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## How Community College Instructors in Louisiana Recognize Student Mental Health Needs

Rochelle Baldoz

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Rochelle Baldoz

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Concordia University–Portland  
College of Education  
Doctorate of Education Program

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# How Community College Instructors in Louisiana Recognize Student Mental Health Needs

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Concordia University–Portland

College of Education

Dissertation submitted to the Faculty of the College of Education

in partial fulfillment of the requirements for the degree of

Doctor of Education in

Higher Education

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Concordia University–Portland

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## **Abstract**

Research has shown mental health issues are prevalent in community colleges; however, community colleges lack mental health services. This qualitative case study was designed to add information to the scholarly literature about the significant role community college instructors play in recognizing the mental health state of their students. The purpose of this qualitative case study was to gain an understanding of how instructors at a community college in Louisiana recognize their students' mental health needs. Two research questions guided this study: What perceptions do community college instructors in Louisiana have of student mental health needs? How can a community college instructor in Louisiana provide and maintain assistance to students who suffer from mental health issues? The researcher employed purposeful sampling, resulting in a sample of 11 community college instructors at the Louisiana community college. Two of the participants were general education instructors, four were nursing and allied health instructors, and five were technical instructors (welding, technology, drafting). The data collection instruments were one-on-one face-to-face interviews, field notes, and documents. The inductive analysis model was used to analyze the data collected from the interviews and the data collected from the documents that the participants shared through the course of the interviews. The key findings of this study were that community college instructors find it difficult to recognize students' mental health needs and even though they feel inadequately prepared to provide interventions or teach coping skills, they are willing to assist their students who may be experiencing mental health issues.

*Keywords:* mental health, community college, mental health services, community college instructors



## **Dedication**

I would like to dedicate my work to my beloved mother, Past District Governor Rose S. Celis, for inspiring me to pursue my highest dream. To my father, Manuel A. Celis, who taught me to be humble. To my sisters, Mariles, Cristy, Sr. Consuelo, and Jocelyn, my cheerleaders.

To my husband Ryan, who, for the past four years, made sure our family always had well-prepared home cooked meals, and to my two sons, Raphael and Chino, to whom I want to convey that there is no limit to what they can achieve in life.

To Avoyelles Parish, my second home; may my work inspire our legislature to take notice of our community colleges.

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## **Chapter 1: Introduction**

A growing number of students in the United States suffer from mental health concerns such as depression, anxiety, addictive disorders, or other mental health conditions (Kalkbrenner & Hernandez, 2017). According to Kalkbrenner and Hernandez (2017), community college students are more susceptible to mental health issues compared to students at 4-year universities. Community college students are more likely to need mental health services because they are more likely to experience anxiety and stress than the traditional college students (American Psychological Association, 2012; Eisenberg et al., 2016; Epstein, 2015; Katz & Davison, 2014). According to Landa (as cited in Brown, 2016), apart from the stressors of coping with campus life, community college students often come with preexisting mental health issues, or come from populations for whom the demands of postsecondary education are more likely to create stress. For instance, students enrolled in a 2-year community college tend to be members of underrepresented populations, working students, single parents, first-generation students, students with a General Education Diploma (GED) or technical high school diploma, students from a lower socioeconomic backgrounds, or individuals who may be pursuing a blue-collar professions (McBride, 2017; Pokhrel, Little, & Herzog, 2014).

In spite of their increased need for mental health services, students at 2-year, rural community colleges have fewer mental health resources than their peers at 4-year universities (Eisenberg, Goldrick-Rab, Lipson, & Broton 2016). Funding for mental health services at rural community colleges is often scarce (Eisenberg et al., 2016). The California Community College Mental Health and Wellness Association (MHWAA) determined in a recent survey that only 50% of the 113 community colleges in the stated provide mental health services, while 100% of the



state's 4-year colleges provide such services (Epstein, 2015). This is partially due to the fact that in the state of California, there is no mandate for community colleges to provide mental health services, whereas there is a mandate written into the policies of the University of California and California State University systems to provide mental health services to students (Epstein, 2015). The wide disparity between the availability of mental health services to students at community colleges and at 4-year college is a cause of concern.

Over 40% of students attending a postsecondary institution are enrolled in a 2-year community college (McBride, 2017). Despite this fact, little research exists about community college students' need for mental health services (McBride, 2017; Kalkbrenner & Hernandez, 2017). There is a need for further research to understand the mental health needs of community college students.

### **Background, Context, History, and Conceptual Framework for the Problem**

Mental health issues in young people is a serious concern in the 21st century. The National Center for Children in Poverty indicated that one in five children and adolescents have a diagnosable mental health issue; moreover, 75% to 80% of these youth mental health issues go untreated (National Center for Children in Poverty, 2018). The World Health Organization reported that 16% of adolescents globally have mental health conditions, and the third leading cause of death for 15–19-year-olds is suicide (Adolescent mental health, 2018). The pressures of school can impact mental health, but research shows that often the root causes of mental health conditions in adolescents are outside of school and can impact students' academic performance. Ketchen Lipson, Gaddis, Heinze, Beck, and Eisenberg (2015) showed that students who have depression, anxiety, and eating disorders correlate with lower grade point averages. For

community college students, the pressures of rising job expectations, lower wages, and trying to find a job that will support a family can contribute to poor mental health. Eighty-three percent of community college students who identified as having mental health issues were shown to have risk factors for mental health issues long before entering the college atmosphere (Auerebach et al., 2016). A substantial need for mental health services among college and university students exists in the United States, and community college students are facing a higher risk of not getting services for mental health issues (Ashwood et al., 2015).

### **Statement of the Problem**

A large percentage of community college students have been shown to struggle with various mental health issues. In Eisenberg's et al. (2016) study, 49% of the community college students reported that they have at least one mental health condition, the most prevalent were depression (36%) and anxiety (29%). However, not all of these students receive mental health services (Eisenberg et al., 2016, National Council on Disability, 2017; Pokhrel et al., 2013). It is equally important to note that suicide and self-harm is the third leading cause of death among 15-year-old to 19-year-old adolescents and could be associated with hopelessness and loneliness (Adolescent mental health, 2018). In 2014, 86% of students who died of suicide did not seek mental health services from their school; in 2016, 61% of students with mental health issues were not receiving treatment (National Council on Disability, 2017). Furthermore, according to the World Health Organization, in 2016, an estimated 62,000 adolescents died due to self-harm (Adolescent mental health, 2018).

At a small rural community college in Louisiana, instructors need to understand the significant role they play in recognizing the mental health state of their students. In this study,

the researcher explored how community college instructors in Louisiana recognize if their students have mental health issues and how these instructors could help their students receive mental health services. Not only are these students suffering mental health challenges due to extensive demands, but they are also arriving at college with pre-existing mental health issues in higher numbers (Jones, Hassett, & Sclare, 2017). Some 4-year universities have begun to address the problem; however, 2-year community colleges are still in need of basic mental health services on campus (Griggs, 2017).

### **Nature of the Study**

In this qualitative case study, the researcher examined Louisiana community college instructors' experiences with their students' mental health status. The researcher documented each instructor's experiences through a semistructured interview which the researcher transcribed using paper and pencil and Rev.com. The researcher adhered to the recommendations for purposeful selection of participants and study site outlined by Creswell (2014), Hatch (2002), and Merriam (1998). Purposefully selecting participants and site is the essence of a qualitative study because it will best assist the researcher in understanding the research question and problem (Creswell, 2014; Hatch, 2014; Merriam, 1998). The participants selected were community college instructors in Louisiana who had at least one year of teaching experience. The instructors were assumed to be a good source of information to gather data through a one-on-one interview because they worked closely with their students.

It is important for a researcher to establish the relationship, if any, he or she has with the participants in a study. The researcher does not have professional or personal connections with the participants. The participants were instructors at a community college while the researcher is

a middle school teacher at a public school. The only contact the researcher had at the site is an administrator who served as the liaison/gatekeeper for the community college in Louisiana. The researcher did not have any personal or professional authority over the participants, which allowed the research to be conducted without bias. The researcher conducted the research with integrity at all times. The researcher did not coerce, deceive, or force the Louisiana community college instructors to participate in the research.

The researcher used three data collection instruments: semistructured interviews (see Appendix A), field notes, and documents. All one-on-one semi structured interviews were conducted at a community college in Louisiana at a time that was convenient for the participants, and corresponded with the participants three times. The first time was on the day of the one-on-one face-to-face interview. The researcher had not met in person with the participants before that time, but did communicate with them via e-mail. The second correspondence was when the researcher solicited each participant's assessment of the credibility of the interview transcript, which was done via e-mail. The final correspondence was when the researcher gave the participants the opportunity to comment on the accuracy of the findings, which was also done via e-mail.

The researcher used inductive analysis to analyze the one-on-one semistructured interviews with the Louisiana community college instructors, documents, and field notes. The researcher followed the inductive analysis steps as explained by Hatch (2002).

### **Purpose of the Study**

The purpose of this study was to gain knowledge about mental health issues and services at a small rural community college in Louisiana, based on instructors' experiences with students.

The qualitative case study was designed to gain insight into instructors' perceptions of current student mental health at the community college where they teach and allow them to evaluate their campus's effort to assist students struggling with poor mental health. The researcher attempted to gain an in-depth understanding of how an instructor can identify students who may need mental health services. The researcher also sought to understand how community college instructors at the study site could assist students who may be experiencing a mental health issue. The qualitative case study design allowed the researcher to investigate and understand the real-world phenomenon of mental health struggles of students in a Louisiana community college (see Creswell, 2014; Yin, 2014). With this study, the researcher aimed to uncover how a community college instructor in Louisiana recognizes a student who may need mental health services and how the instructor can provide a framework for community colleges to use in the campus to assist students with mental health needs.

### **Research Questions**

The researcher designed the research questions for this case study to fill the gap in literature on mental health needs and services at a community college. The following research questions guided this case study research:

RQ1: What perceptions do community college instructors in Louisiana have of student mental health needs?

RQ2: How can a community college instructor in Louisiana provide and maintain assistance to students who suffer from mental health issues?

### **Rationale, Relevance, and Significance of the Study**

By studying instructor perceptions of student mental health and mental health services at one 2-year community college campus, the researcher aimed to partly fill the gap in the literature on how mental health is addressed at small community colleges. This research may impact academic institutions, investors, government agencies, or other stakeholders' understanding of community college student mental health. The study focused on determining how community college instructors in Louisiana identify students who need mental health services and how they provide and maintain assistance to students who have mental health issues.

Additional qualitative methods were considered for this study. Phenomenology was closely considered because the goal of the research was to understand how community college instructors in Louisiana interpret and understand the world they live in, and phenomenology can help researchers gain a deeper understanding of such a phenomenon (Merriam, 1998). However, the researcher eventually determined phenomenological methodology would not be appropriate because the study did not seek to understand what the participants had in common as they experience a phenomenon, which is a key component of phenomenological research (Creswell, 2013, Merriam, 1998). Although mental health could be considered a phenomenon, the study did not begin with an experience or a condition, the data was collected via a predetermined question, and from there the participant's experiences with their students' mental health needs emerged. The researcher did not consider ethnography for this study because the study is not about developing a complete description of a culture or a group (Creswell, 2013). Similarly, grounded theory was not considered because the researcher was not focusing on developing a theory about community college student's mental health needs.

There has been research literature published on the topic of student's mental health, but it lacks focus on community college students. Most of the literature on postsecondary student mental health focuses on 4-year college and university students. There is also a lack of research exploring the perspective of instructors, even though they are in contact with students weekly, if not daily. This study is significant because it fills a significant gap in the literature. This case study is relevant to educators, administrators, and students because the results may draw attention to the growing need of mental health services on community college campuses. This study offers a body of research that may prompt other community colleges to provide mental health services to their students or other researchers to continue to explore community college student mental health.

### **Definition of Terms**

The following definitions will be used for the purpose of this study:

*Community college:* An institution that awards associate degrees once students have completed a 2-year course of study. A community college focuses more on getting students prepared for the career field by teaching only what is necessary to be successful in their field of study. Some 2-year colleges grant diplomas or certificates of completion to students who have met course requirements and are ready to practice in their career fields (U.S. Department of Education, n.d.).

*Community college instructor:* A community college instructor's focus is on teaching and assistance to students, and on developing and proposing solutions for curriculum, degree requirements, and other aspects of student learning (Smith, 2013).

*Mental health:* A state of mind in which a person has a positive self-image, practices proper behavioral adjustment, lives relatively free from additional anxiety and disabling symptoms, establishes constructive relationships, and copes with the ordinary demands and stresses of life in a healthy manner (APA Dictionary of Psychology, 2018).

*Mental health issue:* (for the purpose of this study, the researcher will use the term “mental health issue” rather than, “mental illness” or “mental disorder”). Any condition characterized by cognitive and emotional disturbances, abnormal behaviors, impaired functioning, or any combination of these. Such disorders cannot be accounted for solely by environmental circumstances and may involve physiological, genetic, chemical, social, and other factors (APA Dictionary of Psychology, 2018).

*Mental health services:* Any interventions—assessment, diagnosis, treatment, or counseling—offered in private, public, inpatient, or outpatient settings for the maintenance or enhancement of mental health or the treatment of mental or behavioral disorders in individual and group contexts (APA Dictionary of Psychology, 2018).

### **Assumptions, Limitations, and Delimitations**

There are several assumptions under which the researcher operated for the purpose of this study. Also, qualitative case study methodology, like any research design, may have limitations that are beyond the researcher’s control. The delimitations of the study, which define the boundaries of the research, will also be described.

#### **Assumptions**

For this qualitative case study, the researcher assumed that the participants, who are community college instructors in Louisiana, were honest in answering the questions during the



one-on-one semistructured interview. Because the participants were experienced in presenting lectures and answering questions from their students, the researcher assumed that they would be articulate in answering the interview questions as well. Because the participants had at least one year of teaching experience, the researcher assumed they would have experiences dealing with at least one student who may have experienced a mental health issue. Another assumption is that through this study, the researcher would be able to contribute to the mental health awareness on community college campuses and other educational institutions to benefit students.

### **Limitations**

Because the researcher is the principal investigator and was solely responsible for gathering and analyzing data, the researcher foresaw that the major limitations would be the researcher's imperfection as a novice investigator, which had the potential to influence the interpretation of the findings (see Merriam, 1998). Researchers can make mistakes and exhibit biases, subconsciously and without malice, which can misconstrue the interpretation of the data collected (Merriam, 1998). Despite this limitation, the researcher strove to adhere to the highest ethical standard expected of a doctoral candidate; the researcher was honest in all interactions with participants and ensured that all participants were treated with fairness and dignity throughout the research (see Hatch, 2002).

Another limitation of the study is the sample size. The community college in Louisiana where the study was conducted is a small campus, and the researcher was aware that the maximum participants available would be 15 instructors. The reason for the small number of participants was that the study site particular community college in Louisiana only employs a small number of instructors per semester due to its small student population.

An additional limitation was the time. The community college instructors in Louisiana were not accessible all the time due to the nature of their work. The researcher was constrained by participant availability the schedule was established for interviews and member checking.

### **Delimitations**

Due to the time and budget constraints, the study was delimited to two of the multiple campuses that make up this Louisiana community college. Furthermore, the data collection tools were delimited to interviews, field notes, and documents related to community college instructors at the study site. The researcher delimited the criteria for choosing participants to be a community college instructor at the study site with at least one year of teaching experience. The one-on-one semi structured interviews took place with participants who may or may not recognize mental health issue warning signs. The researcher did not include counselors who are more familiar with mental health issues or other staff such as librarians, janitorial staff, or student workers, who may see other signs often missed in the classroom environment. Also, the study only focused on two community colleges in Louisiana, which means it may not be generalizable to other community colleges across the United States.

### **Summary**

Since 1950, the suicide rate tripled among 15–24 year-olds, in any given year, 6% of undergraduates and 4% of graduate students considered suicide; the most at-risk group for suicide was community college students (National Council on Disability, 2017). According to Dugas, Low, O’Loughlin, and O’Loughlin (2015), one of the leading causes of death among youth is suicide. Suicidal ideation prevalence in adolescents may be attributed to a critical

period of developmental transition such as leaving the family home, going to college, engaging in a long-term relationship, and having a family (Dugas et al., 2015).

Anxiety, depression, and suicidality are the top three mental health problems that need attention in college campuses (Assari & Lakarani, 2018). Anxiety is the most prevalent mental health problem in college students, affecting about 12% of all college students; depression affects 9%, and suicidal behaviors could co-occur with other mental health problems (Assari et al., 2018). Provided that anxiety, depression, and suicidal behaviors can coincide, some college students may suffer from more than one of these issues, yet many students do not seek mental health services (Assari et al., 2018).

Despite the need for mental health services at community colleges, funding is significantly less available for mental health services at community colleges compared to 4-year colleges (Epstein, 2015). In a 2015 study of 10 community colleges, at-risk students who needed mental health services were shown to have little or no support from their educational institutions (American Association of Community Colleges, 2017; Eisenberg et al., 2016). The literature showed that more research is required to help identify and provide services for community college students who may have mental health issues. Community college students tend to be more independent than traditional college students (Baime & Baum, 2016), which may contribute to lower levels of stress when entering college. However, according to Pokhrel et al. (2014), community college students are more likely to come from lower socioeconomic backgrounds, have families to support, have a shorter time frame to learn, and face higher financial stakes for failure. For this reason, it is important to learn more about how to address the mental health needs of community college students.

Chapter 2 will include a thorough review of the literature and a discussion of the conceptual framework. The conceptual framework guided the researcher in understanding the participants' experiences of their everyday interaction with students (see Creswell, 2014). As a constructivist, the researcher perceived the participants as co-constructors of the study. Chapter 2 will also include an exploration of the challenges community college students face that could contribute to their mental health in the literature review and subsequent critique of the literature. The review of the research and methodological has seven sub-topics: Mental Health Issues in College Students; Mental Health Issues in Community College Students; Mental Health Causes and Risk Factors; Lack of Mental Health Services; Theoretical Perspectives on Collegiate Mental Health; Effective Programs; and Funding. The review of the methodological literature will focus on my position within the framework of past research studies and their strengths and weaknesses.

Chapter 3 will include a description of the research methodology, which is qualitative case study, as well as the data collection and analysis procedure of the study. The qualitative case study design allowed the researcher to investigate and understand the real-world phenomenon encompassing the mental health status of the students in a community college in Louisiana (Creswell, 2014 & Yin, 2014). The researcher explains that this study was based on the instructor's perception of current student mental health in a community college in Louisiana and evaluate the campus's effort to assist students struggling with poor mental health as viewed from the instructor's lens. By focusing on the instructor, who has the best daily interaction with the students, the research questions were addressed through data collected during one-on-one semistructured interviews with community college instructors in Louisiana.

Chapter 4 will include a discussion of the data analysis and the results of the study. The researcher will provide description of the sample, discuss the research methodology and analysis, and present a summary of the findings. In the concluding chapter, Chapter 5, the summary and discussion of the results will be shared. The researcher will also provide the relation of the results in relation to the literature, share implications of the results for practice, policy, and theory.

The continuous rise of college students with a mental health issue and a low number of treatment utilization poses a significant concern in the entire nation (Eisenberg et al., 2016; Paolini, 2013). This research on a small community college through the lens of its instructor helped to close the gap in the literature. Students who are struggling with mental and emotional health need all the assistance and support that they can get from their school. Community college students are more at risk of not able to access mental health services due to lack of resources, and instructor felt inadequate to address serious student issues (Ethan & Seidel, 2013).

This research focused on the mental health needs of community college students because this group does not get the attention they need to address the issue. It was well documented that a large portion of community college students come from the minority group, low-income family, most of the students are balancing their schooling with work which makes them vulnerable to mental health issue (Kalkbrenner & Hernandez, 2017; Pokhrel et al., 2013; Shenoy et al., 2016). The intent of this study on Louisiana community college student mental health was to help create an environment for positive outcomes by providing information on how a community college instructor in Louisiana determines and assist their students who may require mental health services.

## **Chapter 2: Literature Review**

### **Introduction**

Over the past six years, the number of students in the United States enrolling in college or university degree programs has increased by 32% (Novotney, 2014). At the same time, postsecondary students face increasing pressure to complete their degree programs more quickly and efficiently to reach their desired job (Weissbourd, 2011). A 2016 survey by the National Center for Education Statistics showed the employment rate was 86% for young adults with a bachelor's degree or higher had a higher employment rate, compared to 80% for those who had some college, 72% for those with a high school diploma, and 57% for those who did not complete high school (National Center for Education Statistics, 2016). In 2015, individuals with a bachelor's degree earned salaries that were 67% higher than those of high school graduates (College Board, 2017). Furthermore, only 2.6% of bachelor's graduates were unemployed, compared to 8.1 %, of those without a bachelor's degree; only 4% of bachelor's graduates were living in poverty, compared to 13% of high school graduates (College Board, 2017). Research has shown that the economic incentives and pressures to complete a college or university degree are high.

Because of these pressures, 21st-century college students face more mental health challenges that college students have in the past. Community colleges as institutions are more likely to serve first-generation college students without family and community support to complete a college degree. As Ma and Baume (2016) noted, many community college students are inclined to come unprepared academically, and they are more likely to be older than traditional college students, have family responsibilities, and be attending school while working.

These factors are likely to generate barriers to college success, one of which is a higher likelihood for community college students to experience mental health challenges while pursuing a degree.

Therefore, in this study, the researcher focused on what mental health services are provided by community colleges and how they assist struggling students, as perceived by instructors. Specifically, the researcher used a case study approach to investigate whether a community college in Louisiana meets the mental health demands of their student population. This literature review will begin with a discussion of the study's conceptual framework, followed by a review of research and methodological literature. Next, the researcher will include a review of current methodological issues followed by a synthesis of research on the topic of mental health services in U.S. community colleges. The chapter will conclude with a critique of previous research on the topic and a summary of the literature review.

### **Conceptual Framework**

The constructivism learning theory served as the paradigm for the research study. Constructivism was developed by Jean Piaget, a seminal theorist in the field of cognitive development in the 20th century (Carey, Zaitchick, & Bascandiev, 2015). Constructivism explains how the learner takes ownership and is involved in his or her learning during the acquisition of knowledge and attempts to explain how knowledge is created by the individual as influenced by his or her experiences (Liu & Chen, 2010). Piaget used this learning theory to explain how participants engage in meaningful activity. In this study, the researcher employed constructivism by questioning instructor experiences on mental health issues, services, and funding in a community college, compiling responses to create conclusions, and reporting the

results. Constructivism was an appropriate framework for this study because the researcher primarily focused on the instructors' understanding and familiarity with mental health issues on the campus and how it affected their interaction and relationship with their students.

The constructivist framework guided the study as the researcher inquired into each Louisiana community college instructor's perspectives and the construction of their knowledge of and experiences with the mental health state of their students (see Hatch, 2002). Each participant's construction of reality and their knowledge, together with the researcher's interest in the topic as the principal investigator, contributed to the researcher's ability to co-construct our understanding of the mental health state of the students of a community college in Louisiana and how services can be provided to these students (Creswell, 2014; Hatch, 2002). The researcher's goal as a constructivist was to include adequate participant voices so that readers would be able to relate to and clearly understand the quality of the findings (see Hatch, 2002).

The constructivism conceptual framework also works well with qualitative case study methodology (Creswell, 2013). The researcher employed a qualitative case study design inquiry to develop an in-depth understanding of the mental health services in the community college (see Creswell, 2014). By using the constructivist theory to guide the qualitative research methodology, the researcher was able to make sense of multiple instructor perspectives community college mental health issues and services.

### **Review of Research Literature and Methodological Literature**

The incidence of school shootings and campus violence has directed increased public attention toward students living with mental health issues (Johnson & Kalkbrenner, 2017). In the early part of the 21st century, students struggling with mental health issues have carried out mass



shootings and other acts of violence on college campuses (Séguin et al., 2013). Poverty, environmental hazards, increasing accessibility to legal and illegal drugs, war, abuse, dissension, the destruction of familial values, and the pressure succeed all contribute to a decline in human health, both physical and mental (CCMH, 2016). In the following section, the researcher will review the scholarly literature on the prevalence of mental health problems in community colleges, various mental health concerns on community college campuses, the variety of needs across college campuses, funding mental health concerns, and an overall synthesis of the literature on these topics.

While significant research has been conducted on mental health needs and services in 4-year colleges and universities, researchers still know very little about the mental health needs of and services available to the 11 million community college students in the United States (Eisenberg, Goldrick-Rab, Ketchen Lipson, & Broton, 2016). This gap in research was not widely acknowledged until the rise in mass shootings on college campuses in the 2000s and 2010s renewed interest in researching collegiate mental health (Eisenberg et al., 2016). In a comparative study between a California community college and a traditional 4-year university, Katz and Davison (2014) discovered that community college students have more severe psychological concerns, yet fewer mental health resources compared to traditional university students. According to Eisenberg et al. (2016), one in three students arrives on a 4-year college campus with mental health issues, primarily depression and anxiety. Katz and Davison (2014) reported that only 24% of community college students with mental health needs received psychoeducation information, compared to 40% of students at traditional colleges. Poor mental

health does impact a student's academic performance; however, the issues can be even more detrimental to the student's quality of life and future.

### **Mental Health Problems in College Students**

College students in the United States experience significant mental health problems. According to Ketchen Lipson, Gaddis, Heinze, Beck, and Eisenberg (2015), approximately one third of students enrolled in undergraduate programs experience serious mental health issues, including "depression, generalized anxiety, or suicidality" (p. 388), and the percentage of U.S. students experiencing these types of significant mental health symptoms appears to be increasing. The American College Health Association's National College Health Assessment (ACHA-NCHA II) was administered to over 30,000 students from postsecondary self-selected institutions and found that in the past 12 months, 45.1% of students surveyed felt things were hopeless, 31.1% felt so depressed that it was difficult to function, 50.6% felt overwhelming anxiety, and 5.2% intentionally cut, burned, bruised, or otherwise injured themselves (Ethan & Seidel, 2013). These students were not necessarily seeking treatment. Ketchen Lipson et al. (2015) also found that, even though effective treatment options exist, many students are not receiving mental health services. However, even students who do seek help on campus report serious mental health symptoms. A Center for Collegiate Mental Health study of 70,000 students from 97 universities and college counseling centers across the United States showed a significant level of distress in students seeking mental health services: 8% had attempted suicide (6% before college, 2% after school began) and 24% had seriously considered suicide at some point in their lives (Ethan & Seidel, 2013). Research has consistently shown college students as a uniquely high-risk population for serious mental health issues.

Though more research is needed into why students do not seek mental health services, research has suggested that negative perceptions of mental health issues are one factor that contributes to this problem. Holland (2016) found there is a stigma associated with mental health treatment among students, which may cause them to avoid seeking mental health counseling or services. Students do not want to identify as someone struggling with their mental health. Sharp (as cited in Holland, 2016) argued that the media contributes significantly to this stigma by highlighting the damaging aspects of mental health problems such as criminality and drug and alcohol addiction. The language used to advertise services can also impact students' likelihood to take advantage of those services. In Holland's study, some individuals avoided seeking mental health services to avoid being labeled as "mentally ill." Holland emphasized that is it imperative that when students, staff, and instructor refer to mental health issues, they use the terms "mental health" or "student wellness" instead of "mental illness."

### **Mental Health Issues in Community College Students**

Community college students, as a subset of college students generally, are under-studied when it comes to mental health risks and mental health treatment. According to Pokhrel, Little, and Herzog (2013), a substantial portion of U.S. undergraduates are enrolled in a 2-year or community colleges but are less studied despite coming from disadvantaged socioeconomic and racial/ethnic backgrounds that may predispose them to experiencing mental health issues in college. Eisenberg et al. (2016) reported that "nearly half (49%) of the community college students surveyed report at least one mental health condition, with depression (36%) and anxiety (29%) the most common issues. These rates are high when compared with incidence among 4-year students, and the disparity persists within age groups. For example, among students age 25

and younger, 56% of community college students reported a mental health condition, compared to 46% of students at four-year colleges and universities” (p. 9). Moreover, the use of community college services is considerably lower (30%) than the prevalence of health conditions (49%) (Eisenberg et al., 2016). Community college students are less likely to access health services on campus and are less likely to report receiving informal (non-clinical) counseling or support as compared to 4-year college students (Eisenberg et al., 2016).

Community college students are also provided with less general information about mental health risks than students at 4-year colleges. According to Katz and Davison (2014), community college students received less information on a variety of mental health topics including alcohol and drug abuse; technology use; sex addiction and abuse; depression; anxiety; eating disorders; grieving and trauma; stress reduction and management; communication management; insomnia; and the prevention of suicide and violence (p. 316). Finally, community college students are less likely to seek out mental health information (Eisenberg et al., 2016). According to Katz and Davison (2014), 37% of community college students reported interest in receiving mental health information from their institution compared to 41% of traditional university participants. For all these reasons, community college students are especially in need of robust and proactive mental health support in the college context.

### **Mental Health Causes and Risk Factors**

Young people in general, regardless of whether they are enrolled in college, are at an increased risk to experience mental health challenges. For instance, in 2012, the state of Delaware had an unprecedented number of suicides among young adults ages 13–21; most of these deaths took place in the rural counties of Delaware, Kent, and Sussex (Hill, Franklin, &

Chavon, 2016). According to the Centers for Disease and Control Prevention (CDC), approximately 6,000 or 9.7% of Delaware youths had at least one major depressive episode; however, 54.9% or approximately 3,000 of the young adults did not receive mental health services (Hill et al., 2016). The World Health Organization found that mental disorders mostly occur before college entry (Auerbach et al., 2016). Auerbach et al. (2016) reported that, out of a focus group of students ages 18–22 who were already diagnosed with a mental ailment for at least 12 months, approximately 83% had prior factors that contributed to the disorder. The only disorder-specific exceptions were panic disorder and alcohol abuse dependence, which showed an increase in factors that set off the disorder after being diagnosed (Auerbach et al., 2016). Generalized anxiety disorder, posttraumatic stress disorder, mood disorders, and drug abuse also saw small increases in post-matriculation onset (Auerbach et al., 2016).

If young people enter college with a predisposition for mental health issues, the high-stress environment of postsecondary education can exacerbate these issues. Hartley (2013) emphasized the importance of resilience in the successful completion of a college degree, noting that students with mental health issues are most likely to drop out of college. Large university environments are often characterized by (a) high-stakes academic pressure, (b) minimal academic support compared to high school, (c) potential social isolation during the transition, and (d) long-term financial debt (Hartley, 2013, p. 241). Mowbray (as cited in Hartley, 2013) noted these environments could make students' existing mental health challenges more difficult to manage. Research has shown that small 2-year college environments present other unique challenges that could intensify students' mental health symptoms.

While the demands of college can make mental health symptoms worse, mental health symptoms can also create significant barriers to a student's ability to succeed in the college environment. Ethan and Seidel (2013) noted that mental health issues like depression and anxiety could hinder the student's capability to flourish in the classroom and be productively engaged in a larger college campus. Ketchen Lipson et al. (2015) presented similar findings showing that symptoms of depression, anxiety, and eating disorders correlate with lower grade point averages. Thus, students suffering from mental health symptoms are stuck in a vicious cycle: the demands of college exacerbate their symptoms, and the worse their symptoms get, the less able they are to succeed in the college environment.

The research body posits that the pervasive mental health issue in the campus is no longer the sole responsibility of the college counseling services; instead, instructor members are on the front lines, they are the first line of defense to handle students in distress (Ethan & Seidel, 2013). It is the job of the instructor members working closely with students to build relationships with students. A close relationship will provide students with a person to whom to turn when they are experiencing distress. In turn, instructor members can encourage students and more closely monitor whether or not students are getting the assistance they need.

### **Lack of Campus Mental Health Services**

Mental health services are less accessible to community college students than to students enrolled in 4-year colleges. According to Eisenberg et al. (2016), of the institutions studied, "58% of four-year colleges and universities had on-site psychiatric facilities appropriate for treating mental illness compared to just 8% of community colleges" (p. 2). There is no further information regarding how funding is chosen and approved for mental health services. There is

also no information regarding how current funding suits the current needs of students, other than providing basic counseling services and screenings for students at risk for mental health issues. Research has shown that making mental health services available to students is an effective way to address this cycle. Ketchen Lipson et al. (2015) argued that “mental health services can play a valuable role in supporting persistence and promoting academic success” (p. 395). Students who are mentally healthy can cope with the stress of regular academics as well as be treated for an undiagnosed mental illness or past trauma. Addressing mental health problems may improve student retention and increase tuition revenue for the institution and support productive life and earnings for the student (Ketchen Lipson et al., 2015).

According to Helfgot and Culp (as cited in McBride, 2017), there is a confusion regarding the responsibility of community colleges to provide counseling services. On many community college campuses, these services have evolved from personal counseling to career counseling, testing, registration, and admissions which strains and limits the available staff to assist students who may be having mental health issues (McBride, 2017). Moreover, Ketchen Lipson et al. (2015) claimed that despite one-third of undergraduates displaying mental health problems, the majority of these students do not seek mental health services. Holland (2016) found students do not seek mental health counseling or services because of the stigma attached to seeking such services. There is a negative perception associated with people with a mental health issues (Holland, 2016), perpetuated in large part by negative media portrayals of people struggling with mental health issues as criminals and addicts (Sharp as cited in Holland, 2006). Some individuals avoid seeking mental health services to keep from being labelled “mentally ill” (Holland, 2016). Therefore, Holland (2016) emphasized that it is imperative that when students,

staff, and instructors refer to mental health issues, the term to use is either “mental health” or “student wellness” instead of “mental illness.”

### **Theoretical Perspectives on Collegiate Mental Health**

There are several theoretical perspectives that are relevant to the discussion of mental health issues and services on community college campuses. According to George (2014), the most significant theory that can be applied to the study of mental health issues is the stress process theory developed by Leonard Pearlin and colleagues in the 1970s. According to Pearlin, Menaghan, Lieberman, and Mullan (1981), “The process of social stress can be seen as combining the three major conceptual domains: the sources of stress, the mediators of stress, and the manifestations of stress” (p. 337). It provides the social antecedent of psychological distress and unease (George, 2014). According to George (2014), “Stress process theory remains the primary conceptual foundation for studying the relationships between social factors and mental health” (p. 251). The stress process model is a modest and flexible conceptual framework that reminds us that the source of people’s problems is the difficulties in everyday life. In other words, social problems start as personal problems and are a reflection of how individuals lead their lives (Aneshensel & Avison, 2015).

Another theoretical framework is the Health Belief Model (HBM) which has six constructs and explores whether an individual has the motivation to utilize mental health services (Nobiling & Maykrantz, 2017). According to Nobiling and Maykrantz (2017), a significant number of studies have used the five HBM constructs (susceptibility, severity, self-efficacy, perceived benefits, and perceived barriers) to investigate mental health awareness; however, only one article had used the sixth construct, *cues to action*, in exploring the factors that influence the



youth to seek treatment. The sixth construct is often-neglected, and it is apparent that there is a need to use all the six HBM constructs to fully understand an individual's desire to pursue mental health services utilization (Nobiling & Maykrantz, 2017). From April 1, 2016, to May 15, 2016, an online survey at a mid-Atlantic higher education institution was conducted using the HBM scales (Nobiling & Maykrantz, 2017). The survey went on for six weeks, and a total of 753 students participated in the survey, but the average completion rate was 63%, and less than half of the respondents completed the HBM scales (Nobling et al., 2017). On June 8, 2016, a focus group comprising of five mental health professional were interviewed for 60 minutes to address the gap remaining in exploring the research questions (Nobiling & Maykrantz, 2017).

The stigma theory indicated the following findings: the students had a stigmatic view about mental health counseling which results in their unwillingness to seek mental health services (Holland, 2016). As the student's stigmatic views increased, the less likely that they will seek mental health services and decreasing the stigma would empower the student to utilize mental health services (Holland, 2016). Moreover, the student's adaptive coping methods predicted their willingness to access mental health services (Holland, 2016).

### **Effective Programs**

There are examples in the literature of successful programs implemented to reduce negative mental health outcomes in college students and other adolescents and young adults. Due to the rapid increase in fatal suicide attempts in the state of Delaware, the instructor in the Department of Social Work at Delaware State University (DSU) conceived the Project Resilience program (Hill et al., 2016). Project Resilience is a community-based program which consists of an instructor-led field practicum for DSU social work students to assist youth ages 7–

21 (Hill et al., 2016). According to Ungar (as cited in Hill et al., 2016) “Resilience is the ability of individuals to maneuver their way to personal, external, and cultural resources that allow them to maintain a sense of well-being, as well as their ability to negotiate those resources” (para. 3).

Similarly, the state of California developed a program to support mental health in college students. The program provided PEI mental health training activities to higher education student, instructor, and staff to increase their confidence to intervene or refer individuals that may need mental health services (Osilla et al., 2015). Because instructor and students have more exposure to daily contact with diverse students who have various strengths and needs, the PEI training may have a positive impact on students who may be experiencing mental health problems (Oscilla et al., 2015).

A population referred to as college-enrolled transitional aged youth (CETAY), could benefit from a strong school partnership program, such as Whole School, Whole Community, Whole Child Initiative (Nobiling & Maykrantz, 2017; CDC, 2018). The Whole School, Whole Community, Whole Child (WSCC) model was created by the CDC in 1987 (CDC, 2018). The WSCC is a collaboration effort with key leaders from the field of health, public health, education, and school health by focusing on youth and a collaborative effort approach to learning and health 1987 (CDC, 2018).

### **Funding**

Community colleges generally have little funding and resources for mental health (Center for Collegiate Mental Health, 2016). Lower student fees may be part of the cause; average tuition and fees for a community college are \$3,570 compared to \$9,970 for a 4-year college

(American Association of Community Colleges [AACC], 2018). According to Baime and Baum (2016), nearly all community colleges are dependent on tuition as a source of income.

Community colleges are also more likely to attract nontraditional students. According to Horn and Nevil (as cited in Katz & Davison, 2014), community college students are inclined to be older than traditional university students, with a higher mean age of 28 versus 24, and a higher percentage of 30 and older students, 34.8 % versus 15.8 % respectively (Katz & Davison., 2014). According to the AACC (2018), the average age of a community college student is 28 and the median age is 24. At this age, community college students were more likely to work while attending school (Ma & Baume, 2016). Compared to one of five traditional university students who work while in school, two thirds of community college students work full-time, juggling studying and work (Ma et al., 2016). Ma et al. (2016) continued that full-time students in the community college were twice as likely to work full-time compared to traditional university students, a 23% vs. 12% respectively. According to the AACC (2018), 37% of community college students attend school full time, while 63% attend part time. Ma et al. (2016) noted that many community college students have a difficult time attending school and at the same time work full time to sustain basic living expenses as well as support their family. Many community college students are covering a larger portion of their tuition out-of-pocket than a traditional 4-year college student, usually without any type of financial backing other than their personal income and/or student loans (Ma & Baume, 2016).

Though researchers have conducted studies on mental health services and the mental health status of students at 4-year colleges, less scholarly attention has been paid to these same issues in the context of 2-year or community colleges (Eisenberg et al., 2016). This may be

because community colleges do not receive as many state funds as 4-year colleges (Chamberlin, 2012). Four-year colleges also make more revenue than community colleges, including housing, cafeteria food, higher student tuition prices, books, athletics, donations through organizations and scientific studies, and so on. These resources provide the 4-year universities with additional funding to research and address the rise of mental health issues amongst their students (Ma & Baume, 2016).

### **Review of Methodological Issues**

Researchers have utilized a variety of methods and procedures to study and understand topics related to mental health. In Holland's (2016) study, the college student's participation was voluntary in a paper/pencil data collection. The data was collected outside the classroom, in the campus public areas and was done individually, not in groups (Holland, 2016). Passersby were requested to complete the survey, some would comply but some declined due to lack of time, schedule conflict, and other unstated reasons (Holland, 2016). The quantitative analysis that Holland (2016) used to study about college student stress and mental health and the examination of stigmatic views on mental health counseling provided statistical analysis on student's that used adaptive coping methods and mental health services in the campus. Holland's (2016) nonrandom sampling was a limitation because the results could not be generalized and the researcher could not ensure that those with mental health issues or potential issues were fairly represented in the study. Also, the study was conducted in one location, at a Midwestern regional university which generated only the perspective of students from this particular campus.

In contrast, the methodology used by Eisenberg et al. (2016) was a modified version of the Healthy Minds Study (HMS), a random sampling of the student population from 10

community colleges in seven states. Using random sampling eliminated bias in the sampling process (Creswell, 2014). HMS is an annual web-based survey on college students that focuses on mental health to raise awareness on mental health and resources in college campuses (Healthy Minds Network, 2018). The survey was conducted online with over 4,000 students recruited via emails from the institutional database (Eisenberg et al., 2016). The survey measured mental health and other topics including food and housing insecurity (Eisenberg et al., 2016). The quantitative design used by Eisenberg et al. (2016) provided data from 4,000 community college students out of the nation's 11 million community college students, which appeared that we still do not know enough about the mental health conditions of the community college students. The low response rate and the small number of institutions that participated indicated a weakness in the study.

Ketchen Lipson et al. (2015) used a multivariable logistic regression that targeted at institutional characteristics and student mental health and treatment utilization. Participants from 72 college and universities participated in the Healthy Minds Study (HMS). The study was conducted using six years of data from 2007–2013 (Ketchen Lipson et al., 2015). The researchers sent three reminders to engage respondents in a month-long data collection period (Ketchen Lipson et al., 2015). The web-based survey was very efficient in researching since Ketchen Lipsin et al., (2015) were able to recruit 43,210 undergraduate students from 72 U.S. colleges and universities. However, the longitudinal quantitative research method resulted in the weakness of the study, since the six years duration of gathering data resulted in an overall response rate of just under 30% (Ketchen Lipson et al., 2015). Another weakness of the study

was that only colleges and universities participated in the study which lacked a sample from community colleges (Ketchen Lipson et al., 2015).

The quantitative research method on lifestyle and mental health distress in college students conducted by Knowlden et al. (2015) grouped respondents into categories of low, moderate, and severe mental distress derived from Kessler-6 Psychological Distress Scale. After which, the authors determined the mental and lifestyle variable using a cross-sectional design from a convenience sample (Knowlden et al., 2015). The participants were recruited from the University of Cincinnati, School of Education which prohibited the sample from representing the generalized population of all the college students in the campus (Knowlden et al., 2015).

Ashwood et al. (2015) utilized a quantitative method and depended on survey data collected to evaluate students receiving mental health services in California college campuses. Out of the 93 campuses that the chancellors invited, 39 participated (Ashwood et al., 2015). The reasons for not participating were challenging demands and lack of staff and resources (Ashwood et al., 2015). There were two waves of collecting the survey data, first was during the spring and fall semester of 2013 and the second wave was the following year (Ashwood et al., 2015). The surveys evaluated if the students used on-campus mental health services while attending college, the students who answered no, were asked if they ever accessed services off-campus while in college (Ashwood et al., 2015). According to Ashwood et al. (2015), students who answered “yes” to either question were categorized as students having accessed mental health services while attending college.

A convenience sample of 21 faculties from an urban community college in New York City participated in an exploratory qualitative study about a professor’s experiences and

perceived the role in handling students in distress (Ethan & Seidel, 2013). The focus group of seven participants answered an action-oriented, guiding questions to elicit solutions to be considered by the urban community college (Ethan & Seidel, 2013). The purpose of the exploratory qualitative case study is to describe phenomena in its real-world context (Yin, 2014). The weakness and strength of the research method lie in conducting the study in a focus group. Participants in the focus group may disagree or agree with each other deriving rich information and data from the participants. However, it could be harder to keep track of what was going on during the session. Also, one participant may dominate the entire focus group session and analyzing the data would be difficult (Yin, 2014).

In contrast, an interpretative nonexperimental, qualitative descriptive design was chosen by Jones, Hassett, and Sclare (2017) to explore the 16- to 18-year-olds engagement with mental health services. Qualitative method data collection was via a one-on-one semistructured interview which was the strength of the study since the discussion developed unique emergent themes collected from the experiences of the participants (Jones et al., 2017). The weakness of the study was the recruitment procedure since the clinicians were required to choose from their caseloads which could have a potential bias based on the relationship of the clinician and the participants (Jones et al., 2017).

Due to the significant challenge in addressing the mental health needs of college students, Levin, Haeger, Pierce, and Twohig (2016) conducted a study if using web-based self-help program called, Acceptance and Commitment Therapy (ACT) would be able to treat a wide range of psychological problems that students struggle with. A randomized sample of 79 students who were 18 years or older enrolled in a university in the Mountain West region of the

United States. The participants that were specifically sought were those who identified themselves in distress and willing to participate in a web-based self-help therapy (Levin et al., 2016). Although there was no formal screening to verify that the participants were in distressed or needed an ACT, the researchers were able to recruit minimally distressed participants (Levin et al., 2016). However, the participants participated in the study, not because of their mental health needs but to earn extra credit in their course (Levin et al., 2016). The recruitment process was a weakness.

In a study about the relationship between social network, substance abuse, and mental health in college students, Mason, Zaharis, and Benotsch (2014) surveyed undergraduate students taking psychology courses at a large southeastern university. 688 participants completed the survey, but since the data analyses were restricted to 18–25 years of age, the sample resulted to 670 (Mason et al., 2014). Descriptive statistics were used to analyze the data and was quantitative (see Creswell, 2014). The sample was drawn from a single university, and the participants were all taking a psychology course which may not apply to other young adults in this kind of setting (Mason et al. 2014). The sample was not representative of the general population.

In California, 18 community colleges participated in a secondary analysis of a Spring 2013 data from the American College Health Association-National College Health Assessment (ACHA-NCHA) to study the mental health status of single-parent community college students (Shenoy, Lee, and Tries, 2015). There were 6,832 participants of whom 309 were single parents. Shenoy et al., (2015) had enough samples to conclude that single-parent community college students face higher mental health stressors than other community college students. The strength



of the methodological approach was deriving data from multiple campuses using supplemental single-parenting status questionnaire which was also a weakness since not all campus assessed the single-parenting status (Shenoy et al., 2015). Also, the anonymous nature of the survey may not have disclosed the entirety of the single-parent student's experience.

Numerous types of research methodology were used to study college-aged students' mental health. Holland (2016) conducted a nonrandom quantitative analysis based on a paper/pencil data collection in the campus public places, while Eisenberg et al., (2016) conducted a random sampling qualitative analysis via a web-based survey. There was also a study by Ketchen Lipson et al. (2015) which was a longitudinal quantitative research method which only resulted in a 30% overall response rate. The data collection used by the researchers was mostly based on survey (Eisenberg et al., 2016, Holland, 2016, Ketchen Lipson et al., 2015, Knowlden et al., 2015, Levon et al., 2016, Mason et al., 2014, Shenoy et al., 2015) .

There was an exploratory qualitative case study conducted by Ethan and Seidel (2013) which involved a convenience sample of 21 faculties in a focus group interview and a qualitative descriptive design by Jones et al., (2017) interviewing 16- to 18-year-old participants. The instructor focus interview was based on these different research methodological designs; a qualitative case study using a semistructured one-on-one interview is needed to expand understanding and knowledge about community college student's mental health issues.

### **Synthesis of Research Findings**

A thorough review of the literature indicated a great need for more research into mental health needs and supports for community college students. According to Katz et al. (2014), there were fewer mental health resources available to community college students compared to their

counterparts on traditional university and 4-year college campuses, despite having more severe psychological concerns. One out of three college students has mental health issues, primarily depression, anxiety, or suicidality (Eisenberg et al., 2016; Ketchen Lipson, 2015). It is also significant that in spite of experiencing mental health challenges, research indicated that students do not try to access mental health services due to the stigma attached to it (Holland 2016). The literature indicated that it is no longer the sole responsibility of the school counselor to address the mental health needs of the students, as instructors are in a much better position to assist because they are in direct contact with students most of the time (Ethan & Seidel, 2013). Pokhrel, Little, and Herzog (2013) concluded that more studies were necessary to understand community college student's mental health behaviors fully. Considering there is a significant need for mental health resources and services on community college campuses whose students mostly come from a disadvantaged socioeconomic and/or racial/ethnic backgrounds, the majority of mental health research involving undergraduate students has been focused on 4-year colleges and universities, (Eisenberg et al., 2016; Ketchen Lipson et al., 2015; Pokhrel et al., 2014). According to Eisenberg et al. (2016), mental health services and resources at community colleges are scarce compared to 4-year colleges and universities, but little information exists about the mental health conditions of community college students.

With regards to age, typically, students who were 26 or older were more likely to access mental health services than the students who were 25 years of age and younger (Holland, 2016). Eisenberg et al. (2016) reported that students 25 years and older are less likely to report mental health issues than their younger counterparts. Holland (2016) also found that females are more likely to use mental health services than males. Likewise, Eisenberg et al. (2016) stated that in

survey studies, women had greater participation rates than males and the sample used are representative of actual gender proportion in each campus.

Mental health services are underutilized due to reasons of stigma and students not knowing how to navigate the system (Holland, 2016; Nobiling & Maykrantz, 2017). According to Nobiling and Maykrantz (2017), only one third of people with mental health issues receive professional help. College students are more likely not to seek mental health services due to numerous factors, such as prioritizing independence: friends, car, and a place to live over their mental health (Nobiling & Maykrantz, 2017).

Furthermore, the literature shows that a large number of community college students experiencing mental health challenges are not accessing mental health services (Eisenberg et al., 2016 & Levin et al., 2017). The literature review indicated that students were not accessing mental health services due to perceived stigma of mental health counseling, lack of time, and inconvenience (Eisenberg et al. 2016; Holland, 2016 & Levin et al., 2017). Notably, Arria et al. (2013) and Ketchen Lipson et al. (2015) indicated in their study that there is a correlation between mental health issue and academic performance. According to Arria et al., (2013), students who had been diagnosed with depression or who may have depressive symptoms may be at risk of interrupting their enrollment; Ketchen et al. (2015) similarly reported that reducing mental health issues may increase student retention.

According to the American Association of Community Colleges, 40% of students attending a postsecondary institution are enrolled in a 2-year community college (McBride, 2017). McBride (2017) continued that this student population is more likely to experience mental health needs which require mental health services. This means that the stress of having a

family to support, having additional debt, and holding down a job and school, could increase stress to a 2-year community college student. The need to swiftly identify, intervene, and support a student who may be experiencing mental health issues could increase the number of students accessing mental health services (Ashwood et al., 2015).

### **Critique of Previous Research**

The published research shows need to continue to understand mental health support for community college students (Eisenberg et al., 2016; Ketchen Lipson et al., 2015; Pokhrel et al., 2014). According to Eisenberg et al. (2016), 11 million students in the United States attend community colleges, but there is little research on the mental health needs of and services available to this population. The research on student mental health has primarily focused on 4-year colleges and universities (Eisenberg et al., 2016; Ketchen Lipson et al., 2015; Mason et al., 2014; Pokhrel et al., 2014). Therefore, more research is needed on community college student's mental health. As Pokhrel et al. (2014) noted, community colleges are more likely to attract ethnic minorities, working students, and individuals from a lower socioeconomic background, all groups who may be at a higher risk of mental health issues.

A study by Hartley (2013) on the relationship of resilience to academic persistence indicated that resilience is significant in the demanding college environment. Hartley (2013) stated that students enter college with different background, motivation, goals, and purpose. In the study, 121 undergraduate students with mental health issues were recruited (Hartley, 2013). The result indicated that a resilience framework may help college students with mental health issues cope in the difficulties of college education and learning (Hartley, 2013). However, the

participants were not a true representation of the college since most of the participants were mostly female Caucasians (Hartley, 2013).

Nobiling and Maykrantz (2017) used a 60-min focus group with five mental health professionals to collect data via hand-written notes, as per IRB restrictions. Although the co-investigators began data analysis within 15 minutes of completing the focus group interview, and the coding occurred in three phases to generate broad themes wherein the intercoder agreement was 98%. It is possible that the data may not be accurate since the investigators could have missed some key information based on collecting data using handwrittien notes during the luncheon focus group interview (Nobiling & Maykrantz, 2017). In a focus group interview, it would be advisable to record the interview using digital recorder to makes sure that all relevant inofrmation were recorded for coding.

## **Chapter 2 Summary**

According to Kalkbrenner and Hernandez (2017), the 21st century has seen an increase in mental health issues on college campuses. Mental health has been recognized as a key issue for college students for various reasons, such as poverty, deteriorating family values, increasing drug and alcohol use, lower standards for passing high school, and more pressure to succeed (Arria et al., 2013; Ketchen Lipson et al., 2015; Ma et al., 2016; Mason et al., 2014; Pokhrel et al., 2014). However, there is still a significant need to investigate the mental health state of community college students. The emerging literature on community colleges indicated that community college students are more susceptible to mental health issues compared to 4-year college or university students (Kalkbrenner & Hernandez, 2017; Katz et al., 2014).

The continued increase in mental health issues among college students has contributed to an increase in campus violence, suicide, and attrition rates among college students (Kalkbrenner & Hernandez, 2017). The literature showed that the community college students are more vulnerable to mental health issues due to being more likely to be from lower socioeconomic backgrounds, of ethnicities that experience discrimination and/or poverty in the United States, working part- or full-time jobs while in school, and supporting dependents (Pokhre et al., 2014). The review of the literature showed that research relating to community college student's mental health status and services is lacking. Because there is little information regarding community colleges, the topic that the researcher investigated, that is, mental health issues and services at a community college as perceived by instructors, is relevant.

Based on this review of the literature, which supports a unique conceptual framework of constructivism learning theory to understand community college student's mental health needs, there is sufficient reason to expect that an investigation examining how Louisiana community college instructors recognize students who may need mental health service would contribute to a better understanding of matriculation, retention, and student's utilization of mental health services. The researcher can, therefore claim that the literature review has provided strong support for pursuing a research project to answer the following multi-part research questions:

RQ1: What perceptions do community college instructors in Louisiana have of student mental health needs?

RQ2: How can a community college instructor in Louisiana provide and maintain assistance to students who suffer from mental health issues?

## **Chapter 3: Research Method**

### **Introduction**

The purpose of this qualitative case study was to explore instructor perceptions of the quality of student mental health services at a community college in Louisiana. Hancock and Algozzine (2017) defined case study research as a detailed analysis of a person or group; principally as a model of medical, psychiatric, psychological, or social phenomena (p. 91). Qualitative research was suitable for this study because it was an intensive analysis and description of two campuses of a community college in Louisiana, which can be representative of many (see Hancock et al., 2017). The case study research method was best suited to generate knowledge of an individual, group, or organization, and of social, political, and related phenomena (Yin, 2014). The focus of this research was to gain insight into mental health issues and services at a community college in Louisiana based on the instructor's experience in dealing with students. Specifically, the researcher sought to understand the lessons learned by instructors from dealing with students with mental health issues. The researcher asked each instructor to describe their interaction and how they responded to the different mental health issues of high-risk students. Using a constructivist conceptual framework, the researcher relied as much as possible on participant perspectives of student mental health in a community college in Louisiana (see Creswell, 2014). Through these individual experiences, the researcher also explored the state of mental health services at the community college in Louisiana and how they impacted students who experienced mental health issues.

The instructors were well-positioned to observe the mental health needs of community college students. Specifically, instructors at the study site provided vital data and information

about how students dealt with mental health issues on campus. As a constructivist, the researcher interpreted how the instructors at the community college in Louisiana identified the critical elements for providing services to students experiencing mental health issues. Two research questions guided this study:

RQ1: What perceptions do community college instructors in Louisiana have of student mental health needs?

RQ2: How can a community college instructor in Louisiana provide and maintain assistance to students who suffer from mental health issues?

### **Purpose and Design of the Study**

The purpose of this qualitative case study was to investigate instructor perceptions of current student mental health services at a community college in Louisiana. In this case study, the researcher employed a qualitative approach to evaluate instructor perceptions of the efforts a community college in Louisiana was making to meet its students' need for mental health services. The researcher collected data to discover if the instructors were open to increasing and taking advantage of mental health services on campus. The researcher focused on instructor perception because their daily interaction with students gave them the knowledge to address the research questions.

Merriam (1998) noted that in education, the most common form of research is a case study, "to discover and understand a phenomenon, a process, or the perspectives and worldview of the people involved" (p. 11). The researcher chose case study as the research method in order to investigate instructor perceptions of the mental health status of students at a rural community college in Louisiana (see Yin, 2014). The qualitative case study methodology was appropriate to



use for this research because the goal was to explore individuals' perceptions rather than document numerical data. The qualitative case study methodology allowed the researcher to inquire into the real-life experiences of instructors who had encountered students with mental health issues at a community college in Louisiana.

Choosing a qualitative case study methodology also allowed the researcher to recognize the instructors' awareness of their students' need for mental health services on the community college campus. The researcher used a case study design to increase the researcher's thorough understanding of a situation and discover the meaning for those involved (see Merriam, 1998). Merriam (1998) argued that the focus of a case study is all about the process, the background, and the discovery of what must be learned. Case study is also commonly used by social scientists because of its popularity in psychology (Creswell, 2013). Because this study focused on mental health issues, the qualitative case study research method was well suited for the research.

### **Research Population**

The population under study was made up of instructors at a community college in Louisiana. Each community college instructor in the research population had direct daily contact with students and provided rich information about the policies that govern student mental health services and supports, along with their personal experience with students experiencing mental health issues or whom they perceived to be at risk of experiencing mental health issues. Because the community college in Louisiana is a small campus and most students live close to the college, this particular community college was an ideal setting to study community college mental health services and supports generally. Additionally, the instructors who made up the

research population were in a unique position to identify students who needed mental health assistance because of their personal-professional relationships within the tight-knit college community.

### **Sampling Method**

Each instructor who participated in the study was purposely selected to answer and discuss the research questions and facilitate creative solutions to address various underlying issues causing mental health issues at the school (see Creswell, 2014). Before collecting instructor data, the researcher acquired the instructor list from an administrator at the study site. The representative sample size was 11 interviewees, meeting the requirements for homogeneous sampling, which, according to Dudovsky (2018), “focuses on one particular subgroup in which all the sample members are similar, such as particular occupation or level in an organization’s hierarchy” (p. 141). Because the community college in Louisiana is a small educational institution and only employs a small number of faculty members each semester, the number of interviews achieved saturation. In this study, the researcher focused on the homogenous occupation of the participants, although the researcher ensured that the sample size was diverse regarding ethnicity and age, reflecting the demographics of the community college study site.

For this study, the researcher used purposeful sampling. The purposeful sampling technique, also known as judgment, selective, or subjective sampling, requires researchers to rely on their sole judgment when choosing members of a population to participate in the study (Dudovsky, 2018). Purposeful sampling is also a non-probability sampling method that allows researchers to obtain a representative sample by using their sound determination of fairness and unbiased inclination, often saving time and money (Dudovsky, 2018). The researcher chose this

sampling method to ensure that the sampling would be representative of the Louisiana community college's diversity, allowing particular insights on how to best assist students of various genders, ethnicities, and ages.

### **Instrumentation**

To grasp the Louisiana community college instructors' insights about the mental health needs of the student body, the researcher developed and used an interview protocol for asking questions and recording answers during the qualitative interview (see Creswell, 2014). The researcher documented information by taking field notes and by digitally audio recording the interviewees, per the recommendation of Creswell (2014). The researcher also included public records, personal documents, and physical materials that are available from the community college in Louisiana (see Merriam, 1998).

1. Semistructured interviews allowed the researcher to probe deeper and understand the instructor's awareness, experience, and insight. A set of hypothetical, ideal position, and interpretative questions was predetermined and led to an open-ended discussion about the state of student mental health and mental health services on the campus (see Merriam, 1998). (See Appendix A: Interview Questions).
2. Field notes allowed the researcher to record feelings, reactions, insights, and initial analyses, enriching the data from the interviews and also ensuring the researcher was aware of her own biases as a researcher (see Merriam, 1998).
3. Documents included a community college students' personal narrative essay, a drug screening policy, and a prescription drug disclosure form from the college.

## **Data Collection**

Before the researcher began gathering data for this study, approval was obtained from the Concordia University–Portland Institutional Review Board (CU-IRB) and from the community college in Louisiana to conduct the field study, as is the policy for this type of research. Data collection followed the guidelines established in the recruitment letter. Semistructured interviews were recorded with a digital audio recorder for an accurate account of the instructor's perception and experience with the student's mental health issues. The researcher deleted all audio recordings immediately after transcription, per CU-IRB.

## **Semistructured Interviews**

The researcher conducted one-on-one semistructured interviews with the Louisiana community college instructor participants to elicit important information regarding their perspectives (see Yin, 2014). The researcher recruited 11 participants. The study site was a small rural Louisiana community college that employs a small number of faculty members each semester. The researcher developed an interview protocol (see Appendix B) as a guide for appropriate questions to ask each interviewee (see Creswell, 2013). These questions allowed the researcher to gain an understanding of the essential research questions of the study (see Hancock et al., 2017). Each interview lasted between 60 and 90 minutes and was based on a set of predetermined questions that led to an open-ended discussion about the instructor's understanding of students' mental health states and available mental health resources.

Three types of questions were asked of the participants. First, hypothetical questions were asked regarding what the instructor might or might not do in certain situations about student mental health issues (see Merriam, 1998). Second, ideal position questions allowed the

instructor to describe the ideal way they helped a student with mental health issues (see Merriam, 1998). Finally, the researcher asked an interpretative question based on what the participant had been saying in the interview to allow the researcher to probe for a reaction (see Merriam, 1998). The interview setting was the Louisiana community college campus to avoid inconveniencing the instructor participants (see Hancock & Algozinne, 2017). The researcher conducted interviews in their classroom, at the library, or in their office during their free period. The participants chose the place on campus where they would feel comfortable to conduct the interview. The researcher digitally recorded the interviews to preserve precise information reported by each participant. The interviews served as the main source of qualitative data for the case study.

### **Field Notes**

The researcher took field notes during and after each instructor interview. The field notes were used as an additional layer of information to provide a rich background for the data analysis (see Phillippi & Lauderdale, 2017). The field notes allowed the researcher to closely document interactions with each community college instructor, record impressions, reflect, and identify bias immediately after it occurred (see Phillippi & Lauderdale 2017). The field notes also enabled initial coding to organize data and made it easier to take an inductive approach to qualitative data analysis later.

### **Artifacts**

Discovering significant materials is the initial step in the process of using documentary materials (Merriam, 1998). Once the researcher found the necessary artifacts needed for the study, the researcher verified each document's authenticity, per the recommendations of

Merriam (1998). According to Merriam (1998), “Determining the authenticity and accuracy of documents is part of the process” (p. 121). An administrator at the study site served as the gatekeeper between the community college and the researcher. The researcher used the documents such as student narrative essay, drug screening policy, prescription drug disclosure, and employee assistance program, to provide information, verify emerging themes, and provide historical understanding to the study (see Merriam, 1998). These documents served as “social products” to be analyzed because they mirror the interests and points of view of their creators and conveyed esteems and belief systems either expected or not (see Saldaña, 2016).

### **Identification of Attributes**

The attributes that outlined and guided this case study were mental health needs, services, instructor, awareness, perception, insight, interaction, and rural communities. The instructor’s interaction with the students provided rich data. The goal of the study was to better understand the mental health needs on campus and explore ways and means in which the community college in Louisiana instructor assisted students who suffered from mental health issues. The perceptions and experiences of the instructors at the community college in Louisiana were the emphasis of the qualitative case study. The instructors shared their perceptions and experiences of students who had mental health issues.

### **Data Analysis Procedures**

For this case study research, the researcher used a qualitative approach to explore the study’s research questions; gathering data involved multiple sources of information such as interviews, field notes, and documentation (see Creswell, 2013). According to Creswell (2014), data analysis in qualitative research synchronizes data collection and writing up of findings.

Before each interview, the researcher coordinated with the instructor via email to determine the date, time, and place of the interview that was convenient for the participant. Furthermore, the researcher made certain that the location was quiet and free of distractions to accurately record the information digitally. It is important to note that the interview was in the natural setting (a community college in Louisiana campus) where the participants experienced the issue under study (see Creswell, 2014).

Upon arrival at the interview site, the researcher obtained written consent from the participant to take part in the study as well as digitally record the interview as a requirement of the CU-IRB (see Creswell, 2013). Also, the researcher clarified issues about the participant's anonymity and confidentiality (see Hancock & Algozzine, 2017). The researcher also explained the purpose of the study and the amount of time needed to conduct the interview (Creswell, 2013).

As interviews were going on, the researcher analyzed the interviews collected earlier, writing memos that may be relevant and included in organizing the structure of the final report (see Creswell, 2014). The researcher used inductive qualitative data analysis for this study. According to Creswell (2013), the inductive process would allow the researcher to work back and forth between the themes and database until the researcher formed a comprehensive set of themes about the study. The purpose of using an inductive data analysis process was to condense the varied text data into a concise summary format, to create a clear connection between the research objectives and the findings summary, and to establish a model or theory that emerged from the process that was visible from the raw data (see Thomas, 2003). Inductive

analysis began with a data collection, and from this information, the researcher developed a theory, categories, or theme (see Creswell, 2014).

To easily code the data, the researcher developed a storyline first. The storyline came from the instructor interview transcripts, field notes, and documents. Getting familiar with the data gave the researcher the opportunity to pre-code participants' quotes and phrases that stands-out (Saldaña, 2016). To help focus on coding decisions, the researcher have a one-page copy of the research questions, theoretical framework, and study goals in front of the researcher (Auerbach and Silverstein, 2003 as cited in Saldaña 2016). Because this was a small-scale study, the researcher manually coded the data at first using paper and pencil (Saldaña, 2016). After manually coding the data, the researcher used Computer Assisted Qualitative Data Analysis (CAQDAS) using the NVivo qualitative data analysis software (Saldaña, 2016). The inductive analysis allowed the theme and theory to emerge from the content of the raw data (Saldaña, 2016).

## **Interviews**

The researcher gathered data through one-on-one semistructured interviews. The researcher developed an interview protocol for asking questions and digitally recorded answers during the qualitative interviews (see Creswell, 2014). According to Creswell (2013), an interview protocol allows a researcher to take notes on the interviewee's responses to help organize the participant's thoughts and views. Merriam (1998) also noted that conducting individual interviews allows a researcher to elicit a special kind of information. Because the goal was to ascertain what was in each community college instructor's mind about their student's mental health, individual interviews were an appropriate choice to accomplish this goal. After



each interview, the researcher wrote a summary and a memo to capture reflections, thoughts, tentative themes, hunches, ideas, and further issues to pursue from the initial data (see Merriam, 1998). All interviews were transcribed using Microsoft Word and RevCom Transcription.

The coding process began after the researcher organized and prepared the data through transcribing interviews, typing field notes, and cataloging data depending on information sources. According to Creswell (2013), “The process of coding involves aggregating the text or visual data into small categories of information, seeking evidence for the code from different databases being used in the study, and then assigning a label to the code” (p. 184). The first step of coding was to carefully read all transcriptions and jot down key ideas as they came to mind (Tesch, as cited in Creswell, 2014). The second step was to pick the most interesting document or interview, read through it, ask “What is this about?” and write thoughts and its underlying meaning in a note in the margin (Tesch, as cited in Creswell, 2014). Performing this task for several participants allowed the researcher to list all topics and form them into columns to guide the data analysis (see Tesch, as cited in Creswell, 2014). Next, the researcher abbreviated the topics as codes, which were then assigned to appropriate segments of the text. This initial organizing outline provided the study with new categories or codes (see Tesch, as cited in Creswell, 2014). Tesch (as cited in Creswell, 2014) suggested finding the most descriptive words for the topics and turning these into categories. The researcher followed this method, as it also served as a method of reducing all the topics that were related to each other.

The researcher looked for a collection of instances in the data, anticipated and hoped for a meaning that was relevant to the study that emerged (see Creswell, 2013). The data analysis consisted of an in-depth description of the case and its setting (Creswell, 2013). The researcher

developed the participants' experiences and perspectives from analyzing the data so that people could find meaning from the case either for themselves or to apply to a population of cases (see Creswell, 2013).

### **Field Notes**

Field notes are the result of each interview and document analysis (see Yin, 2014). The researcher's field notes were a combination of handwritten notes in a field diary, on index cards, and audio recordings (see Yin, 2014). The jottings the researcher created daily during the fieldwork were converted into more formal and organized field notes according to the topics (Yin, 2014). The researcher's field notes consisted of factual data (e.g., date and time), a description of the setting, and the participant's behavior during the interview (see Schwandt, 2015).

The researcher used descriptive and reflective field notes after each instructor interview. Descriptive field notes are the detailed and accurate descriptions of what a researcher sees, hears, and experienced during an interview (Bogdan & Biklen, 1982). The researcher included details about their verbal and non-verbal style of communication, which provided significant context for understanding and interpreting the content of the interview (see Bogdan & Biklen, 1982). The reflective field notes, on the other hand, included feelings, hunches, impressions, analyses, and ideas that may be forming to make connections on what the researcher learned during and after the interview (see Bogdan & Biklen, 1982).

### **Documents**

Discovering significant materials is the initial step in the process of using documentary materials (Merriam, 1998). Once the researcher found the necessary documents needed for the

study, each document's authenticity was verified (see Merriam, 1998). According to Merriam (1998), "Determining the authenticity and accuracy of documents is part of the process" (p. 121). The researcher verified the authenticity of the documents from an administrator at the study site, who served as the gatekeeper between the community college and the researcher. The researcher used the documents such as student's narrative essay; also, the researcher verified emerging themes, and provided historical understanding to the study (Merriam, 1998). Documents are "social products" that must be analyzed mainly because they mirror the interests and points of view of their creators and convey esteems and belief systems either expected or not (Saldaña, 2016).

### **Limitations and Delimitations of the Research Design**

In this section, the researcher will discuss the limitations and delimitations for this research study, as well as the actions performed to protect the integrity of the study. Limitations are possible problems and weaknesses that a researcher identifies in a study (Ellis & Levy, 2009). Delimitations are boundaries within which a researcher conducts a study (Ellis et al., 2009).

#### **Limitations**

For this qualitative case study, the researcher was the primary instrument for gathering and analyzing data (see Merriam, 1998). The limitations of the case study were the characteristics that were impacted or influenced by the interpretation of the findings from the research. According to Merriam (1998), when a human researcher is a primary instrument, limitations of human imperfection in observing, analyzing, and reporting must be considered. Mistakes may be made and opportunities missed; personal biases may also impact the study

results even when done subconsciously and without malice (Merriam, 1998). According to Merriam (1998), “Qualitative case studies are limited, too, by the sensitivity and integrity of the investigator” (p. 42). The researcher, even when carefully and intentionally setting aside biases, is still a human being.

Additional limitations of the case study design were the issues of reliability, validity, and generalizability (Merriam, 1998). Hamel (as cited in Merriam, 1998) noted that case study design had been criticized for lack of representativeness and thoroughness in collecting data and this lack of rigor had been linked to the issue of bias that may be influenced by the researcher as a human factor.

Another limitation was the small sample size. The community college in Louisiana is a relatively small campus in a rural setting and only employs a maximum of 29 faculty each semester. Though the goal was to recruit 15 participants, the researcher received 14 responses to the initial e-mail, and was only able to recruit 11 participants due to scheduling conflicts. This means these findings cannot necessarily be generalized to a larger population.

The researcher was also limited by the length of time it took to receive approval from each participant for their interview transcript. Two of the participants took two weeks before they responded to give their approval. The instructor participants were busy and did not have time to look at the transcripts immediately. Despite these limitations, the case study research method still proved to be an effective method for this study because it allowed the researcher to gain insight into a real-world case that provided significant background relevant to the study (see Yin, 2014).

## **Delimitations**

The sample was delimited to instructors at a small, rural community college in Louisiana. The study was conducted only on two of the multiple campuses that make up the Louisiana community college due to time and budget constraints. Another delimitation was that only the community college in Louisiana instructor members participated in the interview and the data collection tools were delimited to instructor interviews, field notes, and documents.

## **Validation**

Validation is one of the strengths of a qualitative research study. Validation requires both the researcher and the participants or readers of the account to confirm that the results are accurate (Creswell, 2014). To check the accuracy of the findings, the researcher used multiple validation strategies as recommended by Creswell (2014) to allow the researcher to assess the accuracy and credibility of the findings better and guarantee the validity of the research results. These strategies were triangulation; rich, thick description; and member checking.

## **Triangulation**

Triangulating data from various sources helped the researcher to accurately examine the evidence and build an easy-to-understand theme by linking each participant's perspective with field notes and documents (see Creswell, 2014). If several data perspectives establish the same theme, then the study will have a larger margin of validity (Creswell, 2014). For this study, the researcher triangulated the interviews of the community college in Louisiana instructors, the field notes, and available documents. Using multiple data sources allowed the researcher to draw clear and valid conclusions.

### **Rich, Thick Description**

The researcher used a rich, thick description to communicate the findings (Creswell, 2014). The purpose of the description was to provide details about the participants, which allowed readers to have a shared experience with the participants and feel of the study which increased the validity of the findings (Creswell, 2014). Presenting the interpretations through rich, thick description allowed the researcher to provide readers a detailed account of the field study. It also allowed the researcher to set aside her own opinion and values to avoid influencing the results with bias.

### **Member Checking**

The researcher sent the interview transcript to the participant via email and gave them time to read through it if they feel that the transcript was accurate (Creswell, 2014). The participants emailed the researcher their approval transcript, after which coding began. Once the researcher had documented the case study findings, the findings were sent to the participants to give them an opportunity to comment on the findings (Creswell, 2014).

### **Expected Findings**

This qualitative case study intended to find out how a community college instructor perceives and assist a student who may be experiencing mental health issues. The researcher expected to generate information that would benefit higher education institutions, both community colleges, and universities, as they evaluate how seeking mental health services are perceived, monitored, and supported by the institutions.

### **Ethical Issues in the Study**

According to Stake (as cited in Merriam, 1998), “Qualitative researchers are guests in the private spaces of the world. Their manners should be good and code of ethics strict” (p. 214). The researcher took the necessary measures to ensure that this study was conducted with high ethical standards. The researcher abided by the three fundamental ethical principles of the Belmont Report, published by the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (NCPHSBBR) in 1978. The three principles are respect for persons, beneficence, and justice (NCPHSBBR, 1978).

The first Belmont Report principle is respect for persons (NCPHSBBR, 1978). In keeping with this principle, the researcher protected the autonomy of the participants, and treated them with dignity and respect at all times (see NCPHSBBR, 1978). The researcher prepared a Human Subjects Consent-Participate Form (see Creswell, 2013). The Human Subjects Consent-Participate Form indicated that the participants have the right to voluntarily withdraw from the study at any time. On the form, the researcher specified data collection procedures and purpose of the study, protection of the participant’s confidentiality, and the participant’s expected benefits from the study. The interview data was deleted after it was transcribed and to protect the confidentiality of the participant, all were assigned pseudonyms.

Beneficence, the second principle of the Belmont report, indicates that the researcher has an obligation not to harm the participants (NCPHSBBR, 1978). The researcher made sure that research benefits were maximized and risk to participants was minimized by obtaining permission from the Concordia-University Institutional Review Board. The third principle of the Belmont Report is justice, which pertains to who will benefit from the study (NCPHSBBR,

1978). The instructors and student body of the Louisiana community college benefited from the study by learning ways that the community college could better meet the mental health needs of its students.

### **Conflict of Interest Assessment**

The researcher acquired approval from the Concordia University–Portland’s IRB and from the community college in Louisiana before the study was conducted. Participants were recruited via recruitment email; the participants’ email addresses were provided by an administrator at the Louisiana community college (see Appendix C). The researcher informed the participants of the reasons for the study before they agreed to participate in the research. The researcher gained informed consent from the participants by letting them know about the nature of the case study and asked them to sign an informed consent form (see Appendix D) to signify their agreement to the provisions of the study (see Creswell, 2014). The researcher avoided the exploitation of the participants by sharing them the final research results (see Creswell, 2014).

As a requirement of Concordia University–Portland’s IRB, all voice recordings were destroyed after transcription and data analysis. As per the Code of Federal Regulations 45.96, the researcher stored collected data for three years in a secure location; after three years, the researcher will destroy the data. The researcher does not have any conflict of interest as there is no connection with the community college in Louisiana and its instructors.

### **Researcher’s Position**

As the vital instrument of this qualitative case study, the researcher conducted all interviews and transcribed them accurately. Moreover, the researcher reviewed, interpreted, and analyzed the data collected. The researcher was mindful to avoid bias and conducted myself to



the highest ethical standards while doing the research (see Yin, 2014). The researcher neither plagiarized nor falsified the information gathered (see Yin, 2014). The integrity of the research was made possible because the researcher is honest and maintained strong professional ethics and competence (see Yin, 2014).

### **Chapter 3 Summary**

The purpose of this qualitative case study was to explore how the instructors at a community college in Louisiana recognize if their students need mental health services and what they can do to assist these students. The following research questions guided this case study research:

RQ1: What perceptions do community college instructors in Louisiana have of student mental health needs?

RQ2: How can a community college instructor in Louisiana provide and maintain assistance to students who suffer from mental health issues?

In this chapter, the researcher discussed the data collection methods used, which were the following: semistructured interviews, field notes, and documents. The researcher provided information about findings, her position as the researcher, and the ethical issues in the study.

## **Chapter 4: Data Analysis and Results**

In this chapter the researcher will describe the data gathered in this case study. The researcher will include a description of participants, a discussion of the research methodology used, and an analysis of the data collected via semistructured interviews, member-checking, field notes, and documents. The researcher will conclude the chapter with a summary of the data and results. This case study was designed to discover how community college instructors at a Louisiana community college recognize their students' mental health needs.

### **Description of the Sample**

To find participants for this study, the researcher e-mailed 14 invitations to instructors identified by administrators at the study site as being qualified to participate in the study because they had at least one year of teaching experience. These potential participants were employed at one of two campuses of the community college in Louisiana. Of the 14 invitees, 11 took part in the study. Of the 11 participants, two are general education instructors, four are nursing and allied health instructors, and five are technical instructors in subjects such as welding, computer technology, and drafting. The instructors' years of experience range from 1.5 to 32 years. The researcher has assigned each of the participants a pseudonym to protect their identity and maintain confidentiality.

### **Description of Participants**

The following section provides a detailed description of the participants in the study. Table 1 gives an overview of all of the participants using their pseudonyms.

Table 1

*Participants' Job Titles and Teaching Experience*

Pseudonym	Job title	Teaching experience (years)
Mary	Dean of Business Accounting; Instructor (Introduction to Business, Entrepreneurship, Introduction to Computer, Job Seeking Skills, and Customer Service)	15
Trina	Instructor (English); Coordinator of General and Developmental Education	7.5
John	Instructor (Computer Maintenance)	1.5
Kristy	Department Head and Instructor, Nursing & Allied Health Department	28
Marvin	Adjunct Instructor (Instrumental and Electrical)	2
Cindy	Instructor (Nursing & Allied Health)	8
Linda	Instructor (Nursing & Allied Health)	8
Roxanna	Instructor (Nursing & Allied Health)	2
Eric	Dean of Technical Studies; Instructor (NCCER)	32
George	Instructor (Drafting & Design Technology)	20
Eddie	Instructor (TD-Welding)	1.5

**Mary.** Mary is the dean of business at the community college in Louisiana. In addition to her administrative duties, she also teaches Accounting, Introduction to Business,

Entrepreneurship, Introduction to Computers, Job Seeking Skills, and Customer Service. Mary has 15 years of teaching experience. She taught one year as a middle school math teacher before making a transition to higher education. Mary stated that she started her career in a big corporation, but she found her calling in education and she stated that she had found that it was inspiring to be able to mold the minds of the young people. Mary is also active in her community as she tries to motivate teenagers to be model citizens through her summer programs.

**Trina.** Trina has been teaching in the community college in Louisiana for two and a half years; prior to that, she was an instructor at a university in Louisiana for five years. Trina has seven and half years of teaching experience. Trina is the coordinator of general developmental education at the community college in Louisiana. Her responsibilities include teaching English courses (English Developmental Reading, English, and English Composition 1); managing, planning, and expanding general and developmental education courses; hiring and supervising all general education faculty; developing and implementing assessment of general education courses; developing and reviewing policies; updating the college catalog; advising non-degree students; coordinating with program department heads for scheduling and resource development; training instructors college-wide on advising for general and developmental education courses; and serving on additional committees and task forces as needed.

**John.** John has one year of educational experience at the community college in Louisiana as a computer maintenance instructor. Prior to teaching at the community college in Louisiana, John taught Introduction to Computer Technology and Applications for one semester at a community college in Miami. From 2003–2008, John also held positions as a computer laboratory manager, web designer, database administrator, and student advisor at the same

Miami community college. John believes that everybody must embrace the differences of others, while providing social and educational experiences which will encourage them to grow through interactions between students and instructors.

**Kristy.** Kristy has been a nursing and allied health instructor at the community college in Louisiana since 1991; she has served as an educator for 28 years. As a nurse, Kristy considers herself an educator to all her patients and their caregivers. Kristy stated that she had worked as a nurse since 1979. In 2017, Kristy was made Department Head of Nursing & Allied Health at the community college in Louisiana. She still continues to work as an instructor but now also has the additional responsibility of overseeing the nursing department.

**Marvin.** Marvin is an adjunct instrumental and electrical instructor and has been teaching at the community college in Louisiana for the past two years. He has B.S. degree in Electrical Engineering and retired from that industry after 35 years. Marvin stated that he has different types of students who come to his class, but he makes sure that he finds time to get to know them by allowing the students to talk to him openly. Marvin stated that teaching in a community college was very different from working as an electrical engineer, but he had made it a mission to be able to impart his real-world experiences to his students in order for them to be prepared when they get to the field to pursue their careers.

**Cindy.** Cindy has been a nurse for approximately 35 years. She has been teaching nursing in the practical nursing program since 2011; she has eight years of teaching experience at the community college in Louisiana. She also served in Louisiana for 11 years as a public school nurse to students in pre-kindergarten through grade 12. This work involved teaching various health related topics. Cindy later become the Coordinator of Nursing at her parish school board.

Cindy added that she has also been a staff nurse, charge nurse, and preceptor to nursing students while working in a health care facility. Cindy described her philosophy of teaching and nursing as holistic; as a nurse and teacher, she takes all aspects of a person into consideration, including physical, emotional, and spiritual. Cindy shared that she tries to incorporate this philosophy into her role as a nursing instructor as well.

**Linda.** Linda worked for 16 years at a local hospital and then did travel nursing for three years. She has been working at the community college in Louisiana teaching Nursing & Allied Health since 2011; she has eight years of teaching experience. Linda strongly feels that she has to establish relationships with her students in order for her to assist them as they pursue a career in nursing.

**Roxanna.** Roxanna is an allied health/certified nurse assistant instructor. Roxanna has two years of education experience. She worked at an assisted living facility prior to beginning her teaching career. Roxanna stated that she tries to communicate with her students to get to know them well. Roxanna teaches dual enrollment high school students who are working on getting a certified nurse assistant certificate after graduating from high school.

**Eric.** Eric is the Dean of Technical Studies for the community college in Louisiana. Eric is also an instructor, teaching NCCER Instructor Certification courses and OSHA courses. He has been at the community college in Louisiana for six and a half years. Eric stated that when he is in the classroom, the important thing to remember is to get to know his students well. He said that building a relationship with them was a high priority, to the point that he would ask his students if they needed anything.

**George.** George has taught Drafting and Design Technology at the community college in Louisiana for 20 years. Before becoming an educator, George worked in the drafting industry. George stated that he wants his students not to feel intimidated by his position as an instructor. George shared that when he observes that one of his students having difficulty in the classroom, he immediately addresses it by having a conversation with the student.

**Eddie.** Eddie has taught TD-Welding at the community college in Louisiana for two semesters and has been teaching in the work force for one year. Prior to this formal teaching work, Eddie taught on-the-job training with various companies in welding and welding inspection. Eddie shared that he approaches his students appropriately by not directly pointing to them if there is an issue. He said that he coaches and guides his students to be able to tell him on their own if something is bothering them. Eddie stated that showing respect to his students' privacy is his priority.

### **Research Methodology and Analysis**

The researcher used the qualitative case study design to understand the experiences of the community college instructors of their students' mental health needs. The case study was intrinsic because it described the individual experiences of the community college instructors in Louisiana within the context of real life (see Yin, 2014). Two questions guided the research study:

RQ1: What perceptions do community college instructors in Louisiana have of student mental health needs?

RQ2: How can a community college instructor in Louisiana provide and maintain assistance to students who suffer from mental health issues?

The researcher used semistructured interviews and member checking for the data collection method and used inductive analysis to analyze the data, as described by Hatch (2002). Because the instructors were teaching classes most of the day, the most efficient and reliable means of communication was email. For member checking, the researcher emailed each participant his or her interview transcript and asked if it was accurate (see Merriam, 1998).

### **Data Collection**

First, the researcher collected data by conducting a one-on-one semistructured interview. Second, the researcher used the information gathered during the interview to collect the relevant documents necessary for the study.

### **Semistructured Interviews**

To recruit participants, the researcher asked an administrator at the community college in Louisiana for the email addresses of the instructors. After the researcher was given the email addresses, a recruitment email was sent to potential participants (see Appendix C). After the participants responded that they were willing to participate, the researcher set up dates and times to conduct interviews that were convenient to each participant. The location was at the community college in Louisiana where the participants are employed, as this was the most convenient location for the participants.

The interview questions (see Appendix A) were approved by the dissertation committee prior to going into the field. Questions one through five were designed to probe whether the instructors had awareness about mental health issues in students at the community college in Louisiana. Questions six through 11 were designed to focus on the mental health services available on the community college campus, as well as on mental health stigma. Questions 12



through 15 were designed to gauge the instructors' perceptions regarding whether mental health services are needed on the campus and whether they receive trainings or are asked to follow protocols when addressing a student's mental health issue. Questions 16 through 18 were about the participants' relationships with their students. Questions 18 through 20 were geared toward discovering the participants' perceptions of why community colleges lack mental health services.

During each interview, the researcher followed the same procedures with all interviewees. First, the researcher read the Interview Script (Appendix B). Then, the researcher presented the consent form and asked the participants to sign it before beginning the interview. After the participant signed the consent form, the researcher set up the digital recorder to record the entire interview. Each recorded interview lasted between 30 and 40 minutes, depending on the length of the participant's answers. After the interview, the researcher informed the participant to expect an email from the researcher with an attachment of the interview transcript.

### **Member Checking**

The researcher conducted member checking over a period of three weeks. The researcher used member checking to confirm the accuracy of each interview. After each interview, the researcher used Rev.com to transcribe the audio recording of the interview. Upon receiving the transcription, the researcher read through it immediately and made any necessary corrections. After that, the researcher sent it immediately to the corresponding participant via email to allow him or her check its accuracy. Each participant was asked to read through the transcript and note if any corrections they would like to make. If the participant offered no corrections, they sent the researcher an email stating that they approved the accuracy of the interview transcript. All of the 11 participants approved their transcripts.

## **Documents**

During the interviews, the researcher gathered several documents that relate to mental health on the community college campus. One of the nursing instructors provided two blank copies of the documents that the community college requires students to submit; one is a form to list all the prescription drugs, nonprescription drugs, and substances a student took during the last week (see Appendix E) and the other is a drug screening policy and consent form (see Appendix F). The instructor participants stated they do not receive trainings about mental health, but they were required to watch a video from YouTube about school shootings titled *Shooter on Campus* (see Appendix G). The participants also shared about the Employee Assistance Program provided by the community college, which allows faculty to access counseling and other mental health resources if they experience personal or professional challenges. All the documents were authenticated by an administrator at the community college. The documents the researcher gathered were saved in a separate folder under the heading “Documents” to readily retrieve it as the data analysis proceeds (Yin, 2014).

## **Data Analysis**

The researcher used the steps in inductive analysis as discussed by Hatch (2002) to analyze the data collected during the one-on-one semistructured interviews and the documents gathered. The researcher used the initial coding, which is also called “open coding,” to examine and compare the similarities and differences of each participant’s data (see Saldaña, 2016). After the initial coding, the researcher used the values coding analysis method as described by Saldaña (2016) to assist in identifying the participants’ values, attitudes, and beliefs representing their perspective or worldview of the phenomenon (Saldaña, 2016). The researcher identified 48

codes, which were collapsed to 21 concise codes. The researcher then categorized these into eight emergent themes under the three categories of value, attitude, and belief (Saldaña, 2016). Below, the patterns found after conducting the inductive analysis are explained.

### **Field Notes**

The researcher used an Interview Protocol (see Appendix B) to take down notes during and after each interview. As Merriam (1998) suggested, before each interview, the researcher shifted from a “wide angle” to a “narrow angle,” focusing attention on the interviewee and blocking out all other perceptions. The researcher took down key words from the participant’s remarks that could be used for initial coding (see Merriam, 1998). In the field notes, the researcher included feelings, reactions, hunches, and initial interpretations of the data (Merriam, 1998).

### **Interview Data**

The researcher recorded the interviews using a digital recorder. Immediately after each interview, the researcher uploaded the file to Rev.com for transcription. Upon receiving the transcribed interview, the researcher double checked it by listening to the interview while reviewing the transcript. The researcher edited and corrected as needed while listening to the interview to ensure accuracy. The researcher emailed the transcriptions to the participant to allow them to check for accuracy. One participant made a correction on grammar and spelling, and one did not respond in member checking despite sending email four times and leaving a voicemail. The others made no revisions to their interview transcript and sent their approval email immediately. The researcher proceeded with the data analysis after member checking.

The researcher used Hatch's (2002) inductive analysis model to guide the researcher in analyzing the interview transcripts. The researcher first briefly skimmed through each interview transcript as a whole and wrote down impressions. Next, the researcher carefully read each transcript again line by line. The researcher then labeled pertinent pieces, phrases, paragraphs, sentences, and sections. The researcher noted information from each interview that struck the researcher as significant, such as pieces of information that were repeated, information that mirrored findings from previously published studies, or information that surprised the researcher, giving a new perspective on the study. While using inductive analysis, the researcher also started open coding, as recommended by Saldaña (2016). The researcher looked for underlying patterns that were emerging from the codes. Initially, the researcher was able to gather 48 codes. The researcher determined the most relevant codes and kept them, generating additional categories by merging several of the less relevant codes together. The researcher was able to collapse the initial 48 codes to 21 codes for categories, and the researcher applied values coding to reflect the participant's values attitudes and beliefs about their student's mental health issues and needs which resulted to eight emergent themes.

## **Documents**

Relevant materials that the researcher gathered through the course of interviewing the participants contained important information that the researcher used to triangulate the data analysis. The participants stated that they had received no training pertaining to dealing with mental health issues such as suicide or major depression, but that they were all required to watch an active shooter video from YouTube (see Appendix G). Roxanna, the Nursing & Allied Health instructor, provided the Drug Screening Policy (see Appendix F) and Prescription Drug

Disclosure Form (see Appendix E) that all nursing students need to submit. According to Roxanna, as a nurse, she would be able to tell if the student is taking prescription drugs to address mental health needs. Another document gathered is about the Employee Assistance Program provided to faculty and staff who may be encountering personal or professional challenges. The participants stated that it would be helpful if the students in the campus were provided a similar assistance program that they could access anytime.

### **Member Checking Data**

During member checking, the researcher solicited the participants' views of the credibility of the findings (see Creswell, 2013). The researcher sent an email to participants with the attached preliminary analyses consisting of emergent themes that the researcher gathered from the interview. Participants were informed that the researcher was interested to hear their views and welcomed feedback about the validity of the findings. The researcher stated that they all played a major role in this case study, and that now they were being given the opportunity to provide alternative language and critical interpretations (see Creswell, 2013).

### **Summary of Findings**

The findings revealed that the community college instructors in Louisiana find it difficult to recognize their student's mental health needs. They stated that mental health issues are challenging to perceive or recognize because a student could act normally one minute and could suddenly snap and display extreme behavior. Based on the personal experiences of the instructors, students struggling with mental health issues often display no outward signs of suffering. Unless the student acts or behaves differently, or the student has advocated for him or herself, an untrained person is likely to miss signs of mental health conditions. The nursing

instructors stated that even though they have a background in recognizing mental health needs, they still feel inadequately prepared to give the students the help they need. The instructors shared that the community college would benefit from having a designated person or office to address mental health issues on campus.

The instructors stated that they believed establishing a good relationship with their students and establishing rapport could lead to the student to feel safe enough to seek help if they needed it. The community college instructors also shared that, due to lack of physical indicators to alert them to mental health issues such as depression, anxiety, or suicidal ideation, they might miss the signs that the students need help. Finally, they stated they are willing to assist their students even though they feel inadequately prepared because they are not trained to provide intervention or teach coping skills to their students who maybe experiencing mental health issues.

Eight themes emerged that supported the two research questions. The eight themes fell into three broader categories: values, attitudes, and beliefs. Value is the importance assigned to oneself, others, things, or ideas (Saldaña, 2016). Attitudes are how the participants think and feel about themselves and others (Saldaña2016). Lastly, beliefs are the combination of values and attitudes plus the participants' personal knowledge, experiences, interpretations, and opinions (Saldaña, 2016). Table 2 shows the eight themes.

Table 2

*Theme Titles and Themes*

Theme title	Theme
Values theme 1	Care and compassion for students

Values theme 2	Positive relationship with students as best path to recognizing mental health needs
Attitudes theme 1	Willing to help students in spite of being inadequately prepared
Attitudes theme 2	Challenge of identifying students with mental health issues
Attitudes theme 3	Proactive approach
Attitudes theme 4	Inconsistency in helping practices between instructors
Beliefs theme 1	Students on campus need mental health services
Beliefs theme 2	Need for crisis management plan and further training

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## **Presentation of the Results**

The researcher analyzed the one-on-one semistructured interviews using the inductive analysis model as described by Hatch (2002). The researcher then applied the coding process, specifically Saldaña's (2016) initial and values coding models. Below, the results of the data analysis are presented, with codes categorized under their respective themes.

### **Codes Under Values Theme 1**

**Code 1: Care and compassion.** The 11 community college instructors in Louisiana acknowledged the importance of showing that they care about their students. The instructors made the students' wellbeing a priority. They described how, if a situation arose where the instructor felt that a student may be struggling with mental health, they would focus on that student and his or her needs first. George described a student he had taught who had a diagnosis of bipolar disorder. George stated,

She would get mad at the computer, that it wasn't doing what she thought it would be doing. She thought there was something inside the computer and she started banging on the computer and I had to call her outside and cool her down and try to reason with her. The situation could have escalated to a full-blown meltdown, but because George cared for his student, he was able to recognize that he needed to be compassionate and empathetic. George continued,

I don't really have an office, so I pull them outside and we go sit down on the bench and I talk one to one. I'm really a compassionate guy, so I just try to talk to them on their level and be patient. I don't ever like to fuss or get angry with a student, I just like to reason with them. That's how I handle the situations.

Linda noted,

I try to get fairly close to my students, try to get to know about them and some of their or a little bit of their personal life so that I can maybe tell if they are struggling, whether it is about nursing, or something else is going on. I like to ask them frequently, how are you doing?

Through Linda's caring attitude, her students can talk to her openly without the fear of being judged. Roxanna added,

We should have something, some avenue for them if they're depressed. Because what happens is we're usually the ones to try to motivate them, to coach them through it, and to encourage them. Just on what we know to do, as a human being. A compassionate human being just to help them.



Through opening the lines of communication, the instructor gives the student a chance to open and seek help if needed.

**Code 2: Respect.** The instructors are actively present and involved with their students. They are aware of what is happening in their surroundings and circumstances. If an instructor recognizes that a student may be exhibiting abnormal behavior, they initiate a conversation. Eddie said that if he sees a student who may need assistance, he would approach the student appropriately and would coach and guide them in a way that would encourage them to open up. Eddie continued that he would be mindful of the words he uses so that the student would be encouraged to seek help if they need it. Eddie said, “You can’t just walk up and say, “Hey, look, you need help. You need to go up front [go to the office to seek help].” Cindy added, “It takes a little bit of care sometimes; sometimes you have to see something in people that they do not see in themselves” to have the student share their thoughts and feelings.

John stated,

Getting them to open up, about what it is and where their difficulties are, that’s basically just the human frailty. ‘Cause they’d be more closed up, and sometimes it’s just communication. And that’s just being patient and slowly prodding them to open up. The instructors displayed respect for their students by giving them space to think for themselves. By allowing the students to engage in a conversation, the instructors are present at the moment when they observe a student that needs help.

## **Codes Under Values Theme 2**

**Code 3: The value of building relationship.** The community college instructors in Louisiana demonstrated that they find relationship-building an important aspect of assisting students who may have mental health needs.

Linda stated that it is important to her to have a relationship with her students. Linda noted,

I really try to have some sort of relationship with each of my students. They see me five days a week, so I want them to know a little bit about me, but I want to be able to see how they're doing.

The instructors' responses show that many of them are mindful that, to get to know their students personally, they must be able to share their own lives as well. To build a trusting relationship, they must open up a little more than they might otherwise.

**Code 4: The value of communication.** The instructors put value on the power of communication, whether nonverbal or verbal. They noted that they could build good relationships through conversations with students. Kristy reflected on what she does if she notices that a student is exhibiting behavior changes. She said,

I'll call them in and talk to them privately. For the biggest part, most of them will say, "I started feeling really good about myself and I found I wasn't depressed as much anymore. So, I stopped taking my medicine." So now we're back to behavior changes, negative behavior. Short tempered, some of them just withdrawn, and I will tell him or her you've got to get back on medicine. If you've got a mental health issue, it's a chronic thing. If it has been diagnosed as a chronic thing, you've got to understand that is

something you may have to take for the rest of life. And if you're feeling good, that's what it's supposed to do. That's what the medicines supposed to do, so continue to take it.

Kristy said she gives the student a safe platform to confide in her. She added that usually, when she reaches out to a student in this way, they are willing to share at least some of what is going on. She stated she hasn't had a student who did not want to share at least some of what they were struggling with when she took the time to communicate. As a result, she has been successful in supporting students who are dealing with mental health diagnoses or struggles.

Cindy shared a similar strategy to the one Kristy shared. Cindy said that usually she starts by asking the student: "Would you like to talk about it? Would you like to talk to me?" She reflected on the results of this approach:

Sometimes they do. Sometimes they come in and they'll tell you all of their problems, all of their concerns and sometimes just being able to come and vent and verbalize is enough. But if I felt that it was something emergent, I would have to notify my superiors and we would definitely have to get the person care immediately.

Cindy added that if she feels that the student is not in danger of harming themselves or others, she might give the relationship more time to develop. However, if the student is suicidal, or if there is another urgent issue, she would handle the situation differently.

Eddie shared that if he notices something different about a student's behavior, he would talk to them in an appropriate way to get them assistance if they needed it. By communicating with their students with dignity and respect, the community college instructors in Louisiana

foster trust with their students. Kristy shared more detail about how she communicates with her nursing students:

Actually, there have been some that have come to me and I told them I noticed some behavior issues that needed to be addressed. And I'll come right out and ask them, "Have you ever been diagnosed with a type of mental illness?" And if they'll say, "No," or if they'll say, "When I was a teenager, whatever, but nothing was ever done about it." Then I'll say, I'll recommend, as a professional, as a nurse, that maybe they need to seek some type of mental health care, and I will give them some guidance as to where they might be able to go to get an initial assessment and then follow up with it.

Marvin noted what he does if he notices something not right with his students:

I'd pay more close attention to the student's general wellbeing, I will ask them, "Are you in depression? Are you having mood swings? What is going on with you? Something is happening outside of your normal behavior pattern."

The instructors believe personalizing communication with their students can allow them to perceive if their students may need assistance. Communication is a way for the instructors to build trust and relationship with their students.

**Code 5: Getting to know the students.** Aside from engaging the students in conversation, casual or formal, the instructors deemed it necessary to find ways to get to know their students. Trina shared that, in her Composition 1 class, the first writing assignment is a personal narrative essay. Trina said that sometimes students would write about themes that might signal to her that they were struggling with their mental health, even if they didn't write about that struggle overtly. She observed that, even if they weren't writing a narrative

specifically about mental health, “You can kind of tell that that’s where they’re going, that’s what they are implying.” Trina shared that, even if she can’t recognize a student’s mental health issues by observing their behavior, she sometimes recognizes it in their writing. During the interview, Trina disclosed that that one of her students submitted a personal narrative essay disclosing that he/she once attempted suicide by putting the barrel of the gun in his/her mouth (see Appendix A). Trina stated that had she not read the composition she would not have been able to recognize that the student was struggling with mental health issues. This story emphasized that Trina gets to know her students through their writing.

Mary’s approach is a bit different from Trina’s. She shared that on the first day of class, be it online or in person, she asks her students to introduce themselves. Mary said that aside from the usual requests for students to share their name and where they are from, she would ask students about their goals. Mary continued,

A lot of times you’ll be amazed at what comes out of that and then also when students come or who are anticipating enrolling in college, whenever they come to me and they are interested in business, I talk about life with them and not like a deep talk, but when they come in, I ask, okay you’re interested in business, and they say, yes, and I say, but what are your goals and so when I asked, what are your goals, you can tell a lot from the conversation as far as where they are mentally.

Marvin shared a recent incident when a student with posttraumatic stress disorder (PTSD) exhibited distress during a school day. At the time, Marvin was not aware that the student had PTSD. Marvin said that that, according to his understanding, the student was off his medication and the student nearly had a confrontation or outburst with another instructor and with some of

the students. The student was trying to get to Marvin but at that time he was out of the office.

Marvin stated,

Well, for some reason, I always took time to talk to him, to encourage him, to help him, in terms of just general. . . . We talk about a problem or whatever, and he was so appreciative that I would take the time to talk to him.

Marvin continued, “Normally, he’s a nice, easygoing guy, and not the violent threatening type person that suddenly he had become. So, when he finally calmed himself down, he was just like a child, in terms of his mental state of mind.” Marvin shared that the student left the campus before he could get to him, but Marvin was able to call and talk to the student. The student was willing to give Marvin his address. Marvin visited the student along with the police, who were able to refer the student to a facility to be evaluated and help him get back on his medication. The situation could have been worse, but because Marvin knew his student and had already established a good relationship, Marvin was able to help his student.

Eric observed that he takes time to get to know his students, stating:

Knowing them well. You know, kind of, you could say, had a relationship with them to the point where you know, do you need anything? If the grades were falling or they were missing class for a reason or another, you’d ask questions about that, as well.

Roxanna shared that her nursing students fill out a form (see Appendixes F and G) that helps her understand how her students are behaving. The form asks if they are taking mood altering medication or psych drugs. These drugs can impact how the students are learning. Roxanna noted that she keeps track of changes in student behavior: “Are they keeping up in the class? Is what’s happening with them mentally affecting them in this classroom? And most of the

time it does not, because the medicine that they're on is controlling whatever's going on with them." Kristy shared similar observations, explaining:

As department head and program coordinator, when we're trying to begin a class and set up which students will be accepted into the program, we ask for a physical. And that physical of course includes both mental and physical health. And I'm not going to say I target those students, but I do look at the physical, both the health and the mental, the physical health and the mental health. And if I notice on a physical about the mental health issues and we have some, I try to keep that in mind. I watch.

Linda shared similar thoughts about building on an existing relationship to help a student who was struggling. She stated:

I have a past student now, but I also have a student in class that was having a lot of family issues and she ended up being homeless for a brief period, depression. I helped her to find information where she could go somewhere instead of sleeping in her car. We looked for places where she could get counseling, and that kind of thing. Another student, one of my graduates is going through a lot right now, she got married and three weeks after she got married, her husband committed suicide, she's been kind of on a downward spiral. I've been trying to reach out to her, at least talk to her once a week.

The participants reported various ways of getting to know their students (narrative writing essay, communicating life goals, deep conversations, filling out a form). The instructors are aware that listening closely to their students via different means could improve relationship.

## **Codes Under Attitudes Theme 1**

**Code 6: “Can do” attitude.** The instructors expressed that they are willing to address issues, but are concerned that they are not formally trained to diagnose and intervene with students with mental health issues. Four of the 11 instructors are nurses. Two of the nursing instructors said that despite having a background dealing with patients who may have mental health needs, they still feel inadequately prepared to address the mental health needs of their students. Kristy said,

Even as a veteran nurse of 38 years, to say that I’ve got the mental health nursing as a specialty. I wouldn’t be the one that would be the counselor. The one that students need to go to. I can pick up mental health behavior or needs and I can direct them to where they need to go.

She continued that she is not the person to give them the help they need.

According to Roxanna, “I’m not qualified to help them in any kind of way except a hug.” She stressed, “I don’t think I would be qualified to handle an actual mental health case on that. I’m not qualified for that.” Roxanna shared that if she could help in any way, she would. She said that she would tell the student: “If I can help you in any way, I will. If I can help you, I know you are having problems, I’ll be considerate of that.” Like Kristy, Roxanna emphasized she didn’t think she would be qualified to handle an actual mental health case. Marvin said,

I probably can use a little training, and the reason being is when that student was having this particular issue, he was looking for someone to communicate, and I tell you, he got in another student’s face, and I mean too close to him, and the guy thought that he wanted to do bodily harm to him, but really he was just looking for someone to help him.



On the other hand, Linda stated, “I feel like I’m as prepared as anybody can be. I am a nurse and I teach a mental health course, so that really helps.” Linda shared that in the Practical Nursing Program, the students take a Mental Illness Nursing course with two total credit hours with a total of 80 clock hours (see Appendix L). Cindy stated, “Probably as prepared as anybody on this campus because I am a nurse, and I’ve been a nurse for almost 35 years, so I have a general overall knowledge about that.” Two of the instructors felt unqualified to assist students who may have mental health issues, while the other two stated they feel that they would be as ready as anyone else.

**Code 7: Willingness.** Although eight of the 11 instructors stated that they were not adequately prepared to address the mental health needs of their students, all of them said they would do what it takes to help the student navigate how they can access help. Mary shared that when she noticed a student that she felt may be having some mental issues because their behavior was out of the ordinary, she would talk to the student. Mary said, “I sit down and talk with them. They’d tell me, matter of fact, they’d tell me more than what I really want to know.” Mary said that if she felt a student needed assistance, she would refer the student to the Americans with Disabilities Act (ADA) Coordinator to check what else can be done for the student. Mary said that the ADA Coordinator is not a campus counselor but could assist in getting help for the student.

John said that even though he is not trained on how to address mental health issues, if a student needed help, he would talk to them. He stated,

I’d basically try doing some psychoanalysis to simplify it. Just trying to feel where they are coming from, what’s happening in their life, and then from that, I don’t know where

our disability department is in this school. I've no idea at all. But then I'd start climbing the ladder and say, "Who do I talk to?" If it's an immediate like how they were about to do it right there, maybe the police can. . . . I would pull out my cellphone and I would dial 911. I want the kids okay.

Despite not knowing what to do and where to go to when and if a critical scenario does happen, John communicated he is willing to do what it takes to assist a student in need. Eric similarly said that he needs more training to effectively assist students who are experiencing mental health issues.

Kristy said that they do not have mental health services on campus, but over the years, she just knows as a nurse, "I think it's just something that comes naturally. You notice it, you go ahead and, but it's not my responsibility to do it. No. It's not one of my job titles." Kristy said that she is not a mental health counselor but if she notices that something is wrong, she is more than willing to assist the student.

## **Codes Under Attitudes Theme 2**

**Code 7: Challenges in identifying students' mental health needs.** Mary shared that it is extremely difficult to gauge if a student has mental health needs. Mary shared that three years ago, one of her students died by suicide and she did not detect any issues at all prior to the student's death. Mary continued,

He would come to class all the time, but his behavior, I never would have known he was depressed, no signal, nothing. The only thing that was, well, I guess in today's society, you would not consider it weird or anything, he had a partner and the guy that he was partnered with, he seemed to have like, a lot of issues but this particular guy seemed very

stable, and when he committed suicide that young man came here and but it was like it wasn't a big deal with him. And so other than that, I don't know, there was no way, and that's how, it was no way that I would know that he was depressed, or I will say this, he wasn't open like most students. He was one of the few that, he would never sit and talk with me because I was able to discern that both of them were together. They were both students. I could tell that, but they weren't open about it, if they were open about their lives, their relationship, they weren't. But apparently, he wasn't happy.

Mary continued that she was shocked when she learned about the student's suicide. She said she felt bad, and added, "I was like, maybe I could have said something like to help this student, but I had no clue. If I rewind everything that happened, there was no sign." George also noted that he finds it difficult to identify students with mental health needs, but stated he usually can tell just by talking with them and watching how they respond. Mary also shared an incident she experienced with a student with PTSD, stating,

Apparently, he was not on his medication. And so, he was acting abnormal and so he went to class but then he went by on the grounds. He approached some students and they didn't think he was a student, so it was a big ruckus that occurred. Actually, what ended up happening, the man was reaching out for help. He ended up leaving the campus and going to his apartment. He was looking for one of our instructors, so the instructor called him, once he found his number from student services called him to see where he was because the police was looking for him too. They went to the apartment and the instructor said when they found the man, he was sitting by the apartment crying because he couldn't get in his apartment. The instructor said that the office was right across the

street but the student was disoriented and so they ended up putting him in a mental hospital. The instructor said that up to that point though, the man was normal, you know, the best student you can have and so they had no way of knowing or even monitoring that the student could suddenly exhibit that kind of behavior.

Marvin shared an experience with a student who had a mental a breakdown on campus. Marvin said that the student informed him that this was not the first time that he experienced this, and the student said he had been trying to handle it more on his own, but this time things just kind of got out of balance. Marvin continued,

When I spoke to him, you can clearly see this is a mental issue. This is not just some outrage. This guy's completely out of character. So, when we finally got to him, I was the only one he would tell where he was because he was afraid. He says, "Don't let them take me to jail. They're going to take me to jail. I'm sorry. I didn't mean to hurt anyone. I really didn't." He's literally crying. This is a grown man that's just. . . . He's completely broken down. So, his mental capacity is gone.

Marvin continued,

I've been teaching here for a couple years, and it's the first time I've seen a mental health issue. It didn't occur in my classroom. It occurred in one of the other class, but he was my student. This one was ironic. He was in my class the hour before. Perfectly normal. Perfectly happy. When this event occurred, we were speaking of maybe two to three hours later. They're telling me, "They're looking for this student, and he came by the office to see you, and he's just cursing. He's upset. His speech is slurred," and I said, "Is

this student that was in my class this morning? We're talking about the same one?" And yes, we were talking about the same one.

Marvin said that he did not detect anything when the student was in his class.

John stated that the challenge is getting students to open up about their issues. He said that the students often want to keep it to themselves. John tries to overcome that challenge by building open communication with his students, being patient and slowly encouraging them to open up.

Cindy stated that, aside from watching for changes in students' grooming, she tries to observe students to try to recognize anxious behaviors. She also added, "Maybe they're withdrawn, and you feel like there's some depression, but sometimes they're very good at hiding it and you don't always know." The instructors had difficulty recognizing if their students were experiencing mental health issues, which could prevent them from providing much-needed assistance to their students, or referring their students to outside mental health services.

### **Codes Under Attitudes Theme 3**

**Code 8: Going the extra mile.** The community college instructors in Louisiana described how they take the initiative to find ways to assist a student who may need mental health services even though those types of services are not offered on campus. Linda stated,

If I notice that they're struggling, we just sit down in my office and we talk. I'm always going to look and see if I can find them some sort of community outreach program, or something that would be helpful if at all possible.

In the case of Trina's student, who submitted a personal narrative essay about attempted suicide just before I conducted my interview with her, Trina said that she intended to print out the essay

and bring it to her supervisor, the vice Chancellor of Academic Affairs, to see what he thought she should do, if anything. Trina continued, “If he says leave it alone then I will probably just go ahead and bring it to someone else, maybe the student services director and just ask them as well and see what they say.” Trina recognized that her student needed some sort of mental health assistance and was committed to looking for an answer that would benefit her student. Trina’s attitude was adamant in finding assistance for her student.

Eric expressed his desire to attempt to reinforce positivity in his students, noting:

This particular student told me that he was bipolar. I gave him positive feedback as far as his worth and his ability to succeed. You know, you can still succeed even though you might have that situation. But you’re doing well in this class, you can still excel, and don’t do something that’s going to stop you from succeeding.

Eric shared that this student finished school. According to Eric, it was a matter of making the student believe in himself. Eric knew his student was capable of graduating despite his mental health issue. Regarding this student’s situation, Eric stated, “It was just a matter of, ‘Am I going to put forth the effort to do this, or am I not just going to care and not do anything?’”

Cindy shared a similar story about one of her students thriving after positive reinforcement from her as a faculty member:

I had a student, and I’m not sure if we want to call this a mental health issue but it certainly was some type of a social issue that maybe linked into it. But she was large, she was overweight. Her appearance, she was not groomed as well as she could. She had very long hair. She sat on the front row in my classroom in a desk. And she was very smart. And when she first started with me, she would lean over in her desk. She would

allow her hair to hide her face, as if she wanted to be protected from the rest of the classroom, and from me, or from any instructor that came in here. I would call on her and she could always answer but she would whisper almost, the answers to me. And so, I'd say, "What was that you said? C'mon you just got it right." And so, she gradually became a little more verbal. Gradually, I saw her back straighten up over time. I saw the hair come back. And she, funny enough, she went from this withdrawn, socially kind of isolated person, who just didn't believe in herself, and she needed somebody to believe in her. And when she got that affirmation, she cut her hair. She became very verbal. She became president of our Student Government Association.

The willingness of the instructors to reach out and build up their students' confidence was a way to help students to feel better about themselves.

**Code 9: Going by gut feel.** Trina's students turn in personal narrative essays, which can often include very intimate, emotional information. She stated if she reads that a student has a mental health issue, she goes by gut feel. Trina said,

If the work indicates that they are still struggling with mental health issue or their performance, their behavior indicates that they're still struggling with it, but if they've said, you know I used to struggle or I've had this problem or that problem it's kind of in the past and they're not displaying anything abnormal, I wouldn't really worry about it. It's actually pretty common to have those issues come up and, in their writing, and they may not still be struggling with, it but if they seem to be still struggling with it then I do refer them to our liaison in student services.

Trina stated that she goes by what she feels when trying to assess if a student needs further assistance addressing their mental health issues. If she thinks and feels that the issue has been addressed, she does not worry about it, but if the student still exhibits behaviors that indicate further concerns, Trina acts by referring the matter to her liaison officer.

#### **Codes Under Attitudes Theme 4**

**Code 10: Seeks help.** The community college instructors in Louisiana stated that they do not have mental health services on campus, but they take it upon themselves to develop a procedure on their own for how they would assist a student who exhibits mental health issues. The community college instructors in Louisiana find ways to look for assistance to address students' mental health issues. Each has their own strategy for providing help to their students.

Mary's procedure is to inform the ADA Coordinator. Mary stated that it was not in the ADA Coordinator's job description to address students' mental health needs, but because the ADA Coordinator does counseling on the side, Mary felt that the ADA Coordinator could help her address the needs of her student.

Eric expressed a similar self-conceived plan for what to do, but indicated different contacts:

I try to make sure I get the people involved here that takes care of that kind of thing. You got the HR manager and the Vice Chancellor of Student Affairs. So, I kind of make sure I bring that to their attention.

Eric also expressed that he was not quite sure these people had the authority to handle this type of situation. He continued, "I think those are the two that handles what happens next when we have those situations." According to Trina, "We don't have counseling services here, but the



liaison can help the student to get in contact with someone outside of our organization.”

According to Trina,

The only direction that we’ve been given is to refer them to the liaison, if there’s some problem, if you know you feel like there’s something that is more urgent, then I would more than likely go directly to the Vice Chancellor of Student Services and let them know.

Trina added,

If I feel like they are struggling, most of the time they come out and say it because they missed work and I’ve asked them why they’ve missed work, and what’s going on , and they’ll usually come out and say, you know well, I struggle with depression and what not and so I’ll just tell them that we have the liaison that they can meet with , who can get them the resources they need if they wish to participate in some sort of therapy or something like that.

Roxanna stated that if she noticed a student has mental health needs, she would probably approach the student and ask some more general questions before getting personal. Roxanna continued,

I would probably ask him since we have documentation if they’re on any kind of medicines. So, I would probably look at that and see, if they are on any psych drugs or any kind of mood-altering medication or something like that. And if I thought that they needed something, I would have to go to my department head, I’d have to go to chain of command, tell her what I see, or what I think. And then they would take it from there.

Kristy described how she goes above and beyond her job title, taking a proactive attitude to help students,

I'm not aware of an actual protocol or policy, procedure that's in place. For me, as a nurse, and with the experience that I have, so many years of experience, I guess you can say that if I noticed it, what I do is, one of the first things I do is I have a friend I worked with 30 some years ago, that she runs the mental health facility here for the parish.

Students can go to that facility and not be expected to pay if you don't have insurance.

So, it's always the ideal place to send them. Now there may other places in the parish but since I know this lady, that's where I send them.

Kristy's response shows she is willing to take it upon herself to find help for her students. She said she is the only instructor taking this approach.

Marvin stated that, because the community college has no clear procedure to address mental health issues, if something occurs, "We'd just call the sheriff. We can't handle that. We would give it to law enforcement. They're more trained to deal with the mental health issues, and they would, of course, render the situation safely, hopefully, without any violence." The participants are all aware that the campus does not have mental health services, nor a protocol for how to address student mental health needs. Therefore, they take it upon themselves to create a plan for how to help students who may need assistance.

**Code 11: Mental health issues.** All of the 11 instructors are aware of a basic definition of mental health, but they each have nuanced understandings of mental health beyond that basic definition. Eric stated, "Well, it seems to be a topic that is becoming more and more prevalent in 2019. The last few years it seems to be one of the top things." According to George, students

with mental health issues, “Have problems with what a normal person doesn’t have problems with. For example, like bipolar or things like that.” Mary defined mental health issues as depression and/or anxiety that impact an individual’s life. For Kristy, mental health issues are when an individual is unable to cope with everyday life:

They lose it. They just aren’t able to take a situation and handle it in a way that would not interfere with their everyday way of life. I guess you can say it affects their everyday living in a negative way.

Cindy said, “Mental health issues. Depression. Anxiety. I think it translates into physiological issues, such as grooming or lack of grooming. Attention to other family members. The different types of mental disorders that are out there. You know, schizophrenia, bipolar, that type of thing.” Cindy continued, “The nurse in me looks for if someone is not well groomed, or they look disheveled, as if they don’t take care of themselves because they’re depressed perhaps, and they don’t have the energy to do that.” The instructors have different descriptions or definitions of mental health issues, but all their responses show they believe an individual who has mental health issue has more difficulty handling everyday situations than other people do.

**Code 12: Unable to navigate through life.** According to Trina, students struggling in class may be facing mental issues. If a student is going to fail a class, if they are not turning in work or not improving in the coursework because they do not have the resources, they may be struggling with mental health issues.

Mary shared that she had a student who had anxiety, stating,

He was very, very smart, and at first, he would come to class like regularly and then he missed, and then when he came in he just looked kind of wild, and I said what’s going

on? And he said he was having anxiety and so sometimes, I just can't, can't make it and so he said that he was seeing a psychiatrist or something like that, but it wasn't easy to detect at first. I thought he was a smart guy, top of the class but something must have happened from what he was telling me to trigger it.

Mary added,

People think because a student goes to a community college, they don't have the ability, but it's not the ability it's just basically that people aren't able to know how to navigate through life. Everybody knows you're supposed to go to high school to a certain age but there are a lot of people who don't know what to do beyond high school. Every individual needs some type of postsecondary education, but there's a huge population of people that don't know how to get there. So of course, you have home life, a lot of these students, not all of them, they grew up in drug infested home, and their parents did not go to college. Louisiana of course has a huge population of students who didn't even have a high school diploma and so that actually just adds to mental health issues because people have a lot of insecurities as well because I don't have a degree, I don't have the lifestyle that I would like to have. It impacts quality of life.

Mary observed that students at the study site came from backgrounds where higher education wasn't necessarily the norm. She believed this might make it more likely that her students would have difficulty directing their lives smoothly, which could affect their mental health state.

### **Codes Under Beliefs Theme 1**

**Code 13: Urgency.** The instructors expressed that they are receptive to the institution providing them with tools to assist students who suffer from mental health issues. They believe

that an environment where there is consistency and accountability in addressing student's mental health is vital to maintaining assistance to student's mental health needs. According to Eric,

It is actually coming up more and more because we had an incident earlier this semester and I don't know how much I should be saying but we had a student that had PTSD. He wasn't taking his medication. We got the HR manager involved. The campus dean, interim campus dean. The police. The Sheriff's department. And even the instructor got involved and they ended up getting him to the hospital and then they took care of him after that.

Trina said that she believes that 20% to 25% of her students may be struggling with mental health issues. She stated that she felt it was more than the university where she worked before.

Trina said,

I interact with students from 11 or more parishes from rural areas, so I don't know why it's so much higher here. I feel like there's so many more students who would probably benefit from some sort of Mental Health Services.

John said that he estimates that in a class of 20 students, he may have three students who have mental health issues. George said that he estimates one in 20 students deals with a mental health issue. Eddie estimated that in a class of 20, he would have at least two who may need mental health services. Marvin's estimate was 2% of students on campus who needed mental health services.

**Code 14: Students with mental health needs.** Eric stated that he sees many students who have mental health needs. He observed,

I'm glad we're talking about this because I think we need to be more proactive with it because we had another student last semester, he has anger problems. And he just kind of lost it. So, we ended up talking to him and he calmed down after he went to lunch."

Kristy said that students with mental health needs

Can become a distraction in the classroom. Those are the students that if they're not doing well mentally, they'll have outbursts. An outburst never happens in an appropriate time, it always seems like it happens in the most inappropriate times. What that does is it takes away from classroom instructions. Because as an instructor, you must stop. Everything has to stop. You have to deal with the student at that time." Then the instructor would need talk to the student, and it takes away instructional time. Kristy was saying that if they have mental health service personnel, they could handle this kind of situation without stopping the learning of the other students.

According to Cindy, volatility can manifest in someone with mental health needs. Cindy said,

Maybe we might see mood swings on people and things like that. I mean, I don't always know that there's a mental health issue. So, I don't, it's kind of hard for me to answer that. I mean, I have taught some students, over the years, that have been bipolar. And you might see that aggressiveness at times or whatever in them, but overall, I don't know.

The community college instructors in Louisiana had experienced volatile behavior of students with mental health needs. This type of behavior takes away instructional time and learning.

**Code 15: Students facing challenges, more at-risk population.** Eric expressed that being more proactive would be important for the student population he sees, which he perceives to be more at-risk than the average population.

We just need to be more proactive with it and really, I guess, it shouldn't be any different, but I consider the community college to be a more at-risk population than your typical university. So, we probably should be even more proactive with it than a regular university would.

Eric explained that he also believes that community college students are more at-risk because they also cater to adult education on campus. He stated,

Where a lot of those students, they come on the bus and they get dropped off and they go to class. And it just more of an at-risk population, you know, as far as having a support system at home. You know, I had my mom and dad behind me. My sisters and brothers. And lot of times these populations, and like I said, this happens at a regular university, as well. The first time, you know, the first in your family to go to school and stuff like that. But it seems like somehow students have a little bit more issues when they come here than in a 4-year university situation. It's just different circumstances that they're in, it seems like, a greater amount of challenges that they have to handle on their own, individually, and not have you know, like more of a support system at home.

**Code 16: Stigma.** Trina shared that on the study site campus, she believes that there is no stigma about mental health issues. She observed,

I feel like people are a little bit more open about their mental health issues and so I don't think that there's as much of a stigma. It may be more of they don't know how to get the help they need or they don't feel like they have the resources available, like I can't pay for it to go see a psychiatrist or something like that so, I think that's probably more the issue here I don't think there's really a stigma.

According to Eric, stigma may be in people's minds, but he had a different view of it. He stated,

I'm the type that feels like if you need help, you need to try to get it as quickly as possible because that's the way you prevent potentially worse things or depression or other things from happening. Catch it early, be proactive instead of reactive.

Mary said that she does not think that mental health has a stigma; she added, "Most people would tell you. They're very open with having anxiety, depression. They'll tell you that." Mary said that she does not think that the majority of her students feel there is a stigma associated with mental health.

Roxanna, on the other hand, said she believes mental health has stigma attached to it. She said that she automatically thinks something is wrong and she believes that probably most of the population thinks that way. George also expressed the belief that there probably is a stigma associated with mental health. He said he thought it may be human nature to stigmatized mental health. John said that there maybe not a stigma about mental health in the school but just in general.

Kristy said she believes that there is a stigma on mental health. She stated,

I have been a nurse now over 30 years, the one area of health that we've neglected, and I say we, as professionals, have neglected the care of those patients who had mental health issues. I really do. I think gradually now with everything that's going on, we're beginning to realize that mental health needs to be taken as just as important, taken as seriously as we take physical health. A patient comes to us and tells us they're diabetic. We're going to make sure that all the teaching is necessary so that they can keep the blood sugar within limits. We recognize that someone may have a mental health issue



and it's almost like we ignore it. I do think there is a stigma and even for families, they don't want to admit it.

Linda said,

Unfortunately, out in the public it's usually a bad stigma. They don't really consider that mental health is such a wide variety of things. Anybody can be depressed; you may not see it. They always think more so of people that act out, and that kind of stuff."

The instructors expressed two different views of mental health stigma. Trina, Eric, and Mary felt that there was no stigma on campus and people were open and receptive to talking about mental health struggles. However, Roxana, George, Kristy, and John felt that there was a stigma attached to mental health because human nature perceives that there is something wrong with a person who has mental health issues.

## **Codes Under Beliefs Theme 2**

**Code 17: Policy.** The community college instructors in Louisiana expressed being open and receptive to an improvement plan or guidance to give them tools to assist students who have mental health needs. The participants stated that they need a set of protocols or procedures to follow help them meet their students' mental health needs. Trina said that she wished that the college already had such a policy in place,

The only thing that has been said really is by one of our Vice Chancellor of Student Services at the beginning of the semester in the fall at convocation where everybody is there, and we have this professional development. There's not really a session on that. It's just, okay, if you see anybody or if you recognize anything or if you feel like there is an issue, send them to the liaison, but there was no training, it's just a mention.

Marvin stated that before, he thought there was no need for such a policy. However, he continued,

Of course, now the mental health is becoming such an issue in the forefront. You're going to have to address the issue. Some of these kids, they're truly mentally ill, and you don't recognize that they are, but what I see more than anything from my experience, they're actually reaching out for help. They just can't communicate, and if you don't see the signs that he's looking for help, you're going to miss it.

The instructors all expressed the belief that there is a great need for the community college to develop a policy to address student mental health. They stated that the prevalence of mental health issues can no longer be ignored.

**Code 18: Training.** 10 of the 11 instructors stated that there was no staff training to address student mental health needs. The instructors shared that the only direction that they received in relation to mental health issues was being directed to watch a video about what to do when there is an active shooter on campus (see Appendix G).

According to John, "We have online training programs that deal with emergency situations, identity theft and stuff like that ... I'm trying to remember. But I'll be honest with you, most of that stuff is just general sense to me." Trina said that she did not receive training pertaining to mental health, especially about suicide, Trina continued, "They just basically show us the video for active shooter situation and that's it. I believe that there is a draft of a policy for an active shooter situation but that's it. It hasn't gone out yet."

Cindy said, "We have staff development at times yes. We've done, in the past we've done like an active shooter or something like that, but as far as suicide and mental health, I don't

recall doing that.” Trina added that training faculty and staff would cost a lot of money and right now, they barely have the training they need to do their everyday jobs. She believes that funding is probably the biggest obstacle to further training. Eddie said that the community college needs to train the instructors appropriately on how to approach students and how talk to them if they are experiencing mental health issues.

Eric expressed a slightly different perspective, stating that the community college in Louisiana is addressing the need for training, at least preliminarily. He said, “When we had our last faculty training session, they brought it up during that, if I remember correctly, yes.” Eric continued that they have at least one training in the spring and one in the fall.

Kristy said that new instructors definitely need training. She stated,

The overall type of student that we’re getting, and I can look back over the years, we have more students that are definitely come to us with behavior problems, mental health issues, than ever before. So, I think the new instructor needs to be made aware of how to pick up on behavior issues, how to pick up on mental health issues. And then I think it needs to be throughout the program, throughout the years of instruction.

The instructors expressed willingness to be trained to better address student mental health needs. They were aware that mental health issues are becoming a more common concern on college campuses and that, therefore, it is necessary to be educated about mental health.

**Code 19: Lack of mental health services.** Trina shared concerns about the campus’ lack of mental health support for students, stating,

Right now, I just received a personal narrative essay that indicated that a student previously had mental health issues and even thoughts of suicide, well thought of suicide

for sure, well but even thoughts of you know attacking other people. The student didn't indicate that they still have those thoughts, they sought treatment and they don't behave badly, they turn in their work, very diligent, very consistent with their work and very nice. I don't see any issues with this student but since the student wrote that down in an essay and submitted, should I bring that to anyone else's attention, I don't know. So, what I do? So how do I judge?

Trina expressed that she felt helpless because the campus does not have a procedure to address this type of issue. Mary expressed a similar concern that there is no mental health services office on the campus. She said if she has a student with a mental health issue, she goes to the ADA Coordinator. She added, "I'm not sure if everybody knows that either, so I just talk to her or send to her. No one made a statement that we send to her anybody, to go see her if the student may be having problem." The instructors are seeking help with how to provide assistance to their students. They don't have clear policy for how to address these types of issues due to the lack of mental health services available on campus.

**Code 20: Something needs to be done.** Trina expressed the belief that the community college needs a concrete policy to address student's mental health needs. She stated that the community college needs to create a policy or protocol for what both instructors and students should do, because other students may recognize mental health needs in their peers before the instructors do. Trina said,

So, what should a student do if they feel like another student need some sort of services. We need to establish a protocol first and then train us on it and I would hope, the hope would be to have a counselor on staff.

Trina observed that, in the meantime, she would refer students that need services to the Liaison officer. Eric added,

Well, I think we need to promote it more with the student government, as well as our instructors, to get the word out that we do have services or a system that we can allow them to get help if they need it.

George suggested that he thinks that there should be a designated professional with a background in mental health employed on campus to help students who may need services appropriately get help.

Eric and Marvin expressed that there was an immediate need to put in place a crisis management plan because of the incident with the student with PTSD. According to them, the student will go back to school after his medication has been regulated and he is released from the hospital. Their concern was that, because it happened before, it could happen again.

John said that the community college in Louisiana needs a better introductory training for staff and students when they are hired or enrolled. He stated, “They have a horrible, horrible, horrible process for intake of employees. And I know that from what I experienced.” He did add, however, that he had seen positive changes to the process since he was hired. John also suggested that even a pamphlet about general mental health policies for both instructors and students would make a difference.

Kristy stated,

I don’t know how high a priority it is for our campus. But what I do believe and that strongly, very strongly, that, we need to focus more on mental health issues. I think a lot of the things that are going on, the negative things that are going on, in the United States

today, has a lot to do with the neglect of mental health that we've had for so many years.

And it's just beginning to pile up. It's avalanching. If we could put a specific person being on campus or even, not even if they're on campus from the time the campus opened until the time it closed. But it could be someone that's doing it as needed.

Because I'm not going to tell you that every day, 5 days a week, from 7:30 until 4:30 when this campus closed, that we need someone sitting here. But, when we pick up a mental health issue, at that point, we can call whoever, and then they can come.

Marvin's student is going to go back to the community college after his psychiatric evaluation. Marvin stated that he does not know what will happen:

This is an example of how the community college is going to handle this, and are there some previous situations that we can base things on? This type of information I don't have yet, okay? But when the opportunity presents itself, we will look into the community college policy as to how to address mental health. Now it might be in the student guide. I don't know." Marvin at this time do not know what will happen when the student comes back and how it should be handled but her said, the community college needs to look into this. He continued, "What I do know is I have this situation now, and now we're going to have to look at the policy. What do we do here to deal with this?

Marvin suggested that the community college could consider providing access to counseling to students who feel they need to speak to someone. Marvin explained that the instructors and staff have an Employee Assistance Program that they can access anytime if they are experiencing any personal or professional difficulties. Marvin said that it would be a good idea for the students to have something like this as well.

Linda said, “Somebody needs to take the initiative, and that’s the problem. Having employees that want to do it on their extra time, because they’re not going to pay you to do it.”

Cindy said,

If they could appoint some person here on campus, you know, even if it’s someone that’s just part-time. Or just maybe a point person here on campus to get in touch with someone that they would maybe bring on campus if need be. Maybe on an on-call type situation, would be my suggestion, just to have somebody we could refer them to even. The participants strongly expressed that the community college must create a plan to address student mental health before it becomes too late. They expressed that, though mental health may not have been a priority before, it has now become urgent.

**Code 21: Funding.** Most of the instructors expressed the belief that mental health services are not available on the campus due to lack of funding. Several expressed the belief that it would take something catastrophic to happen on campus to draw administrators’ attention to the need. Trina said,

I know the financial struggles that we have faced, and I don’t think that that’s a priority on the list of things that we need funding for. It gets put on the back burner. Also, I feel like maybe, if something hasn’t happened to make them face the problem, if something major hasn’t happened, then that’s where it remains, on the back burner. Nothing’s happening yet so we’re just going to leave it alone and we have a liaison and there you go.”

Eddie said, “Just an analogy: the barking dog gets fed first. If you don’t have anybody saying anything about it in a small college, you’re never going to get it.” Roxana said that mental health services are unavailable because of lack of money. She added,

They do not even hire enough instructors because of lack of funds. Much less an extra added mental health services personnel, which would be what we would call a luxury, to how something extra. It’s lack of funds.

Roxanna believes the funds go to what the community college thinks is important, she said that the community college in Louisiana spend the money in what they think is important. Mary added that mental health service is not a priority in the campus, “If it’s not a priority then they are not going to fund it. I don’t think it’s a priority right now.” Kristy added that funding is always the issue.

Whether it’s funding that’s not available at all, or whether it’s funding that they don’t think is necessary. I think about that often. You can’t help, as a health care provider, as a professional in nursing, to wonder sometime the neglect that’s there. Is it because we don’t think mental health issues are important or because it’s the money that’s necessary to take care of this issue? And then if it’s the money that’s the issue, is it because there is no money or it’s because we don’t want to spend any money on mental health?

The instructors expressed the belief that student mental health will never be addressed unless those in power allocate funds. They expressed the belief that mental health is neglected because the college has not yet witnessed a situation where untreated student mental health conditions create a dangerous situation on campus.



## **Summary**

The 11 participants each expressed different ways of recognizing their students' mental health needs. It is apparent that all of them value building a relationship as the best way to get to know their students and develop trust that could allow them to assist with a student's mental health struggles later. The community college instructors in Louisiana go above and beyond their duty so that they can help their students access mental health services, even though those services are not provided by the community college. The community college instructors in Louisiana believe that valuing student mental health is of utmost importance. They have experienced students who have suffered from severe mental health episodes and feel that more needs to be done by the college to help prevent issues like this in the future.

## **Chapter 5: Discussion and Conclusion**

### **Introduction**

The purpose of Chapter 5 is to provide a discussion of this study and the implications of the results for practice, policy, and theory. The researcher will discuss the key findings in relation to the literature presented in Chapter 2 and the constructivism theory that grounded this study, as discussed in Chapter 3. This chapter concludes with recommendations for practice, policy, and theory.

### **Summary of the Results**

The study was guided by two research questions:

RQ1: What perceptions do community college instructors in Louisiana have of student mental health needs?

RQ2: How can a community college instructor in Louisiana provide and maintain assistance to students who suffer from mental health issues?

The findings revealed that instructors at this particular community college in Louisiana found it difficult to recognize their students' mental health needs and to properly handle students who were struggling with mental health issues. The instructors agreed that identifying mental health issues in the classroom is challenging primarily because there is often no indication inside the classroom environment that a student could be having mental health issues outside that environment. Unless students behave in ways that are out of the ordinary or personally identify themselves as having mental health issues, most instructors will miss the signs. The instructors also agreed they still feel inadequate in identifying mental health issues in the classroom due to a deficiency in training on the indicators of depression, anxiety, suicide ideation, etc. The

participants agreed that the Louisiana community college campus would benefit from having a designated person to help faculty and staff identify the subtle signs of mental health issues as well as teach faculty and staff how to reach those students who visibly struggle with poor mental health.

The instructors unanimously agreed that the only way to properly identify students struggling with poor mental health was by establishing a good relationship with all students. They believed a positive rapport often led former students to feel safe enough to seek outside help if the students felt they needed it. Also, by building a good rapport, a few of the instructors were able to assist a student by suggesting they needed additional help and pointing them in the right direction. Participant opinions varied as to which resources to point students to.

All of the participants expressed feeling morally compelled to do what they felt was best to assist their students with potential mental health needs. Even when they felt inadequate in diagnosing or assisting those with mental health needs, they continued to search and ask for help for those students. Lastly, all participants emphasized a great necessity for immediate, in-depth training to prepare all instructors with strategies to enhance their knowledge and instruction for the students who are suffering from poor mental health.

## **Discussion of the Results**

### **Results: Research Question 1**

The first research question was: What perceptions do community college instructors in Louisiana have of student mental health needs? The researcher found the instructors have a proactive, can-do attitude regarding helping students, but that they encountered barriers when attempting to identify them due to lack of training and knowledge. The participants agreed that

they would benefit from further training on identifying the warning signs of depression, anxiety, suicide, and other mental health issues, and that such trainings would help them meet the needs of their students. In fact, participants overwhelmingly responded that they felt such trainings were vital to their ability to identify and aid struggling students efficiently and effectively. During the interviews, the participants also stated that there was not really an established chain of command to follow when reporting students with potential mental health issues. Each instructor that reported potential struggling students spoke to a different individual or individuals within the college system as they attempted to determine their course of action.

All participants agreed that students could not be identified by sitting in the classroom alone unless they begin to act out of character or showed bizarre signs. The instructors agreed that the primary way to identify someone who has poor mental health is to be proactive and build relationships with students beyond the classroom setting. By having a close student-teacher relationship inside and outside of class, instructors can work with students on the individual level to recognize a student's normal behavior, attitude, or composure and detect any irregularities.

## **Results: Research Question 2**

The second research question was: How can a community college instructor in Louisiana provide and maintain assistance to students who suffer from mental health issues? It is clear that all of the community college instructors believed relationships with the students beyond the classroom was the best way to detect students who may be struggling and provide assistance and continued support for those students. They often modeled that belief by getting to know students' personal lives and providing informal advice and counseling. Also, the community college

instructors in Louisiana expressed the belief that the key to assisting to students who may be suffering from mental health issues is clear, compassionate, and regular communication.

Another point the instructors agreed upon was the lack of training and support provided by the community college. At this time, the community college does not offer training for instructors on assisting students who suffer from poor mental health nor does it have an established chain of command to help instructors assist students with mental health issues. Each instructor believed that further training would help them better meet the needs of their students who might suffer from a crisis or meltdown. They expressed feelings of being “on their own island,” doing what they “feel is the right thing to do.” They expressed the opinion that identifying and supporting mental health should have policies and procedures in place that all instructors would follow. This standardizing would allow for less guesswork and more support, as all instructors would know who to turn to in order to get additional training and reach out to when in need of help with specific issues regarding struggling students.

### **Discussion of the Results in Relation to the Literature**

Mental health services and resources are less available on community college campuses than on 4-year college and university campuses (Eisenberg et al., 2016; Ketchen Lipson, 2015). The instructors who participated in this study stated that there are no mental health services on their campus. The instructors explained that they deal with students with mental health issues by themselves and would benefit from more formal avenues to address the mental health needs of their students.

According to the participants, the demographics of community college students present more challenges than those of students who typically attend 4-year colleges and universities.

According to Eisenberg et al. (2016), Ketchen Lipson et al. (2015), and Pokhrel et al. (2014), community college students' socioeconomic and racial/ethnic backgrounds make them statistically at higher risk for mental health challenges; however, mental health resources and services on community college campuses are lacking. The participants in this study shared that their students are considered to be more at-risk. Some students are the first in their family to pursue postsecondary education, which can create mental health challenges. One participant reflected that many of their students are not able to navigate through life. The instructor continued that most of the students, though not all of them, grew up in a dysfunctional home. They often have insecurities because of these experiences, making them at higher risk for anxiety, depression, and other mental health disorders. The literature indicated that community college students are susceptible to mental health issues due to their social and economic condition, as well as their higher likelihood to be working while attending school or balancing work, family, and school (Pokhrel et al., 2014). Despite belonging to a more at-risk population, compared to 4-year college and university students, little research has been conducted on the mental health conditions of community college students (Eisenberg et al., 2016).

The general increase in mental health issues reported in the United States in the 21st century has contributed to higher incidence of campus violence and suicide in college students (Kalkbrener et al., 2017). One participant in this study shared that she had a student who died by suicide three years previously. She stated that she did not see any signs the student was depressed except that the student just kept to himself most of the time. Another instructor shared a personal narrative essay one of her students submitted as coursework that narrative the student's previous suicide attempt. An incident had also recently occurred on the campus when a

student who was suffering from posttraumatic stress disorder nearly had an altercation with another instructor and a student. The literature and data generated by this study both support the claim that there is a significant need for mental health services on community college campuses. The lack of training and discussion about mental health needs and issues at the study site inadequately prepares instructors to provide assistance to students experiencing mental health issues.

The study participants stated that funding could be the main reason for the lack of mental health services on campus. According to Epstein (2015), in California, only 50% of the 113 community colleges surveyed provided mental health services, compared to 100% of the state's 4-year colleges. One study participant offered this analogy for receiving funding for mental health services: "The barking dog gets fed first. If you don't have anybody saying anything about it in a small college, you're never going to get it." The participants expressed the belief that community colleges generally do not view mental health as a priority at the moment. One of the participants stated, "You can't help, as a health care provider, as a professional in nursing, to wonder sometime the neglect that's there. Is it because we don't think mental health issues are important or because it's the money that's necessary to take care of this issue? And then if it's the money that's the issue, is it because there is no money or it's because we don't want to spend any money on mental health?"

According to the American Association of Community Colleges (2017) and Eisenberg et al. (2016), community college students who have mental health needs receive little or no support from their educational institutions. With the recent incident that occurred at the study site in mind, participants stated that there should be at least be a crisis management plan in place to

address any challenging mental-health-related incidents in the future. In the literature, school shootings and campus violence forced the public to focus its attention to students with mental health issues (Johnson et al., 2017). Mass shootings and other acts of violence were carried out by students who had mental health issue in the early part of the 21st century (Seguin et al., 2013). The study participants were asked to watch a mandatory training video about what to do if there was an active shooter on campus. However, this is the only training that the community college instructors received related to mental health.

The 11 community college instructors in Louisiana expressed the strong belief that they need proper training to address the mental health needs of their students. They have a proactive attitude. An instructor stated,

We need to focus more on mental health issues. I think a lot of the things that are going on, the negative things that are going on, in the United States today, has a lot to do with the neglect of mental health that we've had for so many years. And it's just beginning to pile up. It's avalanching.

This particular participant deemed it extremely important to address the mental health needs of the community college students.

The question about mental health stigma produced surprising results. Three of the community college instructors stated that there is no stigma associated with mental health, but the remaining eight community college instructors believe that there is stigma associated with mental health. The instructors stated that it may be human nature to feel that people may perceive that there is something wrong when a person has mental health issues. One instructor said,



Unfortunately, out in the public it's usually a bad stigma. They don't really consider that mental health is such a wide variety of things. Anybody can be depressed; you may not see it. They always think more so of people that act out, and that kind of stuff.

According to Holland (2016), students try to avoid seeking mental health counseling or services to avoid the stigma associated with it. Sharp (as cited in Holland, 2016) noted that the media adds to the bad reputation surrounding mental health because they focus more on the criminality and drug and alcohol addiction. One of the participants stated that stigma may play a role in how likely people are to ask for help. He added that if a person needs help, they need to try and get it as quickly as possible because this is the only way to prevent their condition from worsening.

### **Limitations**

#### **Sample**

This study was limited to 11 community college instructors from two community colleges in Louisiana who had at least one year of teaching experience. Though the goal was to recruit at least 15 participants, due to the schedule limitations of the instructors, the researcher was only able to recruit 11 participants. This sample size limits the ability to generalize the findings to a larger population. The sample size was relatively small because both community colleges together only employ a small number of full-time instructors per semester. The study could have generated more accurate results if the researcher had a larger sample size. The information that was gathered from the participants responses generated that data that the researcher needed to answer the research questions, but depended on the participants' trustworthiness in answering the research questions. The participant responses generated a unique set of data based solely on their experiences. The researcher's evaluation of the accuracy

of each participant's contributions to the study was based on their overall earnestness to honestly and truthfully respond without reservation to the interview questions.

### **Study Design**

The information the researcher collected and analyzed during this qualitative case study was limited by the semistructured interview guided by a prepared set of questions. Data were collected through a one-on-one interview on the campus where the instructors were teaching. The researcher collected, analyzed, and reported all the data. Interpretation of the data was limited to the researcher's sensitivity and integrity as a novice researcher. The researcher relied mostly on personal experience and instinct as a special educator teacher and a mental health professional.

### **Research Method**

This research method was limited to a qualitative case study design. The purpose of this study was to examine how instructors at a community college in Louisiana recognize and provide assistance students with mental health needs. The study was designed to explore the experiences of the Louisiana community college instructors regarding their students' mental health needs. The study is confined to the human experiences in the academic setting; therefore, it is limited to the community college instructors on this campus. The results of the study were not generalizable because the study was completed on two campuses of a community college in Louisiana and from the perspective of instructors. In addition, other community colleges may have varied approaches regarding student's mental health needs; however, readers and instructors can decide how this study might apply to them.

## **Data Collection**

The data were limited in their broadness, because the information came from a small group of community college instructors in Louisiana. The community college instructors in Louisiana played a major role in this case study. The researcher conducted the one-on-one semi structured interviews with instructors from only two community college campuses, which was also a limitation. The researcher was limited to 60–90-minute interview sessions with each participant as well as a follow-up member check via email.

The small amount of time that the researcher spent with each participant was a limitation because spending more time could account for more information and understanding. The researcher had no interaction with the community college instructors in Louisiana outside the specific time frame of the research design. The community college instructors in Louisiana have hectic schedules, so it was a challenge to set up an interview time. Despite the scheduling challenges, the instructors were able to provide relevant data to the case study.

The researcher analyzed the data over a period of four weeks during which inductive analysis was used to compile all the data. The data analysis procedures to which the researcher adhered did not exceed this time frame and therefore are limited.

## **Implications of the Results for Practice, Policy, and Theory**

In this section, the researcher discusses the implications of the results for practice, policy, and theory. The researcher relates the results to the conceptual framework, constructivism. The researcher also explains the implications of this study in connection to the literature as it relates to practice and policy.

## **Practice**

Mental health issues are prevalent in community college students but access to mental health services are lacking (Ketchen et al., 2015). The gap in practice is that community college instructors in Louisiana do not have resources to respond appropriately to their students' mental health needs. The community college instructors in Louisiana stated that there is a need to receive proper training for them to be adequately prepared to address their student's needs. Ketchen Lipson et al. (2014) showed how gatekeeper training programs train individuals who are in frequent contact with others and educate the participants to acquire the skills to recognize, intervene, and direct individuals who may be having issues to appropriate mental health resources. Another recommendation is to require all instructors and staff to acquire a certification from an Applied Suicide Intervention Skills Training to teach participants to recognize and create a plan for the immediate safety of students who may be experiencing mental health issues (Centre for Suicide Prevention, n.d.)

The results of this study indicate that, although the community college instructors in Louisiana are proactive and are willing to go the extra mile to assist their students who have mental health needs, the instructors need proper training and the campus would benefit from having a designated person responsible for addressing the mental health needs of students.

## **Policy**

The result of this study in no way represents all community college instructors in Louisiana who experience interaction with students with mental health needs. Results of this case study indicated that although instructors at this Louisiana community college find it difficult to recognize students who has mental health needs, they are receptive to developing policy to

properly prepare them to provide and maintain assistance to students who have mental health issues. As incidents involving mental health have occurred at the community college in Louisiana, the instructors are aware that they are not immune to this type of occurrence. The instructors are unified in stating that there is a great need for a system to be in place to address students' mental health needs at the community college in Louisiana.

The instructors are aware that it would be better to be more proactive than reactive when it comes to addressing student mental health needs on campus. Their responses indicate that they see addressing mental health generally as a major step toward keeping their campus safe. The implications of this case study also suggest it would be productive for the college to explore web-based assistance to students just like what the community college provides to their instructors and staff through their Employee Assistance Program.

The community college in Louisiana would also benefit from creating a Crisis Management Plan, wherein the instructors and staff would be instructed on whom to turn to and what to do in cases of mental health emergencies. The Crisis Management Plan must be a clear, detailed procedure and should require accountability for all the instructors, staff, and the community college in Louisiana to better assist students.

## **Theory**

The constructivism learning theory served as the framework for this study. Constructivism, developed by Jean Piaget, a theorist in the field of cognitive development, explains how the learner takes ownership of their learning during the acquisition of knowledge by learning directly from their own personal experiences (Liu & Chen, 2010). The results of this study suggested that the community college instructors in Louisiana are building their

knowledge, based on their understanding from their own personal experiences in their role as instructors. Constructivist theory helps explain how the community college instructors in Louisiana are making meaning of recognizing their students' mental health needs as well as providing and maintaining assistance to those who need it.

The constructivist theory encompasses the idea that the individual develops meaning from their experience of the world in which they live and work (Creswell, 2014). The meanings can be as varied as the individual perspectives (Creswell, 2014). As the data from this study indicated, instructors at the community college in Louisiana continue to make meaning of their experiences recognizing their students' mental health as they continue to learn ways to help their students. Constructivist theory shaped this case study because the community college instructors' attitudes and experiences on mental health issues, services, and funding encompassed their understanding about mental health issue and contributed to the dialogue about maintaining and providing assistance to students who have mental health needs.

The findings of this study suggested that the community college instructors have different ways of recognizing their students' mental health needs. They are not trained mental health practitioners, but they base their knowledge on their experiences and gut feel. The community college instructors in Louisiana believed that mental health issues are prevalent on their campus and should be addressed by providing training to the instructors, staff, and students. The data gathered from the study added to the constructivist theory because the community college instructors in Louisiana were able to give meaning to their experiences, gathering knowledge from their interactions with students who had mental health issues.

## **Recommendations for Further Research**

### **Areas of Improvement**

Areas of improvement for future researchers include adding a web-based survey to include as many participants as possible. A major barrier that the researcher encountered during the study was scheduling the participants. Although many instructors wanted to participate in the study, their schedules made it difficult to set a time and date to conduct a one-one-one semistructured interview. By allowing the participants to participate in a separate web-based survey, future researchers could include more instructor perspectives. Replication of this study would benefit from sampling participants from other community colleges in Louisiana that have not yet participated in the study.

### **Participants**

Adding participants who are community college stakeholders but are not instructors may lead to a richer and more detailed case study. The researcher's recommendation is to include administrators, staff, and students to provide greater understanding about mental health on community college campuses in Louisiana. These recommendations may lead to a more comprehensive, detailed case study experience to add to the growing body of research to address the need to provide mental health services to the students on community college campuses.

### **Additional Recommendations**

Additional recommendations include using both quantitative and qualitative research methodologies. In the quantitative method, a set of predetermined questions could be provided to the participants via email and they will independently answer the questions about mental health. The data analysis result in the quantitative stage could be used in the qualitative stage to

create follow-up questions to explore the data that was achieved from the quantitative stage. In the qualitative research method, a one-on-one semi structured interview with the participants could be conducted.

Another recommendation is to use narrative research. The future researchers could collect stories from the participants about their lived experiences (see Creswell, 2013). The researcher recommends that the researcher conduct this study for at least one year, to be able to collect an autoethnography, a written and recorded experiences of the participant or participants (see Creswell, 2013). The future researcher could then analyze the participants' data. This approach may take the study to a new level of depth; however, the community college instructors could benefit from the result for further research opportunities.

Lastly, the researcher would like to recommend to future researchers to conduct a longitudinal study about the mental health state of high school students who are about to transition to college. The future researcher may design a case study to learn if these students have pre-existing mental health conditions prior to entering higher education. The future researcher could then conduct a follow-up study when these same students enter community college.

## **Conclusion**

In this chapter, the researcher discussed the results of the study in detail and in the context of both the research questions. The community college instructors in Louisiana indicated that they have difficulty recognizing their student's mental health needs. Despite this challenge, all the instructors demonstrate authentic care and compassion to students who may be exhibiting mental health needs. The community college instructors in Louisiana agreed that they need to be



better equipped to recognize and provide assistance to students who have mental health issues before it becomes too late. One instructor noted,

Mental health is becoming such an issue in the forefront. You're going to have to address the issue. Some of these kids, they're truly mentally ill, and you don't recognize that they are, but what I see more than anything from the researcher's experience, they're actually reaching out for help. They just can't communicate, and if you don't see the signs that he's looking for help, you're going to miss it.

Participants indicated that, even without the proper training, they could assist their students because of they all value effective communication and conversation. They expressed the belief that a good relationship could help them connect to their students allow them to extend assistance if needed. Each participant was aware that mental health service is not available in the community college campus in Louisiana mainly because of lack of funding. They also stated that creating a policy and procedure that standardizes responses to mental health crises on campus will be beneficial to assisting students who have mental health needs.

This dissertation addressed the research questions using constructivism as a framework to explore the experiences of the community college instructors in Louisiana with recognizing their student's mental health needs and assist students who may need mental health services. The qualitative study was designed to explore the unique experiences of this group of community college instructors in Louisiana.

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## **Appendix A: Semistructured Interview Questions**

1. What is the first thing that comes to mind when you hear the word mental health?
2. When someone says, mental health issues, please describe the type of things you believe what they are talking about.
3. How can you identify students who are struggling with mental health issues in your classroom or in the campus?
4. Could you describe in as much detail as possible a situation in which you dealt with a student who had a mental health issue?
5. If you have a gut feeling that a student may have a mental health issue and you feel that he or she may need mental health services, what would you do and what would say to the student to encourage him or her to access the service?
6. Do you know if your community college provides mental health services to students who may be experiencing mental health challenges?
7. Is there a stigma about receiving mental health services?
8. What are the efforts of your community college in promoting mental health awareness?
9. Does your community college have a mental health program on campus? If not, how do you handle students who you deemed may be having mental health issues?
10. To your knowledge how often is the mental health services at your campus utilized?
11. What are the policies/ procedures for helping students with mental health issues in your campus?
12. Do you think that there is a great need for mental health services in the community college campus?
13. Can you give a suggestion on how your community college improve student access to mental health services?
14. Do you receive training from your community college on how to identify, refer, and assists students who may be experiencing mental health issues?
15. Does your community college have a crisis management plan in place to deal with acts of violence and suicide?

16. What challenges do you find in working with students who have mental health issues?
17. Would you consider yourself as adequately prepared to assist students who are facing mental health issues? Please explain your answer.
18. What percentage of your students (approximately) have been at risk or had mental health issues?
19. As I have been conducting research, I have found that mental health programs are not as prominent in rural community colleges as they are in universities and community colleges in urban areas. What do you think is the reason for this? How can this be changed?
20. Is funding a big factor in providing mental health services in a community college campus? Please explain.

## Appendix B: Interview Protocol

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

Interviewee Name and Title: \_\_\_\_\_

Interviewer: Rochelle Baldoz

1. Read the Interview Script.
2. Present and read the Consent Form; ask the participants to sign before beginning the interview.
3. Semistructured Interview begins.

---

Documents Attained (if any):

Leads:

Additional Notes:

### **Appendix C: Recruitment Email**

Dear \_(Instructor Name),

Greetings!

My name is Rochelle Baldoz. I am a Concordia University–Portland student, pursuing a doctorate degree in higher education. As part of my studies for my dissertation, I am conducting a research about the instructor perceptions of the quality of student mental health at community college in Louisiana and learn about the current mental health services in the campus.

I have a set of interview questions that would take about 60–90 minutes of your time. Your participation is entirely voluntary; you may skip any questions that you do not want to answer. I will be the only one who will have access to the data. Your identity will be protected by using numeric identifiers for interview or field data.

If you would like to participate, please reply to this email stating your willingness and we can start communication as to when we can schedule to meet.

If you choose not to participate, you may send me an email declining participation and I would understand.

Thank you for your time.

Sincerely,

Rochelle Baldoz

## **Appendix D: Consent Form**

**Research Study Title:** Mental Health Issues and Services at Central Louisiana Technical Community College – Ward H. Nash Avoyelles Campus as perceived by its instructor.

**Principal Investigator:** Rochelle Baldoz

**Research Institution:** Concordia University–Portland

**Instructor Advisor:** Dr. Edward Kim

### **Purpose and what you will be doing:**

The purpose of this survey is to gain insight on the mental health issues and services at CLTCC based on the instructor's experience dealing with the students. We expect approximately 12–15 volunteers. No one will be paid to be in the study. We will begin enrollment on 10/29/2018 and end enrollment on 11/12/2018. To be in the study, you will participate in a one-on-one interview that will be conducted by Rochelle Baldoz. I will send an email with possible interview dates. I will need you to pick a convenient time for you to participate in the one-on-one interview. Once the interview date and time is set, you will receive an email from me confirming that I will be in CLTCC campus for the interview. Doing these things should take less than 60–90 minutes of your time.

### **Risks:**

There are no risks to participating in this study other than providing your information. However, we will protect your information. Any personal information you provide will be coded so it cannot be linked to you. Any name or identifying the information you give will be kept securely via electronic encryption or locked inside the filing cabinet. When we or any of our investigators look at the data, none of the data will have your name or identifying information. We will only use a secret code to analyze the data. We will not identify you in any publication or report. All recordings will be deleted immediately from transcription and member checking. Your information will be kept private at all times and then all study documents will be kept for 3 years and destroyed after we conclude this study.

### **Benefits:**

The information you provide will help gain insight on mental health issues and services provided by a small rural community college. You could benefit from this by acquiring knowledge on the mental health state of your students and how CLTCC provide services to students with mental health issues.



**Confidentiality:**

This information will not be distributed to any other agency and will be kept private and confidential. The only exception to this is if you tell us abuse or neglect that makes us seriously concerned for your immediate health and safety.

**Right to Withdraw:**

Your participation is greatly appreciated, but we acknowledge that the questions we are asking are personal in nature. You are free at any point to choose not to engage with or stop the study. You may skip any questions you do not wish to answer. This study is not required and there is no penalty for not participating. If at any time you experience a negative emotion from answering the questions, we will stop asking you questions.

**Contact Information:**

You will receive a copy of this consent form. If you have questions you can talk to or write the principal investigator, Rochelle Baldoz at email [redacted]. If you want to talk with a participant advocate other than the investigator, you can write or call the director of our institutional review board, Dr. OraLee Branch (email [obranch@cu-portland.edu](mailto:obranch@cu-portland.edu) or call 503-493-6390).

**Your Statement of Consent:**

I have read the above information. I asked questions if I had them, and my questions were answered. I volunteer my consent for this study.

---

Participant Name

---

Date

---

Participant Signature

---

Date

---

Investigator Name

---

Date

---

Investigator Signature

---

Date

Investigator: Rochelle Baldoz; email [redacted]  
c/o: Professor \_\_Concordia University–Portland  
Concordia University–Portland  
2811 NE Holman Street  
Portland, Oregon 97221



### Appendix E: Prescription Drug Disclosure Form

**Student:** \_\_\_\_\_ **Program:** PN \_\_\_ NA/PCT \_\_\_ Pharm Tech \_\_\_

**Date:** \_\_\_\_\_

Please list any and all prescription drugs, non-prescription drugs, and any other substances (legal or illegal) that have been taken during the last week. Disclosure may or may not have an impact on the disciplinary procedures resulting from positive results.

I, \_\_\_\_\_, willfully disclose use of the following prescription drugs, non-prescription drugs and/or other substances during the last week.

Medication or Substance	Date and Time Medication or Substance Last Taken/Used	Prescription? Yes or No If yes, name of Physician

## Appendix F: Drug Screening Policy Form

----- LOUISIANA ----- COMMUNITY COLLEGE

### DRUG SCREENING POLICY AND CONSENT

I understand that according to ----- policy, I will be randomly selected to submit a urine specimen for drug screening. Drug testing is performed for any or all of the following classes: marijuana, opioids, amphetamines, phencyclidine, cocaine, hallucinogens, methadone, as well as alcohol. ----- Campus shall have the authority to change the panel of test without notice to include other illegal substances. Refusal by a student to be drug tested will imply guilt and may be cause for dismissal from the program.

The random screening does not change or nullify drug testing for cause such as, but not limited to, observable erratic behavior, slurred speech, staggered gait, dilated/pinpoint pupils, wide mood swings, direct observation of drug abuse, or reported accident or incident.

A positive preliminary screening in any drug classification tested, will require chain of custody confirmation drug testing by the approved medical laboratory and medical officer review if indicated. If the confirmation drug testing substantiates the preliminary results, the student will be suspended/dismissed from the program effective the date of positive drug test confirmation.

To be eligible for re-entry into a practical nursing/allied health program, any student suspended/dismissed as a result of a positive drug test will be required to:

- 1) Self-disclosed/report to the applicable Regulatory Board (Louisiana State Board of Practical Nurse Examiners, Louisiana Board of Pharmacy, DHH-Health Standards Section) within **30 days** of receipt of the positive confirmation and dismissal. The student must provide a copy of the self-disclosure letter to the ----- Nursing and/or AH Program Coordinator.
- 2) Submit to a Substance Abuse Evaluation by an approved/accredited Substance Abuse Treatment program and comply with any/all recommendations by the Addictive Disorder health care professional. A copy of the Substance Abuse Evaluation and treatment recommendation as well as documentation of treatment compliance and completion will be required.

#### CONSENT – Please check and initial appropriate box.

- \_\_\_ I acknowledge understanding of the drug testing policy and CONSENT to random drug screening. I further understand the consequences associated with the finding of positive results.
- \_\_\_ I DO NOT consent to random drug screening, realizing my refusal implies guilt and I may be dismissed from the program I am currently enrolled.

Student: \_\_\_\_\_  
(please print legibly)

Program: PN \_\_\_ NA/PCT \_\_\_ Pharm Tech \_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Appendix G: Transcript of Video Shown to Faculty and Staff**

### **Shooter on Campus – Know You Can Survive**

[https://www.youtube.com/watch?time\\_continue=7&v=2peExsNFDTC](https://www.youtube.com/watch?time_continue=7&v=2peExsNFDTC)

Narrator: There are many partners who work together to make your campus safe.

00:37

The likelihood of an active shooter occurrence on your campus is extremely remote.

00:43

However when the unthinkable happens it's essential to be prepared to act just like you would in a fire.

00:52

Music.

01:01

[sound of a zipper being pulled]

01:16

[sound of snapping together of gun parts]

01:19

[instructor talking in classroom]

01:34

[sound of a pop like a firecracker]

01:36

Student: Gun! [individuals crying out] [sound of three more pops]

01:43

[gunshot]

01:44

[gunshot]

01:47

[gunshot]

01:49

Student: I think that was a gun.

01:52

[gunshot]

01:53

Run!

01:54

Student: Did you hear that?

01:56

Narrator: Every second counts. Not sure if that's gunfire?

02:01

[gunshot] Employee: What was that? Employee 2: I don't know.

02:02

Narrator: What else is happening? Check for crowd reactions....Shouts....Screams. [gunshot]

02:09

[gunshot] Trust your intuition; if it sounds like it could be a gun, react as though it is.

02:15

Planning could save your life. Be familiar with your environment.

02:21

Knowing your options ahead of time means you can act with a clear mind when fear and adrenaline kick in.

02:40

Music.

02:48

Active shooter situations are unpredictable and evolve quickly.

02:53

You will need to react fast.

02:56

If you believe you can escape safely, do so immediately.

03:01

When you are safe, call 9-1-1.

03:04

Student: There's a shooter on campus!

03:18

Officer: I got people coming out.

03:23

Officer: Where's the shooter? Employee: I think he's in the library. Officer: Ok get behind our truck.

03:28

Narrator: Follow the directions of police.

03:45

Music.

03:48

Student: Where do we go?(screams) Librarian: Get down. Hurry! Keep going!

03:56

Narrator: Find a secure room or space.

03:59

Librarian: Get the latch. Shut the lights.

04:03

Narrator: Turn off the lights. Cover windows.

04:06

Librarian: Everyone get under the desk. Get out of the line of fire!

04:07

Narrator: Lock the door and barricade it if you can.

04:10

Instructor: Somebody is shooting. We are going to lock down. We are going to be safe. Don't worry.

04:13

Narrator: Improvise. Stay out of the line of fire.

04:20

Get under desks or behind tables. Mute your phone. Be quiet.

04:27

Wait for the police to come to you.

04:37

[gunshot]

04:39

Instructor: OK everyone - silence your phones.

04:46

[rattling door handle]

05:20

Instructor: Please remember we are not going to be in this room...

05:22

Narrator: When you can't get out or hide, your last resort may be to fight.

05:28

[gunshots] Instructor: You! Turn off the lights! Student: Quick! Get under the desks.

05:30

[gunshot] Narrator: Whether you are alone or with a group, be ready to fight for your life.

05:36

Commit to aggressive action. Mentally prepare yourself to physically fight.

05:41

It would be a fight for your life. It's your decision.

05:48

[gunshot] [screams]

05:51

[gunshot] [screams]

05:58

Disarm and incapacitate the shooter any way you can.

06:02

[yelling, struggling] Student: Call 911. Instructor: I got his arm. Student: Keep him down.

06:25

Music.

06:30

Narrator: If you are safe in your hiding place, stay there and let police come to you.

06:35

[knocking at the door] Officer: This is the police service. Announce your presence.

06:41

Narrator: Remember, the primary duty of police is to stop the shooter and then tend to casualties.

06:49

Officer: What we need you to do now is just follow our direction. Everything is going to be ok.

06:53

We are going to get you to exit the room, nice and slowly, one at a time, with you hands up.

06:57

Narrator: Do whatever you can to get through this. Odds are you will never face the unthinkable,

07:01

but if you do, keep the odds in your favour.

07:07

Planning can save your life.

07:11

Having options empowers you and helps to control fear. Be familiar with your environment, assess your situation,

07:19

make a decision, and act.

07:26

Librarian: We're ok. We're all ok.

## **Appendix H: Steps in Inductive Analysis**

1. Read the data and identify the frames of analysis.
2. Create domains based on semantic relationships discovered within frames of analysis.
3. Identify salient domains, assign them a code, and put aside.
4. Reread data, refining salient domains and keeping a record of where relationships are found in the data.
5. Decide if your domains are supported by the data and search data for examples that do not fit with or run counter to the relationships in your domain.
6. Complete an analysis within domains.
7. Search for themes across domains.
8. Create master outline expressing relationships within and among domains.
9. Select data excerpts to support the elements of your outline. (Hatch, 2002, p. 162).



## Appendix I: ADA Practical Nursing Curriculum for Fall 2018 Implementation



### *PRACTICAL NURSING (51.3901)*

DIVISION: Academics & Health Programs  
DEPARTMENT: Allied Health

#### DIPLOMA/CERTIFICATE OPTIONS

CTC – Nurse Assistant

TD – PRACTICAL NURSING

#### CURRICULUM

Course No.	Course Title	Lecture	Lab	Total Credit Hrs.	Total Clock Hrs.
Required Related Courses:					
CPTR 1000	Introduction to Computer	2	0	2	30
Required Program Courses:					
HNUR 1000	Orientation for PN/AH	1	0	1	15
HNUR 1211	Nursing Fundamentals I	3	1	4	75
HNUR 1212	Geriatric Clinical I	0	1	1	45
	CTC– Nurse Assistant			6	135
HNUR 1302	A & P for Nursing & Allied Health	4	0	4	90
HNUR 1312	Basic Nutrition	2	0	2	45
	Required Core Courses:				
HNUR 1310	Introduction to Practical Nursing	2	0	2	60
HNUR 1311	Advanced Nursing Fundamentals	1	1	2	90
HNUR 1322	Basic Pharmacology for PN	1	1	2	75
HNUR 1460	Advanced Pharmacology	2	0	2	45
HNUR 2113	Medical Surgical Nursing I	5	3	8	260
HNUR 2123	Medical Surgical Nursing II	5	3	8	260
HNUR 2133	Medical Surgical Nursing III	5	3	8	260
HNUR 2143	Mental Illness Nursing	1	1	2	80
HNUR 2153	Maternal Child Nursing	1	1	2	80
HNUR 2163	Pediatric Nursing	1	1	2	80
HNUR 2173	PN Professionalism, Leadership & Management	3	1	4	100
HNUR 2183	IV Therapy for Practical Nursing	2	0	2	45
	TD – PRACTICAL NURSING Inclusive of Required Related Courses			58	1735

LSBPNE APPROVED FALL 2017, R FALL 2018

## **Appendix J: Statement of Original Work**

The Concordia University Doctorate of Education Program is a collaborative community of scholar-practitioners, who seek to transform society by pursuing ethically-informed, rigorously- researched, inquiry-based projects that benefit professional, institutional, and local educational contexts. Each member of the community affirms throughout their program of study, adherence to the principles and standards outlined in the Concordia University Academic Integrity Policy. This policy states the following:

### **Statement of academic integrity.**

As a member of the Concordia University community, I will neither engage in fraudulent or unauthorized behaviors in the presentation and completion of my work, nor will I provide unauthorized assistance to others.

### **Explanations:**

#### ***What does “fraudulent” mean?***

“Fraudulent” work is any material submitted for evaluation that is falsely or improperly presented as one’s own. This includes, but is not limited to texts, graphics and other multi-media files appropriated from any source, including another individual, that are intentionally presented as all or part of a candidate’s final work without full and complete documentation.

#### ***What is “unauthorized” assistance?***

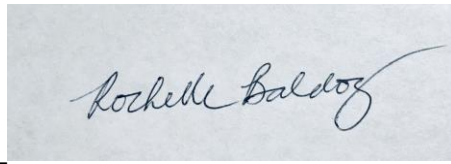
“Unauthorized assistance” refers to any support candidates solicit in the completion of their work, that has not been either explicitly specified as appropriate by the instructor, or any assistance that is understood in the class context as inappropriate. This can include, but is not limited to:

- Use of unauthorized notes or another’s work during an online test
- Use of unauthorized notes or personal assistance in an online exam setting
- Inappropriate collaboration in preparation and/or completion of a project
- Unauthorized solicitation of professional resources for the completion of the work

### Statement of Original Work (continued)

I attest that:

1. I have read, understood, and complied with all aspects of the Concordia University–Portland Academic Integrity Policy during the development and writing of this dissertation.
2. Where information and/or materials from outside sources has been used in the production of this dissertation, all information and/or materials from outside sources has been properly references and all permissions required for use of the information and/or materials have been obtained, in accordance with research standards outlined in the *Publication Manual of The American Psychological Association*.

A rectangular box containing a handwritten signature in cursive script that reads "Rochelle Baldoz".

\_\_\_\_\_  
Digital Signature

Rochelle Baldoz  
\_\_\_\_\_  
Name (Typed)

June 10, 2019  
\_\_\_\_\_  
Date