STUDENTS' EXPERIENCES WITH AND PERCEPTIONS OF A COMMUNITY

COLLEGE COUNSELING CENTER ON A COMMUNITY COLLEGE CAMPUS: A

PHENOMENOLOGICAL STUDY

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by

Tasha N. Lee

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DEDICATION

Great is Thy Faithfulness, Oh God, My Father! At this very moment I can say, without a doubt, that this doctoral journey was made possible by my hard work, sacrifice, and focus, and the permission, provision, and protection of God Himself. "Lord, I need some supernatural perseverance!" That was my prayer SO many days. Doors opened. Questions answered. When I was not sure how it was going to get done, You made a way. I thank You. Thank You for covering me. Thank you for putting people in my life who supported me. Thank you for holding me through grief. Thank you for everything. Thank you. Amen.

Dad, I remember when I told you I got accepted into the program. You had no doubt that I would be. You were proud of me, as always. I have no doubt, that if you were still here, you would be cheering me on – just as you always have. I miss you. Especially in moments like these. But most of all, I'm grateful for you. Thank you for being you, and for being who you were to me. That has had so much of a lasting impact on my life. I will never forget that. I am grateful. I am honored to be able to say that you are my dad. I love you.

Mom, whatever I have set out to accomplish, you have been right there encouraging me, supporting me, and telling me to go for it. No matter what. There are not enough words to explain how much I have needed that and how much of an integral piece of my life you are. Your consistent sacrifice, patience, love, and guidance, throughout my entire life, has made me the woman I am and has empowered me to say, "I can do that." Thank you. Thank you for creating a home of consistent love and support with Dad. Thank you for being the best woman I know. I love you.

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To all of you, I dedicate this manuscript, a representation of the pouring out of me, from a place I did not even know existed.

All I have needed thy hand hath provided. Great is thy faithfulness, Lord, unto me!

ABSTRACT

Lee, Tasha N., *Students' experiences with and perceptions of a community college counseling center on a community college campus: A phenomenological study*. Doctor of Philosophy (Counselor Education and Supervision), May, 2022, Sam Houston State University, Huntsville, Texas.

The purpose of this study was to explore the phenomenon of community college students' perceptions and experiences regarding mental health counseling services on a community college campus. The conceptual framework used for this study was Hettler's (1976) Six Dimensions of Wellness model, which demonstrates the interconnectedness of all six dimensions (occupational, physical, spiritual, emotional, intellectual, and social) that come together and are influential on overall wellness. A transcendental phenomenological approach was used for this study. Upon receipt of a signed (using a checkmark) informed consent and demographic data form, semistructured interviews were scheduled with participants to begin data collection. The interviews took place via Zoom, as the COVID-19 pandemic limited the ability to conduct interviews in person. There was a total of nine participants. The nine participants were of diverse race and ethnicity, between the ages of 18 to 26, and six self-identified as female and three self-identified as male. Data analysis took place using Moustakas's (1994) modification of van Kaam's (1959, 1966) method for data analysis for phenomenological research. Five themes emerged from the participants' experiences. The essence of the participants' experiences revealed their perceptions that having mental health services, counseling services, and mental health programs on campus would be beneficial. The nine participants gave various reasons for finding value in these services, which they felt would help with academic and personal challenges. Participants indicated that home and personal life impacts school life, and having mental health professionals on campus

would be beneficial in learning how to cope and balance the two. The implications of this study are that community college students have outside responsibilities and challenges that impact them academically, mental health counseling, programs, and support is lacking, and a need for mental health support for community college students is not being met on community college campuses. Additionally, it is imperative that community college administration and stakeholders use the Six Dimensions of Wellness perspective of holistically meeting the needs of students and view counseling as one answer to persistence, retention, and completion.

KEY WORDS: Community college; Community college counseling; Mental health

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space to acknowledge you, as you are part of the reason why this endeavor is now

complete. Fin.

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CHAPTER I

Introduction

Over twenty million people in the United States enroll in higher education

institutions in the United States, nearly half of them in community colleges (Bailey et al.,

2015; Ma & Baum, 2016; Miller et al., 2005; U.S. Department of Education, 2017;

United States Department of Education, 2020). Students choose community colleges for

reasons that are personal, professional, and academic (Miller et al., 2005), with two of the

most common being low cost and proximity to their homes. In addition, the open

admissions policy makes community colleges attractive to low-income and first-

generation college students (Ma & Baum, 2016).

Academically, community college students tend to be less prepared than their 4-

year counterparts and often take developmental courses (Cohen et al., 2013; Porchea, et

al., 2010; Scherer & Anson, 2014; Woods et al., 2019). Professionally, community

colleges meet the needs of students by providing an opportunity for higher earning

potential and upward mobility in their chosen careers (Carnevale et al., 2013; Chen,

2018; Porchea et al., 2010; Romano & Eddy, 2017). Personally, community college

students are more likely to have outside responsibilities that take up their time and are

thus drawn to the flexible schedules and shorter commutes with community colleges

(Cleveland et al., 2018; Cohen et al., 2013; Scherer & Anson, 2014; Shea & Bidjerano,

2018; Tinto & Russo, 1994).

Community College Students and Mental Health

The number of students presenting with mental health issues on community

college campuses is increasing (Community College Task Force and American College

Counseling Association [CCTF & ACCA], 2015; Francis & Abbassi, 2010). There is a wealth of literature dedicated to mental health issues, initiatives, and services for 4-year college students (Bailey & Alfonso, 2005), but the same is not true of community colleges and mental health (Arteaga, 2015; Kalkbrenner & Hernandez, 2017). There is a limited amount of research regarding community college students and mental health issues and disorders (Arteaga, 2015; Kalkbrenner & Hernandez, 2017).

Regarding how mental health issues impact academic achievement, Kleinpeter et al. (2012) explained, "Class attendance, concentration, memory, motivation, persistence, and study habits can all be negatively impacted by mental illness" (p. 1). According to Kleinpeter et al., students' top presenting issues include stress/anxiety/panic (36%), depression/grief (30%), academic issues (4%), relationship issues (10%), and other (19%). This distribution is consistent with responses from community college counselors and directors in a survey by the CCTF and ACCA (2015). Further, Cooper (2005) found that anxiety is the most frequently reported problem of college students in mental health settings.

Community College Counseling Centers

Community college counseling centers support the goals and mission of the schools (Dykes-Anderson, 2013; International Association of Counseling Services, 2010). These goals include student success and retention, graduation, and transfer rates (Chen, 2018; Hanover Research, 2014; Hodara et al., 2017; Reyes et al., 2019; Shea & Bidjerano, 2018). Counseling centers that address the emotional, cognitive, professional, and academic needs of students may increase goal achievement (Bishop, 2016; Dykes-Anderson, 2013; Lockard et al., 2019).

Similar to the lack of research on community college students and mental health issues, community college counseling has received little attention in the literature (Schwitzer et al., 2016). Dykes-Anderson (2013) explained the necessity for community college counseling centers and counselors in terms of retention and academic success and identified an increase in demand for mental health counseling. Similar to this assertion, Bundy and Benshoff (2000) noted that professional counselors cite student retention as a positive outcome of counseling services to administrators.

Current Condition of Community College Counseling Centers

The CCTF and ACCA (2015) surveyed community college counselors and directors regarding the conditions of the schools' counseling centers. Results showed that community college counselors are not able to focus all their attention on the mental health needs of community college students. Rather, the expectation is that they must also perform noncounseling duties, as indicated by 100% of respondents. Additionally, 70% of respondents reported having their campus counseling centers embedded within student affairs and student development offices.

Standalone Counseling Centers on Community College Campuses

Increasing numbers of community college students present with severe and persistent mental health issues (Francis & Abbassi, 2010). Like their 4-year counterparts, community college students often have mental health concerns that negatively impact their academic performance (Durodoye et al., 2000; Kleinpeter et al., 2012; Luke et al., 2015; Navarro, 2012); unlike their counterparts, however, community college students overall have more mental health concerns and fewer resources (Daniel & Davison, 2014). Community college students present with mental health problems such as stress, anxiety,

and depression, with the latter two reported as the top concerns (Finkel, 2016; Fong et al., 2017; Kleinpeter et al., 2012; Miller et al., 2005).

In a study by Bundy and Benshoff (2000), 44% of students reported that having a personal counseling center on campus would be *very helpful*, with another 26% stating such a center would be *helpful*. To explain the importance of counseling centers, Dykes-Anderson (2013) asserted, "Counselors provide nonclinical and clinical services to all students, while targeting those who are at-risk for academic failure and who undergo stress as a result of personal, career, or academic issues that impede educational growth" (p. 742). When counseling centers are embedded within student services or student development offices, counselors are not able to focus solely on students' mental health issues; as such, they cannot provide adequate mental health services (Chamberlin, 2012).

Statement of the Problem

An increased number of community college students are presenting on campus with mental health issues, yet do not find their needs adequately met with school mental health resources and staff (Anders et al., 2012; CCTF & ACCA, 2015; Cohen et al., 2013; Fortney et al., 2017; Francis & Abbassi, 2010). This increase of students presenting with mental health issues on community college campuses, in addition to the lack of research specifically addressing community college counseling centers presents a problem.

Professional literature has been published on college student and mental health topics including (a) students' perceptions and attitudes toward mental health and mental health issues (Laidlaw et al., 2016); (b) students' stigma of mental health issues and seeing a mental health professional (Gaddis et al., 2018; Levin et al., 2018; Rafal et al.,

2018); (c) students' behaviors in seeking mental health help (Rafal et al., 2018); (d) college students' experiences with mental health issues (Wyatt et al., 2017); and (e) students' attitudes toward counseling in general (Choi & Miller, 2018; Tirpak & Schlosser, 2015). Some of these researchers focused on specific populations, including transgender students (Couture, 2017), minority students (Smith et al., 2014), student-athletes (Lopez & Levy, 2013; Watson, 2006; Watson & Kissinger, 2007), and students from specific ethnic backgrounds or socioeconomic statuses (Hawley et al., 2014; Rosenthal & Wilson, 2008).

Most community college researchers focused on a specific population with closely defined parameters (Falcon Orta et al., 2018; Holland, 2013; Kissinger et al., 2011). For example, Arteaga (2015) identified a list of preferred counselor characteristics in an exploration of college counseling for first-generation, low-income, Latino community college students. Knowledge of these traits is valuable; however, it is not generalizable to the community college population, given the parameters of Arteaga's sample. Further, Arteaga's study was not exclusive to mental health counselors, but included academic counseling, as well.

What the professional literature lacks is research regarding community college students and mental health disorders (Arteaga, 2015; Kalkbrenner & Hernandez, 2017), and community college counseling (Schwitzer et al., 2016). Significant research exists on other areas of college counseling (Couture, 2017; Lopez & Levy, 2013; Smith et al., 2014). There is also an extensive amount of research dedicated to college students and mental health in general (Rafal et al., 2018; Wyatt et al., 2017). Such research includes students' attitudes and perceptions of mental health, the stigma of mental health issues

and seeing a counseling professional, and mental health issues within a defined population (Choi & Miller, 2018; Gaddis et al., 2018; Laidlaw et al., 2016). Also missing in the literature is the voice of community college students on their perceptions of, experiences with, and attitudes toward their campus college counseling centers.

A broad search on community college counseling centers returned one publication from 1995 focused on students' perspectives of academic counseling, not mental health counseling (Henriksen, 1995). In another article for which the full text is no longer available, the abstract indicated only that students were critical of the counseling services (Elterich et al., 1979). As indicated by an extensive literature search, research into the mental health needs of community college students is lacking (Arteaga, 2015; Kalkbrenner & Hernandez, 2017). Research within the past 20 years was not available regarding students' perceptions and attitudes about mental health services on their higher education campuses, either for traditional 4-year or 2-year community college settings.

Purpose of the Study

The purpose of this study was to explore the phenomenon of community college students' perceptions and experiences regarding mental health counseling services on a community college campus. Additionally, this study was a means to give voice to community college students by exploring their perceptions and experiences regarding mental health counseling services on campus. Collecting qualitative data via interviews from current community college students on their experiences, perspectives, and attitudes regarding counseling on campus adds to the data about community college counseling centers. The rich data received from this study offered insights into how current community college students experience the phenomenon of counseling on their campus

and the conditions under which community college students seek services from their campus mental health providers.

Significance of the Study

The intention of this study was to collect participants' ideas about perceptions of community college students and to add to the deficient research on community college counseling centers, students, and mental health. This purpose was significant because community college students comprise half of U.S. higher education enrollment (Miller et al., 2005). Additionally, providing a rich description of students' perceptions of community college counseling centers contributes to the knowledge of mental health services on community college campuses. There may be added significance in finding how and why students will seek mental health services on community college campuses.

Definition of Terms

Following are terms defined as was used for this study.

Community College: Cohen et al. (2013) defined community colleges as "any not-for-profit institution regionally accredited to award the associate in arts or the associate in science as its highest degree" (p. 5).

Counseling: This study used the definition of counseling of the American Counseling Association (2018): "Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals" (para. 2).

Counselor: For the purposes of this study, a counselor is an individual who has completed the educational and testing requirements to be a licensed professional

counselor (LPC) in the state of Texas and holds the credential of LPC intern, LPC, or LPC supervisor.

Embedded Counseling Centers: Counseling centers on campuses that share the same physical space and staff as other departments on campus are considered embedded counseling centers. Often, counseling centers are embedded in student services or student development offices, or may only have counselors with offices in these areas.

Standalone Counseling Centers: Counseling centers on community college campuses that are not embedded within other departments are known as standalone centers. Sometimes standalone counseling centers have a separate, private space; others may still share physical space with other departments, yet with independent operation and staff.

Conceptual Framework

The conceptual framework for this study was the National Wellness Institute's Six Dimensions of Wellness model (Hettler, 1976), which shows the interconnectedness of all areas that come together and are influential on overall wellness. The National Wellness Institute (n.d.) describes wellness as "an active process through which people become aware of, and make choices toward, a more successful existence" (para. 5). Hettler asserted that his holistic wellness model contributes to healthy living, with the model explaining:

- how a person contributes to his or her environment and community, and how to build better living spaces and social networks;
- the enrichment of life through work, and its interconnectedness to living and playing;

- the development of belief systems, values, and creating a world-view;

- the benefits of regular physical activity, healthy eating habits, strength and vitality, as well as personal responsibility, self-care and when to seek medical attention;

- self-esteem, self-control, and determination as a sense of direction; and,

- creative and stimulating mental activities, and sharing your gifts with others.

  (p. 2)

The Six Dimensions of Wellness model (Hettler, 1976) includes the following interdependent dimensions: (a) occupational: "personal satisfaction and enrichment in one's life through work"; (b) physical: "the need for physical activity"; (c) social: "contributing to one's environment and community"; (d) intellectual: "recognizes one's creative, stimulating mental activities"; (e) spiritual: "recognizes our search for meaning and purpose"; and (f) emotional: "recognizes awareness and acceptance of one's feelings" (Hettler, 1976, pp. 1-2).

In connecting the Six Dimensions of Wellness model with college students, Brunner et al. (2014) explained:

We must know how students are navigating their personal concerns; what keeps them from succeeding; how they feel about themselves, their education, their relationships, their future; and what keeps them well and enables them to build resiliency and reach their goals. (p. 261)

As noted in the literature, one goal of higher education is to meet students' holistic needs (Cohen et al., 2013; Haggan, 2000), including emotional functioning as well as physical and cognitive. As Haggan (2000) noted, another "goal of education

involves the development of the whole person and is not limited to knowledge and cognitive functioning" (p. 429). Cohen et al. (2013) extended this concept as it relates specifically to community college students:

> This therapeutic view affirms the belief that the best way to educate people is to integrate all their objectives and all their ways of functioning: cognitive, affective, and psychomotor. It holds that students are active and responsible participants in their educational growth and process and that with help and support they will make decisions that affect their lives and deal with the consequences of their decisions. (p. 219)

> Vastine (1984) explored wellness programs in junior and community colleges using Hettler's (1976) Six Dimensions of Wellness model. Similar to Cohen et al. (2013), Vastine asserted that holistic wellness programs not only benefit the student but society as a whole, as students enter the workforce.

Research Question

A phenomenological approach was appropriate in answering the following research question:

What are community college students' perceptions and experiences regarding mental health counseling services on a community college campus?

Limitations

This study was limited due to the possible lack of transferability, with participants recruited from one community college campus within a community college system in the southeast Texas region. Due to the demographic makeup, the results may not be applicable to all community colleges or community college students.

Another limitation was the preconceived definitions and experiences of mental health counseling of the participants. The students interviewed may have had previous interactions with counselors and mental health professionals that might influence their opinions. Another issue is that these students may have a stigma against counseling overall or may not know what counseling actually entails or means. Also, students who are more inclined to use mental health services on campus may be least willing to participate or volunteer for interviews.

An additional limitation was the current coronavirus COVID-19 pandemic. I conducted this study at a time where society was practicing social distancing. At the time, there was a stay-at-home order in place in the county where this study was conducted. In person interviews were no longer allowed, and I had to rely on electronic recruitment and interviewing.

The COVID-19 pandemic, social distancing, and reliance on electronic recruitment presented another limitation. I used an incentive of a $20 Amazon gift card for recruitment. It is possible that students' motivation to participate was the gift card and this may have attracted participation in this study.

Another limitation was the current structure of counseling at the community college campus where they study was conducted. At the time, the services were outsourced and the company employees had been housed in three different areas within the past year. This particular company serves students in a cohort model, however, they advertise their services to outside students as well. There was no formal waiting area or receptionist and at the time their offices were housed in a high traffic student area, so maintaining confidentiality is a challenge. There were two employees from this company,

one is licensed and one is not, as you do not have to be a licensed mental health professional to work in this company and provide services to students on campuses they are contracted to.

Finally, another limitation was my status on the campus of study. I was a full-time employee and the participants were aware of this. Even though the participants will know their identities are confidential with their answers not traceable to them, they may have been inclined to provide answers they thought I wanted to hear instead of those that were a true reflection of their experiences and attitudes.

Delimitations

I chose to interview students from one campus of a large community college system in the southeast Texas region. This choice in location created a boundary of a specific area and demographic of participants.

Assumptions

Three assumptions underlay this study, the first was that participants answered honestly. The second assumption was that the community college students interviewed were aware of mental health counseling services on campus. The final assumption was that the chosen phenomenological theory was a reliable framework.

Organization of the Study

This dissertation will comprise five chapters. Chapter I included the background of the study, statement of the problem, purpose statement, significance of the study, definition of terms, conceptual framework, research question, limitations, delimitations, and assumptions. Chapter II will be a review of the relevant literature as it pertains to the study. This chapter includes a discussion on the literature college students and mental

health, community college students and mental health, community college counseling centers, and the limitations in the literature. Chapter III will be a discussion of the phenomenological theory methodology used for this study. This chapter includes the research design, selection of participants, instrumentation, data collection, data analysis, and trustworthiness. Chapter IV will include the results of the phenomenological analysis, participant demographics, and the emerging themes from the data collected. Chapter V will present the summary of the study, research findings discussion, implications for practice, recommendations for future research, and conclusions.

CHAPTER II

Literature Review

The research question for my study is: What are community college student perceptions and experiences regarding mental health counseling services on community college campuses? To understand this topic, I conducted a literature review about mental health concerns of college students, university counseling centers, community college counseling centers, and standalone community college counseling centers. I conducted this research by using scholarly research databases such as PsycINFO, ERIC, JSTOR, PsycARTICLES, CINAHL Complete, Open Dissertations, and Academic Search Complete. Additionally, I searched for articles, web logs, and books related to the focus of my research using Google and Google Scholar. Other websites I used were Amazon and the Houston Public Library.

Purpose of Higher Education

The purposes of higher education include student development of skills for employment and skills to make contributions to their communities as good citizens (Ali & Jalal, 2018; Harvey, 2000; Sutton, 2016). Regarding employability, Georgetown University's Center for Education and the Workforce (2014) asserted that there will be 55 million job openings through 2020, 65% of which will require some form of education and training beyond high school. The focus on employability is why choosing a major is the most important academic decision college students can make, as this specialization will determine the courses they take and skills they learn (Avery et al., 2018; Drysdale et al., 2015; Marade & Brinthaupt, 2018).

Higher education's impact on future employment is well-known; however, Sutton (2016) identified an even larger purpose: "connecting students with real-world problems and getting them engaged in creative and collaborative problem-solving" (para. 1). The second set of skills, preparing students to be good citizens, focus on Sutton's (2016) assertion and include critical thinking, problem solving, innovation, working in diverse teams, ethical reasoning, and effective, clear communication (Marni et al., 2019; Sutton, 2016; ŽivkoviŁ, 2016). A student development focus on these skills in addition to employment preparedness will prepare college students to not only contribute to the greater good of their own communities, but to communities worldwide (Doscher & Landorf, 2018; Harward, 2017).

College Student Development

Student development is one component of higher education, as evidenced by targeted initiatives and programs on college campuses (Jordan et al., 2018). These initiatives are, in part, intended to support students in leadership, social, and critical thinking skills; community engagement; reasoning and judgment; oral and written communication skills; and internal reflection (Farago et al., 2018; Jordan et al., 2018; Pascarella & Terenzini, 1995; Tiruneh et al., 2018). Administration, staff, and faculty members on college campuses are responsible for creating an environment adequate to facilitate positive student development in these skills (Brewer et al., 2018).

In addition to intellectual growth, college students develop emotionally, interpersonally, and personally over the course of their enrollment (D'Alessio & Osterholt, 2018; Garfield & David, 1986). Kuh (2018) wrote that holistic student development includes intellectual, social, ethical, emotional, spiritual, and physical

dimensions. Chickering (2010) asserts that citizens must be able to function intellectually, emotionally, and socially, and higher education must focus on developing students in these areas. Programs in higher education that are dedicated to development in these areas include mentoring programs, leadership programs, workshops, college access programs, facilities and programs for physical activity, and *counseling* (Casey et al., 2019; Gardenhire et al., 2016; Millett & Kevelson, 2018; Quintiliani et al., 2012).

Psychosocial Development and College Students

There are several different psychosocial theories that relate to the development of college students. This review of the literature focuses on two of those psychosocial theories. The first is Chickering (1969) and the next is Erikson (1950).

Chickering's Psychosocial Seven Vectors. College is a holistic experience for students, with campuses dedicating resources to cater to students' needs (Sax & Gialamas, 2017). Chickering (2010) argued that more attention should be paid to the affective domain of student's needs in higher education, which is an argument he has made for the past 52 years. With this view in mind, Chickering and Reisser (1993) formulated a theory of student development, developed from Chickering's (1969) original psychosocial development theory. Chickering and Reisser redefined and reorganized the original theory to "provide a more accurate picture of college student development" (Foubert et al., 2005, p. 461).

The seven vectors of student development as outlined by Chickering and Reisser are developing competence, managing emotions, moving through autonomy toward interdependence, developing mature interpersonal relationships, establishing identity, developing purpose, and developing integrity. These seven vectors are a developmental

process; rather than occurring as a series of steps, development happens across all vectors simultaneously (Chickering & Reisser, 1993; Foubert et al., 2005; Goldberg, 2016; Torres et al., 2009).

Erik Erikson's Stages of Psychosocial Development. Role identity and identity development are central parts in college student development (Arnett, 2014; Marcotte & Levesque, 2018; Yang et al., 2017). With the theory of psychosocial development, Erik Erikson (1950) addressed identity development across the lifespan and identified eight stages of human development: (a) trust versus mistrust, (b) autonomy versus shame, (c) initiative versus guilt, (d) industry versus inferiority, (e) identity versus role confusion, (f) intimacy versus isolation, (g) generativity versus stagnation, and (h) ego integrity versus despair.

In general, typical college students are moving from the fifth and sixth stages of identity versus role confusion to intimacy versus isolation. During the identity versus role confusion stage, students are searching for a sense of self. They are developing their identities as individuals and could be at risk of an identity crisis if unsuccessful. According to Erikson, this stage is when individuals are coming to terms with their own internal physiological growth while facing the impending tasks of adulthood. Further, young adults struggle with who they perceive themselves to be compared to how others see them. With regard to career decisions, Erikson observed of the fifth stage, "In more instances, however, it is the inability to settle on an occupational identity which disturbs individual young people" (p. 262). The result of individuals not resolving the conflicts of this stage is role confusion (Erikson, 1950).

The sixth stage of psychosocial development is that of choosing between intimacy and isolation. In this stage, students are navigating relationships as they search for love and friendship (Erikson, 1950). During this stage, adults desire to align their identities with others, make personal commitments to others and stand by them, and practice sacrifice and compromise (Erikson, 1950). The rejection of intimacy is an intentional move toward isolation in an attempt to save one's ego (Erikson, 1950).

College represents a time of growth and independence for entering freshmen, as they are faced with a new experience of autonomy while navigating their own stages of maturation and development (Michael et al., 2010; Tirpak & Schlosser, 2015). Throughout their time as college students, this growth includes psychosocial development (Arnett, 2014; Chickering & Reisser, 1993; Marcotte & Levesque, 2018; Yang et al., 2017). Supportive faculty and staff members on college campuses help students navigate their psychosocial development, thereby facilitating better academic performance (Karkouti, 2014).

Community Colleges

As defined by Cohen et al. (2013), a community college is "any not-for-profit institution regionally accredited to award the associate in arts or the associate in science as its highest degree" (p. 5). Community colleges arose in response to the demand of skilled workers and a need for more access to higher education (Chickering, 2010; Cohen et al., 2013). At the time of the introduction of community colleges, Cohen et al. (2013) explained that in addition to the desire for skilled workers and access to higher education, societal pressures to solve a multitude of issues had reached its peak. Cohen et al. (2013)

asserted, "Whatever the social or personal problem, schools were supposed to solve [it]" (p. 2).

Community colleges are meant to be institutions of higher education that have open admission and more accessibility than 4-year institutions (Bailey & Morest, 2006; Cleland, 2017; Dougherty et al., 2017). These characteristics of community colleges meet the needs of the community they serve (Perez-Vergara et al., 2018), including preparing students to enter and contribute to the workforce, providing a path to higher earning potential, and enabling students to achieve upward mobility in their chosen careers (Carnevale et al., 2012; Chen, 2018; Porchea et al., 2010; Romano & Eddy, 2017). Community colleges are low-cost options for members of all communities, especially those of lower socioeconomic status (Bailey et al., 2015; Dougherty et al., 2017).

Who Attends Community College?

Nearly half of the nation's postsecondary enrollment is in community colleges (Bailey & Morest, 2006; Bailey et al., 2015; Ma & Baum, 2016; Shapiro et al., 2016, United States Department of Education, 2020). The popularity of community colleges is often related to low cost, availability of transferable courses and degrees, and proximity to students' homes (Jenkins, 2015; Miller et al., 2005; Romano & Eddy, 2017). Students choose to attend community colleges for reasons that include personal, professional, and academic and "often fall into one of two dominant categories: deficiency reasons and defined-purpose reasons" (Miller et al., 2005, p. 64). Regarding defined-purpose reasons, Miller et al. (2005) explained that justification for choosing to attend community college "includes those reasons that provide for a directed experience for the student, such as choosing to enroll in a vocational or occupational program, a workforce placement

program, or even for transfer preparation to specific universities" (Miller et al., 2005, p. 65).

Students who attend community colleges comprise a unique group. They are often first-generation college students, may be economically disadvantaged, and lack time to research career paths (Bailey et al., 2015; Borghouts et al., 2021; Cadigan & Lee, 2019). Additionally, they are likely trying to fit in school with other commitments (Cohen et al., 2013). These responsibilities include part- and full-time jobs, parenting, and other demands on their time and energy (Cleveland et al., 2018; Flory, 2019; Lipson et al., 2021; Scherer & Anson, 2014; Tinto & Russo, 1994). In reference to these responsibilities, Karp and Stacey (2013) noted, "While many community college students encounter significant academic barriers in completing a degree, they also face nonacademic barriers that are often equally significant. Some of these barriers—financial struggles, transportation difficulties, and insufficient childcare—are obvious and concrete" (p. 1). Another characteristic of students attending community colleges is that they often attend school part time and may not be traditionally aged college students (Porchea et al., 2010).

Community college populations are also more diverse and may be less academically prepared than their 4-year college counterparts (Cohen et al., 2013; Porchea et al., 2010; Scherer & Anson, 2014; Woods et al., 2019). In this case they may choose community college because of the availability of remedial courses (Baber, 2018; Bailey & Alfonso, 2005; Bailey et al., 2015). In a study of students beginning postsecondary community college in the 2003–2004 academic year, Provasnik and Planty (2008) found 29% of respondents reported having taken some form of remediation courses.

Overwhelmingly, community college students are nontraditional and culturally marginalized (Gillett-Karam, 2016; Gregory & Lampley, 2016; Levy, 2017). In a profile of first-time postsecondary students in 2011–2012, the U.S. Department of Education identified the demographics of public 2-year college students:

Table 1

Demographics of Public Two-Year College Students

Demographic	Percentage (%)
Gender - Male	47.2
Gender - Female	52.8
Race - White	55.7
Race - Black	13.4
Race - Hispanic	23.9
Race - Asian	4.8
Race – Other	4.8
Age – 18 or younger	42.4
Age – 19 years old	25.7
Age – 20 – 23 years old	10.5
Age – 24 to 29 years old	8.6
Age – 30 years old and older	10.1

As indicated by the table, the majority of students are female (52.8%), White (55.7%), and 18 years of age or younger (42.4%) (Radford et al., 2016).

Retention in Community Colleges

Retention is another area in need of attention for community colleges. Stakeholders have adjusted their focus on community colleges from access to persistence, completion, and retention (Bailey & Alfonso, 2005; Hutto, 2017). The model of student retention is a theory of social and academic integration, which suggests that students' social and extracurricular involvement will increase retention rates (Tinto, 1993).

In his original theory, Tinto (1975) created a model based on student retention and asserted that students stayed in college based on the level of social and academic

integration they felt on their campuses. Although community colleges have adapted this theory, student retention continues to be a challenge (Rankin et al., 2010). Tinto (1982) later explained that his original model of student retention was not taking the "forms of disengagement" that that are prevalent on community college campuses and with community college students (p. 689).

Mental Health Concerns of College Students

Institutions of higher education contribute to the holistic development of students (Sax & Gialamas, 2017). Although the emphasis is on academics, students have access to facilities and staff members who will assist in their physical well-being as well as their mental well-being (Quintiliani, et al., 2012). The latter is usually in the form of a counseling center staffed with licensed mental health professionals (Bishop, 2016).

College Mental Health Counseling

During their first year in college, students can experience psychological distress (Dvorakova et al., 2017; Garett et al., 2017; Griggs, 2017). Griggs (2017) argued that the new pressures of being a college student and navigating academic and social expectations contribute to the one in five young adults diagnosed with some sort of mental health problem. Counseling and psychotherapy assist in reducing the stress experienced by these students in young adulthood (Vescovelli et al., 2017).

Students with higher cumulative grade point averages (GPAs) and more campus engagement reported not needing counseling services (Nash et al., 2017). In comparison, students who shared having low academic engagement stated they needed the services but did not use them; as such, they slept less and experienced more psychological

distress. Seemingly, students who need but do not take advantage of counseling services suffer both academically and emotionally.

The research implies that counseling is important for college students' development, especially regarding instilling hope (Li et al., 2018; McDermott et al., 2015). As outlined by Snyder (2002), hope theory is a cognitive process that directly connects hope with goal attainment. Fabiny and Lovas (2018) argue the connection between the two is relevant, because goal commitment and attainment are part of the college student experience. Hope is beneficial to college students and mental health in five ways: (a) there is a positive association between hope and improved coping, (b) hope leads to improved well-being, (c) hope serves as a moderator between depression and negative life events, (d) hope is a preventive factor against suicide, and (e) hope is a factor in healthy behavior management (Griggs, 2017).

Scholars of late have documented an increase in mental health issues among college students (Binkley & Fenn, 2019; Kalkbrenner et al., 2019; Wyatt et al., 2017). This increase has been cited as a "crisis" of mental health on United States college campuses (Lipson et al., 2021, p. 1126). Accordingly, Kay (2010) asserted, "College mental health clinicians know that the number of matriculating students with a history of mental health treatment and those who enter college on psychotropic medication and/or require ongoing psychotherapy has increased dramatically" (p. 3). Kay continued:

> Higher education is now aware of the need to establish student access to a broad
> range of services both on campus and off campus, create sophisticated educational
> programs that address the ubiquity and destigmatization of mental illness and
> provide accurate and responsible legal and ethical college mental health policies,

all within a context of adequate resources. It is clear that much more research is

needed in all aspects of college mental health. Moreover, education of mental

health professionals from many disciplines will become increasingly critical in

ensuring adequate numbers of well-trained clinicians to care for the undergraduate

and graduate students in the future. (Kay, 2010, p. 17)

Common Mental Health Issues in College Students

Many researchers have documented the mental health issues presented by college

students visiting counseling centers; in addition, the psychological problems are often

visible even among those who eschew counseling. Mental health issues do not

discriminate according to demographic data. Among the most common concerns among

college student are anxiety, depression, stress, family issues, and academic performance

(Durodoye et al., 2000; Perez-Rojas et al., 2017).

Stress in College Students. College students tend to experience significant

amounts of stress (Amaral et al., 2018; Manigault et al., 2018; Rankin et al., 2018;

Towbes & Cohen, 1996). This stress may be due to their stage in psychosocial

development as they navigate maturity and academic requirements and expectations

(Tirpak & Schlosser, 2015). Chronic stress could be problematic because of its

association with negative emotions and a decrease in sleep quality (Garett et al., 2017).

Significantly higher levels of stress may lead students to engage in unhealthy behaviors

and contribute to lower GPAs and decreased perceptions of success (Thomas & Borrayo,

2016). There is an interrelationship between stress and mental health issues such as

anxiety and depression and between stress and physical illness (Rawson & Bloomer,

1994).

Anxiety in College Students. According to the American College Health Association (2014), more than half of college students reported experiencing overwhelming anxiety. El-Monshed et al. (2021) documented the prevalence of anxiety in college students and wrote, "Anxiety disorders, such as panic disorders, social phobia, posttraumatic stress disorder, and generalized anxiety disorders are the most common mental disorders among college students, with 11.9 percent of students suffering from one" (p. 250). Anxiety symptoms include worry and negative feelings, as well as physiological outcomes such as trembling and a rapid heartbeat (Barlow, 2002). The transition to college is one contributor to the high number of students experiencing anxiety, with subsequent influence from career expectations and exploration processes (Pisarik et al., 2017).

Depression in College Students. Depression is a prevalent mental disorder among college students (Bissonette & Szymanski, 2019; Cuijpers et al., 2016; Farabaugh et al., 2019), perhaps in part because of the transition to college (Bohon et al., 2016). In the American Freshman Survey, which measured the emotional health and depression of more than 153,000 full-time college students, Eagan et al. (2015) noted that 9.5% of students admitted being frequently depressed. In the 2013 National College Health Assessment (American College Health Association, 2013), 59.6% of college students reported feelings of sadness and 31.3% reported depression. More recently, in the 2019 National College Health Assessment (American College Health Association, 2019) over half of all college students reported experiencing symptoms of depression.

Brunner et al. (2014) addressed the health status of traditionally aged college students, asserting:

With regards to health and well-being, millennial college students' striving for external acceptance and success results in a high degree of stress. Many have not learned how to lead balanced lives, incorporating both work and play; consistent striving for achievement often leads to feeling overwhelmed. Problems in peer and parental relationships add to this stress. (Brunner et al., 2014, p. 263)

In 2016, the American College Health Association conducted a survey of the nation's colleges and universities called the National College Health Assessment. Among 95,761 respondents, students reported experiencing a number of mental health symptoms within the past 12 months, as outlined in Table 2.

Table 2

Mental Health Symptoms Experienced by College Students

Mental health symptom	Percentage of student respondents (%)
Felt things were hopeless	49.8
Felt overwhelmed by all you had to do	85.1
Felt exhausted (not from physical activity)	81.7
Felt very lonely	59.3
Felt very sad	65.0
Felt so depressed that it was difficult to function	36.7
Felt overwhelming anxiety	58.4
Felt overwhelming anger	39.6
Seriously considered suicide	9.8
Attempted suicide	1.5
Intentionally cut, burned, bruised, or otherwise injured yourself	6.7

Mental Health Concerns of Community College Students

As previously discussed, community college students have many outside responsibilities (Cohen et al., 2013). These obligations and other stressors may pose an even greater risk for mental health issues for students, which will have a direct effect on their academic achievement (Navarro, 2012). In their report to President Trump, *Mental*

Health on College Campuses: Investments, Accommodations Needed to Address Student Needs, the National Council on Disability (2017) reported:

> CalMHSA and RAND Corporation research found that CCC students, compared with their four-year state school counterparts, had higher rates of impaired academic performance due to mental health issues; received less information from their campuses about mental health and wellness; received and used half the number of mental health referrals; and most often had to be referred to community mental health resources due to the lack of on-campus resources. (p. 72)

As noted by Kleinpeter et al. (2012), "Class attendance, concentration, memory, motivation, persistence, and study habits can all be negatively impacted by mental illness" (p. 1). Psychological factors also have an impact on whether students return to the community college campus to continue pursuing their degrees (Luke et al., 2015).

Scholars have documented the mental health concerns of community college students, yet the research specifically regarding community college students and mental health disorders is lacking (Arteaga, 2015; Kalkbrenner et al., 2021; Kalkbrenner & Hernandez, 2017; Lipson et al., 2021). This gap in the literature neglects the importance of addressing mental health issues in community college students, as the mental health needs of community college students are not only a concern of the school in which they are enrolled, but of the community as a whole (Durodoye et al., 2000). Durodoye et al. (2000) emphasized, "A community college may be seen as a microcosm of its surrounding community. As such, the mental health issues evidenced in the community

college setting may be seen as a reflection of those existing within the larger community" (p. 456).

Common Mental Health Issues in Community College Students

The five most frequently presenting mental health issues of community college students are stress/anxiety/panic (36%), depression/grief (30%), academic issues (4%), relationship issues, and other concerns (Kleinpeter et al., 2012). In a study of community college counselors conducted by the Community College Task Force (CCTF) and American College Counseling Association (ACCA; 2015), 94.3% of respondents identified anxiety disorders as a presenting issue on their campus; in addition, 91.9% reported stress, 88.6% reported depression, and 78.9% reported academic problems. These findings are consistent with those of Cooper (2005), who found the most frequently reported problem of college students in college mental health settings to be anxiety.

Stress in Community College Students. Miller et al. (2005) asked community college students to indicate their stressors on a 6-point, Likert-type scale, where l represented minimal challenge and 6 reported major challenge. The results (reported as the mean scores) appear in Table 3.

Table 3

Stressors of Community College Students

Stressor	Likert-scale rating
Academic success	4.74
Balancing academic and personal life	4.63
Paying for college	4.51
Thinking about the future	3.85
Finding career direction	3.83
Finding personal direction	3.57
Making lifestyle choices	3.34
Making choices about campus involvement	2.73
Being accepted on campus	2.68
Finding support for attending college from family	2.40
Finding support for attending college from friends	2.40
Finding spiritual direction	2.11
Making choices about health issues	2.31
Finding transportation to campus	1.92

Note. Adapted from "Dealing With the Challenges and Stressors Faced by Community

College Students: The Old College Try," by M. T. Miller, M. L. Pope, & T. D.

Steinmann, 2005, *Community College Journal of Research and Practice, 29*, p. 70.

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In a study of community college students and stress, Pierceall and Keim (2007)

categorized 12% of students as having high stress, 13% with low stress, and 75% with

moderate stress. These numbers are significant, as community college students are facing

more stressful circumstances than traditional 4-year college students. For example, some

of the financial issues that increase stress for community college students are debt,

employment, financial instability, and trying to find a balance between financial

responsibilities, academic commitments, and work (Nelson et al., 2008).

Anxiety in Community College Students. The literature well documents the prevalence of college students experiencing anxiety, as it continues to be a growing concern (Downing et al., 2020). Cadigan and Lee (2019) examined 4,312 students from ten community colleges and found that half (49%) reported experiencing a mental health condition within the past two weeks. One of the most common positive screens was for anxiety, with 29% of students reporting a positive screen.

Anxiety has also shown to have negative effects on community college students (Fong et al., 2017). Because some of this anxiety can be directly related to academics, community college students may experience it on a more severe level because of the tendency to be less academically prepared than 4-year college students (Complete College America, 2011; Scherer & Anson, 2014). Further, some of the anxiety experienced by community college students could be due to a lack of awareness of their own needs in the face of overwhelming choices and information on their campuses (Bailey et al., 2015).

Depression in Community College Students. Findings of depression in community college students mimic those of 4-year college students. As MacDonald (2007) found, 37% of college students reported their depression was severe enough to impact their ability to function. Further, Kleinpeter et al. (2012) found depression/grief (30%) to be one of the top-reported complaints of community college students. In further exploring the mental health concerns of community college students, Finkel (2016) noted:

The fear of a violent incident is not the only motivator for community colleges to put mental health on the front burner; for example, some believe that mental

health issues like anxiety and depression are probably the No. 2 reason—behind

finances—why students drop out of school. (Finkel, 2016, p. 40)

In the previously referenced Cadigan & Lee (2019) study, the researchers

examined 4,312 students from ten community colleges and found that half (49%)

reported experiencing a mental health condition within the past two weeks. Another

common positive screen was for depression. Thirty six percent of students reported a

positive screen for depression and 11% of students reported experiencing suicidal

ideation within the past year.

University Counseling Centers

College and university counseling centers are usually located on the campus,

within a convenient walking distance for students (Goldberg, 2016). All or part of the

cost may be incorporated into student fees (Goldberg, 2016). However, university

counseling centers are at a higher demand for services, more severe diagnoses, and

insufficient staff and resources (Chugani, 2017; Weatherford, 2017; Xiao et al., 2017).

These concerns have facilitated new and creative ways of offering counseling to students,

including the use of therapy groups (Chugani, 2017; Weatherford, 2017). The Center for

Collegiate Mental Health (2018) collected data on college students seeking mental health

services on campus among a sample of 147 U.S. college and university counseling

centers for the 2016–2017 academic year. Highlights from the Center for Collegiate

Mental Health annual report appear in Table 4 and gives an overview of the

characteristics of these university counseling centers such as services offered, staff, and

accreditation.

Table 4

Highlights from the Center for Collegiate Mental Health Annual Report

Characteristic of Mental Health Services	Percentage of respondents (%)
Counseling centers accredited by International Association of Counseling services	50
Drug and alcohol treatment program	24.7
Testing services	16.4
Health services	12.3
Career services	6.8
Disability services	4.1
Learning services	3.4
Employee assistance program	0.7
Psychiatric services provided part-time, in house	36.6
Psychiatric services provided full-time, in house	17.9
Psychiatric services provided part-time, off campus consultant	8.3
Have an annual limit on individual psychotherapy sessions	37
Highest educational degree of provider - Doctor of Philosophy	34
Highest educational degree of provider - Master of Arts	15.4
Highest educational degree of provider - Doctor of Psychology	11.9
Highest educational degree of provider - Master of Science	11.5
Highest educational degree of provider - Master of Social Work	8.8
Highest educational degree of provider - Bachelor of Arts	4.0
Highest educational degree of provider - Bachelor of Science	3.7
Highest educational degree of provider - Master of Education	3.4
Highest educational degree of provider - Doctor of Education	0.8
Providers offering services who are licensed under their current degree	65.7

The International Association of Counseling Services (2010) has published

standards for university and college counseling, which read, in part:

> Counseling services are an integral part of the educational mission of the
>
> institution and support the mission in a variety of ways, such as consultation,
>
> teaching, preventative and developmental interventions, and treatment. They
>
> provide clinical services to clients who are experiencing stress because of
>
> academic, career, or personal problems which may interfere with their ability to

take full advantage off the educational opportunities before them. Counselors are

also involved in consultation with faculty and staff, student needs advocacy,

program development, outreach programming, retention activities, research, and

program evaluation that support the efforts of faculty and staff in enhancing the

university environment (International Association of Counseling Services, 2010,

p. 2).

Community College Counseling Centers

Counseling centers support the mission of community colleges, as described by

Dykes-Anderson (2013): "Counselors provide nonclinical and clinical services to all

students, while targeting those who are at-risk for academic failure and who undergo

stress as a result of personal, career, or academic issues that impede educational growth"

(p. 742). Interestingly, community college counseling has not received extensive

attention in the literature (Schwitzer et al., 2016). In explaining the necessity for

community college counseling and counselors, DykesAnderson (2013) asserted, "There

is a strong relationship between counseling and academic success, higher graduation

rates, and retention" (p. 743).

Society regards higher education as an institution that is holistic in addressing

students and their needs (Karp, 2016). According to Haggan (2010), "One goal of

education involves the development of the whole person and is not limited to knowledge

and cognitive functioning" (p. 429). The researcher provided a list of areas in which

college counseling is valuable, which Haggan divided into two components: assessment

and student skill development. Realms of assessment include developmental, intellectual,

emotional, physical and biological, relational, cultural, spiritual, and vocational; student

skill development incorporates assertiveness, conflict resolution, crisis intervention, grief response, and evaluation and termination (Haagan, 2010). According to Cohen et al. (2013), the inclusion of students' holistic functioning (cognitive, affective, and psychomotor) is the best way to educate.

Although academic counseling is beneficial to students, the demand for mental health counseling is increasing (Dykes-Anderson, 2013). There is thus a need for increased counseling services as a means for student retention (Bundy & Benshoff, 2000; Lipson et al., 2021). The researchers continued, "When students are unable to receive the support they need on campus, they may drop out or withdraw to attend another college" (Bundy & Benshoff, 2000, p. 94).

Current Condition of Community College Counseling Centers

The CCTF and ACCA (2015) conducted a national survey of 159 community colleges' counseling services during the 2014–2015 academic year. The results from this survey showed the current state of counseling centers on community college campuses. The highlights appear in Table 5.

Table 5

Highlights From the CCTF and ACCA National Survey of Community College

Counseling Services

Community College Counseling Services	Percentage of respondents (%)
Campus provides personal/mental health counseling services	82
Counseling center does not hold any accreditation	91
One full-time counselor/therapist on staff	28
Two full-time counselors/therapists on staff	20
Three full-time counselors/therapists on staff	12
No full-time counselors/therapists on staff	5
No part-time counselors/therapists on staff	56
One part-time counselor/therapist on staff	19
No counseling interns on staff	76
Providers on campus required to hold independent state licensure (yes)	51
Providers on campus required to hold independent state licensure (no)	49
Students sign an informed consent form for personal or mental health services (yes)	70
Students sign an informed consent form for personal or mental health services (no)	30
Providers regularly involved in other duties on campus	100
Counseling offices housed in student affairs or student development	70
Standalone counseling offices	11
Spend one to five hours a week on mental health counseling	32
Spend 16 to 20 hours a week on mental health counseling	16
Spend 21 to 25 hours a week on mental health counseling	16
No mental health screening offered on campus	41
Depression and other mood disorders screenings offered on campus	44
Alcohol screening offered on campus	29

In Table 5, note that the providers regularly involved in other duties on campus are

identified by 100 percent of the responders. In that, their duties include committee work,

psychoeducational programming, career counseling, academic advising, and

administration and management duties.

Despite the prevalence and increase of mental health disorders in community college students, the research is limited regarding mental health service utilization on campus (Cadigan & Lee, 2019). Katz and Davison (2014) reported that students at four-year colleges and institutions were more likely to receive information about mental health issues from their campus mental health resources and facilities, even though there was a greater need for this information with community college students. The authors continued to describe the current condition of mental health resources on community college campuses and explained that community colleges have fewer resources and more severe psychological concerns than four-year institutions.

Community College Counseling – Student Needs

The number of students attending community college with severe and persistent mental health issues is increasing (Francis & Abbassi, 2010). In the National Survey of Counseling Center Directors, 50 of 123 respondents reported the severity and acuity of clinical issues present in their students was higher than previous years (CCTF and ACCA, 2015). The increase in mental health issues in community college students is in line with that reported in the literature. Fortney et al. (2017) found that 511 community college students (149 veterans and 362 civilians) out of 765 had positive screenings for mental health disorders.

Similar to college students at 4-year institutions, community college students suffer a number of mental health issues and concerns. The difference is that community college students have more severe psychological concerns with fewer mental health resources (Daniel & Davison, 2014). As Cohen et al. (2013) identified, "Many students are shut out entirely or get five to ten minutes with a counselor at best. Group counseling

and online advising are in play, but individual attention has become a rarity" (p. 218). In comparison to college students at 4-year institutions, Anders et al. (2012) asserted that community college students reported experiencing more lifetime traumatic and nontraumatic events that impacted their lives and had negative outcomes.

Differences Between Embedded Counseling Centers and Standalone Counseling Centers

While conducting the review of the literature, a distinction between who delivers mental health counseling services and where on community college campuses emerged. Standalone counseling centers on community college campuses are not embedded within student services divisions (e.g., advising, registrar). While these centers may not have their own buildings, they do have a designated space and operate with their own staff. In this next section, I will address the distinction between embedded counseling centers and standalone counseling centers on community college campuses. According to a survey administered by Bundy and Benshoff (2000), 44% of students indicated having a personal counseling center on campus would be "very helpful" and 26% of reported that it would be "helpful" (p. 96).

When counseling services are embedded within other offices, counselors are in the position to shift from solely helping students to focusing on mental health issues; however, they may need to participate in other roles, as well. In the CCTF and ACCA (2015) survey, 100% of respondents said they had other duties outside of counseling students, primarily across multiple roles. In addition to the disservice to community college students when counselors cannot focus on mental health needs, Francis and Abbassi (2010) explained the ethical issues behind not allowing counselors to adequately

serve students because of other role commitments. The researchers asked a rhetorical question: "If a student presents with SPMI [severe and persistent mental illness] and the center decides that it cannot provide services and the student has no other resources, does this constitute abandonment?" (p. 430). The tendency for counselors to become overwhelmed and overstretched does not allow the provision of effective counseling services for students (Chamberlin, 2012). Counselors not located in a standalone office are usually expected to fulfill many roles, to the disadvantage of the students (S. Martin, personal communication, November 18, 2016).

There are a multitude of challenges in running and housing counseling centers on community college campuses. Counselors who participated in the CCTF and ACCA (2015) survey highlighted one of these challenges. When asked to share additional information, one theme common among respondents was, "In some cases, the role of personal/mental health counseling is downplayed by the college administration" (p. 3).

Another barrier faced by community college administrators is finances (Engstrom & Tinto, 2008). As Porter (2011) identified, "the current economic climate demands cost efficiency and accountability with respect to how government dollars are being utilized in postsecondary institutions" (p. 208). Even with the increase in student mental health issues on community college campuses, such schools also have the fewest resources (Patel, 2015). Similarly, Epstein (2015) noted that community colleges must do more while having fewer resources. This puts students at a disadvantage, as counselors often need to hold dual roles. For example, a counselor might also serve as the academic advisor for the same student (Patel, 2015). This scenario can cross the boundary into a dual relationship.

Although the challenges of counselors and counseling centers take priority in the literature, some scholars have provided suggestions to address these issues. Patel (2015) argued that community colleges can work on building partnerships, using interns, and implementing peer education. Of building relationships, the author noted some situations are too complex and community colleges are not prepared to address them. In these cases, partnerships with clinicians and agencies who are equipped to handle such situations are necessary. Patel also discussed hiring interns who already have a Master's degree and need to fulfill their hours to become fully licensed; another possibility would be using graduate students who are in their internship semesters. Interns do not expect payment and already have supervision. Community colleges could build partnerships with local colleges and universities to secure available interns.

Durodoye et al. (2000) recommended future steps to address the challenges posed by mental health issues on community college campuses. Redefining workweeks will help align counselors' hours to those needed by the nontraditional community college student. Reconceptualizing the mission of the college would enable counselors to send a message to administrators. Additionally, counselors could take part in decisions to address mental health issues. Although creating new tools and mental health programming would help inform and educate students, placing counselors into the role of student advocates would require "not only that counselors be familiar with their diverse student bodies but that they also understand their own backgrounds and how their backgrounds affect the counseling process" (Durodoye et al., 2000, pp. 464-465).

Finally, using technology effectively will give counselors a variety of ways to provide mental health services to students. Even though Durodoye et al. (2000) focused

on assessment and networking, I have had experiences of providing counseling services via a HIPAA-approved video chat service. This option may be something community college students would embrace. Students with mental health issues and diagnoses will continue to enter community colleges, and these colleges will need to address the many challenges to provide adequate mental health services to these students (Francis & Abbassi, 2010).

Summary

Approximately 21 million students are enrolled in colleges and universities within the United States (National Center for Education Statistics, 2016), some of whom have mental health issues. The pressures inherent in the role of new college student can contribute to the one in five young adults diagnosed with mental health issues (Griggs, 2017). The psychosocial development of students contributes to their mental health. Most college students tend to be in stages five and six of Erikson's (1950) model, which represent the conflicts of identity versus role confusion and intimacy versus isolation, respectively. The resolution of these stages leads to students needing to face the tasks of exercising autonomy and independent decision-making (Tirpak & Schlosser, 2015).

Common mental health issues in college students include anxiety, depression, stress, family issues, and academic performance (Durodoye et al., 2000; Perez-Rojas et al., 2017). In addition to these concerns, students tend to experience high stress, itself associated with other mental health issues, as well as the interrelationship between physical illness and stress (Rawson & Bloomer, 1994). Results from the National College Health Assessment survey indicated that students had experienced an overwhelming

amount of mental health issues within the 12 months prior to taking the survey (American College Health Association, 2016).

Cohen et al. (2013) defined a community college as "any not-for-profit institution regionally accredited to award the associate in arts or the associate in science as its highest degree" (p. 5). Students who attend community colleges are likely trying to balance school with multiple responsibilities, such as jobs, parenting, and other obligations that demand their time and energy; in addition, these students are often less academically prepared than their 4-year college counterparts (Cohen et al., 2013). Community colleges enroll nearly half of the nation's postsecondary students because of their low cost, transferability of courses, and close proximity to students' homes (Miller et al., 2005).

The research on community college students and their mental health is lacking (Arteaga, 2015, Kalkbrenner & Hernandez, 2017). Mental illness can negatively impact community college students in the areas of "class attendance, concentration, memory, motivation, persistence, and study habits" (Kleinpeter et al., 2012, p. 1). The state of the mental health of community college students could be a representation of the mental health issues within the general surrounding community (Durodoye et al., 2000).

The primary mental health issues exhibited by community college students are stress/anxiety/panic, depression/grief, academic issues, and relationship issues (Kleinpeter et al., 2012). Similar results emerged from the CCTF and ACCA's (2015) survey of community college counselors. Cooper (2005) found that the most frequently reported mental health issue was anxiety. It is essential that counseling centers in community colleges support the mission of the institutions (Dykes-Anderson, 2013),

something Cohen et al. (2013) asserted by explaining that education means addressing students holistically. Even still, research and attention given to community college counseling in the literature is lacking (Schwitzer et al., 2016).

The number of community college students with mental health issues is increasing (Francis & Abbassi, 2010). Fifty out of 123 school respondents to the National Survey of Counseling Center Directors (CCTF & ACCA, 2015) reported an increased severity in clinical issues with their students than in previous years. Community college students, similar to their 4-year college counterparts, encounter mental health problems. The difference is that community college students have more issues and fewer resources than students in 4-year colleges (Daniel & Davison, 2014).

Standalone counseling centers on community college campuses are not embedded within student services and operate using their own staff. Counselors who work in embedded offices within student services tend to be overwhelmed with other responsibilities. This overextension does not leave room for counselors to provide effective services to community college students (Chamberlin, 2012). A multitude of challenges plagues community colleges regarding standalone counseling centers on campuses, one being the lack of interest from college administrators (CCTF & ACCA, 2015). Other challenges include inadequate funding and the lack of resources by community colleges (Porter, 2011).

The gap in the literature is the lack of studies and research on college students' perceptions of their campus counseling centers and services at both 4-year institutions and community colleges. Literature on college students and their perceptions and attitudes of mental health exists; however, I did not find any, specifically within the past

20 years, that addressed students' experiences with counseling centers and services on their college campuses.

This gap in the literature substantiates my study, as does the paucity of research on community college students, mental health, and counseling centers. A qualitative approach with a phenomenological design will allow me to gain the insight of community college students and their experiences with counseling services. The absence of any research of this kind validates the need for the proposed study, which will expand existing literature and contribute to lessening the knowledge gap regarding community college students' experiences and perceptions of the mental health services available on their campus.

CHAPTER III

Methodology

The purpose of this study was to explore community college students' perceptions and experiences regarding mental health counseling services on campus. Additionally, because the literature is scant regarding the voices of community college students and mental health counseling, my study was to serve the purpose of filling this gap in research. One research question guided this study: What are community college students' perceptions and experiences regarding mental health counseling services on a community college campus?

The research question is an inquiry about a specific phenomenon. Answering the research question was possible through the use of qualitative methodology with a transcendental phenomenology design (Moustakas, 1994). A phenomenological approach is appropriate when a researcher desires to describe a common meaning shared by participants experienced with the phenomenon under study (Creswell & Poth, 2018). Chapter III presents a thorough description of the research methodology and design. Also included in this chapter are discussions pertaining to the rationale for this approach, participant selection, and recruitment activities.

Research Design

Quantitative research methods are used by researchers who want the focus to be on the use of statistics to find relevance or evidence of a specific phenomenon with the use of variables (Maxwell, 2013; Williams & Moser, 2019). In comparison, qualitative methodologists address the meaning of a specific phenomenon to participants (Denzin & Lincoln, 2011; Maxwell, 2013; Williams & Moser, 2019). In this study, a qualitative

approach was used to explore the essence of participants' experiences with, and perceptions of, community college counseling centers. I selected this approach because I had a desire to explore a problem and see how individuals impacted by this problem make meaning of it. Creswell (2013) described qualitative research as using an emergent approach of inquiry to study a human or social problem. The qualitative approach as described by Creswell (2013) was justified considering the purpose of my study. Additionally, qualitative research is inclusive of the participants' and researcher's voices, and the qualitative approach is intentional on adding to the literature and advocating for change (Bansal et al., 2018; Creswell, 2013). This component of adding to the literature was consistent with the purpose of this study, which included addressing the gap in the literature.

The qualitative design of this study was phenomenological. Edmund Husserl (1931), considered the father of phenomenology (Duckham & Schreiber, 2016; Gallagher, 2012; Vandermause & Fleming, 2011; Williams & Moser, 2019), believed in the use of mindful intention to study and understand phenomena and posited that understanding experiences is achievable without interpretations or cultural context. Husserl's approach to phenomenology was to describe what an individual experienced in the immediacy of that experience.

Transcendental Phenomenology

In conceptualizing transcendental phenomenology, Moustakas (1994) utilized Husserl's use of intention but included a heuristic approach, which is inclusive of context and suggests the context surrounding a phenomenon matters. According to Phillips-Pula et al. (2011), "[There are] two central questions that Moustakas asks: (1) What are their

experiences? [and] (2) In what context or situations did they experience it?" (p. 69). Transcendental phenomenology was appropriate for this study because I focused on the experiences of community college students in the context of being a student on a community college campus, as well as on their perceptions of mental health counseling on campus. Additionally, the qualitative phenomenological approach allowed community college students, a group not extensively researched, to give voice to their personal experiences and perceptions of counseling services on campus.

Moustakas (1994) explained the unique nature of transcendental phenomenology with the inclusion of intentionality, which refers to an individual being conscious of their internal experiences when experiencing a phenomenon. Further describing intentionality as it relates to the concepts of noema and noesis, Moustakas described noesis as an act of "perceiving, feeling, thinking, remembering, or judging" (p. 69). The researcher is responsible for eliciting the hidden meanings within noesis. Noema is described as the phenomenon (Moustakas, 1994). Pertaining to this proposed study, noesis was the perspectives and experiences of community college students; in turn, noema was the phenomenon, which is community college mental health counseling.

Key concepts in Moustakas' (1994) transcendental phenomenology approach are epoche, phenomenological reduction, imaginative variation, and synthesis of meaning. These concepts were useful to gain an understanding of participants' experiences. Practicing epoche is "to refrain from judgment, to abstain from or stay away from the everyday ordinary way of perceiving things" (Moustakas, 1994, p. 33). Epoche requires the researcher to look at the phenomenon with fresh eyes, setting aside previous understanding and judgment; this concept is also known as bracketing (Dowling, 2007;

Moustakas, 1994). My epoche process was to reflect on my personal experiences with community college students and counseling on the campus. I used journaling and reflecting to address my understanding and possible biases, thus preparing myself to approach the phenomenon with an open mind and a willingness to explore the experiences from the participants' point of view.

Phenomenological reduction is the process of using textural language when describing what one observes (Moustakas, 1994). This process requires a researcher to put aside prior knowledge and *look and describe* repeatedly what emerges from the participants' experience (Moustakas, 1994, p. 90). The phenomenological reduction process involves three steps: (a) Bracketing is where the researcher focuses only on the phenomenon and the research question; (b) horizonalizing is where the researcher focuses on giving equal value to all statements, but then removing those that are not relevant to the question and the topic; and (c) creating textural descriptions is where the researcher takes the statements that have gone through the horizonalizing process, creating themes and a textural description of the phenomenon (Moustakas, 1994). I conducted the phenomenological reduction process by reviewing the interview transcripts and bracketing the statements. I then created horizons by removing information not relevant to the research question and phenomenon. Finally, I developed textural descriptions of the phenomenon from horizons created in the previous step.

After phenomenological reduction, the next step is imaginative variation, which gives the researcher room to approach new meanings through the use of imagination, polarities, and different positions (Moustakas, 1994). This process allows the researcher to derive structural descriptions from the textural descriptions. Structural descriptions

give the *why* behind the *what* of the experience, enabling a researcher to ask, "How did the experience of the phenomenon come to be what it is?" (Moustakas, 1994, p. 98). I completed the imaginative variation process by considering the possible meanings under the textural descriptions, taking into account thoughts and feelings regarding the experience of the phenomenon.

The final step of phenomenological research is synthesis of meanings and essences, which is the process of using intuition to integrate the textural and structural descriptions in a complete and final statement of the holistic *essences of experience* of the phenomenon (Moustakas, 1994, p. 100). In this study, I completed this final step of synthesis by using my intuition in reviewing the textural and structural descriptions from community college students to derive the essence of the experience. Moustakas (1994) explained the importance of understanding that the essence of phenomena is not exhaustive, but rather represents the experiencing of the phenomenon at that particular time and place.

The qualitative transcendental phenomenological approach best fit the purpose of this study and the overall desire to understand the essence of the experiences of community college students regarding mental health counseling on their campus. This research design enabled an understanding of the experiences of community college students, as well as the use of intuition to integrate textural and structural descriptions and report a complete synthesis on the essence of the experience. Further, the transcendental phenomenological approach was appropriate because it allowed study of this essence from the direct experiences of participants.

Bracketing

I worked on a community college campus for over eleven years. As I was finishing my second Master's degree at Sam Houston State University in Clinical Mental Health, I completed my supervised internship hours at the community college that is the focus of study by taking on a counseling role during the spring 2014 and fall 2014 semesters. Additionally, I assumed this same role with added counseling responsibilities during the spring 2018 semester in my doctoral Counselor Education and Supervision program. Through these experiences, I gained firsthand knowledge of the difficulties community college students face in trying to excel academically.

Throughout my time at the community college, I saw counselors leave the school, with their positions left unfilled. Even when counselors were on campus, I saw how they addressed student confidentiality (students signing into the same system used by the entire student services department with the reason, "personal counseling"), the time constraints of counselors due to being embedded with student services (administrators requiring counselors to be advisors and to limit the amount of time spent in sessions with students), and the limited mental health services due to decreased priority. Before the COVID-19 pandemic hit, I heard from professors at the college about the need for mental health counseling on campus. These professors shared with me their experiences in class, including behavioral issues, as well as their concerns about what students had written and turned in.

My higher education experience also includes time spent on 4-year college campuses (including attending one for my undergraduate degree) and observing the prioritization of mental health on those campuses. From this experience, I created a

model by which I can compare the differences between means of addressing mental health on 4-year college campuses and community college campuses.

Researchers tend to use phenomenological approaches because of personal congruence, which is the researchers personal connectedness with the phenomenon being studied (Phillips-Pula et al., 2011). This tendency is true for me, as I choose to inquire about the experiences of community college students and counseling services on their campuses. I feel strongly of the necessity to hear about these experiences directly from current community college students.

I am aware of my close connection to my study; as such, I am also aware of the need to address my experiences and possible biases to be able to look at the research with fresh eyes and openly receive participants' experiences. One threat to validity is researcher bias (Maxwell, 2013; Onwuegbuzie, 2003), something especially true in this study due to my proximity to the phenomenon. To address this threat, I will use researcher bias clarification and reflexivity validation. This means of increasing findings credibility requires researchers to take note of their biases, values, and experiences from the outset (Creswell & Poth, 2018). I will practice this endeavor by being intentional in self-reflection and journaling my personal experiencing throughout the duration of the study.

Dr. Kathleen Rice is my dissertation chair. She has a history with community colleges that is both positive and negative. She worked as a counselor for a vocational school. Dr. Rice saw this type of learning environment had a positive outcome for many students who would not have been successful at a traditional four-year university. However, she also saw a lack of confidentiality between counseling staff and other staff

and poor boundaries between counseling staff and students. Dr. Rice has also supervised Master's-level and Doctoral-level interns working at community and vocational colleges.

Dr. Richard Henriksen, Jr., is my methodologist for this study. He has a history with community colleges that is both positive and negative. He was academically removed from one community college and graduated with honors from another. He is an avid supporter of the community college system and views these schools as essential to the growth of many students. Dr. Henriksen has been an advocate for mental health counseling on community college campuses for nearly 30 years and has supervised Master's-level interns for degree internships and postgraduate supervision.

Dr. Rick Bruhn is on my dissertation committee. He has supervised Master's and doctoral-level interns with placements in community colleges. Experiences working with community colleges are generally positive, and Dr. Bruhn appreciates the idea of providing mental health services at community colleges, or having staff trained to make referrals to mental health services in the community.

Selection of Participants

After completion of the doctoral proposal and prior to conducting this study, I obtained approval from all necessary entities. A request to conduct research on a community college campus located in the northern part of Southeast Texas was sent to the campus president for approval. After receiving approval, I submitted an application to conduct the research to the community college's system Institutional Review Board (IRB), with the campus president's approval document attached. Next, I submitted an application to conduct the research to Sam Houston State University's IRB, which

included the approval forms from the campus president and the community college's

IRB.

After receiving approval from the community college and Sam Houston State

University's IRB, I reached out to professors and staff to distribute the recruitment flyers

(see Appendix A). The plan was to also post the flyers around heavily populated areas of

the campus (e.g., cafeteria, student services building, student lounge), however, at the

time we were experiencing the global COVID-19 pandemic and the campus was

shutdown. Everything had to be completed electronically. The flyer included my

signature and the signatures of my dissertation committee members. Also, it provided my

e-mail address for them to contact me if they are interested in participating. After

receiving the initial e-mail expressing interest, I sent potential participants the informed

consent document; upon receipt of signed consent, I e-mailed the demographic data form

(see Appendix B). Following their completion of the demographic data form, I contacted

participants to schedule an interview day and time.

The study sample consisted of students who were enrolled at one campus of a

community college system located in the northern part of Southeast Texas. To be eligible

to participate in the study, students had to be: (a) be currently enrolled at the community

college, (b) be taking at least six credit hours, (c) be taking at least three credit hours

face-to-face at the campus of study, and (d) have completed at least one semester within

the community college system.

Sample size in qualitative studies is more about achieving data saturation, the

point at which adding participants would provide no new information or themes to the

research or analysis (Glaser & Strauss, 1999; Malterud et al., 2016). There is no set

number of participants to achieve saturation, which means the researcher may need to adjust the sample size throughout the study (Glaser & Strauss, 1999). In this study, I planned to recruit and interview 10 participants; however, I reached saturation at nine participants.

Ten participants in a qualitative phenomenological study is an appropriate sample size, as validated by Creswell and Poth (2018). In describing the features of phenomenology, the researchers suggested "a heterogeneous group is identified that may vary in size from 3 to 4 individuals to 10 to 15" (p. 76). Qualitative researchers recommend using a small sample size, because the results will not be generalizable to other samples and populations (Polkinghorne, 2005). In addition, because the goal of phenomenological researchers is to examine experiences, even one participant may be sufficient (Duke, 1984).

Informed Consent

After I received the appropriate approvals from the community college and San Houston State University, I presented interested participants with an informed consent (see Appendix C) that explained who I am, the purpose of my study, the perceived risks involved, an explanation of the right to decline to participate at any time, and confidentiality measures. When interested students contacted me to participate, I e-mailed them the informed consent for them to sign using their pseudonym via a password-protected Adobe Acrobat Signature document, which enables approval via electronic signature. At this point, the participant returned the e-signed form to me via e-mail. Again, the participant was instructed to sign using their chosen pseudonym.

Participant Sampling

Participant selection was through the use of purposeful sampling, specifically criterion and snowball sampling (Creswell & Poth, 2018; Miles & Huberman, 1994). Criterion sampling entails selecting participants because they meet criteria predetermined by the researcher (Bloomberg & Volpe, 2019). Criterion sampling is appropriate when recruiting participants who have had a shared experience with the phenomenon under study (Creswell & Poth, 2018). According to Creswell and Poth (2018), criterion sampling "seeks cases that meet some criterion [and is] useful for quality assurance" (p. 159). Criterion sampling will be necessary because individuals have to meet specific criteria to be eligible to participate.

Snowball sampling entails identification of additional participants through current participants who may know other qualified individuals (Bloomberg & Volpe, 2019; Miles & Huberman, 1994). This entailed asking professors to share details of the study with staff and administrators, and also encouraging uninterested parties to share research details with any qualified individuals they may know. Additionally, I encouraged current participants to suggest individuals they feel were interested.

Instrumentation

An interview is the typical method to collect data when using a phenomenological approach (Moustakas, 1994). As noted by Moustakas (1994), "The phenomenological interview involves an informal, interactive process and utilizes open-ended comments and questions" (p. 114). According to Creswell and Poth (2018), conducting interviews with a range of participants is the way to ensure obtaining a sample of people who have experienced the phenomenon under study.

Interviews are a process by which the researcher attempts to unfold the meaning of participant experiences and "understand the world from the subject's point of view" (Brinkmann & Kvale, 2015, p. 3). As defined by Lincoln and Guba (1985), an interview is "a conversation with a purpose" (p. 268). With these descriptions in mind, I conducted semistructured interviews using open-ended questions to create a dialogue with the participant (Creswell & Poth, 2018). Semistructured interviews allow the researcher to include new, follow-up questions based on the participant's experiences and the conversation (Guerrero-Castaneda et al., 2017). Exploratory in nature as opposed to the strict focus of a structured interview, semistructured interviews elicit in-depth answers from participants (Lincoln & Guba, 1985). A semistructured interview was appropriate for this study because the purpose was to explore community college students' perceptions and experiences regarding mental health counseling services on campus.

Grand Tour Questions

Grand tour questions are those that encourage participants to expound on their answers (Spradley, 1979). Interview questions should give "direction and focus" to that being explored (Moustakas, 1994, p. 59). Accordingly, the interview protocol for these semistructured interviews included four grand tour questions. Grand tour questions formed out of the research question and the literature review, as well as the lack of research on the topic. This gap is a dearth of scholarly study into the mental health needs of community college students (Arteaga, 2015, Kalkbrenner & Hernandez, 2017). The lack of scholarship is even more prominent regarding what community college students have to say about mental health services on their campuses. Studies, research, and

literature regarding counseling for college students are primarily focused on 4-year colleges and universities (Bailey & Alfonso, 2005).

Choosing questions to ask in a phenomenological semistructured interview is dependent on the purpose of the study (Creswell & Poth, 2018), which in this case was the experiences of community college students and mental health counseling services on campus. The first grand tour question developed from the literature in acknowledgement that community college students have outside responsibilities, obligations, and other stressors that may impact their mental health and academic achievement (Cohen et al., 2013; Navarro, 2012). I developed this question to explore what campus services community college students would find beneficial to help them through their life circumstances and current stressors.

As noted in the literature, common mental health issues and concerns in community college students are anxiety, depression, and stress (Cooper, 2005; Finkel, 2016; Fong et al., 2017; Kleimpeter et al., 2012). This second grand tour question was a means to gain an understanding of community college students' experiences with anxiety, depression, and stress, and how they address these concerns. The third question relied upon an assumption of there being a demand for increased mental health services on community college campuses (Bundy & Benshoff, 2000; Dykes-Anderson, 2013). The number of students attending community college with mental health issues, clinical mental health diagnoses, and other psychological issues is increasing (CCTF & ACCA, 2015; Francis & Abbassi, 2010; Fortney et al., 2017). Finally, the fourth grand tour question enabled exploration, from community college students' perspectives, of the ability of campus counseling centers to meet students' mental health needs.

The grand tour questions for this study were as follows:

1. If you were facing life challenges, what services would you want on campus to help you?

2. Talk about a time when you felt anxious or depressed and how you got help to overcome those feelings.

3. Tell me about the mental health services on your community college campus.

4. Tell me your thoughts and opinions regarding the ability of mental health services on campus to meet your mental health needs.

Data Collection

Upon receipt of signed (using a checkmark) informed consent and demographic data form, I scheduled semistructured interviews with participants to begin data collection. The interviews took place via Zoom. Initially, the interviews were to take place at a neutral location, which is important because a phenomenological researcher must strive to create a "relaxed and trusting atmosphere" for the participant (Moustakas, 1994, p. 114). However, given the COVID-19 pandemic, this was no longer possible. The interviews were audio recorded, as was indicated in the informed consents, and again reiterated at the beginning of each interview.

After the interviews, I uploaded the audio to Rev.com, a transcription company. Each file was in mp3 format identified only by pseudonym. Rev is a confidential transcription service, with all uploaded files kept secure and confidential. Additionally, their professionals have all signed nondisclosure agreements and abide by strict confidentiality rules. At the completion of the transcription, the audio was available on the Rev.com website, stored using the TLS 1.2 protocol encryption and accessible to me

by user name and password. Once I downloaded the transcripts, I deleted all materials from the Rev.com server.

Upon receiving the transcripts, I read over them for accuracy while listening to the audio. Subsequently, I sent each participant a copy of their transcript to review for accuracy; this is a process known as member checking, which is another means to ensure the trustworthiness of the study (Creswell & Poth, 2018; Lincoln & Guba, 1985). Participants had seven days to respond to me via e-mail with confirmation that the transcript is accurate and captured what they said in the interview, or to provide any corrections, additional information, or clarification deemed necessary. After I received written confirmation from the participant, I emailed the participant the $25 Amazon gift card, again, using their pseudonym.

All data currently resides on my password-protected laptop and an encrypted, password-protected software application on a SanDisk USB drive. I will keep interview audio recordings and transcripts for a period of 3 years after successful completion and defense of my dissertation, upon which time I will destroy all data.

Data Organization

The necessary first step to organizing the interview data is to study the transcripts (Moustakas, 1994). The appropriate method for organizing data is to use the procedures of *phenomenal analysis* (Moustakas, 1994, p. 118), which include: (a) horizonalizing the data, (b) gathering meaning or meaning units from the horizonalized data, (c) generating themes from the meaning units, (d) developing "textural descriptions of the experience" (p. 118), and (e) constructing "meanings and essences of the phenomenon" (pp. 118-119) from the textural descriptions and an integration of structural descriptions.

In accordance with Moustakas's (1994) approach to data organization, I used a coding method to generate themes from the interview transcripts. The first step was to use open coding, which entailed rereading the transcripts, highlighting statements, and combining those statements to generate themes (Williams & Moser, 2019). I considered all statements from the participants, and then disregarded those that were not significant or relevant to the scope of the study. This process was a way for me to create horizons that I then grouped into themes, thus rendering textural descriptions (Moustakas, 1994).

After completing open coding, the next step was to assign structural descriptions to what the participants experienced using axial coding (Moustakas, 1994; Williams & Moser, 2019). The final step in data organization was to combine the textural and structural descriptions to report the whole essence of participants' experience (Moustakas, 1994). After compiling the textural and structural descriptions for all participants, I integrated them to create a statement that captures the essence of the phenomenon.

Data Analysis

Data analysis took place using Moustakas's (1994) modification of van Kaam's (1959, 1966) method for data analysis for phenomenological research. The first step was listing and preliminary grouping, also known as horizontalization. This process consists of noting "every expression relevant to the experience" (Moustakas, 1994, p. 120). Horizonalizing entailed viewing each of these statements as if they had equal value (Moustakas, 1994). The second step in phenomenological analysis is a reduction and elimination process using the statements from step one. Moustakas (1994) explained this

step is to "determine the invariant constituents" (p. 120), noting that researchers should test each expression from step one for two requirements:

    a. Does it contain a moment of the experience that is a necessary and sufficient constituent for understanding it?

    b. Is it possible to abstract and label it? If so, it is a horizon of the experience. Expressions not meeting the above requirements are eliminated. Overlapping, repetitive, and vague expressions are also eliminated or presented in more exact descriptive terms. The horizons that remain are the invariant constituents of the experience. (Moustakas, 1994, p. 121)

The third step is clustering and thematizing the invariant constituents (Moustakas, 1994). This step involves taking the expressions that met the two requirements in step two and creating clusters, which will become the "core themes of the experience" (Moustakas, 1994, p. 121). The fourth step in analyzing phenomenological data is validating the themes generated from Steps 3 and 4, which Moustakas (1994) defined as the "final identification of the invariant constituents and themes by application: validation" (p. 121). Statements and themes developed from steps two and three should undergo validation by the following requirements: "(1) Are they expressed explicitly in the complete transcription? (2) Are they compatible if not explicitly expressed? [and] (3) If they are not explicit or compatible, they are not relevant to the co-researcher's experience and should be deleted" (Moustakas, 1994, p. 121). The fifth step is to take the invariant constituents and themes that have been validated with Step 4 and create an "individual textural description of the experience" (Moustakas, 1994, p. 121).

The sixth step is to generate an "individual structural description of the experience" (Moustakas, 1994, p. 121) derived from the textural description from Step 5. Structural descriptions, the "why" behind the "what," are a way of understanding "how" the participants as a whole "experience what they experience" (Moustakas, 1994, p. 142). According to Moustakas (1994), in the process of creating structural descriptions, researchers use imaginative variation, engaging their imagination to consider polarities and different positions to arrive to the possible meaning behind the textural descriptions. Finally, the seventh step is a process of incorporating the invariant constituent and themes from the previous steps. Developing a composite description requires combining the textural descriptions (Step 5) with the structural descriptions (Step 6). The combination of these descriptions allows the researcher to develop a "composite description of the meanings and essences of the experience" (Moustakas, 1994, p. 121) representing the participants as a whole.

Trustworthiness

According to Lincoln and Guba (1985), the issue surrounding trustworthiness is persuading audiences that the research merits attention. The issue of trustworthiness for the researcher is convincing an audience that the results from their study are worthy of attention (Lincoln & Guba, 1985). There are four criteria qualitative researchers should use to establish trustworthiness: credibility, transferability, dependability, and confirmability.

Validity can be a challenge in qualitative research because there is no way to verify that all experiences are credible (Maxwell, 1992). The focus of validity in qualitative research is to create an understanding of the researched phenomenon and the

relationship between the participants' experience and the phenomenon (Maxwell, 1992).

Qualitative researchers are concerned with validity practices that ensure the credibility of

understanding what certain experiences mean to participants (Maxwell, 1992). Although

it is not possible to guarantee validity, a researcher should follow certain methods and

procedures to address validity threats, thus achieving credible results (Maxwell, 2013).

Methods of validation and trustworthiness come from the researcher's lens, the

participant's lens, and the reader's lens (Creswell & Poth, 2018). Accordingly, Creswell

and Poth (2018) recommended qualitative researchers engage in a minimum of two

validation strategies. I will address trustworthiness through credibility, transferability,

dependability, and confirmability.

Rich and Thick Data and Descriptions

Rich, thick data are detailed observations that increase the ability for one to find

meaning in the data (Onwuegbuzie & Leech, 2007). Maxwell (2013) asserts that

researchers must rely on verbatim interview transcriptions for rich data, and not just notes

on what the researcher feels is relevant or significant. The researcher can provide rich,

thick descriptions by giving details accounts of interviews, describing context, and using

quotes (Creswell & Poth, 2018). I collected rich, thick data by conducting interviews and

having them transcribed verbatim. Additionally, I provided rich, thick descriptions by

writing detailed reports of the data, using verbatim quotes from participants, and using

contextual descriptions.

Credibility

One method used to address credibility, triangulation, involves collecting data

from a diverse group of individuals using multiple data collection methods (Lincoln &

Guba, 1985; Maxwell, 2013). I implemented triangulation by collecting data from participant interviews, keeping field notes, and obtaining a demographic data form from each participant.

Another method of triangulation I used is peer debriefing. Peer debriefing establishes credibility because it enables exploration of the researcher's biases and provides awareness thereof (Lincoln & Guba, 1985). This method was completed by participating in a peer interview where I was the interviewee (Appendix D). I was interviewed by Dr. Vincent Walford, staff psychologist at the University of Pennsylvania. The interview questions came from Onwuegbuzie et al. (2008) as a means to facilitate researcher and interviewer bracketing and debriefing. Areas explored in the peer review will include (a) the researcher's interview background/experience, (b) the researcher's perception of the participants, (c) perceptions of nonverbal communication, (d) interpretations of interview findings/interpretations, (e) impacts on the researcher, (f) impacts on the participants, (g) ethical or political issues, and (h) unexpected issues or dilemmas (Onwuegbuzie et al., 2008).

Another threat to credibility is reactivity, which occurs when participants alter their responses due to the awareness of participating in a study (Maxwell, 2013; Onwuegbuzie, 2003). I addressed reactivity by using Creswell and Poth's (2018) suggestion of addressing credibility from the participant's lens with member checking, giving participants a chance to review the transcript of their interview to confirm its accuracy. Member checking eliminates the threat of having the participant's voice misrepresented in the study. Lincoln and Guba (1985) asserted that member checking is "the most crucial technique for establishing credibility" (p. 314).

Observational bias is another threat to credibility and occurs when the collected behaviors or words are insufficient (Onwuegbuzie & Leech, 2007). I addressed this threat by providing rich, thick descriptions, detailed observations that "maximize the ability to find meaning" (Onwuegbuzie & Leech, 2007, p. 224).

Member Checking

Another means to ensure the trustworthiness of the study is member checking (Creswell & Poth, 2018; Lincoln & Guba, 1985). I conducted the process of member checking by giving the participants the transcripts to review for accuracy. Upon receiving the transcripts back from the transcription service, I read over them for accuracy while listening to the audio. Subsequently, I sent each individual a copy of the transcript to review for accuracy. Participants had seven days to respond to me via e-mail with confirmation that the transcript was accurate and captured what they said in the interview, or to provide any corrections, additional information, or clarification if deemed necessary.

Transferability

Researchers cannot assign transferability; rather, they can provide an adequate amount of data for others to make that judgment (Lincoln & Guba, 1985). There are two means to address transferability: providing thick description and conducting purposeful sampling (Lincoln & Guba, 1985). Creswell and Poth (2018) asserted that providing rich, thick description gives the reader the opportunity to assign transferability. By providing detailed information about the study (i.e., participants and location), the researcher enables the reader to decide if the findings are transferable.

Dependability

Methods of addressing dependability include triangulation and the inquiry audit (Lincoln & Guba, 1985). Triangulation involves collecting data from multiple sources and peer debriefing. The inquiry audit came from keeping field notes and ensuring the progression of the study is within professional and ethical limits (Lincoln & Guba, 1985).

Confirmability

The researcher's responsibility for confirmability is to ensure the results of the study are "grounded in the data" (Lincoln & Guba, 1985, p. 323). The method used to address this task is an audit trail, which includes raw data from the study, field notes, themes, and a final report connecting the findings to the literature review (Lincoln & Guba, 1985). These are all methods I used throughout the duration of this study, in the findings and interpretation write-up, and with the conclusion of this dissertation.

Summary

In this chapter, I discussed the approach for the study, which is qualitative transcendental phenomenology. The research question guiding this study was: What are community college students' perceptions and experiences regarding mental health counseling services on community college campuses? I used purposeful criterion and snowball sampling to select nine individuals to take part in semistructured interviews. The interview protocol included four grand tour questions, as appropriate to elicit a wealth of information from the participants (Spradley, 1979).

Prior to recruitment, I sought approval from the community college campus president, the community college IRB, and Sam Houston State University's IRB. Upon receiving all approvals, I began the selection process by distributing recruitment flyers

via electronic means. Interested students e-mailed me, at which time I sent a demographic data form to complete. I contacted individuals selected to participate and asked them to complete and sign (via checkmark) the informed consent (see Appendix C), after which I scheduled the interview via Zoom.

I coded the data and identified emergent themes. The validation methods I used were clarifying researcher bias and reflexivity; member checking; peer review and debriefing; and providing rich, thick description (Creswell & Poth, 2018). The results of the data analysis appear in Chapter IV, with Chapter V presenting a summary, discussion, implications, and recommendations for further study.

I discuss the results in the next chapter, Chapter IV. This chapter will include the analysis of data in relation to the research question. Quotes from the participants, emergent themes, and an analysis of the essence of the community college students' experiences of a community college counseling center will be outlined in the next chapter.

CHAPTER IV

Results

Approximately ten million people in the United States are enrolled in community colleges (Bailey et al., 2015; Ma & Baum, 2016; Miller et al., 2005; U.S. Department of Education, 2017; United States Department of Education, 2020). Students choose community colleges instead of the traditional 4-year university for personal, professional, and academic reasons (Miller et al., 2005), the most common being low cost and proximity to their homes. The number of students presenting with mental health issues on community college campuses is increasing (Community College Task Force and American College Counseling Association [CCTF & ACCA], 2015; Francis & Abbassi, 2010). There is a wealth of literature dedicated to mental health issues, initiatives, and services for 4-year college students (Bailey & Alfonso, 2005; Binkley et al., 2019; Bishop, 2016; El-Monshed et al., 2021; Li et al., 2018; Wyall et al., 2017). However, research regarding community college students and mental health issues and disorders is limited (Arteaga, 2015; Kalkbrenner et al., 2021; Kalkbrenner & Hernandez, 2017; Lipson et al., 2021).

Until July 2021, I worked in a community college as an academic advisor for 11 years. Throughout my time at the college, I saw some issues with counseling and mental health approaches that troubled me. As counselors left the school, their positions often remained unfilled. When there were counselors on campus, I saw how they addressed student confidentiality (students signing into the same system used by the entire student services department with the reason *personal counseling*). They faced constraints due to overwhelming student services responsibilities (administrators requiring counselors to be

advisors and limiting the amount of time spent in sessions with students). Also, there were limited mental health services due to their low priority. Before the COVID-19 pandemic, I heard from the college's professors about the need for mental health counseling on campus. They spoke about their experiences in class, including behavioral issues, and their concerns about what students had written and turned in.

The purpose of this study was to describe community college students' perceptions and experiences regarding mental health counseling services on campus. Because the literature is scant regarding the voices of community college students and mental health counseling, this study contributes to filling the research gap. The findings might inform stakeholders within the community college sector of the importance of adequate mental health services. Additionally, community college campus administrators could visualize a path regarding overall mental health services for students, counseling centers, interventions, programming, and an overall dedication to mental health on campus.

One research question guided this study: What are community college students' perceptions and experiences regarding mental health counseling services on a community college campus? Answering the research question entailed using a qualitative methodology with a transcendental phenomenological design (Moustakas, 1994). A phenomenological approach is appropriate when a researcher wants to describe a common meaning shared by participants who experienced the phenomenon under study (Creswell & Poth, 2018). Transcendental phenomenology was appropriate because the study focused on the experiences of community college students in the context of being a student on a community college campus and their perceptions of mental health

counseling on campus. Additionally, the qualitative phenomenological design allowed community college students, a group not extensively researched, to voice their personal experiences and perceptions of counseling services on campus. The data underwent analysis and organization using Moustakas's (1994) modification of van Kaam's (1959, 1966) method for data analysis for phenomenological research.

Qualitative data collection occurred via a demographic questionnaire and an interview via Zoom. Interview scheduling was according to participants' availability and ability to speak from a private location. The themes that emerged from the transcribed data were (a) **benefit of mental health and counseling services on campus,** (b) **experiences with mental health issues and diagnoses,** (c) **support system,** (d) **unawareness of mental health services on campus,** and (e) **barriers to access to mental health service on campus.**

Participant Demographics

Each participant received an email with the informed consent (see Appendix C) and a Google Forms link to the demographic data form (see Appendix B). In completing the demographic data form, students identified themselves by age, how they identify themselves racially and ethnically, gender, current enrollment status at the community college, and if they were currently taking at least six credit hours. The students confirmed their home campus, provided a pseudonym not associated with their real name, and listed the email address for future contact.

Participant Profiles

The nine participants ranged in age from 18 to 26 years. Six participants self-identified as female and three as male. A summary of each participant follows.

Participant #1. Cinderella was a 23-year-old who self-identified as a Hispanic female. She was enrolled at the community college for at least six credit hours and her home campus was the campus where the study was being conducted. During the interview, Cinderella disclosed that she is a mother of two and going to college was her dream.

Participant #2. Miracle was a 23-year-old who self-identified as an African American/Black female. She was enrolled at the community college for at least six credit hours and her home campus was the campus where the study was being conducted. During the interview, Miracle disclosed that she was still trying to continue with her education in the midst of going through her own personal challenges. At that time, Miracle was in the process of moving into a shelter.

Participant #3. Nini was an 18-year-old who self-identified as a Hispanic female. She was enrolled at the community college for at least six credit hours and her home campus was the campus where the study was being conducted. During the course of our interview, Nini disclosed that she has had her own experiences with mental health issues and has sought help and support from a psychologist. She explained that mental health support on campus would be helpful.

Participant #4. Maxis was a 19-year-old who self-identified as a white Hispanic male. He was enrolled at the community college for at least six credit hours and his home campus was the campus where the study was being conducted. Maxis explained some of the current barriers to mental health access on campus regarding the COVID-19 pandemic, but also explained that he views access to mental health services on campus as a privilege to some.

Participant #5. Scarlet was a 24-year-old who self-identified as a Honduran American/Hispanic female. She was enrolled at the community college for at least six credit hours and her home campus was the campus where the study was being conducted. Scarlet disclosed that she currently has diagnoses of major depression, bipolar disorder, and anxiety. She explained that these diagnoses have impacted her education to the point where, at one time, she could not come to school.

Participant #6. Danielle was a 26-year-old who self-identified as an African American female. She was enrolled at the community college for at least six credit hours and her home campus was the campus where the study was being conducted. During our interview, Danielle disclosed that she has been an online learner since attending the community college. She expressed a lack of support and suggested it would have been helpful during a time she was having breakdowns and was turning to unhealthy ways to cope.

Participant #7. 6952 was an 18-year-old who self-identified a white/Peruvian female. She was enrolled at the community college for at least six credit hours and her home campus was the campus where the study was being conducted. During our interview, 6952 disclosed that she comes from a low-income family and has had experiences with being in a depressive state. She believes having support on campus would be helpful, she does not think there is an urgency to offer the services.

Participant #8. Alisha was a 22-year-old who self-identified as a Black female. She was enrolled at the community college for at least six credit hours and her home campus was the campus where the study was being conducted. Alisha disclosed that her knowledge of mental health services on campus was disability services.

Participant #9. J. Locke was a 19-year-old who self-identified as an African American male. He was enrolled at the community college for at least six credit hours and his home campus was the campus where the study was being conducted. J. Locke explained that he believes mental health services would be helpful on campus, however he has not explored what is offered because he has not felt as if he has needed to use them.

Emerged Themes

After each semistructured interview, I uploaded the audio recording to Rev.com, a transcription company, with each file in mp3 format identified only by a pseudonym. Rev.com is a confidential transcription service with all uploaded files kept secure. The company's professionals have signed nondisclosure agreements and abide by strict confidentiality rules. Upon receiving the transcripts, I read over them for accuracy while listening to the audio. I then sent each participant a copy of the transcript to review for accuracy, with instructions to respond via email. They could either confirm the transcript was accurate and captured what they said in the interview or provide any corrections, additional information, or clarification deemed necessary. Each participant responded that the transcript was accurate with no corrections needed. Five themes and two subthemes emerged from the participants' experiences:

I. **Benefit of mental health and counseling services on campus**

II. **Experiences with mental health issues and diagnoses**

III. **External support exclusive of mental health resources**

IV. **Lack of awareness of campus mental health services**

V. **Barriers to access to mental health services on campus**

A. Access and information for online students

B. Expectations for student outreach

Theme 1: Benefit of Mental Health and Counseling Services on Campus

The first theme identified was the *benefit of mental health and counseling services on campus*. This theme comprised the value, good, advantage, gain, and/or interest participants saw in having mental health and counseling services on campus.

All participants endorsed this theme. When asked about services that would be helpful on campus, all nine indicated that mental health services, counseling services, and mental health programs on their community college campus would be beneficial. Scarlet answered, "I think I'd really like an on-campus counselor. That would be really nice. I think, also, maybe some kind of meditation room or something. That would be really nice."

The participants acknowledged that even though students have academic struggles, they also have personal struggles that impact their academic performance. Maxis addressed the value of having a counselor on campus to assist with life challenges and stated,

> I think services on campus, if I was facing life challenges, I'd probably want some more one-on-one, face-to-face interactions with counselors, but obviously that can't be done because of the COVID-19. But overall, I'd probably want more counseling time with people.

Similarly, Cinderella said,

> I do think having a safe place where students can go to have mental health assistance is a great thing. Because this is my second year in college and it has

been…it can be very [much] turmoil, emotionally and mentally. I've had so many times where, I'm just like, I can't do this or I have anxiety or I'm just so stressed out. I am letting myself go and just trying to keep up with everything and stay on top of my studies. So, I think something like that, where professionals may be there or even if it's just counselors that you can talk to and they'll listen to you and provide you strategies on how to manage your home life and your school life and being what you want to try to be for your future career. I think that would be amazing for all students, whether they're parents or not. [That] would be a great thing to have.

During their interviews, most participants distinguished between academic and personal issues. When asked about services to help with life challenges, Alisha separated advisors and counselors. She explained, "I think really [that available life challenge services] would just be the advising, but probably more like counseling services." The participants expressed a desire to have counselors on campus for help coping with more than academic issues. Discussing the value of having counselors on campus, Nini explained,

They could offer one-on-one conversation, talk about it, express how you're feeling with no judgment. With confidentiality also. And I feel like they should also give advice, tips, like, "This is how you could seek more help besides the school."

One part of Nini's statement that stood out was the value of expressing how she was feeling without judgment. Danielle also identified judgment-free expression as a benefit to having counselors on campus. She responded,

Counseling, for sure, because I have taken therapy before and it actually did help. So, counseling will be something. …And that's pretty much it. Just for understanding and empathy. Not just for use of back-to-back excuses, but just for understanding and empathy.

Two participants found value in individual counseling and in a group setting with their peers. Asked what services would be beneficial on campus, J. Locke answered, "Counseling, so I'll be able to understand different ways to overcome the challenges, but in a peer group to help me, or people at my age, how they overcome their challenges." Miracle's response added to this idea:

If I was facing life challenges, definitely counseling. I would definitely want that to be an option. I would also say maybe mental wellness or mental health programs, maybe a weekly gathering or something of that nature in a group setting so that I could also have other people in that space.

6952 specifically mentioned substance issues and how counselors would be helpful to address those issues. She disclosed, "I have known people who have alcohol or drug problems. They should probably put drug counseling or alcohol counseling or something like that."

Theme 2: Experiences With Mental Health Issues and Diagnoses

Another identified theme was the participants' *experiences with mental health issues and diagnoses.* This theme emerged from the participants' reports of their experiences with mental health issues in two ways: self-identified feelings of mental health issues and formal diagnoses of mental health issues. All nine participants endorsed this theme and could identify times they had experienced feelings of anxiety and/or

depression. Three participants disclosed mental health diagnoses and seeking help from mental health professionals.

Scarlet reported diagnoses of major depression, bipolar disorder, and anxiety. She explained,

> Well, I actually suffer from major depression and bipolar disorder and anxiety. So, it's something that I struggle with a lot. I do know that for a while it had gotten to the point where I couldn't even go to school.

Scarlet's perspective was interesting because of her experiences with counselors on her high school campus. She felt it would be helpful to have someone on a community college campus to provide the same assistance when things got challenging. She expanded on this point and said,

> Oh, definitely. Because I think a lot of times, especially during exam season, it tends to flare up, and it would be more helpful if I could just go to someone in that moment and be like, "Hey, I need help right now," instead of having to wait and schedule something and wait until I can actually go.

Two participants disclosed mental health issues and receiving services from mental health professionals. Nini mentioned being under a lot of stress as a college student in addition to experiencing a global pandemic. She disclosed having some past trauma and seeking services from a mental health professional. As a result, she advocated for a mental health professional on campus because "everyone should have access" to that kind of care. Nini explained,

> The last time I felt anxious or depressed was whenever I was a junior in high school, I was going through a tough situation because of my biological father. He

hasn't been in the picture since I was 4 years old, but he recently came back. So, it was a traumatic experience. So, I had to seek help with a psychologist. And I feel like…the psychologist helped me a lot. He talked to me and he gave me a lot of understanding points. And I feel like everyone should have access to that. Everyone should know, to have a place, even in school, in [name of school], they should have a place where they could just go and seek help. …Because anybody can go through a traumatic experience at any time of their life. I feel like also we come in and be students. We're under a lot of stress, especially right now under this pandemic because we have a lot of things to deal with. So, a center that would help students relieve their stress and talk to somebody will be beneficial.

Danielle also mentioned receiving mental health services. She recalled feeling down due to being in a toxic relationship and worrying she was not a good parent. However, during this time, Danielle still desired to continue with school. She explained,

So, therapy was the overcoming, but it was after leaving my child's father for good. It was a lot of bad and toxic energy and knowing that the kids were getting older and that they were going to start absorbing more. It wasn't just as starting off when they were babies. I had to move forward and say, "Hey, you can still do it. You can still go back to school. You can still work. You can still take care of a household by yourself." …And so after sulking for so long, I got up and I said, "Hey, let me reach out." People used to say therapy is for more dominant race group, to put it in a better form, and don't realize that if you find the right therapist and you ask the right questions and you get the right lessons to write on your own, that it should be good. So, and it actually helped. I still, every now and

then, I'm taking it, and I feel like it actually betters me day by day because the way I react to certain situations if I was the old me from the new me.

The remaining participants described life situations where they experienced feelings of anxiety and depression. Cinderella detailed her feelings of being depressed and down as she tried to balance being a community college student and a mother:

So, there has [*sic*] been numerous occasions where that has happened, where I want to break down and cry because I simply can't do it, I'm pulled in so many directions and I have to be with my kids. I feel bad sometimes because I'm sitting at my computer hours at a time doing my work and they're just… I have to keep them entertained, whether it be on their videos or TV or with their toys. Those moments have been my darkest, honestly, where I'm getting pulled like that and I feel I'm at my breaking point, where my house is a mess or I'm a mess, physically in my appearance. I feel just depleted at those moments.

Cinderella discussed the COVID-19 pandemic's impact on her and how she had experienced some of her darkest times trying to balance being a student and mother:

Okay. Honestly, every day for me can be a challenge, especially doing school online. I was actually already doing school online, full-time in the spring of last year. So, before COVID came, I did it all. And my kids are very attached, and they've always been attached and sometimes my fiancé would work nights and it would be just mentally debilitating to do my assignments or do tests even. Imagine doing an exam, a timed exam with two toddlers. And there would be times where, I'd get enraged almost because I'm like, "Oh, my gosh. I have to do

these things but then I would get interrupted. I need juice, I need to go to the restroom, I need a snack. I have to feed my children."

Miracle also reported dealing with a challenging life situation. At the time of the interview, Miracle disclosed that she was in the process of moving into a shelter. When asked about a time she felt depressed or anxious, she talked about her current situation and said, "It's definitely very difficult for me."

Maxis had experienced some mental health struggles before entering community college. He said, "My time I got anxious and depressed was right after I graduated high school. I didn't really realize what I wanted to do afterwards, and I didn't have any plans, and all my other plans fell apart."

J. Locke connected his feelings of anxiety to playing his first basketball game in front of a big crowd. Alisha disclosed a period of experiencing feelings of depression due to life circumstances while trying to keep up with schoolwork. Finally, 6952 had struggled with a breakup. She elaborated,

> A time when I was anxious or depressed was when my boyfriend broke up with me, and we were in a 10-month-long relationship. There were some mixed feelings. I obviously was sad and mad then went to a depress[ive] state.

Theme 3: External Support Exclusive of Mental Health Resources

The third theme that emerged from the interviews was *external support exclusive of mental health resources*. This theme pertained to participants engaging with others or other systems for support, help, and comfort during a difficult time. Seven of the nine participants endorsed this theme.

One participant, Maxis, spoke about how he reached out when experiencing depression and anxiety after graduating high school. He explained, "So, what I did was talk to myself, talk to people who I love, talk to people I can trust, and ask them what they could do, or what I could do better." J. Locke reported that his coach helped him work through the anxiety he experienced when playing his first basketball game. He recalled,

> So, my coach pulled me to the side and told me, "it's going to be okay. Just pretend like nobody's there. Just play how you normally play." And it kind of did work, even though we almost lost that game, but it kind of did work.

Alisha said that family and friends provided support when she experienced depressive feelings. 6952's best friend helped support her through the emotions of anger, sadness, and depression following her breakup:

> What kept me afloat or not staying in that depressing stage was just simply moving on, simply tossing his things from my place. Just give yourself a good vibe, something new to look forward to; otherwise, you'll just be stuck with the burden of that thing. I think I went to go get some new candles and just new stuff, maybe a new wardrobe perhaps. Just things to accompany with me by, my best friend was also there with me. …We've been best friends since middle school, possibly half of my life.

In addition to reaching out to friends, family, and other people for support, three participants reported turning to their belief system for support during difficult times. Miracle said she connects with mentors and turns to her faith:

Okay, I'll actually talk about recently. I am actually in the process of moving into a shelter, so it's definitely very difficult for me. But I'm religious, I'm a Christian, and so, one of the main things I do is pray, and I'll also seek out mentors and really just positive speakers and things of that nature.

Danielle also reported that in addition to therapy, relying on God helped her get through her mental health challenges. She responded, "Definitely. It helped. It was God, and it was therapy, but it helped."

Cinderella stressed the importance of faith in addition to her family for getting through tough times of depression and having breakdowns:

And honestly, I feel over time, I have gained this sense of strength and drive that helps me get through those because I really don't have counselors. I don't see a therapist or anything or doctors outside of my life. The only things that I have are my family, like my mother. I have vented to her or my sister so many times. I've cried to them on the phone of how hard it is for me to balance everything and to get through those mental, just, like, breakdowns. Those are the hardest things for me. And the best way that I have gotten through them is through family support and just prayer, faith that it's going to be worth it and again…and just personal motivation, I guess you can say, because I waited so long for school. It was my dream. I want to be a neonatal nurse or a labor and delivery nurse, or even a nurse practitioner.

Theme 4: Lack of Awareness of Campus Mental Health Services

An additional theme from the interviews was the participants' *lack of awareness of mental health services* on the community college campus. This theme was apparent by

participants not having specific information regarding the mental health services on their campus, including location, services offered, or the mere existence of the services. Eight of the nine participants endorsed this theme.

Two participants recalled receiving information via email regarding some level of mental health services available on campus. Nini reported seeing emails on mental health topics and advice for students to seek help if they need it. She explained,

Well, the mental health services, I've noticed that they usually send out emails. They're like, this is where you could get help and information, or how to… I remember one time last semester, I got an email from, I think it was advice thing, where they were talking about mental health and all of this, what's it called… Just topics where if you need help, seek help. So, that's what I've seen recently with, with my Lone Star that I attend. …Some emails, they do tell me, "Oh, you need help, seek help. Seek [help] from the counselor." But sometimes, I struggle to find the email as well, the person who I have to reach.

Similarly, J. Locke recalled receiving links regarding general available services from one of his professors. 6952 shared,

I don't really see a big urge, or I don't even see an office of mental health services, but I probably think there is one, but it's not well-known. I have seen brochures, but I haven't been to the office or anything like that.

One participant, Alicia, guessed at what mental health services were available on campus, saying, "I think they are called Disability Services." Danielle responded that she had not heard about mental health services on campus at all. She continued,

You rarely… I've never—let me not just say "rarely," I've never heard about that. I think that's just something that they expect the students to go seek on their own, which isn't good because, I mean, again, nobody is thinking that. They're just thinking, "Let's get through school. Let's graduate. Let's go." Even though I'm having breakdowns every day. Even though I'm [*inaudible*]. Even though I'm using, you know, what I'm saying, drugs or alcohol to get through school, it's like, that's normal.

Asked specifically about advertising for mental health services, Cinderella responded,

Well, I do check my emails frequently, just about every day. And I do always see things on there about… I've seen a few things about, I guess Zoom meetings or meetings kind of like this, virtually, where you can talk about how to get help, whether it'll be academically or any type of maybe financial assistance and stuff. Kids that need…or students that need a little bit more help in different areas. Tutoring as well. If you're suffering and you're not getting it and stuff, they have provided all of that, and I've seen all of that numerous times.

When asked if the college should provide more information about services, Cinderella said,

I think there needs to be more because, okay, so for, with me, since I'm at home, I'm not on campus, I may not see every poster or something that's around or an announcement they had somewhere. I just feel that there could be a little bit more of a push, definitely. So, it can reach all students, whether they're part-time, full-time, on campus, or online, I think, yes, there can always be more advertisement

and more, just spreading the word about, "Hey, this is the available for you guys. Go. Don't be ashamed. Don't be embarrassed. We all need help sometimes." I think definitely that there could be more talk about it and advertisement about it because sometimes people just might not notice or they might just not know about it, and sometimes they might not want to. Some people don't want the help but can really need it.

So, I think that it is a great idea to have more advertisement, more discussions about mental health and just everything because our world is evolving so much, so much is happening at such a rapid rate that, I think, yes, our students do need a lot more help than would already be provided. Especially now. So many people maybe have gone through loss and losing loved ones. How do you get through school? How do you keep going when you've lost your parents or a sibling or a spouse? So, yes, I do think now more than ever, mental health should be advertised more, and resources should be available. …I think that, yes, definitely now more than ever, we should have way more things available to us for our own sanity and our own health. I really do agree with that, and, yes, I would applaud that: more resources available, more advertisement, more just as much as they advertise enrollment stuff and financial aid help and all that stuff. I think, yes, mental health should be at the same level as those other resources because it's just as important.

When asked about mental health services on campus, Miracle said, "I'm actually not entirely sure about them." In response to a follow-up question regarding if she had an

awareness of services, Miracle confirmed that she did not. In response to the same question, Scarlet responded,

> That I'm aware of? Mental health services? I don't think we have any. …I would love if we had access to mental health services on campus. …Because honestly, if we have anything on campus, they've never made it obvious.

Theme 5: Barriers to Access to Mental Health Services on Campus

The final theme identified from the interviews was the participants' thoughts regarding *barriers to access to mental health services on campus*. This theme emerged from their perceptions of what prevents students from accessing mental health services or what makes it difficult for students to receive help. Most participants had no specific awareness of services, and some had no plans to use services. However, all nine participants believed the services should be accessible if available on campus. Miracle described this access as "vital" to college students.

Additionally, participants believed access to these services should be easy, and students should be able to benefit from having adequate information presented upfront. Scarlet said that adequate information was not available, saying, "I would love if we had access to mental health services on campus. Because honestly, if we have anything on campus, they've never made it obvious." The participants identified barriers to access to mental health services, with Maxis saying, "I think access to mental health services on campus, it's very much a privilege that some people have, and some others don't."

Subtheme 1: Access and Information for Online Students

A subtheme within Theme 5 was access and information for online students. This subtheme applied to a lack of access to mental health services and information for

participants not physically attending classes on campus. Two participants specifically

mentioned a need for attention to this area, especially given the shift to remote learning

due to the COVID-19 pandemic.

Cinderella discussed accessibility to mental health services from the perspective

of students who take classes online, stating,

I think there needs to be more because, okay, so for, with me, since I'm at home,

I'm not on campus, I may not see every poster or something that's around or an

announcement they had somewhere. I just feel that there could be a little bit more

of a push, definitely. So, it can reach all students, whether they're part-time, full-

time, on campus, or online. I think, yes, there can always be more advertisement

and more, just, spreading the word about, "Hey, this is available for you guys. Go.

Don't be ashamed. Don't be embarrassed. We all need help sometimes."

Miracle had the same perspective of attending classes online, including the

current challenges from being in a global pandemic:

I also believe it would be helpful if they could, since we're still in COVID right

now, if they could offer virtual meetings and virtual sessions and then make those

available to us, as well as pointing us in the right direction. I really think that that

would be, honestly, crucial, especially for times like this.

Speaking to the importance of messaging addressing mental health during

COVID-19, Danielle said,

Even sending certain emails for students checking their emails daily. Send certain

emails saying, "Hey, I know times are hard right now, especially given these

natural disasters we've been having as far as COVID, as far as the ice storm,

"Hey, you all come in and check on yourself. School is still here." You know

what I'm saying?

When asked about mental health services on campus, Maxis mentioned the

pandemic as a barrier as well:

Honestly, I have not explored them to the fullest because, again, COVID-19. But

it's kind of intimidating because I've never explored anything like that, and most

of the time, I try to help myself. But honestly, that's not the best course of action.

And I would look more into it, but it's not the best time right now. And if

anything, I just talk to myself and talk to my peers instead. So, I haven't explored

it very much.

Subtheme 2: Expectation for Student Outreach

Another subtheme within the barriers to access to mental health services on

campus was the expectation for student outreach. This subtheme came from participants'

perceptions of the college's expectation to be proactive and pursue information regarding

mental health services on campus, instead of the information being easily accessable and

visible. Four participants endorsed this subtheme.

Danielle spoke in depth about access to mental health services on campus and the

expectation for students to seek services, which she found somewhat unrealistic. She

shared the perspective of a college student trying to make it through school despite

struggling and using unhealthy coping mechanisms. Based on her personal experience,

she said,

And I feel like if we were to get the access from the mental health professionals,

we would feel more confident to keep going, especially with online learning. You

rarely… I've never, let me not just say rarely, I've never heard about that. I think

that's just something that they expect the students to go seek on their own, which

isn't good because, I mean, again, nobody is thinking that. They're just thinking,

"Let's get through school. Let's graduate. Let's go." Even though I'm having

breakdowns every day. Even though I'm depressed. Even though I'm using, you

know what I'm saying, drugs or alcohol to get through school, it's like, that's

normal. But it shouldn't be, and it wouldn't have to be because, like I said from

personal experience, and not to [deviate] from the question, but that was kind of

like the level that I was going with. And the bottom line, the services being

available in the first place would be good.

Although J. Locke had no plans to use mental health services on campus, he believed they "should be easy to access and everything." However, some participants felt this was not the case. Nini identified what she felt was the expectation for students to reach out and said,

On my campus, I say yes. It's accessible, but also you have to be the one to reach

out to them. I have noticed it's like a yes and no. Some emails they do tell me,

"Oh, you need help, seek help. Seek from the counselor." But sometimes, I

struggle to find the email as well, the person who I have to reach.

6952 expressed a similar sentiment, noting that if services are available on campus, students would have to be the ones to locate the services and go if they wanted to.

Meaning and Essence of Participants' Experience

The research question for this study was: What are community college students' perceptions and experiences regarding mental health counseling services on a community college campus? The purpose of the study was to identify a shared meaning from the participants' experiences. The goal was to obtain the essence of what services community college students would find beneficial on their campus, their personal experiences with mental health issues, awareness of mental health services on campus, and perceptions of the accessibility of mental health services on campus.

The essence of the participants' experiences showed their perceptions that having mental health services, counseling services, and mental health programs on campus would be beneficial. The nine participants gave various reasons for finding value in these services, which they felt would help with academic and personal challenges. Participants indicated that home and personal life impacts school life, and having mental health professionals on campus would be beneficial in learning how to cope and balance the two. Danielle said,

> I've had so many times where I'm just like, "I can't do this," Or I have anxiety or I'm just so stressed out, I am letting myself go and just trying to keep up with everything and stay on top of my studies. So, I think something like that [would be good], where professionals may be there or even if it's just counselors that you can talk to and they'll listen to you and provide you strategies on how to manage your home life and your school life and being what you want to try to be, for your future career.

A universal description of the participants' experience with mental health issues was that all had personal experiences with mental health issues, specifically anxiety and/or depression, at some point in their lives. These experiences included formal diagnoses of mental health issues. All nine participants reported going through challenging life circumstances; however, six specifically mentioned dealing with life circumstances while balancing being a community college student. Scarlet said that mental health issues had prevented her from attending school. She explained,

> Well, I actually suffer from major depression and bipolar disorder and anxiety. So, it's something that I struggle with a lot. I do know that for a while, it had gotten to the point where I couldn't even go to school.

> Danielle had decided to leave a toxic relationship and the changes that followed. She had to take care of the household and parenting duties alone while still being a single mother. Cinderella also spoke about the challenges of balancing motherhood and community college.

The textural-structural description of the participants showed lives dedicated to more than just being a college student. They endured challenges and difficult times, and in these moments, reached out to others for support. A shared experience was seeking external support in the times they described as being at their lowest, darkest, or filled with depression or anxiety. A few participants disclosed having gone to therapy, but most (seven of nine) described relying on individuals exclusive of mental health professionals. These support systems included friends, coaches, mentors, spiritual practices, and family.

The participants' experiences regarding awareness of services centered around email announcements about mental health services. However, there remained a general

lack of awareness of the specific services offered. Nini recalled receiving one such email and stated,

> Well, the mental health services, I've noticed that they usually send out emails.
> They're like, "This is where you could get help and information, or how to…" I
> remember one time last semester, I got an email from, I think it was advice thing
> where they were talking about mental health and all of this, what's it called…just
> topics where if you need help, seek help.

> Cinderella also reported seeing emails:

> Well, I do check my emails frequently just about every day. And I do always see
> things on there about... I've seen a few things about, I guess zoom meetings or
> meetings kind of like this, virtually, where you can talk about how to get help,
> whether it'll be academically or any type of maybe financial assistance and stuff.

J. Locke recalled receiving information from one of his professors.

Although some participants mentioned getting information about mental health services, none could give details about where the services were, the office location, with whom they would speak, how to get in touch with someone, or the counseling process on their community college campus. Miracle had not known there were any mental health services on campus. Asked about her awareness of services, Scarlet responded, "That I'm aware of? Mental health services? I don't think we have any… I would love if we had access to mental health services on campus. …Because honestly, if we have anything on campus, they've never made it obvious." Additionally, 6952 said,

I don't really see a big urge or I don't even see an office of mental health services, but I probably think there is one, but it's not well-known, and I have seen brochures, but I haven't been to the office or anything like that.

The lack of awareness of mental health services was also evident in Alicia's response: "I think they are called Disability Services."

The textural-structural description of the participants was recalling receiving some information regarding aspects of mental health services. However, they lacked awareness of specific mental health services on their community college campus and faced barriers to accessing the services on which they had received information. The college-provided information about the services did not successfully reach the students, given the lack of access. As Miracle described, access to the services is "vital" to students. Maxis identified the exclusion of some students to mental health services on campus. He shared, "I think access to mental health services on campus, it's very much a privilege that some people have, and some others don't."

The participants voiced the need for improvement for mental health services and better information for online students. Cinderella expressed a desire for information about mental health services to be inclusive of all students "whether they're part-time, full-time, on campus, or online" so that all had access to services. Miracle held the same sentiment, including the need for services amid the current global pandemic. She explained,

I also believe it would be helpful if they could, since we're still in COVID right now, if they could offer virtual meetings and virtual sessions and then make those available to us, as well as pointing us in the right direction. I really think that that would be, honestly, crucial, especially for times like this.

Danielle also mentioned the pandemic's toll and how mental health services would be helpful.

A shared perspective among a few participants was the college's expectation for students to be responsible for seeking more information about mental health services. As Nini summarized, even though the college might send emails, if students want to know more about the services, even where to go, or whom to contact, they needed to find this information on their own. J. Locke said he believes the services, if available, "should be easy to access."

Figure 1

Essence of Community College Students' Experience

Community College Students				
Benefit of Mental Health and Counseling Services on Campus	Experiences with Mental Health Issues and Diagnoses	External Support Exclusive of Mental Health Resources	Lack of Awareness of Campus Mental Health Services	Barriers to Access to Mental Health Services on Campus •*Access and Information for Online Students* •*Expectations for Student Outreach*

Note. This figure illustrates the themes and subthemes that emerged from the interviews with community college students on their perceptions and experiences regarding mental health services on their campus.

Summary

This chapter presented the five themes that emerged from the nine participants'

interviews and provided a synthesis of meaning (see Moustakas, 1994). Semistructured

interviews were the instrument used to elicit the community college student participants'

perceptions and experiences. Analysis of the transcribed interviews occurred using

Moustakas's (1994) modification of van Kaam's (1959, 1966) method. The emergent

themes and subthemes provided the essence of the participants' experiences related to

their understanding and perceptions of mental health services on their community college

campus.

Chapter V presents a discussion of the findings and a summary of the study. Also

reported are implications and recommendations for community college administrators,

staff, and stakeholders. Finally, there is a discussion of the conclusions addressing the

research question.

CHAPTER V

Discussion

In this transcendental phenomenological study, I explored community college students' perceptions and experiences regarding mental health counseling services on campus. The following is a summary of the study, discussion of findings, implications, limitations, recommendations for future research, and conclusion. An expanded discussion of the essence of participants' experiences with the phenomena are included to promote awareness and greater understanding of participants view of mental health services on their campus, as well as their own, personal experiences with mental health issues.

Summary of the Study

Mental health concerns for community college students are increasing (CCTF & ACCA, 2015; Francis & Abbassi, 2010). There is considerable literature devoted to mental health issues, initiatives, and services for 4-year college students (Bailey & Alfonso, 2005). However, there is a lack of research regarding community college students and mental health issues and disorders (Arteaga, 2015; Kalkbrenner & Hernandez, 2017). Counseling centers are established in community colleges to support the emotional, cognitive, professional, and academic needs of students (Bishop, 2016; Dykes-Anderson, 2013; Lockard et al., 2019). Similar to the lack of research on community college students and mental health issues, community college counseling has received little attention in the literature (Schwitzer et al., 2016). The limited research completed suggest community college students are finding that their mental health needs are not sufficiently being met with current community college mental health resources

and staff (Anders et al., 2012; CCTF & ACCA, 2015; Cohen et al., 2013; Fortney et al., 2017; Francis & Abbassi, 2010).

The purpose of this transcendental phenomenological study was to understand the phenomenon of community college students' perceptions and experiences regarding mental health counseling services on a community college campus. Additionally, another purpose was to give voice to community college students by exploring their perceptions and experiences regarding mental health counseling services on campus. I compiled research literature, presented in Chapter II, to describe community colleges, who attends community colleges, the mental health concerns of community college students, common mental health issues of community college students, the current condition and challenges of community college counseling centers, student needs in community college counseling, and the differences between embedded community college counseling centers and standalone community college counseling centers. The research question addressed was, *What are community college students' perceptions and experiences regarding mental health counseling services on a community college campus?*

The conceptual framework used to guide my study was the National Wellness Institute's Six Dimensions of Wellness model (Hettler, 1976). Hettler's wellness model is holistic and examines the interconnectedness of all areas of one's life and how these areas work together for overall wellness. The Six Dimensions of Wellness includes the following dimensions: (a) occupational: "personal satisfaction and enrichment in one's life through work"; (b) physical: "the need for physical activity"; (c) social: "contributing to one's environment and community"; (d) intellectual: "recognizes one's creative, stimulating mental activities"; (e) spiritual: "recognizes our search for meaning and

purpose"; and (f) emotional: "recognizes awareness and acceptance of one's feelings" (Hettler, 1976, pp. 1-2).

I conducted nine individual, semi-structured interviews. The nine participants were of diverse race and ethnicity, between the ages of 18 to 26, and six self-identified as female and three self-identified as male. I coded the data in accordance with Moustakas's (1994) approach to data organization. This approach called for me to use a coding method to generate themes from the interview transcripts. The first step was to use open coding, which entailed rereading the transcripts, highlighting statements, and combining those statements to generate themes (Williams & Moser, 2019). I considered all statements from the participants, and then disregarded those that were not significant or relevant to the scope of the study. This process was a way for me to create horizons that I then grouped into themes, thus rendering textural descriptions (Moustakas, 1994).

After I completed open coding, the next step was to assign structural descriptions to what the participants experienced using axial coding (Moustakas, 1994; Williams & Moser, 2019). Open coding was the process to identifying the themes, while axial coding then "refines, aligns, and categorizes the themes" (Williams & Moser, 2019, p. 50). The final step was to combine the textural and structural descriptions to report the whole essence of participants' experience (Moustakas, 1994). After compiling the textural and structural descriptions for all participants, I integrated them to create a statement that captures the essence of the phenomenon. I used Moustakas' (1994) modification of the Van Kaam (1959, 1966) method to analyze the data from the semi-structured interviews.

From the participants' responses during the interview, five themes occurred. The themes were: (a) **benefit of mental health and counseling services on campus**, (b)

experiences with mental health issues and diagnoses, (c) **support system** (d) **lack of awareness of campus mental health services**, and (e) **barriers to access to mental health service on campus.**

Discussion of Theme 1: Benefit of Mental Health and Counseling Services on Campus

The first theme that emerged from the data was the benefit of mental health and counseling services on campus and identified the value, good, advantage, gain, and/or interest participants see in having mental health and counseling services on campus. All nine participants endorsed this theme and acknowledged that having mental health services, counselors, and mental health programs would be beneficial to have on campus. When discussing their desire for these services, the participants acknowledged that they had personal challenges that impacted their academic performance. One participant, Cinderella, described the impact of homelife on academic performance and described the emotional and mental "turmoil" she experiences at times.

This theme is in line with the literature that was presented in Chapter II. Community college students tend to have outside responsibilities that take up their time, energy, and resources and they are more than likely trying to fit school into other obligations and commitments (Cleveland, et al., 2018; Cohen et al., 2013; Karp & Stacey, 2013; Scherer & Anson, 2014; Tinto & Russo, 1994). In this study, participants identified other obligations and stressors that they have dealt with while also being college students.

These obligations and stressors include parenting, finances, loss of security of shelter, relationship issues, drugs and alcohol, and adjustment to life changes. In Miller et al.'s (2005) study on stress in community college students, the top three stressors were

academic success, balancing academic and personal life, and paying for college. Pierceall and Keim (2007) reported 12% of community college students were in the high stress category, 13% in the low stress category, and 75% were in the moderate stress category.

When asked about services to assist with life challenges, both Alisha and Nini made the distinction between advising and counseling. Nini mentioned two aspects of counseling that are important to her, nonjudgement and confidentiality. In the community college setting, the role of a counselor is a unique one and at times, the lines may be blurred between an advisor and a counselor. Oftentimes, counselors on community college campuses are also expected to assist students in other areas (Patel, 2015). This is to the disadvantage of the students and could pose an ethical issue with crossing a boundary into a dual relationship.

Counselors are bound by confidentiality and use a nonjudgmental approach. This is different than the role of an academic advisor. Danielle disclosed that she had experience with mental health counseling before and highlighted the empathetic approach of counselors as one that is beneficial. This is also a characteristic that is different from the approach that advisors are required to use with students.

During the discussion of the benefit of having counselors on campus, peer counseling was brought up by a couple of the participants. These participants found value in individual counseling, but also in participating in counseling in a group setting with their peers. When asked what services would be beneficial on campus, J. Locke explained that counseling would be beneficial for coping skills in times of dealing with life challenges, but that he would also find value in speaking with people his age and discussing how they overcame life challenges. Miracle added to this thought and

expressed that she would also appreciate mental wellness and mental health programs group gathering to share space with others.

The literature documents value in peer-to-peer mental health initiatives and programming when there has been proper training put in place (National Council on Disability, 2017). College students are more likely to speak more freely to a peer about their mental health struggles and would possibly be open to receiving referrals to mental health services from their peers (Kalkbrenner et al., 2020; Wawrzynski et al., 2011). The National Council on Disability (2017) listed peer-to-peer support services as one of the best practices for student engagement with mental health. The council asserted that student-led groups assist with shedding light on mental health and mental health issues and with reducing the stigma on mental health and seeking help for mental health concerns.

All participants in this study acknowledged there is a benefit to having counseling services on their community college campus. They shared various reasons and life experiences as to why mental health services would be beneficial, which is supported by the literature. Additionally, participants mentioned peer-to-peer delivery of mental health services, which is a modality that is supported by the literature as well.

Discussion of Theme 2: Experiences with Mental Health Issues and Diagnoses

The second theme that emerged from the data was participants' experiences with mental health issues and diagnoses. This theme was endorsed by all nine participants and captured the participants' personal experiences with mental health issues in two ways. First, students' self-identified feelings of mental health issues, and second, students' formal diagnoses of mental health issues. Three participants disclosed mental health

diagnoses and having experiences with seeking services from mental health professionals before.

Scarlet disclosed diagnoses of major depression, bipolar disorder, and anxiety. Nini explained that she had been under a lot of stress being a college student in addition to experiencing a global pandemic and had traumatic experiences in her past for which she had sought therapy. Likewise, Danielle spoke about her experiences with seeking therapy during a time when she did not feel like she was doing a good job of being a parent and was in a toxic relationship. Parenting was a concern that came up for Cinderella, as she described feelings of being overwhelmed and feeling as if she was at her "breaking point." Another participant, Miracle, was in the process of moving into a shelter at the time of her interview. Other participants were able to identify times when they have experienced feelings of anxiety and depression. These circumstances included life cycle transitions, big performances, relationship issues, and trying to balance other life circumstances while keeping up with schoolwork.

The number of students attending community college with severe and persistent mental health issues is increasing (Cadigan & Lee, 2019; Francis & Abbassi, 2010). The emergence of this theme and the participants' reports of experiences with anxiety and depression is supported by the literature. In the review of the literature, the common mental health issues in community college students were stress, anxiety, and depression (Cadigan & Lee, 2019; Durodoye et al., 2000; Downing et al., 2020; Perez-Rojas et al., 2017).

In a study of community college students and stress, Pierceall and Keim (2007) categorized community college students as experiencing low, moderate, or high stress,

with most students falling in the moderate stress category. Anxiety continues to be a concern for community colleges (Cadigan & Lee, 2019; Downing et al., 2020). Anxiety experienced by community college students could be due to a host of factors, including a lack of awareness of their own needs, the tendency to be less academically prepared than their 4-year counterparts, or having to make overwhelming choices (Bailey et al., 2015; Complete College America, 2011; Scherer & Anson, 2014). Cadigan and Lee (2019) found of 4,312 students from ten community colleges, one of the most common positive screens was for anxiety, with 29% of students reporting a positive screen.

The results of these studies support the experiences of the participants, who were all able to identify experiences with mental health issues. These experiences included feelings of anxiety, depression, stress, and formal diagnoses of bipolar disorder, anxiety, and major depression. Some participants disclosed how these challenges had a direct impact on their academic performance, a finding that is also supported by the literature.

Discussion of Theme 3: Support System

The next theme that emerged from the data was external support exclusive of mental health resources. During times of difficulty and experiencing hardship, seven of the nine participants described reaching out to others or other systems for support, help, and comfort. For the sake of this theme, this support is exclusive of mental health services.

The participants described their experiences with reaching out to people who they trusted when they needed support through a hard time. Maxis explained that he reached out to people he trusts and love when speaking about how he copes during tough times and challenges. J. Locke experienced anxiety when he was about to play his first

basketball game and reached out to his coach. 6952 reached out to her best friend when she was experiencing challenging emotions surrounding a breakup.

Another area of support three participants mentioned was spirituality. They discussed turning to prayer and practices within their belief systems in challenging times. Danielle mentioned that even though she went to therapy, it was also God who helped her while she was experiencing challenging mental health issues. Like Danielle, Cinderella mentioned turning to God in addition to turning to other areas of support.

For some students, healthy social support may contribute to academic performance (Carmeli et al., 2021). When mental healthcare is not accessible, individuals may turn to social support for assistance with coping during challenging times. Karner et al. (2021) wrote about social support and coping and explained, "Thus, apart from individual coping efforts, social support is considered to be of central importance when it comes to coping with stress" (p.2). Kassis et al. (2019) also noted the positive effects social support has on psychological well-being.

One specific type of coping a couple of the participants discussed was turning to their faith and faith practices. Wood et al. (2021) explained that "religious coping may be used to help find greater meaning from events" and also for individuals to find comfort that a higher deity is in control over "life-changing circumstances" (p. 339). The authors continued to explain that religious coping may also facilitate connection with others in a faith community, and a closer relationship with God in an attempt for stress management. Both of these styles of coping, social support and religious coping, were disclosed by the participants.

Discussion of Theme 4: Unawareness of Mental Health Services on Campus

The fourth theme was lack of awareness of mental health services on the participants' community college campus. This theme highlighted the participants not having specific information regarding the mental health services on their campus which includes location, services offered, or the existence of the services at all. Eight of the nine participants endorsed this theme. Although a couple of participants recalled receiving general information about some level of mental health services on campus, they could not identify who to contact or where the services were offered.

None of the participants were able to give specific information of these services or the name of the office. One participant, Miracle, made a guess on the name of the office and when asked about the awareness of mental health services she answered that she thought they were Disability Services. Both 6952 and Danielle said that they were not aware of these services at all. There could be a variety of reasons behind the lack of awareness of services. One issue is the likelihood that community college students are less likely to receive information about mental health issues overall (Katz & Davison, 2014).

Another major issue could be the blurring of lines between counselors and other duties they are expected to perform on campus. In the Community College Task Force and the American College Counseling Association [CCTF & ACCA] (2015) survey, 100% of the respondents (community college counselors) responded they had duties outside of counseling students. When counselors are not given the opportunity to focus solely on their role of helping students in the areas of mental health, it does a disservice to students and may prevent adequate dissemination of information.

Although the exact reasons are unknown, inadequate dissemination of information is evident in the experiences of the participants in this study. The participants could not give details regarding mental health services on their campus. These details included location of the office, name of the office, who to contact, and whether the services existed at all.

Discussion of Theme 5: Barriers to Access to Mental Health Services on Campus

The final theme was barriers to access to mental health services on campus. Participants disclosed their perceptions of what prevents students from accessing mental health services, or what makes it difficult for students to receive help. All nine participants believed that mental health services should be accessible if they were available on campus. Miracle described this access as "vital." Maxis voiced that he believes access to these services are a "privilege," while Scarlet summarized that the lack of information given regarding access is inadequate and created a barrier. When asked about access and information of mental health services, Scarlet answered that she would love to have access to mental health services on campus, and if those services were available, it had not been made obvious.

Subtheme 1: Access and Information for Online Students

Two subthemes emerged from the barriers to access to mental health services on campus theme. The first subtheme is access and information for online students and is defined as a lack of access to mental health services and information for participants' who are not physically attending classes on campus. At the time of my study, the participants were experiencing the changes, adjustments, and the impact of the global

COVID-19 pandemic. They discussed the lack of accessibility to services from the perspective of students who are not on campus and are taking their courses online.

Cinderella was one of the participants who talked about services being inaccessible in an online modality. She discussed not being able to see posters that may be on campus and that she would appreciate information being available to all students. Like Cinderella, Miracle felt as if services offered online during this unique time of need would be beneficial and would like to see the utilization of technology to offer virtual sessions.

As online education has increased in higher education, access to and information for mental health services is lacking for online students (Moore, 2021). When efforts have been made on college campuses to reach students about mental health services and awareness, these efforts have been directed toward students who are on campus, and their effectiveness is dependent on the services being utilized by on-campus students (Moore, 2021). Traditional, on campus outreach efforts include workshops for Greek organizations, on-campus events, and training programs for campus staff, administrators, faculty, and police (Marks & McLaughlin, 2005; Parcover et al., 2015). These traditional methods of outreach allow for on-campus mental health staff to market services, sometimes en masse (Gibbons et al., 2019).

There is extant literature on mental health challenges of college students (Dvorakova et al., 2017; Garett et al., 2017; Griggs, 2017), the increase in mental health challenges of college students (Binkley & Fenn, 2019; Kalkbrenner et al., 2019; Wyatt et al., 2017), and how mental health challenges impact academic performance (Karp et al., 2013; Kleinpeter et al., 2012; Luke et al., 2015; Navarro, 2012). An increasing number of

students are attending college online (Holt et al., 2019; Moore, 2021). Holt et al. (2019) asserted that both on-campus and online colleges students need mental health services, but there is no answer as to how online students are receiving adequate information regarding said services.

Patterson-Lorenzetti (2015) wrote that access to mental health services is "especially essential" for online students, as the demand for these services continues to increase (para. 2). The current literature supports the participants' experiences and the emergence of this subtheme. Online students do not have the benefit of receiving the same information as traditional outreach methods that are used by higher education counseling staff and administration, which leaves an entire population of students underserved.

Subtheme 2: Expectation for Student Outreach

The second subtheme that emerged is expectations for student outreach. This subtheme is defined by participants' belief that there is an expectation for them to be proactive and seek out information regarding mental health services on campus, as opposed to the information being easily assessable and visible. It is understood that each individual has a level of personal responsibility for seeking services. However, the barrier is when adequate information is not given in the first place.

Danielle explained that the expectation for students to seek out mental health services is not realistic. Her point is that when students are dealing with challenges and personal issues, their focus would more than likely be on dealing with the issues and getting through school the best way they can. For those who are not familiar with

counseling, those students would not be inclined to seek those services out for themselves. Danielle asserted:

> And I feel like if we were to get the access from the mental health profession professionals, we would feel more confident to keep going, especially with online learning. You rarely... I've never, let me not just say rarely, I've never heard about that. I think that's just something that they expect the students to go seek on their own, which isn't good because, I mean, again, nobody is thinking that. They'll just thinking, let's get through school. Let's graduate. Let's go. Even though I'm having breakdowns every day. Even though I'm depressed. Even though I'm using, you know what I'm saying, drugs or alcohol to get through school, it's like, that's normal. But it shouldn't be and it wouldn't have to be because, like I said from personal experience, and not to deteriorate from the question, but that was kind of like the level that I was going with. And the bottom line, the services being available in the first place would be good.

In the National Council of Disability's (2017) report, the director of College Counseling and Psychological Services wrote:

> The bottom line is services. If you don't have services available when students need it, nothing else is going to correct for that. If you have a mental health challenge and you need access to services in that moment—it's not that you need service a month later. If you're going to treat the student, you need to provide full treatment up to specialty referrals. This would enable the vast majority of students with mental health challenges to be successful. (p. 41)

Students need access to mental health care on their campuses. Community college stakeholders and administrators are focused on access, retention, completion, and persistence (Bailey & Alfonso, 2005; Hutto, 2017). However, mental health issues in community college students have a direct impact on academic performance, persistence, and whether students return to school (Kleinpeter et al., (2012); Luke et al., 2015; Navarro, 2012).

The National Council on Disability's (2017) report highlighted the challenges in access to counseling, and noted a student respondent's answer to their survey, "I think they are adequately available, for students who have the initiative to seek them out" (p. 44). This response was from a student from a four-year college, and the council noted the underrepresentation of community colleges from where they drew additional data, which again, is a continued issue that is supported by the literature. The participants' experiences recorded in this study are supported by the literature regarding barriers to access to information. Specifically, participants who attend school online discussed concerns over not having the same access to information as students who attend classes on campus.

Discussion of Themes in Context of Conceptual Framework

The conceptual framework used to guide my study was the National Wellness Institute's Six Dimensions of Wellness model (Hettler, 1976). Hettler's wellness model is holistic and examines the interconnectedness of all areas and dimensions of one's life and how they work together for overall wellness. Institutions of higher education contribute to the holistic development of students, with campuses dedicating resources to cater to students' needs (Sax & Gialamas, 2017). To educate, then, is to include students' holistic

functioning (cognitive, affective, and psychomotor) (Cohen et al., 2013). With college students, a holistic wellness approach increases academic performance and the goals of retention and completion. Robino and Foster (2018) wrote, "Wellness in college students increases academic success and stress management skills while providing a healthier overall lifestyle."

The participants' statements, and the endorsed themes, validate the conceptual framework of the Six Dimensions of Wellness and scholars' application of the framework to community college students. The six dimensions of the framework are occupational, emotional, physical, social, spiritual, and intellectual. The most prominent theme from the study was the participants overwhelmingly expressing that they would find value in having mental health and counseling services on their community college campus.

Throughout the study, the participants mentioned different dimensions within this contextual framework that have impacted their lives and shaped their experiences. What is clear, is that even if one dimension was more impactful at the time, it did not happen in a vacuum. Other dimensions were either impacted or were also playing a part in the participant's experience. Each of the dimensions could be found within the experiences of the participants and all the themes, but there were three that stood out as most impactful: emotional, social, and intellectual.

In this model, the emotional dimension focuses on one being aware of their own feelings and accepting them. Hettler (1976) explained that the emotional dimension includes management of feelings and effectively coping with stress. In terms of this framework, an emotionally well person can accept their own emotions and the emotions of others. Additionally, personal decisions are made based on consideration of a

multitude of factors, including feelings, behavior, and thoughts. Hettler's assertion was that an emotionally well person can maintain relationships, articulate feelings, and effectively manage feelings.

The literature documents college students' psychosocial development during college, as well as the increase in stress that college students experience during college. Both experiences are inclusive of the emotional dimension of this conceptual framework and are seen in the experiences of the participants.

The participants expressed a desire for counselors and mental health support on campus to help navigate challenging times in their lives. Additionally, two participants believed having peer-to-peer mental health services would be beneficial to help navigate current challenges. Finally, all participants were able to identify experiencing feelings of depression and anxiety, with some participants disclosing mental health diagnoses and seeking out mental health services.

The second dimension that stood out in this study, social, focuses on the contribution to the environment and society. Hettler (1976) explained a social wellness path encompasses the awareness of one's impact on their environment and society. According to this framework, a socially well individual plays an active role in creating a better environment by encouraging others to participate in healthy lifestyles. Additionally, Hettler believed a socially well person is proactive in initiating conversations with others.

The participants described circumstances where the social dimension was a current challenge for them, and again, was interacting with other dimensions. Participants explained questioning if they were being adequate mothers, and some lost connectedness

with social and intimate relationships. Another participant disclosed a time when she turned to unhealthy coping due to what was going on in her life, and still, another participant did not have current security with housing. There were times when a couple of participants questioned their place in their environment around them. An additional challenge is the current COVID-19 pandemic. This created an immense distance not only in the personal lives of students, but to their campus as well.

The third dimension that is notable is intellectual. Hettler (1976) described this dimension as the recognition of one's "creative, stimulating mental activities" (p. 1). In the perspective of this framework, an intellectually well person develops their own skills and knowledge and focuses on the potential to share what they have learned and developed with others. A characteristic of intellectual wellness, as described by Hettler, is one who is enthusiastic about learning and is pursuing personal intellectual interests and participating in learning outside of the classroom.

Community college students tend to be students who have multiple outside responsibilities, commitments, and duties, and are trying to work school into their already busy lives (Cleveland et al., 2018; Cohen et al., 2013; Flory, 2019; Lipson et al., 2021; Scherer & Anson, 2014; Tinto & Russo, 1994). This, in addition to the increase in stress and mental health issues community college students tend to exhibit, would make intellectual wellness a challenge (Arteaga, 2015; Flory, 2019; Kalkbrenner et al., 2021; Kalkbrenner & Hernandez, 2017; Lipson et al., 2021; Martin & Bohecker, 2021). The participants discussed how they were juggling parenting, changes in their home, socio-economic challenges, managing mental health diagnoses, needing to take a break from school, and various other life circumstances that were of immediate concern at some

point in their lives. One participant explained that, at times, the attitude toward school is "let's get through school."

When considering the development of the whole student and using the conceptual framework of the Six Dimensions of Wellness model, the participants, community college students, are reporting that a significant need is not being met on their community college campus, which impacts academic performance. Community college stakeholders put significant focus on persistence, completion, and retention (Bailey & Alfonso, 2005; Hutto, 2017). The piece that seems to be missing is the holistic support provided for students so that those areas are successful.

Implications of Findings

The essence of the participants' experiences revealed their perceptions and feelings that having mental health services, counseling services, and mental health programs would be beneficial on their community college campus. All nine participants voiced various reasons as to why they would find value in mental health services and staff and thought they would be able to assist with both academic and personal challenges. Participants indicated that home and personal life impacts school life and having the support of mental health professionals on campus would be beneficial with learning how to cope, receive encouragement, or to have a nonjudgmental ear to listen to them. This perception and the experiences detailed by the experiences support Hettler's (1976) Six Dimensions of Wellness model, and the assertion by scholars that personal student concerns impact academic performance.

The participants in the study disclosed their personal challenges that were currently impacting their lives, including their academic progress. These personal

challenges included balancing motherhood, dealing with unhealthy coping, managing mental health diagnoses, and not having a secure place to live. At the time of this study, all the participants were experiencing a change in what college looks like in the middle of the global COVID-19 pandemic.

Analyzing the data through the lens of the Six Dimension of Wellness Model gives community college stakeholders and administrators the opportunity to define academic success and retention outside of enrollment numbers, persistence percentages, and completion rates. Viewing these specific areas through the lens of this model will allow stakeholders and administrators to give fair attention to what impacts students' enrolling, persisting, and completing, and not just the outcomes.

Overall, the results of this study implies that community college students have outside responsibilities and challenges that impact them academically. Further, mental health counseling, programs, and support is lacking. The participants also reported that information about, and access to, these services are either lacking or do not exist. Finally, a need for community college students is not being met on their campuses. A holistic approach to education is appropriate, and students' academic performance, persistence, and success is impacted by what is going on in their lives. The individuals trained and services dedicated to meet the needs of community college students in these areas are desired by community college students but either are not available or are not adequate.

Recommendations for Professional Counselors

Professional counselors play a crucial role in changing the current condition of community college counseling. Those who are in leadership positions on community college campuses should keep abreast of community college student and counseling

trends. Also, being intentional on adding to the literature by keeping abreast of community college research opportunities, such as the Healthy Minds Study, would be beneficial in ensuring that community college mental health data is adequately represented in the literature.

The Healthy Minds Study is a web-based, annual online survey by the Healthy Minds Network [HMN] (2021). The HMN reports participation of around 400 institutions of higher education with over 550,000 respondents. The surveys examine mental health and service utilization with three core modules: demographics, mental health status, and mental health service utilization/help-seeking, and there are versions for students, faculty, and staff. Additional modules can be selected by institution, and the data can be used for advocacy of mental health services and programming, needs assessment, and grant applications.

Another area professional counselors on community college campuses should focus on is diversity. The National Council for Disability (2017) asserted that one issue in college counseling is that counselors do not look like the community they serve. The council wrote, "More than 70 percent of professional counseling staff are White, while the percentage of Black or African American (10 percent) and Latino/a (7 percent) staff makes up less than 20 percent" (p. 47). According to provisional data from the United States Department of Education (2020), for fall 2020, 45% of community college students were White, 13.5% Black or African American, and 25% were Hispanic/Latino.

Professional counselors who are not on community college campuses should advocate for appropriate services. Community college campuses educate half of students who are enrolled in higher education (Bailey & Morest, 2006; Bailey et al., 2015; Ma &

Baum, 2016; Shapiro et al., 2016, United States Department of Education, 2020). These students then go out into society to work or further their education. Their well-being is not just a college issue, it is a societal one. The issue of community college counseling does not begin and end on college campuses. Advocating at the local, state, and federal level for better availability of services, funding, and benefits would be an approach all counselors, no matter what area or specialty, could take part in to address this issue.

Recommendations for Community College Administrators and Stakeholders

Students perform better academically when they are at campuses who help them cope with outside responsibilities (Kuh et al., 2005). The National Counseling of Disability (2017) reported that students who received mental health services had improved academic performance, reduced suicide rates and substance abuse, increased resiliency, decreased stress, and are more likely to stay in school longer and graduate.

An increased number of community college students are presenting on campus with mental health issues, yet do not find their needs adequately met with school mental health resources and staff (Anders et al., 2012; CCTF & ACCA, 2015; Cohen et al., 2013; Fortney et al., 2017; Francis & Abbassi, 2010). As previously acknowledged, there is a wealth of literature dedicated to mental health issues, initiatives, and services for 4-year college students (Bailey & Alfonso, 2005; Binkley et al., 2019; Bishop, 2016; El-Monshed et al., 2021; Li et al, 2018 Wyall et al., 2017), but the same is not true of community colleges and mental health (Arteaga, 2015; Kalkbrenner & Hernandez, 2017). There is a limited amount of research regarding community college students and mental health issues and disorders (Arteaga, 2015; Kalkbrenner et al., 2021; Kalkbrenner & Hernandez, 2017; Lipson et al., 2021).

What we know is that community college students make up a unique demographic in higher education. Many have numerous outside responsibilities that include work, parenting, and other life circumstances that take up their energy and their time (Cleveland et al., 2018; Cohen et al., 2013; Lipson et al., 2021; Scherer & Anson, 2014; Tinto & Russo, 1994). These obligations and other stressors may pose an even greater risk for mental health issues for students, which will have a direct effect on their academic achievement (Karp et al., 2013; Navarro, 2012). Mental health challenges such as depression and increased stress can impact community college students' academic progress in areas such as concentration, motivation, and delayed graduation rates (Flory, 2019; Kleinpeter et al., 2012). Psychological factors also have an impact on whether students return to the community college campus to continue pursuing their degrees (Luke et al., 2015).

One recommendation is community college stakeholders and administrators begin to view mental health and counseling centers as a part of the solution to retention, persistence, and completion. Currently, it seems as if this area of student development is viewed as something that is extracurricular, and that is to the detriment of community college students. Dykes-Anderson (2013) asserted that Counseling centers support the mission of community colleges: "Counselors provide nonclinical and clinical services to all students, while targeting those who are at-risk for academic failure and who undergo stress as a result of personal, career, or academic issues that impede educational growth" (p. 742).

The shift in priority of mental health of community college students is one that is necessary to adequately serve students and prepare them for the workforce and

contributing members of society. The number of students attending community college with severe and persistent mental health issues is increasing (Francis & Abbassi, 2010). The increase in students on college campuses who are presenting with mental health issues has been called a "crisis" of mental health on United States college campuses (Lipson et al., 2021, p. 1126). Like their four-year counterparts, community college students suffer several mental health issues and concerns. The difference is that community college students have more severe psychological concerns with fewer mental health resources (Daniel & Davison, 2014).

Another recommendation is that community colleges work on building relationships and partnerships with surrounding schools or mental health companies so that adequate services can be provided to students. For example, there are companies who contract with community colleges to offer mental health services. Also, working with local four-year institutions that offer a master's level clinical mental health program would provide a great opportunity for staffing on campus counseling centers, with students needing internship hours. Additionally, having a counselor program with a supervisor on site would also create the opportunity for those who have graduated from their master's programs and now need to gain hours to become fully licensed.

An additional recommendation is to integrate technology and nontraditional approaches to offering counseling services. One should consider the population of community college students and cater to them in offering mental health services. Community college students often have nontraditional hours that are available, so having some counselors who are available at these times would be beneficial. The use of technology will give counselors a variety of ways to provide mental health services to

students, and outside of the walls and hours of the campus. This can be accomplished by using HIPAA-compliant technology.

Given that previous research as provided that "the role of personal/mental health counseling is downplayed by the college administration," (CCTF & ACCA, 2015, p. 3) and the findings of this current study, the focus on mental health services and programming for students should be inclusive of the entire campus. Making students aware of services from the moment they become students involves orientation committees. Incorporating regular and relevant mental health programming around campus involves student engagement. Bringing in speakers to address current mental health challenges and including student outreach and those who are responsible for events on the campus. Involving faculty in this area would be invaluable as well. They are the ones who have the most contact with students, and therefore would be in the position to help get the word out or being intentional in bringing someone from mental health services in to speak on said services and programs.

Finally, but possibly most importantly, community college stakeholders and administrators should demonstrate their commitment to focusing on the mental health of community college students by intentionally including those who are a part of the mental health community into important conversations. These conversations include deciding on mission and culture statements, implementation of programs to support students' holistic health, developing strategies to ensure that counselors match the demographics of students, and the future of the college. Counselors should be in the position to make decisions regarding mental health programs on the campus and how to best serve students. Durodoye et al., 2000 called this role as the counselor as student advocate and

asserted this would require "not only that counselors be familiar with their diverse student bodies but that they also understand their own backgrounds and how their backgrounds affect the counseling process" (Durodoye et al., 2000, pp. 464-465).

Limitations

One limitation is that this study was conducted on one community college campus within a community college system in the southeast Texas region. An additional limitation was the current coronavirus COVID-19 pandemic. The study was conducted when society was practicing social distancing and a stay-at-home order in place. In person interviews were no longer allowed, and I had to rely on electronic recruitment and interviewing. While the interviews were still able to take place, it may have been beneficial to have been able to offer in person interviews at a neutral location. Finally, another limitation was my status on the campus of study. I was a full-time employee and the participants were aware of this. Participants were informed their identities were confidential, but they may have been inclined to provide answers they thought I wanted to hear instead of those that were a true reflection of their experiences and attitudes.

Recommendations for Future Research

The results of my study suggest community college students are dealing with life challenges, responsibilities, commitments, and mental health challenges that impact their academic performance. For the participants in this study, incorporating a counseling center with mental health professionals and programming was seen as a beneficial addition to their campus. Furthermore, this study provided the foundation for additional, current research into community college students, mental health, and counseling centers on community college campuses.

One specific suggestion would be that this study is replicated on a larger scale. This was a phenomenological study at one campus of a community college within a system. A larger study could focus on a larger group and have demographic data to see if there are differences in experiences on a wider scale.

There is value in semi-structured interviews, however including quantitative research would be valuable as well. Specifically, an assessment tool that measures participants on specific mental health scales (depression, anxiety, stress, etc.) would be helpful to continue to validate the research regarding community college students and their experiences with mental health issues. This, along with qualitative research with a larger group of participants, would give a bigger, more robust picture of community college students and their perceptions and experiences.

Another area of attention future research should focus on is how community college students receive information where they pay attention to it. Participants in my study talked about the inadequacy of receiving information regarding mental health services and programs on their campus. When participants did receive information on what they categorized as mental health services, they mentioned it was through a link or via email. However, this does not seem to be effective. One student mentioned the number of emails she receives, and that sometimes, some get lost. Future research should focus on effective ways to disseminate information so that students feel connected and informed about the mental health services offered on their campus.

Retention is an area of concern and focus for community college stakeholders and administrators. Future research should focus on this area in terms of challenges that created barriers for students to persist. For example, conducting a study that focuses on

community college students who did not persist or finish at their community college, and the circumstances surrounding that would be beneficial to know what the current barriers are, and would possibly be able to inform what students' needs are, and make the case for focused attention on their mental health.

Finally, the conceptual framework I used for this study is the National Wellness Institute's Six Dimensions of Wellness model (Hettler, 1976). While I appreciate this framework and agree with the definition of wellness and how the dimensions interact, it is time for a fresh, current, framework by which research and community colleges can use as guides. More research that considers the research that has been done but is more focused on the voices of community college students should be conducted to inform this new framework. This framework should be specific to the integration of mental health services on community college campuses and how focusing on the mental health of community college students is also a focus on retention, persistence, and completion.

Conclusion

The results of this study suggest that outside responsibilities and personal issues impact the academic performance of community college students. The textural-structural description of the participants' experiences revealed their perception that having mental health services, counseling services, and mental health programs would be beneficial on their community college campus. All nine participants voiced various reasons as to why they would find value in mental health services and staff and thought they would be able to assist with both academic and personal challenges.

Participants indicated that home and personal life impacts school life and having the support of mental health professionals on campus would be beneficial with learning

how to cope, receive encouragement, or to have a nonjudgmental ear to listen to them.

This perception and the experiences detailed by the experiences support Hettler's (1976)

Six Dimensions of Wellness model, and the assertion by scholars that personal student

concerns impact academic performance. This conceptual framework, along with the

voices of community college students in this study in conjunction with prior research, can

be used to inform community college stakeholders and administrators on the needs of

community college students, and ultimately create an environment on community college

campuses where mental health and counseling is included in the conversation of

retention, persistence, and completion. My assertion is the same as that of Cohen et al.,

(2013); the inclusion of students' holistic functioning (cognitive, affective, and

psychomotor) is the best way to educate.

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APPENDIX A

COMMUNITY COLLEGE STUDENTS
NEEDED FOR RESEARCH PROJECT ON COMMUNITY COLLEGE STUDENTS AND CAMPUS COUNSELING CENTERS

❖ Volunteers are needed to participate in a study on community college students and campus counseling centers. This study will be conducted by Tasha N. Lee, MSEd, MA, LPC, a doctoral candidate at Sam Houston State University, working under the direction of my dissertation chair, Dr. Kathleen Rice.

❖ Student volunteers will be asked to read and verbally confirm an informed consent, fill out a demographic data survey, and then participate in a brief (four questions) interview via Zoom. After the interviews have been transcribed, volunteers will be asked to review the transcript for accuracy. A $20 Amazon gift card honorarium will be emailed to the participant after confirmation of review of the transcript. There are no risks associated with participating in this study.

<u>You are qualified to participate in this study if you meet the following requirements:</u>

1. **At least 18 years of age**

2. **Currently enrolled at Lone Star College**

3. **Taking at least six (6) credit hours**

4. **Your home campus is currently North Harris**

If you are interested in participating, and meet the above requirements, please e-mail Tasha N. Lee:

APPENDIX B
Demographic Data Form

1. What is your current age?

    a. Participants will write in their age.

2. How do you identify racially and ethnically?

    a. The participant will self-identify by filling in the blank.

3. What gender do you identify as?

    a. The participant will self-identify by filling in the blank.

4. Are you currently enrolled at {_____}?

5. Are you currently taking at least six (6) credit hours?

6. Is your home campus currently {_____}?

7. Please choose a pseudonym (not associated with your real name) which we can identify you by. The researcher will refer to you by this name. This will protect your identity with data collection.

8. Please provide an e-mail address.

APPENDIX C

Sam Houston State University
Consent for Participation in Research

KEY INFORMATION FOR: Students' experiences with and perceptions of a community college counseling center on a community college campus: A phenomenological study

You are being asked to be a participant in a research study about *community college students and campus counseling centers*. You have been asked to participate in the research because *you are a current community college student* and may be eligible to participate.

WHAT IS THE PURPOSE, PROCEDURES, AND DURATION OF THE STUDY?

The purpose of this study is to describe community college students' perceptions and experiences regarding mental health counseling services on a community college campus. Additionally, this study will be a means to give voice to community college students by exploring their perceptions and experiences regarding mental health counseling services on campus.

Participants will be asked to participate in an interview, and then to review the transcript of their interview for accuracy. After giving confirmation of accuracy, participants will receive a $20 Amazon gift card honorarium via email.

By doing this study, we hope to learn *more about the needs of community college students*. Your participation in this research will last about *one hour*.

WHAT ARE REASONS YOU MIGHT CHOOSE TO VOLUNTEER FOR THIS STUDY?

Community college serve near half of the country's higher education population. Adding the voice of community college students and their experiences with mental health services on their campuses will help to educate the public, as well as community college decision-makers, on the services needed to better serve community college students holistically.

For a complete description of benefits, refer to the Detailed Consent.

WHAT ARE REASONS YOU MIGHT CHOOSE NOT TO VOLUNTEER FOR THIS STUDY?

You may not want to participate in an audio recorded interview.

For a complete description of risks, refer to the Detailed Consent.

Consent Form

DO YOU HAVE TO TAKE PART IN THE STUDY?

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any services, benefits, or rights you would normally have if you choose not to volunteer.

WHAT IF YOU HAVE QUESTIONS, SUGGESTIONS OR CONCERNS?

The person in charge of this study is *Tasha N. Lee* of the Sam Houston State University Department of *Counseling Education*, who is working under the supervision of *Dr. Kathleen Rice*. If you have questions, suggestions, or concerns regarding this study or you want to withdraw from the study his/her contact information is: *Tasha N. Lee,* ▮▮▮▮▮▮▮▮▮ *and/or Dr. Kathleen Rice,* ▮▮▮▮▮▮▮▮▮. Should you have any questions, suggestions or concerns about your rights as a volunteer in this research, contact the Office of Research and Sponsored Programs – Sharla Miles at ▮▮▮▮▮▮ or e-mail ORSP at sharla_miles@shsu.edu.

2

Sam Houston State University

Consent for Participation in Research

DETAILED CONSENT: Students' experiences with and perceptions of a community college counseling center on a community college campus: A phenomenological study

<u>Why am I being asked?</u>

You are being asked to be a participant in a research study about *community college students and campus counseling centers* conducted by *Tasha N. Lee, Department of Counselor Education* at Sam Houston State University. I am conducting this research under the direction of Dr. Kathleen Rice. You have been asked to participate in the research because *you are a current community college student* and may be eligible to participate. We ask that you read this form and ask any questions you may have before agreeing to be in the research.

Your participation in this research is voluntary. Your decision whether or not to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.

<u>Why is this research being done?</u>

The purpose of this study is to describe community college students' perceptions and experiences regarding mental health counseling services on a community college campus. Additionally, this study will be a means to give voice to community college students by exploring their perceptions and experiences regarding mental health counseling services on campus.

Participants will be asked to participate in an interview, and then to review the transcript of their interview for accuracy.

By doing this study, we hope to learn more about the needs of community college students. Your participation in this research will last about one hour.

There are no risks associated with this research project.

<u>What is the purpose of this research?</u>

The purpose of this research is *to describe community college students' perceptions and experiences regarding mental health counseling services on a community college campus.*

<u>What procedures are involved?</u>

If you agree to be in this research, we would ask you to do the following things:

1. Contact Tasha N. Lee to express your interest in participating in the study via email

2. Read an informed consent, fill out the demographic data form, and respond to a request to set up a date and time for an online interview.

3. At the scheduled date and time of the interview, give verbal confirmation of the informed consent and verification that you meet the requirements of participating in the study.

4. Participate in a semi-structured interview, which may take up to an hour.

5. At a later date, you will be contacted and asked to read over the transcript from the interview and email me back confirming the accuracy of the transcript.

6. At the point of giving confirmation of accuracy, your participation in the study will be complete, and you will receive a $20 Amazon gift card honorarium via email.

Approximately *10* subjects may be involved in this research at Lone Star College.

What are the potential risks and discomforts?

There are no risks associated with participating in this research study.

Are there benefits to taking part in the research?

Community college serve near half of the country's higher education population. Adding the voice of community college students and their experiences with mental health services on their campuses will help to educate the public, as well as community college decision-makers, on the services needed to better serve community college students holistically.

What about privacy and confidentiality?

The only people who will know that you are a research participant are members of the research team. No information about you, or provided by you during the research will be disclosed to others without your written permission, except:
   - if necessary to protect your rights or welfare (for example, if you are injured and need emergency care or when the SHSU Protection of Human Subjects monitors the research or consent process); or
   - if required by law.

When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity. If photographs, videos, or audiotape recordings of you will be used for educational purposes, your identity will be protected or disguised.
Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law.

The interviews will be audio recorded. You will be asked to review the written transcripts from the audio recorded interview for accuracy. Destruction of all recordings and transcripts will occur three years after successful defense of my dissertation.

All recordings and data will be kept on a password protected laptop and a password protected USB flash drive.

What if I am injured as a result of my participation?

In the event of injury related to this research study, you should contact your physician or the University Health Center. However, you or your third party payer, if any, will be responsible for payment of this treatment. There is no compensation and/or payment for medical treatment from Sam Houston State University for any injury you have from participating in this research, except as may by required of the University by law. If you feel you have been injured, you may contact the researcher, *Tasha N. Lee* at ███████████ .

What are the costs for participating in this research?

There is no cost to you for participating in this research.

Will I be reimbursed for any of my expenses or paid for my participation in this research?

No, you will not be reimbursed for participation in this research.

Can I withdraw or be removed from the study?

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

Who should I contact if I have questions?

The researcher conducting this study is *Tasha N. Lee*, working under the direction of *Dr. Kathleen Rice.* You may ask any questions you have now. If you have questions later, you may contact the researchers at: ███████████ . *Dr. Kathleen Rice:* ███████████

What are my rights as a research subject?

If you feel you have not been treated according to the descriptions in this form, or you have any questions about your rights as a research participant, you may call the Office of Research and Sponsored Programs – Sharla Miles at ████████████ or e-mail ORSP at ████████████████.

You may choose not to participate or to stop your participation in this research at any time. Your decision whether or not to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.

You will not be offered or receive any special consideration if you participate in this research.

Agreement to Participate

I have read (*or someone has read to me)* the above information. I have been given an opportunity to ask questions and my questions have been answered to my satisfaction. I agree to participate in this research.

Consent: I have read and understand the above information, and I willingly consent to participate in this study. I understand that if I should have any questions about my rights as a research subject, I can contact Tasha N. Lee at ████████████ or by email at ████████████████. I have received a copy of this consent form.

☐ I understand the above and consent to participate in the video/audio recording activities.

☐ I do not wish to participate in the video/audio recording activities.

APPENDIX D

Dr. Vincent Walford:

Okay.

Tasha N. Lee:

Okay.

VW:

All right. So, what types of techniques have you used to ensure that the participants' constructions are presented, clarified, and member checked in as balanced a way as possible?

TNL:

Okay. So, after the interview with each of the participants, I sent the audio of each interview to a transcription service, rev.com. And after I sent them the audio, they transcribed it and they sent it back to me. After I got that written transcription, I sent that to each participant and they read it. I asked them to read over it for clarity and to make sure that it represented what they said. And I asked them to then email me back and to say one of two things, either one, that it was an accurate representation of what they said, or two to let me know if anything needed to be clarified. So, that then was the member checking process that I did that makes sure that it eliminates the threats of having what they said misrepresented in the study. So, that's how I went through that process.

VW:

That's very good. So, the next question is what strategies have you used to monitor your own developing constructions and document the process of change from the beginning of the interview process/study to the end?

TNL:

Okay. So, that was actually, it was actually pretty difficult because I am so close to this study, the process of the whole community, of the idea of the whole community college, and the issue of counseling in community colleges was something that I presented to get into the doctoral program. So, just from the beginning, I saw it as an issue. And I knew I did not like what I saw. So, I had to take a step back from the very beginning to make sure that I was not putting too much of me into the study. So, from the beginning, I had to recognize that I had to deal with that and I started by bracketing. Right. And so bracketing focuses only on the study, focuses on what the participants were bringing to the table, what they were saying and appreciating it from their a point of view.

TNL:

I decided to do a qualitative study because I have an appreciation that you can put your, the researcher's, voice in as well as the participant's voice, but at the appropriate time. So,

I had to start off by being very aware of where I was and understanding that, hey, you got to take yourself out of it. So, I think that was the first step. And as I went through the study, keeping up with where I was, noting my frustrations, noting, okay, hey, are you writing this from their point of view? Are you putting yourself in here and just pausing. Sometimes that's really what I had to do.

TNL:

So, keeping what I know about that particular community college that I did the study on, keeping what I know out of it, keeping what I've seen out of it, and taking more of a counseling approach which best, how I best describe it is - it's not about you, right? It's about their experience. And it's about their perspective. You take what you know, and you yourself out of it, report it from their point of view and their perspective. So, that's how I approach that.

VW:

Okay. So, to what extent do you think your own empathy and insights of the participants evolved during the course? Wait, I'm sorry. To what extent do you think your own empathy and insights of the participants evolved during the course of the interviews?

TNL:

Ooh, I had to, honestly, I had to reign that in because so much of my interviewing is counseling. So, it was honestly hard to be just strictly interviewer. When interviewing... I had - there was an interview where one of the participants told me that she was in the process of moving into a shelter. And so of course at that time, it's like Counselor Tasha is wanting to go into Counselor Tasha. Right? But that's not my role there, but also, how do you just move on from that? How do you just kind of move on to the next question?

TNL:

You can be empathetic, but how do you do that without going into the counseling role? So, it was just keeping that in mind without going into the whole counselor role and paying attention to what the purpose was at that moment. So, there was empathy there and it was hard at times and difficult to just be interviewer, also knowing what I know about community college students and from the research that I did from the literature review, that was at times difficult as well, because they met obviously the, well, for the most part the demographic, knowing the challenges, knowing what they were dealing with and also at the time, or in the pandemic. Right.

TNL:

So, even getting done with the interviews, there were sometimes - it was frustrating because it was like, what if they had the support that they need? What if they had that available to them, maybe just maybe there could have been some relief, some help at least for them, some skills that they could have received just something. So, it was, there was sometimes there that it was again, just a little bit of I guess, personal debriefing where that empathy was there. And I had to reign that in as well.

VW:

Oh, what follow-up strategies do you intend to utilize to assess the extent to which act, to which action occurred as stemming from the increased understandings that emerged during the course of the study?

TNL:

So, I actually don't quite, and I don't think I understand. Okay. I don't quite understand that question, but I think that it's asking what I plan to do after the study to monitor what I, the, what I understand from the study. And that's kind of, I don't know because when I think about the problem which is not having one adequate literature on the issue, and two not having adequate counseling services on community college campuses. My question then is where does the solving of the problem begin? And to me that's at the top community college stakeholders and administration. So, then it's like, okay, how do I get the message out? How do I get heard? Is this study sufficient to me? No. I don't think so. Because one limitation is that this is a small study, right? And it took place on one campus of a big community, in a big community college system.

TNL:

So, I think bigger studies need to happen. And also it's how do I make them care? How do, how will they care? I know this particular system is data-driven, so okay. Get data out there, but then also will that be enough? So, I think when I think about steps in my head, it's like, okay, big, all of it just seems so big. Right? But you have to start somewhere. And I think taking those smaller steps to get to the bigger steps, I think that's what has to happen. It's like the information is here, but hey how do you make them hear it? How do you make them see it? I think that's where I'm kind of stuck. Yeah.

VW:

Okay. And so the last question is how empowered do the participants appear to be?

TNL:

So, honestly, for the most part for most of the participants that was hard to answer simply because at the time of the interviews, we were all having actually a shared experience of the pandemic. So, they were, we weren't allowed to do face-to-face interviews and all had to be electronic. They were getting used to different kind of adjustment with school and figuring that out socially, financially, academically. So, I think it was a complicated time overall and some shared some personal struggles that they were going through at that moment. However, there was one in particular with the pseudonym, Danielle. She was extremely empowered. And even after the interview questions were complete she was extremely encouraging to me. She just took the time to tell me how happy she was for me, how proud she was of me. And that she really was happy to know that I was doing this program and that I was focused on mental health in community colleges.

TNL:

And she had a story to tell, she had a story to tell of her struggle of unhealthy coping, of going to therapy, and of seeing the other side. So, she was extremely empowered and she

shared that. So, that's who sticks out to me when I think of empowered, just because she gave me all those steps in her story. She talked about how difficult it was for her having lost her, not having her mom, not having parents. And then her grandmother raising her and then her grandmother dying at a young age and her having to figure it out. Toxic relationships, having to get rid of him and then having to figure out how to make it on her own. So, and then figuring out. So, that's one that I can say, I would say that she came off as being extremely empowered.

VW:

OK. Very good.

TNL:

All right. Thank you. That was the last [crosstalk 00:11:28] Yeah-

VW:

No problem. Do you mind if I give you some feedback? Just some-

TNL:

No. That's fine. Do you want me to stop the recording?

VW:

Yeah.

TNL:

Okay.

APPENDIX E

Sam Houston State University

Date: Nov 25, 2020 2:12:15 PM CST

TO: Tasha Lee Kathleen Rice
FROM: SHSU IRB
PROJECT TITLE: Students' Experiences With And Perceptions Of A Community College Counseling Center On A Community College Campus: A Phenomenological Study
PROTOCOL #: IRB-2020-337
SUBMISSION TYPE: Initial
ACTION: Exempt - Limited IRB
DECISION DATE: November 24, 2020
EXEMPT REVIEW CATEGORIES: Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

REVISED SPECIAL UPDATE RE: COVID-19 CRISIS: The IRB has released specific guidelines for easing or transitioning existing IRB-approved studies or any new study subject to IRB oversight to in-person data collection. Please be advised, before ANY in-person data collection can begin, you must have IRB approval specifically for the conduct of this type of research. Please see the IRB response page for COVID-19 here.

REVISED: ATTENTION RESEARCHERS! Effective Monday, July 27, 2020, the IRB has revised its online office hours to 12-2 on Zoom Monday through Thursday. These will be permanent office hours. To access Zoom during the IRB's office hours, click here. Just in case, here is the meeting ID: 712-632-8951. **SEE YOU ON ZOOM FROM 12-2 MONDAY-THURSDAY!**

Greetings,

On November 24, 2020, the Sam Houston State University Institutional Review Board (IRB) determined the proposal titled Students' Experiences With And Perceptions Of A Community College Counseling Center On A Community College Campus: A Phenomenological Study to be Exempt with Limited IRB Review pursuant to 45 CFR 46. This determination is limited to the activities described in the Initial application, and extends to the performance of these activities at each respective site identified in the Initial application. Exempt determinations will stand for the life of the project unless a modification results in a new determination.

Modifying your approved protocol:
No changes may be made to your study without first receiving IRB modification approval. Log into [URL], select your study, and add a new submission type (Modification).

Study Closure:

Once research enrollment and all data collection are complete, the investigator is responsible for study closure. Log into [URL], select your study, and add a new submission type (Closure) to complete this action.

Reporting Incidents:

Adverse reactions include, but are not limited to, bodily harm, psychological trauma, and the release of potentially damaging personal information. If any unanticipated adverse reaction should occur while conducting your research, please login to Cayuse, select this study, and add a new submission type. This submission type will be an adverse event and will look similar to your initial submission process.

Reminders to PIs: Based on the risks, this project does not require renewal. However, the following are reminders of the PI's responsibilities that must be met for IRB-2020-337 Students' Experiences With And Perceptions Of A Community College Counseling Center On A Community College Campus: A Phenomenological Study .

1. When this project is finished or terminated, a Closure submission is required.

2. Changes to the approved protocol require prior board approval (NOTE: see the directive above related to Modifications).

3. Human subjects training is required to be kept current at citiprogram.org by renewing training every 5 years.

Please note that all research records should be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact the Sharla Miles at ~~900-004-4975~~ or irb@shsu.edu. Please include your protocol number in all correspondence with this committee.

Sincerely,

Chase Young, Ph.D.
Chair, IRB
Hannah R. Gerber, Ph.D.
Co-Chair, IRB

APPENDIX F

Sam Houston
STATE UNIVERSITY
A Member of The Texas State University System

Date: Feb 1, 2021 2:15:32 PM CST

TO: Tasha Lee Kathleen Rice
FROM: SHSU IRB
PROJECT TITLE: Students' Experiences With And Perceptions Of A Community College Counseling Center On A Community College Campus: A Phenomenological Study
PROTOCOL #: IRB-2020-337
SUBMISSION TYPE: Modification
ACTION: Exempt - Limited IRB
DECISION DATE: January 29, 2021
EXEMPT REVIEW CATEGORY: Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

REVISED SPECIAL UPDATE RE: COVID-19 CRISIS: The IRB has released specific guidelines for easing or transitioning existing IRB-approved studies or any new study subject to IRB oversight to in-person data collection. Please be advised, before ANY in-person data collection can begin, you must have IRB approval specifically for the conduct of this type of research. Please see the IRB response page for COVID-19 here.

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Greetings,

Thank you for your submission of Modification materials for this project. The Sam Houston State University (SHSU) IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations.

The following is a reminder of the changes that the IRB has approved with this Modification:

I updated Section 11

H - Incentives (I will be using Incentives).

I updated the Informed consent (E) , email to professors and staff (D), and recruitment flyer (D).

We will retain a copy of this correspondence within our records.

* What should investigators do when considering changes to an exempt study that could make it nonexempt?

It is the PI's responsibility to consult with the IRB whenever questions arise about whether planned changes to an exempt study might make that study nonexempt human subjects research.

In this case, please make available sufficient information to the IRB so it can make a correct determination.

If you have any questions, please contact the IRB Office at ▆▆▆▆▆▆▆▆▆ or irb@shsu.edu. Please include your project title and protocol number in all correspondence with this committee.

Sincerely,

Chase Young, Ph.D.
Chair, IRB
Hannah R. Gerber, Ph.D.
Co-Chair, IRB

VITA

Tasha N. Lee, M.S.Ed., M.A., LPC
Curriculum Vitae

EDUCATION

Ph.D. Candidate	May 2016 – Expected Graduation Date: May 2022	Counselor Education and Supervision *Sam Houston State University (CACREP)*
M.A.	December 2014	Clinical Mental Health *Sam Houston State University (CACREP)*
M.S.Ed.	May 2008	Education Administration *Baylor University*
B.A.	May 2006	Communication Specialist *Baylor University*

PROFESSIONAL EMPLOYMENT

October 2018 - Present	Counseling By Tasha, PLLC Private Practice – Clinical Mental Health Houston, Texas
Fall 2018 Spring 2019 Summer 2019 Fall 2019	Adjunct Professor Sam Houston State University Huntsville, Texas
Fall 2015	Adjunct Professor, EDUC 1300 Lone Star College – North Harris Houston, Texas
July 2010 – July 2021	Academic Advisor, II Lone Star College – North Harris Houston, Texas

July 2008 – July 2010   Academic Advisor
University of Houston
Houston, Texas

CERTIFICATIONS

Licensed Professional Counselor, Texas
Adjunct Certification Program, Lone Star College – Fall 2015 Cohort

PROFESSIONAL CONTRIBUTIONS

Early Alert North Harris Team Leader
North Harris Advisor for System-wide "Inspire for Advisors" Project
Data Integrity Team
Lone Star College System-wide
Advising Team
Appeals Committee member
NH-Advisor – Lone Star College - North Harris Online Advising Team
Representative for Dean and Interim Vice President on Vice President Student Services
Council

COMPUTER SOFTWARE EXPERIENCE

2008 – Present   PeopleSoft
2015 – 2020   BrightSpace by Desire 2 Learn
2016 – 2020   Civitas

CLINICAL EXPERIENCE

October 2018 – Present   Counseling By Tasha, PLLC
Private Practice, Owner

May 2016 – August 2018   Copperfield Counseling and Psychotherapy
Houston, Texas

May 2016 – August 2016   Advanced Supervised Practicum
Sam Houston Community Counseling Clinic
The Woodlands, Texas

August 2014 – December 2014   Clinical Internship
Lone Star College – North Harris
Houston, Texas

March 2014 – May 2014	Clinical Internship The Source for Women Houston, Texas
January 2014 – May 2014	Clinical Internship Lone Star College – North Harris Houston, Texas
August 2013 – December 2013	Supervised Practicum Sam Houston Community Counseling Clinic The Woodlands, Texas

CLINICAL SUPERVISION EXPERIENCE

January 2017 – May 2017	Sam Houston State University (Supervision course)
September 2017 – December 2017	Sam Houston State University (Supervision course)

ASSESSMENT TRAINING

Conners 3 – Self-Report
Conners 3 –Parent Short
Child Depression Inventory 2 – Self Report
Child Depression Inventory 2 – Parent
Trauma Symptom Checklist for Children

COURSES TAUGHT

EDUC 1300 – *Learning Framework: 1ˢᵗ Year Experience*   Fall 2015
Lone Star College – North Harris

COUN 5394 – *Crisis and Trauma Counseling*   Summer 2018
Co-teaching with Dr. Davis Lawso
as part of doctoral teaching interns
course (COUN 7339)
Sam Houston State University

COUN 3321 – *Introduction to Helping Relationships*   Fall 2018
Spring 2019
Summer 2019
Fall 2019
Sam Houston State University

PRESENTATIONS

Lee, T. N. (2022, March). *Take A Paws: Grief & Coping.*
Presentation for Lone Star College – System Professional Development, Houston, Texas

Lee, T. N. (2022, February) *Take A Paws: Vulnerability & Self Preservation*
Presentation for Lone Star College – System Professional Development, Houston, Texas

Lee, T. N. (2022, January) *Take A Paws: Vulnerability & Self Preservation*
Presentation for Lone Star College – Houston North Campus Staff and Faculty
Development, Houston, Texas

Lee, T. N. (2021, November). *Take A Paws: Trauma & Anxiety*
Presentation for Lone Star College – Houston North Campus Staff and Faculty
Development, Houston, Texas

Lee, T. N. (2021, November). *Take A Paws: Grief & Coping.*
Presentation for Lone Star College – Houston North Campus Staff and Faculty
Development, Houston, Texas

Lee, T. N., & Bruhn, R. (2018, April). *Counseling in community colleges: Supporting student success and engagement.* Poster presentation at The American Counseling
Association 12018 Annual Conference, Atlanta, Georgia