increasing mental health concerns (Healthy Minds Network, 2023). Interviewing participants helped me to understand cultural norms and how mental health is communicated, perceived, and experienced at a private religious college in the Midwest by first-year students who live on campus. Mental health is a personal, intimate aspect of a human being, and taking time to understand how people can evolve as a culture to ensure better health outcomes may lead to a higher quality of life for the community. Many lifetime mental disorders start at this age and can influence mental health policy (L. Chen et al., 2013). A better understanding how mental health flourishes and is impacted at the traditional college student stage of life could have important implications for society.

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## Appendix A: Research Questions and Search Terms

<p>The primary research question is what is the cultural reality of mental health in the individual and communication of mental health issues? The secondary research questions are as follows:</p> <p>What is students' understanding of perceptions and experiences of anxiety in themselves and others at the college campus?</p> <p>What is their understanding of the relationship with anxiety and student learning?</p> <p>What is students' understanding of perceptions and experiences of depression in themselves and others on the college campus?</p> <p>How does the campus culture support or hinder mental health?</p> <p>What are potential solutions for improving and maintaining student well-being on campus?</p>				
<b>Lived Experience</b>	<b>Students</b>	<b>Mental Health Issues</b>	<b>Community</b>	<b>Environmental Factors</b>
experience(s)	male	mental health	students	Election
Campus	female	mental disorder	faculty	coronavirus
Roommates	gender	mental illness	staff	covid-19
social support	higher education	psychiatric disorder	freshman	2019-ncov2019-ncov
social network	college	stigma	upper-class	
social support theory	university	trends	culture	
sense of belonging	post-secondary	Psychiatric illness	learning	
critical social theory		depression	undergraduate	
coping strategies		anxiety		
		stress		

<b>Date of Search</b>	<b>Database</b>	<b>Search Terms</b>	<b>Results</b>	<b>Notes</b>
2020	APA PsychInfo APA PsychArticles Education Source	"Mental health or mental illness or mental disorder or psychiatric illness" AND "higher education or college or universities or post	164	

	ERIC Health and Psychosocial Instruments MEDLINE with Full Text Social Work Abstracts Soc INDEX with Full Text	secondary or post secondary” AND “culture” AND “undergraduate students”		
11/15/2020	<b>Solar</b>	1.mental health or mental illness or mental disorder or psychiatric illness 2.higher education or college or university or post secondary or postsecondary 3.coronavirus or covid-19 or 2019-ncov 4.United States or America or USA or U.S.	Search Results: 1 - 20 of 96,539	Too many results. Not sure why I was getting non- college student results but got three good articles.

## Appendix B: Recruitment Flyer

## MENTAL HEALTH STUDY

Volunteers needed for research on mental health culture.

**\$20 GIFT CARD FOR PARTICIPATION**

### PARTICIPANT RECRUITMENT:

First-year students are being recruited to participate in an interview study about how mental health is perceived, maintained, and communicated about during fall semester 2023.

- Students will be providing artifacts and participating in an interview over a couple weeks.
- Total time involved should not exceed 2 hours (artifact collection, interview, and follow-up).
- If you are interested in participating, please fill out [this](#) brief form or click the QR code below. Participants will receive a \$20 gift card.



Scan here for QR code to access form.



You may qualify if you are:

- A college student in your first year of study,
- You live on campus, and
- You are 18-19 years old.



### BETH FAIT

Walden University

If you have any questions about this study you can contact  
Beth Fait  
218-728-0619 (call or text)  
[elizabeth.fait@waldenu.edu](mailto:elizabeth.fait@waldenu.edu)

## Appendix C: Recruitment and Consent Form

Section 1 of 2

# Mental Health Culture Study

If you would like to participate in the study, please read and complete this form.

Email\*

Valid email

This form is collecting emails. [Change settings](#)

## Consent Form

You are invited to take part in a research study about how health is talked about in college.

This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

This study seeks 10-15 volunteers who:

\*Are first-year traditional students (at least 18 years old, no older than 20)

\*Live on-campus and attend school in-person

\*Have varied backgrounds related to gender, faith, culture, ethnicity, and activities (sports, music, art, clubs, etc.).

This study is being run by a researcher named Beth Fait, who is a Walden University public health doctoral student. I am also an alumnus and past faculty member at this school, but this study is separate from those roles.

**Study Purpose:** The purpose is to explore beliefs, thoughts, and behaviors in the culture relating to mental health.

**Procedures:**

1. Participant will complete the survey that follows this consent form which should take about 2 minutes.
2. Participant will be asked to collect six artifacts (these can be represented by pictures or words you choose to) over the course of two weeks (about 30 minutes total time). Artifacts are items that represent or give meaning to a concept. For example, you will be asked to provide an artifact of an emotion you are feeling. If you were feeling happy, you may submit a picture of the sun and describe how sitting in the sun makes you happy. These artifacts will participants to communicate using visual, auditory, or kinesthetic examples of their thoughts related to mental health.
3. The second step will be that you permit me to audio record an interview that will last about 30 to 60 minutes.

Here are sample questions:

- \*Can you tell me what you know about mental health?
- \*How did you feel the community supports or hinders healing or improvement of student's mental health?
- \*What are your experiences with depression or anxiety? How do the artifacts you collected relate to those experiences?
- \*What campus resources do you feel help support healthy behaviors and choices?
- \*Do you feel comfortable talking about your mental health with others?

4. Member checking: Review a transcript of your interview to make corrections if needed and meet (in-person or virtually) with the researcher to verify interpretations. In this step the researcher will summarize what they heard and understand from the artifacts and interview and the interviewee should confirm or correct any discrepancies. This will take approximately 20-30 minutes.

**Voluntary Nature of the Interview:**

Research should only be done with those who freely volunteer. Everyone involved will respect your decision to join or not. If you decide to take part now, you can still change your mind later. You may conclude the interview at any time. No one will treat you differently based on whether you volunteer or not.

The researcher will follow up with all volunteers to let them know whether or not they were selected for the study.

**Risks and Benefits of Being Interviewed:**

Being in this study could involve some risk of the minor discomforts that can be encountered in daily life such as sharing sensitive information. If needed, there are support resources on campus at <https://www.css.edu/campus-life/student-services/counseling-services/>.

This study offers no direct benefits to individual volunteers. The aim of this study is to benefit society by increasing knowledge about mental health.

**Payment:** The researcher will email a \$20 Visa gift card to the first 15 volunteers once they complete the interview and artifact collection.

**Privacy:**

The researcher is required to protect your privacy. Your identity will be kept confidential with the limits of the law. The researcher is only allowed to share your identity or contact info as needed with Walden University supervisors (who are also required to protect your privacy) or with authorities if court-ordered (very rare). Data will be kept secure by using codes in place of names and storing names separately from the data. Data will be kept for a period of at least 5 years as

required by the university.

### **Contacts and Questions:**

If you have any questions or concerns you can contact:

Beth Fait

218-728-0619

[elizabeth.fait@waldenu.edu](mailto:elizabeth.fait@waldenu.edu)

If you want to talk privately about your rights as a participant or any negative parts of the study, you can call Walden University's Research Participant Advocate at 612-312-1210. Walden University's approval number for this study is 04-17-23-0662443. It expires on April 16, 2024.

You may wish to retain this consent form for your records. You may ask the researcher or Walden University for a copy at any time using the contact info above.

### **Do you consent to being part of this study?**

\*

Yes (please
No

After section 1

Continue to next section

#### Section 2 of 2

If you have given your consent and would like to participate in this research project, please complete the following form in Part 2.

[Part 2: Participant Information](#)

## Mental Health Culture Study Part 2

\* Required

Part 2

Name (First name, Last name)\*

Your answer

Birthdate\*

Date

Hometown Zip code (Where did you live before coming to college?)\*

Your answer

Faith\*

Your answer

Gender\*

Your answer

Ethnicity\*

Your answer

What activities do you participate in? (e.g., volunteer work, clubs, sports, hobbies, etc.)

Your answer

Any concerns or questions?

Your answer

Back

Submit

Clear form

## Appendix D: Sample Email Invitation

Hello **NAME** –

You recently filled out a Google Form indicating you wanted to participate in a research study I am conducting. The first step in this research is for you to collect artifacts and the instructions are here. You can upload your artifacts to **THIS FOLDER** that you and I share.

- 1) How would you like to communicate? I have sent this through email, but we can also text if that is more convenient for you. My number is 218-728-0619.
- 2) Do you have any questions? I can answer them through email or text or am available to meet briefly on campus if you would like to meet before starting the study.
- 3) After you have completed the first step of artifact collection we will meet on-campus (or virtually if that is preferred) for an interview that will take 30-60 minutes. Please choose a time now at the interview Google Calendar.

Once we are done with the artifact collection and interview you will receive your \$20 gift card. Thank you for your participation.

Beth Fait

## Appendix E: Artifact Collection

**Culture of Mental Health Study  
2023-2024**

**Contact:**  
**Beth Fait**  
**218-728-0619**

Thank you for agreeing to participate in the Culture of Mental Health Study. This study is designed to learn more about how mental health is communicated and experienced on the college campus by first-year traditional students. The study has two parts. The first part you are asked to collect artifacts over the course of two weeks. The second part is a face-to-face or Zoom interview. If you have any questions about the process or your participation, you can text or call Beth Fait at 218-728-0619.

**Artifact Collection:**

Artifacts are items that represent or give meaning to a concept. Artifacts can be pictures you see, dialog in a movie, show, or video, pictures you take, items you see or own, song lyrics, poems, a quote from a book you are reading, etc. It is anything you see that connects to the questions and statements below. Please allow time to be thoughtful about what you are choosing. There are no wrong answers in this exercise and your selections can be as unique as each individual participating in this study. These artifacts will be collected and aligned with the interviews that take place. The collection of artifacts along with the interviews will allow for participants to provide information from a visual and thoughtful perspective along with session where they verbally respond to questions.

1. Participants will be given a link to a unique Google Drive folder where they can share their artifacts.
2. Over the course of two weeks, participants will select three artifacts each week (for a total of 6 artifacts).
3. The below prompts should be used when collecting your artifacts. They do not need to stay in order. At the end you should have 6 artifacts shared in the Google Drive folder you were provided. With each artifact provide the date you collected it and 2-4 sentences about which question it represents and why you chose it.

Artifact 1 – What is something from today that represents an emotion that you were feeling? Name the emotion and explain why you chose that artifact.

Artifact 2 – What is something from today that represents something you said to a friend

(or they said to you) that related to mental health? Explain why you chose that artifact.  
Artifact 3 – Provide an artifact that demonstrates the meaning of mental health to you.  
Explain why you chose that artifact.

**Examples:**

Artifact 1 – What is something from today that represents an emotion that you were feeling? Name the emotion and explain why you chose that artifact.

Artifact Example Photo: Hope: Today I went on a hike and saw a beautiful view. It got me energized and made me feel hopeful about the day.

Artifact Example Video: Discouraged: Today it was windy and blustery. This video of my cat is what I wish I could do, go back to bed, and stay there.

## Appendix F: Interview Questions

### **Interview Guide**

Hello. Thank you for being willing to be part of this study. This part of your involvement will involve being asked some questions. The entire interview will be recorded to allow for accurate documentation of your answers. If you have any questions at any time, please feel free to ask.

1. Can you tell me what you know about mental health?
2. How would you define anxiety? How would you define depression?
3. Tell me about any friends or family that had mental health issues? What was your understanding of their illness?
4. How did you feel the community supported or hindered healing or improvement of their mental health?
5. What can you tell me about your mental health?
6. How did you feel the community supports or hinders healing or improvement of your mental health?
7. Do you feel comfortable talking about your mental health with others? Why or why not?
8. Who do you usually talk about it with? Friends? Family? Professors? Staff? Counselor? Coach?
9. Would you be able to share any stories about a particular illness episode you experienced yourself or with a friend or family member?
10. What experiences do you have here on campus with stress, anxiety, or

depression?

11. On a scale of 1 to 7, 1 being bad and 7 being good, how would you rate how you take care of your mental health?

12. Would you be willing to share any stories you have had when you felt your mental health was suffering?

13. How does your mental health affect your ability to study for a test?

14. What have you found impacts your mental health here on campus negatively?  
Positively?

15. Do you see any ways that depression and anxiety are related? Tell us about them.

16. What would you do if you were feeling anxious or depressed? Is there someone on campus you would talk to? If yes, who?

17. There are campus resources available that help manage your anxiety or depression? What about these resources helps?

- Counseling services?
- Intramural sports?
- Residential Advisors?
- Faculty?
- Wellness center?
- Other

18. Is there anything else you would like to add at this time?

19. Do you feel the campus community supports your mental health? Why or why

not? On a scale of 1 to 7, 1 being bad and 7 being good, how would you rate the campus options for supporting you taking care of your mental health?

20. Is there anything else you would like to add at this time?

### Appendix G: Survey Alignment With Research Questions

The primary research question is what is the cultural reality of mental health in the individual and communication of mental health issues? The secondary research questions are as follows:

What are students' understanding of perceptions and experiences of anxiety in themselves and others at the college campus?

Interview questions: What can you tell me about your mental health?

Can you tell me what you know about mental health?

How would you define anxiety? How would you define depression?

Tell me about any friends or family that had mental health issues? What was your understanding of their illness? Would you be able to share any stories about a particular illness episode you experienced yourself or with a friend or family member? Would you be willing to share any stories you have had when you felt your mental health was suffering? Do you see any ways that depression and anxiety are related? Tell us about them.

What is their understanding of the relationship with anxiety and student learning?

Interview questions: What do you have here on campus with anxiety or depression?

How does your mental health affect your ability to study for a test?

What are students' understanding of perceptions and experiences of depression in themselves and others on the college campus?

What can you tell me about your mental health?

Can you tell me what you know about mental health?

How would you define anxiety? How would you define depression?

Tell me about any friends or family that had mental health issues? What was your understanding of their illness? Would you be able to share any stories about a particular illness episode you experienced yourself or with a friend or family member? Would you be willing to share any stories you have had when you felt your mental health was suffering? Do you see any ways that depression and anxiety are related? Tell us about them.

How does the campus culture support or hinder mental health?

Interview Questions: How did you feel the supporting community supported or hindered healing or improvement of their mental health?

How did you feel the community supports or hinders healing or improvement of your mental health? What have you found impacts your mental health here on campus negatively? Positively?

What would you do if you were feeling anxious or depressed? Is there someone on campus you would talk to? If yes, who?

There are campus resources available that help manage your anxiety or depression?

What about these resources helps?

Counseling services?

Intramural sports?

Residential Advisors?

Faculty?

Wellness center?

Other

Do you feel the campus community supports your mental health? Why or why not?

On a scale of 1 to 7, 1 being bad and 7 being good, how would you rate the campus options for supporting you taking care of your mental health?

What are potential solutions for improving and maintaining student well-being on campus?

Interview questions: How did you feel the community supports or hinders healing or improvement of your mental health? What have you found impacts your mental health here on campus negatively? Positively?

## Appendix H: Codes, Categories, and Themes

Code	Category	Theme
Anxiety perceptions and experiences	Anxiety perceptions and experiences	Definitions
Anxiety breakdown		
Anxiety diagnosis		
Anxiety the disorder		
Anxious feeling		
Moving to college		
Overthinking and/or thought spiraling		
Super Anxious		
Undiagnosed		
Unhooked		
Conflict Avoidant	Communication and Sharing of feelings, stress, and mental health	Community Culture
Don't want to barge into someone's life		
Hard to honestly share		
Listening		
Shared vs similar		
Too much questioning		
Anxiety energy spread	Community Impact	Community Culture
Care about others		
Community of people with mental illness		
Cultural heritage		
Didn't give up on me		
Economic Situation		
Everyone I know		

Family experiences with mental health		
Family Memories		
Feelings of hopelessness and lack of motivation		
Forget what other people are going for		
Friend struggles		
Quieter and wouldn't speak		
Roommate gym obligated		
Sense of Belonging		
Accommodations or Center for Equal Access	Community Support	Community Culture
BWC		
Campus Ministry		
Campus Options for Help		
Captains or older students on team		
Class		
Coaches		
Connecting with Someone		
Campus Culture		
Campus Culture\Beliefs		
Roommates Friends		
DXXXXX		
Family siblings		
Feel strong enough		
First year students		
Friend support		
Friends from activities b4 fall semester		
High School Community		
Hometown		

Indifference		
More people with anxiety		
DOS		
Parents Community Support Connection Solutions Moms		
Peaceful memories		
People Genuinely Check In		
People without support		
Professors		
Pulled out		
RA Support		
Say what's on mind		
Sisters and Benedictine Friends		
Sports		
Student Activities		
Student Involvement		
Support system		
TA Community Support		
Teammates		
Therapy Community Support		
Therapy Community Support\Seek it out or not		
TRIO		
Welcome Weekend		
Work Study		
Anxiety	Definitions	Definitions
Community		
Dark Space		
Depression		
Intertwined		
Intertwined\Common		

Mental Health Definition		
Mental Health Definition\Brain telling you		
Mental Health Definition\Mental health battery		
Mental Health Definition\Mental health different for everyone		
Related		
Depression experiences and perceptions	Depression perceptions and experiences	Definitions
Depression experiences and perceptions\Seasonal Depression		
Are you okay	Don't know where to categorize	
Assume the best		
Boyfriend made pancakes		
Competitive athletics		
Food favorite		
Food in dining room too unhealthy		
Mom hospitalized		
Alone	Experiences and perceptions related to mental health	Community Culture
Always had anxiety		
Depends on person and how in depth		
Didn't realize was depressed		
Don't want to do things we usually do		
Dragging vs walking learning ability		
Eating pressure and issues		
Forcing homework		
Friends - Not seeing them		

Grief burden mourning		
Learn a lot		
Learning to be alone		
Meds helped ability to public speak		
Mental health suffered		
Not as fragile		
Not understanding		
Panic Attacks		
Space		
Struggles with mental health		
Struggles with self-harm		
Talked people down from suicide		
Weather cloudy no sun		
Weather nice and mood better		
Band vs athletes	Humans and groups of humans are different	
Balance	Impacts and reflections on stress levels	Mental Health and Student Learning
Big Work loads		
Burning out		
Burnt out		
Catching early signs		
Change		
Chemistry		
Covid has changed everything		
High school		
Learning nerve wracking		
Leaving home		
Motivation		
Not able to say no		
Overloading		

Overwhelming		
Stress and to-do list		
Stressed		
Teaching brain		
Time Management Stressful		
Boyfriend vs family	Inner circle community members	Community Culture
Meals with friends		
Medicated friends in friend group		
Vulnerable		
Making community connections		
Approached me first		
Clicky		
Invite people		
Not just me		
Other community members mental health		
Reaching out		
Art	Management of Emotions and Feelings	
Dark		
Depression		
Emotionally Draining		
Eeyore		
Feeling of emotions		
Feeling sad don't know why		
Feeling super defeated		
Glass half full half empty		
Go for a drive when feeling sad		
Happy		
Holding on to past		
Lack of control		

Luck or chance and emotions		
Mirror Emotions		
Not sharing with others		
Panic or Anxiety Attack		
Sharing with others		
Standing up for self		
Substance use		
Taking care of mental health		
Understand feelings		
Bad mental health with workload	Mental health related to schoolwork (studying and tests)	Mental Health and Student Learning
Mental health day for homework		
One test not gonna break your		
Procrastination or putting things off		
My mental health	My mental health	My mental health
Opportunities help or hurt	Physical health	Physical health
Physical Movement		
Physical related to mental health		
Physical surrounding impacts mood		
Sometimes working out doesn't help		
Sport related to mental health		
Strive for mental and physical health together		
Balancing friends and boyfriend	Relationship Stress	
Golden Child		
Promise of getting better		
Celebration of self	Self-Reflections	
Criticism of self		

Express myself more		
Help others		
Help others help you		
Independent		
Know myself		
Pulled up by bootstraps		
Self-finding and grounding		
Self-improvement focus		
Self-Reflection		
Self-Talk		
Self-worth		
Shut down		
Silent in class not comfortable talking		
Solve it myself		
Group discussions less stressful solutions	Studying and test taking	Mental Health and Student Learning
Office hours for challenging work	Suggestions	
Art and stress	Toolbox - Personal solutions for improving and maintaining student well-being on campus	Toolbox
Band-Aid		
Beautiful outside and happy		
Bed		
Bed is safe calm place		
Being organized and less stressed		
Calm		
Control lack of or sphere		
Coping Tools Mechanisms		
Environment different		
Feeling unmotivated or need boost		

Fun		
Fun with friends		
Happiness when outside		
Hunger		
Intramural sports		
Just like a person		
Marinate and Sulk		
Music		
Not in		
Physical planners		
Plants and Stress		
Pockets of Joy		
Poetry		
Prayer Spaces		
Present Moment		
Problem Solving		
Putting thoughts and feelings into words		
Sense of calm outside		
Sleep related to mental health		
Stress Relievers Toolbox		
Sunsets and happy and rejuvenation		
Teach		
Trust doctor		
Trust in God		
Unpack a lot		
W Curve		
When friends say no to invite		
Depression pitied	Underlying stigma	Mental Health Stigma
Fake happiness		

Feeling different		
Feelings not valid		
Front of always being tough		
Hidden Factors		
Keep a little of the truth away		
Lack of acknowledgement of mental health issues		
Mental health day never take		
Misunderstood		
People avoid mental health		
People close to sharing		
People don't show emotions		
People hide mental illness		
Relief sign		
Seeing the signs in others		
Social media		
Some people don't understand		
Stigma		
Supporting Hard		
Talking about mental health		
Tattle don't want to		
Underutilized Resources		

## Appendix I: Participant Mental Health Definitions

### Mental Health

- I think it's very common to have issues and a lot of people don't take care of their mental health. And sometimes people do take care of them as health, and they do good job at it.
- Mental health, just how your brain works and taking care of it. making sure just that just you're aware of your mental health. And knowing what your brain is like, what your brain is telling you and what's your heart, telling you.
- it's kind of a hard topic for me to it's so much that it's hard to describe it and pinpoint what it is, but honestly to me, I feel like mental health is just like not like your physical health, but it's like you're inside health like how you're doing internally and just if you're feeling good or bad inside.
- A lot of my experience with mental health has just been in sports. I got very burned out a couple years ago and I'm kind of recovering from that still.
- I've always felt like the definition of it is kind of your state of well-being, because your brain how your emotions are any given me dictates just how you will respond to certain situations, And so I feel like mental health is kind of describing how you're doing emotion wise at any given me, I guess.
- Mental health is a whole bubble category like everything mental health isn't just sad. It's also happy. It's also like it also can turn into physical exhaustion and stuff too. I feel like if I'm physically exhausted sometimes my mental health is also exhausted and vice versa.
- They can both shut you down I'd say that's a big comparison of the two is they shut you down in different ways, but they both affect your mental health in usually bad ways. Anxiety can be good; depression usually isn't good.
- So that being the illnesses I struggle with, coping mechanisms, your well-being, how to keep a solid well-being, being able to protect your well-being. And then just kind of recognizing also when others are struggling just because I've seen it.
- Everybody struggles with mental health, but you deal with it.
- I feel like they're like cousins. It's like usually if you have depression, you can usually find anxiety in tow or vice versa.
- MY DOG - I feel like she's just like the meaning of mental health because she's just who I kind of vent to. Right before I le home. I was crying and I just sit by her, and she just sits there next to me and it's like I don't know. Sometimes it's nice too like she can't talk back to me so I can just kind of just be with her rather than trying to explain something that she obviously wouldn't understand or anything like that. She's just there to kind of listen to me, I guess.
- I know that it's being talked about a lot more than it used to be. I know that there's a lot that goes into it and it's kind of different for every person.
- I know that there's a little bit of a stigma around it. Some people don't really realize how big of a deal it is and how important it is to make sure that you have good mental health, and you have people that you can talk to and people that you trust.
- There's a lot to it. It's not just feeling sad sometimes or being happier. And it can control you more than you would think. I mean, I've never been super depressed, but I hear about people who are like I can't get out of bed. I just can't do it and I feel like people don't realize how much of an impact that it has on people and how some people are dealing with it, but they can sometimes hide it so well, I think that a lot of people assume that what they see from the outside is how that person is actually doing but it can be definitely hidden on the inside a lot more than people realize.
- I feel with anxiety. I'm more like got to get this done and maybe I'm not focusing on it. But I'm trying to work on, and depression is more of like that, I can't do this. This is too

much. It's almost feeling more like giving up more than anxiety is or like not putting forth an effort.

- So, I see mental health as basically just like a struggle. It's just something that goes on in your head and it's either a lot of people see, or it's talked about a lot more as a negative thing or something that people struggle with. But I also think it's just how your brain works and how you perceive certain things. Growing up I'm always known as you have anxiety or depression. You have some sort of disability or something, but it can also mean just how your brain is feeling and how you're feeling on the inside.
- The way I think it's not just ...it can also be how your brain is set up ...kind of like how it's wired so to speak. So, they can be things, or you have a condition where you can't like function as well because your brain is just different. So, I guess I kind of think of that, but I know, it's just like trying to take care of your brain and it's kind of like a new field too. It's not super old.
- It's kind of the state or mindset you are in about the different situations. Here and just how you're feeling no matter how good your life is you can be feeling really sad or...
- The meaning of mental health to me. I feel like my mental health is like a battery system and I feel like it's meaningful to actually take care of that battery. Similar like to like your phone because if you don't have your phone charged you can't connect with other people online but similar to my brain is if I'm not charged. I don't want to connect to people in person. I don't want to be around people if I'm low battery wise.
- Mental health it's different for everyone. It's One of those things that you can't categorize for each person. Someone can tell you that they have anxiety, but that doesn't mean your anxiety is the same as their anxiety and just mental health to me is something that everyone has mental health. You can't avoid having mental health.
- They can both shut you down I'd say that's a big comparison of the two is they shut you down in different ways, but they both affect your mental health in usually bad ways. Anxiety can be good depression usually isn't good.
- When either one of them is hand what's the word? They work together. Usually if ones high, the other is high. When I have times where I'm incredibly anxious and that is maybe a period of a week or two or a month. Then I can feel myself starting to shut off. Starting to not have any motivation because I just wanna sit there and sulk with the anxiety.
- The concept of having seasonal depression. I had a moment the other week where I realized that I think I'm pretty sure I've always struggled with it because I was having a moment of utter frustration and just lack of motivation and then just being really frustrated ...with my friend and then having a moment of being like, why do we only ever have problems in the winter ... then I realized that my ability to sit down and do homework is very hard and I really will myself to start any length of assignment, even short ones. I really struggle with right now and just having a moment of accepting that it's okay to have seasonal depression.
- Definitely like the sense of kind of isolating myself and feeling in the moment as though it's like I'm prioritizing myself and learning how to be on my own really. It's just me pushing away people.
- And so this was something that people kept saying to me is are you okay? Because I was having a really bad day and I didn't even know why but at least having people by my side and asking you that was really nice. and sometimes I could even ask myself that what do you need? Are you okay like that?
- I think it's just people that I like can trust and understand they actually mean it. Sometimes it's okay yeah that person doesn't really mean just because it's like I don't have that kind of bond or trust with them. But with my close people it's like I don't even have to worry about if they mean it or not because I believe that they do.

### Anxiety Definition

- Panic and an external source that is causing your brain to basically panic about something.
- Difficult to manage
- I don't know if it's high levels of stress, but having stress about particular things. I mean I have anxiety when it comes to tests. So it's stressful situations can cause you to be intent,
- I don't have anxiety the disorder but I definitely feel anxious sometimes especially before races are tests or things like that.
- I think it would just be like your ability to control it or I know things I can do to make myself feel less anxious for other people, they need more outside help to do that.
- I don't think I have it severe, like other people. mine comes in, smaller quantities.
- I really like, the term spiraling for anxiety because it feels like utterly out of control and for me at least it always had to do with things that I had no control over.
- Like I kind of said it's different for everyone.
- I have anxiety about a bunch of different things.
- I feel like it's not different for everyone but it's a little different for everyone.
- How to define anxiety as a little gremlin in your brain, that just is like going a million miles an hour bouncing off the walls and never giving you a break.
- there's also personal anxiety where you're worried that your friends don't like you or that, you can end up a certain way, but I think it's just general nervousness. to the point of nausea and fidgeting and restlessness over things that you can't control.
- I feel like anxiety is just like worrying,
- I feel like my mind is going a million miles a minute.
- I just have so much going through my brain and I'm getting so nervous, and I feel like then I start to forget things because...and I get upset that I'm forgetting things and then it makes me more and it's like this ever-going cycle for me when I get anxious.
- Long-term and short-term anxiety - I feel like mine is more like I have a test tomorrow and I'm super nervous about that. But for other people it's this long-term type of a deal.
- Some people might shut down when they're anxious.
- My doctor said it's like a hamster on a wheel. So you feel good. So you're hamsters like asleep on the wheel but as you get more anxious, if you feel more worked up than he'll start running and if you become so anxious that you can't stop and it's like we need to get the hamster back off the wheel. So to me, it almost feels like for me and my anxiety my brain just keeps going and I don't have me to slow down. I don't have time to think about it. And if I do I end up, I end up usually in tears because it's like I just sit down for a minute and try to think about it, but it feels like so much so yeah, the best I can describe is a hamster wheel.
- So sometimes when I have anxiety, I feel like I'd like two brains in my head. One of them is my normal brain and I can make focus and I'm thinking about work or dinner and afterwards and stuff like that. And then my other brain is all the homework and school and the hamster on the wheel again. And it's hard to differentiate them because it's I want to focus on work, but then I'm like, okay what homework do I have what tests do I have coming up? So, sometimes I have to take a minute and prioritize each one. Okay, right now I'm gonna focus on work but later this is when I can get my homework done and trying to destress like this type or this side of my brain.
- Something that makes me be stressed out, but I guess just feeling nervousness constantly.
- anxiety is when stress becomes negative, I think that's been anxiety comes because then you're kind of you're anxious, you're on edge and you're always at that heightened state and it's not good for your body or your mind.
- If you feel really stuck from anxiety and feeling like you can't do anything and then that could turn to sadness, or it could turn into trying to cut yourself off from people and make you more depressed.

### Anxiety Feelings

- Feels different for everyone
- Everyone experiences it differently
- Heart flutters
- Heart dropping feeling
- Shaky feeling
- Sweating
- I overthink a lot and then I get in my head
- I'm just worried about everything.
- I'm anxious every single day.
- Just getting nervous or overthinking things.
- I used to be feeling like butterflies in my stomach.
- One of my friends has anxiety and she feels absolutely terrible and it's like a nervous threat kind of.
- I'm a little nervous
- I feel like it's not different for everyone but it's a little different for everyone
- I feel like I'm just jittery and I have so much to do and I'm like I can't focus on what I'm doing at the moment because my brain's like - but you also have to get all this other stuff done. And so I feel like for me it's overwhelming.
- Just feeling really nervous or really out of control and ... When I'm really anxious I feel like I can't really do anything even though doing stuff would make me less anxious. Like getting things done. I just kind of sit there frozen. And I'm too nervous. I'm like too overwhelmed to even do anything.

### Depression

- I don't really remember a lot either, just because I was in such a dark space and I was using all my energy to just stay alive.
- They were in a just dark spot where there wasn't very much light so we just happened to pass over them It's hard to notice with them because they're very stoic around their family like our family
- I just have pulled myself out by my bootstraps out of the darkest points of my depression but it was kind of the whole me that I was depressed. Like even during the good moments, I'd be surrounded by people that I love and there would just be just a little bit of loneliness and just sadness in there every me. And so it would be hard to fully enjoy things. It's like those commercials for medications, where it's like everybody's so happy. But then the person's like really off to the side and very in pain but just sounds like a really weird way to describe it.
- A tornado. It's... I don't ...like the W curve that MPS talks about ... you will have good days and then you'll be down and then in an hour you could be great and then not so great. And then back up again.
- it depends on the person. And how you manage your depression.
- I would define depression as an intense prolonged feeling of sadness just nothing can really help you feel better.
- I know that depression is an illness.

- I feel like it could just be lack of motivation or lack of love for what you're doing, kind of like, you're not enjoying that activities you're doing anymore or nothing really makes you happy anymore.
- Depression always been really hard for me to describe because I've never really struggled with it. So up un I recently, I always thought it was just kind of a choice. Because I just had no kind of measuring stick to be able to relate to people.
- It kind of feels like a battle with this negative side of yourself. That it's just too hard to win. And now I feel like I get it a lot more in the sense that it's not that you're choosing to be sad. It's that instead of having people tell you negative things about yourself, it's your self-reflecting, those back at you
- constant bombardment of Kind of just negative hate talk and thoughts, just all affecting at once and because it's in your own brain, you can't kind of escape it
- it always equated to sadness when I was younger and I was really only ever sad when I wasn't doing something if I had sports, why would I be depressed about something? I can just do something with my body, I guess.
- I wasn't sure at what point sadness actually turned into depression. How long did it have to go for? Because I can definitely think back to moments when I was momentarily depressed. But in the moment, I didn't realize that that's what it was. But yeah, the feeling out of control I feel applies to the depression aspect as well.
- I feel like depression is more similar for people with anxiety is at least in my opinion. it's caused by different reasons, but it makes us feel similar, but it's on kind of a spectrum, like some people are more depressed than others. some people are today's a bad day, but others are every days a bad day
- It's kind of just like one of those feelings that just makes you feel hopeless and some people feel like they just don't want to do anything. And like that, they can't do anything.
- Depression is like a weighted blanket, but not in a good way. More like a heavy sheet that just kind of lays on you and compresses you and shuts you off from the world. Deprives you of motivation or enjoyment or anything like that.
- For me, it was feeling very hopeless just all the time and there wasn't a feeling of like actively wanting, like I wasn't like I'm gonna plan a suicide attempt, but I was kind of indifferent to whether or not I would live or die. and so, I think depression itself is that feeling of indifference just towards everything
- But I think it's also just wan ng to be away from people and wan ng to close yourself off and isolate yourself so that you don't have to. For me, it was a kind of infect people with being sad. I didn't want to bring everybody else down around me. So I just spent all of my time alone.
- it just felt like someone was sitting on my chest a lot.
- especially when I would receive criticism as I was very sensitive to criticism around this time.
- I feel like it's just like a weight on you. Like it's just like...Lots of times it's like a sadness, but I feel like sometimes it's just more of a burden than a sadness. It's just like...I feel like it always goes hand in hand with anxiety, well it doesn't always go hand in hand with anxiety. But feel a lot of time it does, both come together. I feel like depression is more of that state where you're just like I don't want to get out of bed. I don't want to face the challenges.
- depression is not something that I've really had too much of experience with other than grief, but I feel like that's a li le bit different than depression. I feel like they can go together, but I feel like grief is kind of its own category.
- That one is a little bit different for me. It's harder because I haven't had it for as long and I feel like I only had it a short period of me during family incidents. I honestly think of that is just like you feel really down and sad but also sometimes you don't feel anything at all like

you're just kind of like but you just feel like bleh, but you don't know why, and you don't know. You don't know if you feel bleh you just feel bleh or if you're I feel sad.

- I think for depression to me It's the same where it's like I feel sad, or I feel upset, or I feel like just down un l I break myself out of it. So, when I was depressed, it was, I don't know why I feel this way, but I do, and I just feel this way up un l I find my way to break out for anxiety is okay. I feel this way again. I don't know why I'm feeling so anxious, or I feel so on edge but it's like I do un l I can either finish it or just feel like okay, I don't have to worry about it anymore like that's taking care of or I just feel less anxious now.
- I would define depression as feeling really sad for a long period of me.
- I heard that it works like a chemical imbalance in your brain. So, I don't really have anything beyond that definition. I kind of think it's related to how your brain is set up and working.
- Just being overly sad and stuck. Maybe sometimes feeling hopeless
- I feel like they can be intertwined but at the same me there are people that are anxious but still aren't depressed and vice versa. But I know that there are some people that get so anxious about life that it might causes them to be depressed because it's like the anxiety eats at them so much that they can't find enjoyment in anything which obviously could cause depression so I would say that depending on the person there can be significant connection between the two.

## Appendix J: Participant Toolbox Items

**Toolbox**

Art – draw, color, paint  
Write for fun  
Write about what is bothering you  
Go for a run by yourself  
Go for a run with friends  
Get outside  
Make your bed your sanctuary  
Read (certain types of reading can help more – e.g., self-help book)  
Watch a show  
Take a nap  
Get organized  
Self-talk – Can I control this issue that is bothering me? How can I let it go?  
Focus on self-care  
Relinquish control  
Play piano (or other instrument) - practice rooms in Tower  
Go to the gym  
Go for a walk  
Hang out with friends  
Try something new (like new things offered at college)  
Breathing tactics (Box breathing, square breathing, 4-7-8 breathing, etc.)  
Talk to a mentor  
Laugh, be silly  
Do something fun  
Play video games with friends  
Go for a hike  
Eat something  
Cook something  
Intramurals (volleyball, pickleball, whiffle ball, badminton, etc.)  
Spend time with a pet  
Listen to music  
Make a playlist to match your moods.  
Use a planner, make a plan  
Use an assignment tracker  
Make a to-do list  
Do something on your to-do list (pick the easiest thing first)  
Get a plant  
Appreciate the moment  
Focus on the moment  
Focus on one thing at a time  
Smile at someone  
Find a pocket of joy

Write poetry  
Spend time in a prayer space, pray  
Sleep  
Use the best part of your day to be productive (e.g., if you're a morning person, use the morning, if you're a late-night person, tackle the hard things then)  
Talk with a friend  
Listen to a friend  
Journal  
Practice gratefulness, have a gratitude journal  
Look out the window and appreciate the view (whether it's sunny or foggy or snowing)  
Go outside and find a view to appreciate  
Be spontaneous  
Catch a sunrise or sunset  
Take a shower or a bath  
Drink a glass of water  
Use your hands to make something, like carpentry or pottery  
Create a color-coded calendar  
Listen to ASMR – Autonomous Sensory Meridian Response music or stories  
Listen to various frequencies found in the spectrum of sound – e.g., white noise, brown noise, pink noise, etc.  
Call a friend or relative.  
Personification – Give your feelings a name and have a conversation with them to get to the bottom of things.  
Visualization (e.g., put your problems on lily pads and let them float by)  
Have a meal with a friend  
Watch Instagram reels  
Play a game with a friend  
Do a puzzle  
Take a deep breath  
Put a wet (or dry) washcloth on your face (this can also help with sleeping if you need to block out light)  
Hold an ice cube in your hand  
Have a visual of chart of emotions to help you pinpoint how you are feeling  
Think of a happy place  
Five senses exercise – Five things you see, four things you hear, three things you touch, two things you smell, one thing you taste  
Good visuals – putting a band-aid or a repair patch on your brain, recharge your body just like you do your phone