

Community College Mental Health: A Statistical Analysis of Community Colleges vs. Traditional Universities

California Community College Mental Health and Wellness
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Learning Objectives

- Differences and similarities between community college students and a traditional university population
- Results of a study comparing California community college vs. California traditional university mental health needs
- Implications for mental health delivery at California community colleges

Introduction

- Review of relevant literature
- Statistical Analysis and Results
- Conclusion from results
- Implications

Introduction

- Overall increase in severity of mental health issues.
- Increase in demand for counseling and psychological services.
- Approximately 13 million community college students, accounting for 45% of all undergraduates nationwide.
- Relative lack of published literature about mental health issues as compared traditional university students.

Definitions

Community College

- “Any institution regionally accredited toward the associate in arts or the associate in science as its highest degree” (Cohen and Brower, 2008).

Traditional University

- Higher learning institutions that offer bachelor's degrees.

Community College History and Context

- Increase access to post-secondary education
- “Research has clearly established that two-year colleges have played an important, positive role in enhancing the socioeconomic mobility of many individuals” (Whitaker & Pascarella, 1994)

Motives

- Around 65-40% intended to obtain a degree, certificate, or transfer to a traditional university (Bahr, 2010; Voorhess & Zhou, 2000).
- Colorado Community Colleges (Voorhess & Zhou, 2000).

AA (38.1%)	Improve existing job skills (3.4%)
Certificate (12.1%)	Pursue personal interest (7.1%)
Transfer (25.9%)	Other (1.5%)
Prepare for a job/Career (12%)	

Demographic category	Community college students (%)	Traditional university students (%)
Male/female	41/59	45/55
White	60	69
Black	15	11
Hispanic	14	10
Work full-time	41	23
Age 25+ and financially		

Adapted from "Profile of Undergraduates in U.S. Postsecondary Education Institutions: 2003-04, With a Special Analysis of Community College Students," by L. Horn and S. Nevil, 2006. U.S. Department of Education, NCES 2006-184.

Setting	Age group					Mean (years)	Median (years)
	< 18	19-23	24-39	30-39	40+		
Traditional Universities	10.9	58.8	14.5	8.7	7.1	24	21
Community Colleges	9.3	37.7	18.2	17.5	17.3	28	24

Community College Students SES

- 80% of community college student's parents and grandparents do not have college degrees (Willette, 1989).
- Roughly 75% are employed (Miller et al. 2005).
- Almost twice as likely to be employed full time (Horn & Nevil, 2006).

Sociocultural Context

- CC students are more likely than their TU counterparts to hold several marginalized identities, as the literature suggests that multiple marginalized identity status can result in an increased amount of stress and adversity (Dohrenwend, 1998; Vega & Rumbaut, 1991).
- Large body of literature indicates a strong relationship with stress and adversity and overall mental health and wellness.

Socio-economic status

- "One of the most consistently replicated findings in the social sciences" (Hudson, 2005).
- Strong negative correlation between SES and Mental Illness with low SES having the strongest correlation. (Hudson, 2005).
- Unemployment connected to increase in symptoms (Kasl et al. 1998).
- Some specific diagnoses are 7.7 - 2.4 times as likely for people with low SES (Kohn et al., 1998).
- High SES may serve as a protective factor against the onset of mental illness (Kessler et al., 1994)

Race, Ethnicity, Stress and SES

- Literature strongly links the stress and adversity faced by ethnic minorities to a decrease in mental health and well-being.
- "Psychological Stress Theory model" (Vega and Rumbaut, 1991).
- Interactive and complex effect of ethnicity and SES which can lead to higher rates of mental health issues (Dohrenwend, 1998; George & Lynch, 2003; Kessler & Neighbors 1986)

Race, Stress, SES, and Higher Education

- In general, students of color, in comparison to their White counterparts, have been reported to experience more stress in institutions of higher education" (LeSure-Lester and King, 2004).
- One study found no significant effects for gender, ethnicity, or SES on utilization of on-campus counseling services (Rosenthal & Wilson, 2008)

Summary

- Stress and adversity can have lasting impacts on an individual's mental well-being.
- CC students are more likely to be over age 25, come from less educated families, employed while attending school, and have ethnic minority status than TU undergraduates
- CC students may face higher levels of stress and be at more risk for psychopathology than TU students.

Current State of CC Mental Health Issues

- Community college students are drastically underrepresented in the psychology literature (Sears, 1986; Townsend & LaPaglia, 2000; Townsend et al., 2009)
- Unable to find any scholarly articles that focused on panic attacks, Post-Traumatic Stress Disorder, Bipolar Disorder, eating disorders, Schizophrenia, suicide, and self-harm.

Note. Adapted from "2009-2010 community college counselors survey" by Community College Task Force & American College Counseling Association, 2010.

Presenting problem	Frequency (%)	Presenting problem	Frequency (%)
Stress	89.4	Substance-Related Disorders	30.3
Depression	89.4	Sexual Abuse/Assault	28.8
Anxiety Disorders	84.3	Non-Suicidal Self-Injury	25.8
Relational Issues	74.2	Eating Disorders	15.2
Test Anxiety/ Procrastination	71.2	Personality/Axis II Issues	13.6
Bipolar Disorder	43.9	Schizophrenia/ Schizoaffective Disorders	6.1
Adjustment Disorders	42.4		

"A survey of mental health practices in the California Community Colleges", Conrad, 2010. (Unpublished doctoral dissertation). San Diego State University, San Diego, CA.

	Traditional universities (%)	California community colleges (%)
Percentage of schools with on-campus psychiatric services	58.8	14.5
Increase in clients taking medication	93.6	78.6
Counselors reporting an increase in clients with serious psychological issues	95.7	93
Incidence of stalking	42	41
Suicide of a student	25	24
Hospitalization of a student	90	67

CC counselors frequently reported presenting issues for students (Coll, 1995)

- Family type problems - "poor family support, family conflicts, single parenting issues, abuse, and recent divorce" (52%)
- Alcohol related Problems (27.8%)
- Self-worth problems (16.7%)

Depression

- Affects a significant amount of CC students (Murphy, 2006; Pecuch, 1997).
- CC students may have higher rates of depression than the TU students and the general population (Shirley, 1990 ;Stuber & Otto, 1995).
- 31.4% CC 22% TU 16.7% GP
- Highest rate of depression found in CC chosen for sample b/c low SES and high ethnic diversity.

Anxiety

- CC students more likely to have social anxiety (“communicator anxiety”) than TU students and the general population (Hamilton and Frerichs, 1996).
- Similar academic and social-transitional anxieties for freshman (Adams, 1994).
- Similar academic anxieties, but TU students utilized relaxation coping techniques more (Ottens & Hruby, 1994).

Resources

- CC students have many unique mental health issues, including depression, anxiety and substance abuse.
- CC students may be more at risk for psychopathology than TU students.
- Overall, mental health resources in CC's are not adequate for the demand and need.

Unique needs, unique counselors

“The diverse student populations and unique institutional objectives of community and junior colleges clearly represent a challenge to the more traditional ways of delivering human services” (Higgins, 1981).

Community College Counselors

- Many studies and identified the unique role of the community college counselor (Bocchino 2008; Coll 1995b; Coll & House, 1991; Coll & Rice, 1993).
- Challenges in services provision: bureaucratic/structural problems, rigid institutional policies, lack of resources, inadequate clinical supervision, and counselor role confusion (Coll, 1995b; Coll & House, 1991; Coll & Rice, 1993).

On campus resources

- 95% of have no on-site psychiatry services, compared to 58.8% of TUs.
- Overall the literature that suggests there are limited mental health services available on CC campuses.
- Evidence that students, staff, and faculty would like to have greater access to mental health services on campus.

Summary of Lit Review

- Community college students have a different set of motives for attending college; additionally, they are more likely to be currently working, come from less educated and financially privileged backgrounds, be ethnic/racial minorities, and have more students in the non-traditional age range.
- This increased cultural and demographic diversity may contribute to higher levels of stress, and in turn an increase in mental health issues.
- The majority of the literature indicates that many CC students have significant mental health issues and do not have adequate mental health resources.

Methods

- Compared mental health issue prevalence and services utilization of CC and TU students in California
- Spring 2010 American College Health Association-National College Health Assessment II (ACHA-NCHA II).
- Consortium of 14 California CCs collaborated with the Health Services Association of California CCs (HSACCC) to participate in the ACHA-NCHA II.

Research question and analysis

- Are there differences between CC and California TU students in California on relevant mental health questions in the spring 2010 ACHA-NCHA II survey?
- Questions were grouped into four categories
 - Psychiatric disorders/treatment
 - Symptoms and feelings
 - Information received
 - Information sought

“Within the last 12 months have you been diagnosed or treated by a professional for any of the following?”

- Anorexia
- Anxiety
- Attention Deficit Hyperactivity Disorder
- Bipolar Disorder
- Bulimia
- Depression
- Insomnia
- Other Sleep Disorder
- Obsessive-Compulsive Disorder
- Panic Attacks
- Phobia
- Schizophrenia,
- Substance Abuse or addiction (alcohol or other drugs)
- Other Addiction (e.g., gambling, internet, sexual)
- Other Mental Health Condition

“Have you ever?...”

- felt things were hopeless
- felt overwhelmed by all you had to do
- felt exhausted (not from physical activity)
- felt very lonely
- felt very sad
- felt so depressed it was difficult to function
- felt overwhelming anxiety
- felt overwhelming anger
- intentionally cut, burned, bruised, or otherwise injured yourself
- seriously considered suicide
- attempted suicide

“Have you received information on the following topics from your college or university?”

- alcohol and other drug use
- depression/anxiety
- eating disorders
- grief and loss
- problem use of Internet/computer games
- relationship difficulties
- sexual assault/relationship violence prevention
- sleep difficulties
- stress reduction
- suicide prevention
- tobacco use
- violence prevention

“Are you interested in receiving information on the following topics from your college or university?”

- alcohol and other drug use
- depression/anxiety
- eating disorders
- grief and loss
- problem use of Internet/computer games
- relationship difficulties
- sexual assault/relationship violence prevention
- sleep difficulties
- stress reduction
- suicide prevention
- tobacco use
- violence prevention

Results: Psychiatric Disorders

- Statistically Significant difference between CC and TU students
 - Wilks' Lambda = .99, F (15, 19038) = 7.710, $p < .001$.
 - Small effect size, Cohen's d = .06
- Community College Students
 - Bipolar Disorder
 - Schizophrenia
 - Substance Abuse/Addiction
 - Other Addiction
- Traditional University Students
 - Anxiety
 - Depression

Results: Psychiatric Disorders

Psychiatric Disorders	Group	Mean	SD	d	F	p
Anorexia	CC	.01	.07			
	TU	.01	.08	.02	1.4	.24
Anxiety	CC	.06	.24			
	TU	.08	.28	.09	37.7	<.001**
ADHD	CC	.02	.146			
	TU	.02	.15	.01	.9	.35
Bipolar	CC	.01	.12			
	TU	.01	.10	.03	5.3	<.02*
Bulimia	CC	.01	.08			
	TU	.01	.08	.01	.8	.38
Depression	CC	.07	.25			
	TU	.08	.27	.04	6.9	<.01*
Insomnia	CC	.03	.17			
	TU	.03	.16	.02	1.3	.26
Other Sleep Disorder	CC	.02	.13			
	TU	.01	.11	.03	3.4	.07

Psychiatric Disorders	Group	Mean	SD	D	F	p
OCD	CC	.01	.11			
	TU	.01	.11	.00	.0	.95
Panic Attacks	CC	.03	.17			
	TU	.03	.18	.02	1.2	.27
Phobia	CC	.01	.09			
	TU	.01	.08	.01	.3	.58
Schizophrenia	CC	.01	.07			
	TU	.00	.05	.02	6.8	<.01*
Substance Abuse	CC	.02	.13			
	TU	.01	.09	.09	25.9	<.001**
Other Addiction	CC	.01	.09			
	TU	.01	.09	.01	14.4	<.001**
Other Mental Health Condition	CC	.01	.12			
	TU	.02	.13	.03	2.4	.12
Average	TU	.02	.05			
	CC	.02	.06	.06	7.7	<.001**

N = 19054 overall; TU = 8398, CC = 10656. d = Cohen's d-prime (M_i-M_j)/Total SD. F calculated on 1,19052 degrees of freedom. *p < .05. **p < .001.

Results symptoms and feelings

- MANOVA revealed a statistically significant difference between the CC and TU students.
 - Wilks' Lambda = .93, F (11.00) = 115.5, $p < .001$. Small effect size, Cohen's d = .04
- Community College
 - feeling hopeless
 - overwhelming anger
 - self-harm
 - seriously considered suicide
 - attempted suicide
- Traditional University
 - overwhelmed by all you had to do
 - exhausted (not form physical activity)
 - very lonely
 - very sad
 - overwhelming anxiety

Results symptoms and feelings

Topic	Group	Mean	SD	d	F	p
Hopeless	CC	.48	.50			
	TU	.46	.50	-.06	14.5	<.001**
Overwhelmed	CC	.73	.45			
	TU	.86	.35	.32	485.6	<.001**
Exhausted	CC	.69	.46			
	TU	.81	.39	.28	377.2	<.001**
Very lonely	CC	.50	.50			
	TU	.58	.49	.15	112.8	<.001**
Very sad	CC	.57	.49			
	TU	.62	.49	.10	45.7	<.001**
Depressed	CC	.34	.47			
	TU	.08	.27	-.04	6.9	<.01*

Topic	Group	Mean	SD	d	F	p
Insomnia	CC	.03	.17			
	TU	.03	.16	.02	1.3	.26
Other Sleep Disorder	CC	.02	.13			
	TU	.01	.11	-.03	3.4	.07
OCD	CC	.01	.11			
	TU	.01	.11	.00	.0	.95
Panic Attacks	CC	.03	.17			
	TU	.03	.18	.02	1.2	.27
Phobia	CC	.01	.09			
	TU	.01	.08	.01	.3	.58
Schizophrenia	CC	.01	.07			
	TU	.00	.05	.02	6.8	<.01*
Substance Abuse	CC	.02	.13			
	TU	.01	.09	-.09	25.9	<.001**
Other Addiction	CC	.01	.09			
	TU	.01	.09	.01	14.4	<.001**
Other Mental Health Condition	CC	.01	.12			
	TU	.02	.13	.03	2.4	.12
Average	TU	.02	.05			
	CC	.02	.06	.06	7.7	<.001**

Results: Information Interest

- MANOVA revealed a statistically significant difference
 - Wilks' Lambda = .81, $F(11,19241) = 410.6$, $p < .001$ with a modest effect size, Cohen's $d = .33$.
- Overall, **24%** of CC participants reported receiving information related to mental health issues, compared to **40%** of TU participants
- CC students received less information in 10 of the 11 mental health related information topics:
 - alcohol and other drug use, depression/anxiety, eating disorder, grief and loss, problem use of internet/computer games, relationship difficulties, sexual assault/relationship violence prevention, sleep difficulties, stress reduction, suicide prevention, and violence prevention.

Results: Information Received

Topic	Group	Received					Interest				
		M	SD	d	F	p	M	SD	d	F	p
Alc/Drugs	CC	.36	.48				.32	.46			
	TU	.69	.46	.65	2260.6	<.001**	.31	.46	-.02	2.1	.14
Dep/Anx	CC	.30	.46				.42	.49			
	TU	.53	.50	.47	1086.6	<.001**	.49	.50	.15	96.8	<.001**
Eating Dis	CC	.24	.43				.31	.46			
	TU	.32	.47	.19	165.2	<.001**	.30	.46	-.03	3.1	.08
Grief/Loss	CC	.18	.39				.35	.48			
	TU	.32	.47	.31	482.7	<.001**	.38	.49	.07	21.1	<.001**
Games	CC	.17	.38				.30	.46			
	TU	.17	.37	-.01	0.3	.61	.26	.44	-.10	41.3	.61
Relationships	CC	.20	.40				.38	.49			
	TU	.31	.46	.25	291.5	<.001**	.41	.49	.06	18.8	<.001**

Topic	Group	M	SD	Received			Interest				
				d	F	p	M	SD	d	F	p
Sex. Assault	CC	.29	.45				.37	.48			
	TU	.60	.49	.62	2037.8	<.001**	.42	.49	.11	54.6	<.001**
Sleep	CC	.19	.39				.43	.49			
	TU	.25	.43	.15	112.4	<.001**	.54	.50	.22	223.8	<.001**
Stress	CC	.30	.46				.50	.50			
	TU	.57	.50	.56	1607.1	<.001**	.65	.48	.30	413.6	<.001**
Suicide	CC	.21	.41				.35	.48			
	TU	.31	.46	.23	252.1	<.001**	.35	.48	.00	0.1	.75
Violence	CC	.24	.43				.36	.48			
	TU	.36	.48	.25	306.2	<.001**	.37	.48	.04	6.4	.01*
Average	CC	.24	.42				.37	.48			
	TU	.40	.46	.33	410.6	<.001**	.41	.48	.07	86.8	<.001**

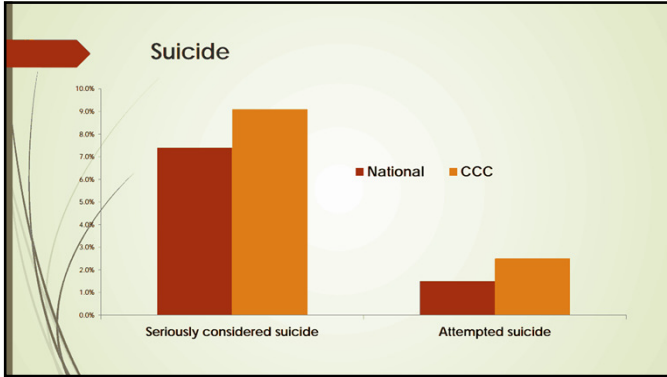
Limitations

- Large sample sizes
- ACHA-NCHA II survey not specifically designed for mental health
- Incentives and distribution varies
- California sample

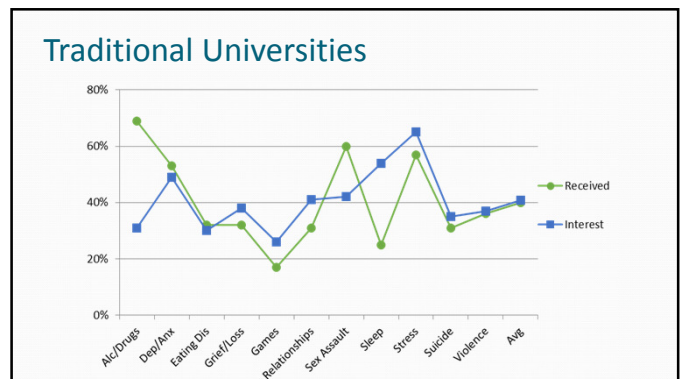
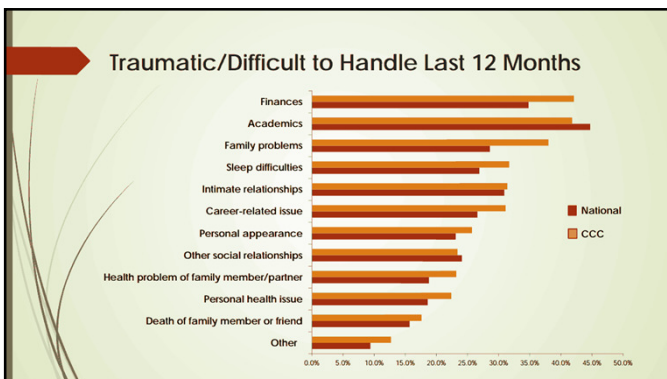
Conclusions and Implications

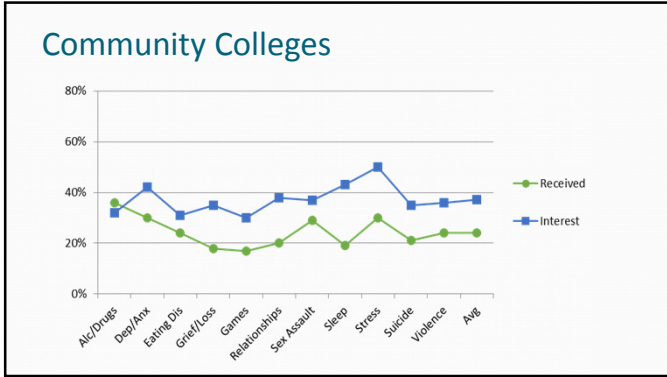
Suicide

- Factors that increase the risk of suicidality and future suicide attempts
 - Felt Hopeless
 - Overwhelming anger
 - Self-harm
 - Seriously considered suicide
 - Attempted suicide
 - Financial Stress
- Resilience/protective factors for college students
 - Living in a dorm
 - Being a member of a fraternity or sorority



- ### Community College Students
- Bipolar Disorder
 - Obsessive Compulsive Disorder
 - Schizophrenia
 - Substance Abuse or Addiction (drugs and alcohol)
 - Other Addictions
 - Suicide
 - Self-harm





Psychological and Psychiatric Services

- Psychotherapy and psychiatric services are needed to properly treat these issues.
- Nationally 13% of CCs have on site psychiatric services compared to 56% of TUs (Chamberlin, 2012).
- Outreach events such as National Depression Screening Day, National anxiety Screening Day, National Alcohol Screening Day, National Eating Disorder Screening Day, and National Coming Out Week.

Increase information available

- alcohol and other drug use
- depression/anxiety
- eating disorders
- grief and loss
- problem use of internet/computer games
- relationship difficulties
- sexual assault/relationship violence prevention
- sleep difficulties
- stress reduction
- suicide prevention
- tobacco use
- violence prevention

Broaden On Campus Support

- Support organizations on campus
 - Examples: Gay Straight Alliance (GSA), National Alliance on Mental Illness (NAMI) support group, Active Minds, 12-step groups, LGBTQIQ support groups, and veteran support groups.
- On campus resource centers
 - Examples: LGBTQQIA Resource center, international students resource center, multicultural resource center, women's resource center.

To further address these needs

- More training and supervision for mental health professionals regarding the specific and unique needs of community college students.
- More qualified mental health professionals
- Educate and train all faculty and staff about important mental health issues.
 - Question, Persuade, Reffer (QPR).
- Strong referral network with local mental health service providers

Summary

- CC students are more likely to be over age 25, come from less educated families, employed while attending school, and have ethnic minority status than TU undergraduates.
- CC students are more likely to be at risk for severe and persistent mental illness, self-harm, and suicide.
- Colleges across the nation increase in demand and need for mental health services.
- CCs are especially in need.

Community Colleges Need More Resources

- This study joins a large body of literature highlighting the need for additional mental health services
- More resources devoted to mental health
- Support from high level administration and policy makers
- More funding

Questions? Comments?

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