Exploring Online Mental Health Services: A Qualitative Study for First-Year College Students

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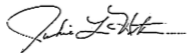
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A dissertation submitted in partial satisfaction

of the requirements for the degree of

Doctor of Education in Organizational Leadership

by

LeAndrian J. Wright

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Dedication

I dedicate my dissertation work to my family, close friends, and the academic community. A special thank you to my loving parents, Lee and Brenda Jackson, who used words of encouragement to push me to this point. My sister, Rotunda Wright, and my niece, Brentoniunia Wright, have inspired me to keep on this journey. They are very special. Further acknowledgment goes to Karen Daichelle Willis for her unwavering support and encouragement during the program.

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Abstract

American first-year college students are faced with mental health issues, such as anxiety and depression, which can have a negative impact on their academic performance. Research shows that students who suffer from mental illness, such as anxiety and depression, fear their condition will be perceived negatively by their peers and professors. The literature also suggests that U.S. colleges and universities can be more proactive in offering students resources for their mental health concerns to decrease anxiety and depression. It appears that absent or limited mental health resources have failed to address rising cases of student mental illness, and more specifically, the most common of these illnesses, anxiety and depression. The purpose of this case study was to understand the nature of constrained mental health resources for college students at a university in North Texas. The theory of planned behavior is aligned with this study, which suggests that behavior can be divided into four parts: behavioral intentions, attitudes, subjective norms, and perceived behavioral control. This qualitative study used questionnaires to understand student behavior and attitudes toward their condition as well as interviews with members of faculty to understand their experiences dealing with students' mental illnesses at a university in North Texas. Analysis of the responses demonstrated that many students recently experienced anxiety and/or depression or other psychological disorders. Furthermore, faculty members expressed their concern about the increasing and disturbing student behaviors they believe are connected to some form of a psychological disorder. The results indicate that anxiety and depression have an impact on first-year college students and that faculty members are concerned. On this basis, this study recommends that colleges and

universities utilize online mental health services as a resource for students. Further research is needed to identify how online mental health services can benefit U.S. college students.

Keywords: anxiety, depression, online mental health offerings, psychological distress

Table of Contents

List of Tables

Chapter 1: Introduction

First-year U.S. college students are faced with mental health issues (e.g., anxiety and depression) that hinder them from achieving their academic goals (Mooney & Francis, 2018). The prevalence of student mental health issues is high, with as many as 25% of U.S. college students suffering from some form of mental health dysfunction (Bourdon et al., 2020). Mental health issues distract students from effectively managing their course schedules and workloads (Vescovelli et al., 2017). Psychological distresses, such as anxiety and depression, negatively impact student routines (Kneeland & Dovidio, 2019). Many of the affected students do not have full-time employment with health insurance policies, which forces them to rely on the university for mental health services.

Limited mental health resources on campus lead to insufficient social skills (e.g., negative or awkward attitudes with peers) and demonstration of behaviors such as rebellion to teachers (Williams et al., 2018). Students with limited social skills perceive their conditions to be serious after experiencing social anxiety (Bierman & Molenaar, 2016). Some researchers believe 19% of first-year college students suffer from social anxiety because they are in a new academic environment and/or city and state (Bierman & Molenaar, 2016). Other researchers believe the intentions of college students' identifying, clarifying, and developing their personal identity can cause and exacerbate anxiety and depression (Bonfiglio, 2016).

Another component of limited mental health resources on campus is that college students' mental disorders may be partly a result of trauma and alcohol abuse, which may lead to violent behavior (Stock & Levine, 2016). Today, educators are beginning to see an increase in student behaviors that are dangerous for themselves and others around them because they suffer from mental illness (Lewis & Huynh, 2017). Moreover, many colleges and universities are

failing to discover and recover their underserved students who have mental illnesses (Caicedo, 2018).

Furthermore, students' mental health can suffer because of the lack of professional services from their institution. The lack of professional support can lead to poor academic performance of students (Quan-Lorey, 2017). Therefore, college administrators and policymakers need to support students as they experience mental health problems. In many cases, students are unsure of where to receive help from the institution. As a result, they value social media for advice and guidance which is not the best source for reliable, professional assistance (Drouin et al., 2018). It is more favorable for students to explore options on campus for professional resources rather than turn to social media (Mooney & Francis, 2018).

Most U.S. colleges and universities appear to understand the need for mental health assistance for students (Travers, 2016); however, limited on-campus mental health resources for students are a significant problem with potentially harmful consequences that lead to harmful behaviors (Lewis & Huynh, 2017). U.S. collegiate policymakers will see an increase in negative attitudes toward mental disorders if they do not further explore options to support and treat the mental illnesses of college students (Travers, 2016).

Statement of Problem

U.S. college undergraduate students' mental health concerns are increasing (Bonfiglio, 2016). The transition into adulthood is often difficult for students as college can be very challenging intellectually and emotionally (Jorgensen et al., 2018). One recent study reported that more than 60% of college students experienced overwhelming anxiety and 38% experienced depression while they were undergraduates (Drouin et al., 2018). Poor mental health has been a detriment for some U.S. college students across the country. Vescovelli et al. (2017) found that

28% of students' mental distress is related to anxiety and 17% to depression. Mental health problems are also responsible for 7% of suicides among college students, making the implementation of an action plan a priority issue (Assari & Moghani Lankarani, 2018). The problem is that absent or limited mental health resources have failed to address rising cases of student mental illness, specifically the most common of these illnesses—anxiety and depression (Lewis & Huynh, 2017).

Providing on-campus professional services for mental health problems can be challenging for some colleges and universities because of high costs (Kass et al., 2017). U.S. colleges and universities are encouraged to be innovative to support the medical needs of those suffering from anxiety and depression (Pruett & Absher, 2015). Butler (2016) offered one solution in the form of online interventions as a way to offset the costs of on-campus mental health professionals. Researchers have recently been exploring the efficacy of online mental health interventions that address mental health struggles for college students (Travers, 2016). Nguyen-Feng et al. (2017) found that online interventions provide support for college students with negative attitudes toward their mental conditions. College and university policymakers need to gather and explore more data for online mental health interventions to understand all the details for possible solutions at their institution (Zvolensky et al., 2016).

Purpose of Study

The purpose of this qualitative case study was to understand the nature of constrained mental health resources for college students at a university in North Texas. The university struggles to service students' norms with anxiety and depression because of a conservative budget that does not allow for professional health services. University policymakers, administrators, and students will benefit from this study by receiving data on mental health

services that could allow for more affordable, online mental health interventions to promote positive attitudes and productive behaviors. The study will allow for a better understanding of how the university aids students who suffer from mental health illnesses and offer possible strategies for improvement.

Research Questions

The research questions of this study were the following:

RQ1: What is the behavior of undergraduate students who experience mental health disorders?

RQ2: How can the stigma of mental illness impact students who are exploring campus resources to address mental illness, such as anxiety and depression, or other psychological distress?

RQ3: How could online mental health services offered by the university be helpful to a student's treatment?

Definition of Key Terms

Anxiety. The process of a reaction to stresses causing negative outcomes is known as anxiety. For the purposes of this study, anxiety is defined as specific reactions to nervousness or unease experienced by college students (Moxnes, 2018).

Depression. A state of depression is described as a consistent feeling or mood that produces sadness, guilt, and doubt over a period of time. For the purposes of this study, depression is defined as dealing with the unexpected changes and experiences of a first-time college student (Torres-Harding et al., 2020).

Online mental health offerings. Internet-based therapy services offering access to licensed mental health professionals is also referred to as online mental health offerings (Butler, 2016).

Psychological distress. A state of mind caused by unpleasant feelings and emotions is a condition of psychological distress. Psychological distress is examined in this study to include anxiety, depression, stress, eating disorders, and an entire range of related illnesses (Felver et al., 2018).

Theoretical Framework

U.S. college students' mental health cases for anxiety and depression have been studied for decades (Assari & Moghani Lankarani, 2018). Researchers have strived to theorize the behavioral intention of students seeking out mental health services (Kass et al., 2017). Students' mental health conditions are discussed in this study in light of the theoretical model founded by Icek Ajzen in 1985, the theory of planned behavior (TPB). The TPB is built on the human behavior theory of reasoned action (TRA), which suggests a person's behavior is determined by their intention to perform the behavior (Ajzen, 1991). The TPB posits that the proximal predictor of any behavior is one's behavioral intention or motivation to engage in the behavior (Rezapur-Shahkolai et al., 2020).

The TPB model is divided into behavioral intentions, attitudes, subjective norms, and perceived behavioral control. The first aspect of the TPB is behavioral intention—the likelihood of a person carrying out the behavior. Someone with a phobia may intend to remain calm when faced with their fear but may end up having an anxiety attack instead (Shea et al., 2019). The second aspect of the TPB is the attitude towards an individual's behavior, which is the way they feel or think about their action or inaction. The third aspect of the TPB is the subjective norm:

some individuals behave in similar manners to their family members and peers for social acceptance. The final aspect of the TPB is perceived behavioral control, which is the perceived difficulty in performing the behavior.

The TPB shows how one's attitude is connected with one's perceived control of the behavior that influences the intent of the behavior. For example, some U.S. college students may not be aware that they suffer from a mental illness and how to approach a solution. Also, these students may look for institutional resources and social support from peers; however, they may not know where to get mental health resources on campus. This is important because available mental health resources for many college students today continue to be insufficient as anxiety and depression are on the rise on U.S. university campuses (Miranda et al., 2015).

Summary

As a former student of this university, I am connected to this research by formerly suffering from anxiety and depression without an outlet for help on-campus. The anxiety and depression I experienced developed from struggling to socialize and connect with other students. Unfortunately, there was nowhere to turn to for advice and direction. In addition, I have been a part of teams and groups, in which some students expressed a similar concern of anxiety and depression within the context of a Christian university. This research study is personal to me; yet, I am hopeful that the outcome of this study will be beneficial to others by continuing the conversation of mental illness in this setting as well as offering possible strategies for improvement.

This study sought to better understand U.S. college students' mental health issues of anxiety and depression using a qualitative study. Many of these students are at high-risk for being academically and independently unstable (Kneeland & Dovidio, 2019). Therefore, the

purpose of this study was to better understand the nature of some mental illnesses and available resources for college students. Most of the previous research has focused on causes of anxiety and depression for college students, however, there is a knowledge gap in better understanding the barriers to students seeking and receiving mental health support from sufficient mental health resources provided by the college or university. The results of this study may help college students, administrators, and policymakers gain more knowledge on mental health for college students and help to formulate possible strategies for aiding these students.

The university for this study was a nontraditional nondenominational Christian institution that is committed to Christian values, both in its conduct of business and in its educational philosophy. The university is composed of roughly 800 undergraduate and graduate students. The majority of students attend courses through an online platform, while others prefer to attend a classroom setting. The university is composed of two campuses that enable students to attend classroom courses in North Texas. Students who attend this institution are working adults who have full-time employment, as this is one of the requirements for admission. Many students are between the age of 21 to 40 and aspire to achieve academic success to enhance their careers or for self-gratification.

Typically, the socialization of the students does not include instruction given by the university on mental health issues. Some students gain personal and professional relationships by working together to tackle mental issues such as anxiety and depression. In some instances, students intend to rely on each other for support that will positively impact their behavior.

The next chapter offers an in-depth review of the literature in regard to the TPB, mental illnesses found in U.S. college students, and barriers to students seeking mental health services from the institution.

Chapter 2: Literature Review

As mentioned in Chapter 1, the purpose of this qualitative research study was to examine the nature of mental illnesses and resources available to support college students suffering from anxiety and depression at a university in North Texas. The problem under study is the intention of students seeking out mental health services from campus resources, which is weakened by the shortage of mental health resources on campus. As a result, the university fails to address the rising incidence of these mental illnesses in students.

There is substantial research on these illnesses for U.S. college students. For example, Jennings et al. (2017) argued that many college students experience mental health problems, with estimates ranging from 9% to 33% experiencing anxiety or depression. The majority of published research in this area has focused on U.S. college students' mental health struggles and barriers to seeking help from their college institution. Although previous research studies offer substantial insight into some mental health resources, these studies only provide partial solutions for U.S. college students to support their mental health needs.

In this literature review, I summarize the historical aspect of mental health illnesses for U.S. college students and provide a background to factors that prevent students from seeking out mental health services. The literature review also includes a discussion of some considerations for possible strategies to support and improve mental health services.

Theoretical Framework Discussion

This study was based on understanding the TPB, as it has become one of the most frequently cited and influential models for human social behavior (Ajzen, 1991). As previously mentioned,, the TPB was founded by Icek Ajzen in 1985. Intentions, attitudes, and subjective norms play key roles in identifying one's planned behavior. The TPB is composed of an evolving

theory that includes behavioral TRA, which explains that a person's behavior is connected to their intention to perform the behavior (Ajzen, 1991).

Orbell et al. (1997) argued the TPB identified that the key proximal determinant of action and/or behavior is the intention to engage in that behavior. For example, if U.S. college students intend to earn a college education then their actions and behavior will reflect that. The student will put forth the effort to enroll in a higher education institution and find ways to cover the financial responsibility of their degree program.

First, incorporating the TPB assists in identifying the behavioral intentions of some college students seeking out mental health services (Kass et al., 2017). Although there may be some barriers to students seeking professional support, the intentions of these students must be identified in order to understand the behavior. Also, the TPB explained how attitudes impact one's behavior. For this study, understanding students' attitudes towards mental illnesses was beneficial. For example, one possible finding was that students who have a negative attitude towards mental illnesses may be scared to seek professional support from the institution.

Next, the TPB suggests examining social norms. The perceived lifestyle for college students may include making good grades, partying, and having many friends; however, some students are not as fortunate as their peers and experience mental illnesses. Some subject norms will cause suffering students to *not* seek professional support for their mental illness because they do not want to be labeled as sick.

The TPB is widely applied to predicting actions and behaviors. This study used the TPB to further understand U.S. college students' intentions, behaviors, and perceived subject norms in relation to mental illnesses; specifically, anxiety and depression. Following the model of the TPB allowed the me to gain a better understanding of how these students respond to their condition(s).

Anxiety

Anxiety and depression are discussed in this study in relation to undergraduate students and the failing mental health resources offered by the university. These mental illnesses cause stress and a poor work-life balance for college students (Kass et al., 2017). In this study, I discuss several causes of anxiety and depression and possible reasons some U.S. college students do not seek out mental health services for these problems.

U.S. college students' mental health cases have been studied for decades (Assari & Moghani Lankarani, 2018). Poor mental health has been a detriment to U.S. college students across the country. Many students struggle with anxiety and depression (Kass et al., 2017). Levin et al. (2018) argued that almost 50% of college students have a diagnosable psychiatric disorder. However, the most common mental health problems are anxiety and depression. Anxiety is complex, consisting of self-perceptions, beliefs, emotions, and behaviors related to the specific nature of outside forces (Coskun & Tasgin, 2018). College students experience anxiety when exposed to uncomfortable environments or situations. Many students struggle with the anxiety of change, which includes students transitioning to college from high school because they are not familiar with their peers and professors (Chin-Newman & Shaw, 2013). This helps to explain why some students are perceived as introverts.

Anxiety negatively impacts the ability of students to speak publicly (Raja, 2017), an important skill practiced and evaluated in many college courses. Many students are professionals in their work, interests, or hobbies, but still struggle with public speaking (Raja, 2017). Freshman college students across the United States find courses that require them to address an audience causes their anxiety to surface. The students who suffer from fear of public speaking will begin to show external signs of anxiety, such as profuse sweating and stuttering (Raja, 2017).

Another form of anxiety common to students at colleges and universities is financial anxiety. Some students hesitate to enroll in college for the fear of financial debts that may take years to repay. A lack of adequate financial support is another factor for some students' anxiety (Doehring, 2017). Pursuing a degree from a higher education institution is difficult and causes underlying issues to rise. However, finances are one stressor college students should not have to worry about given the other considerable stressors they face (Coskun & Tasgin, 2018).

Although finances are a major concern for college students, some are not open to talking about their situation in person (Doehring, 2017). Many students will, however, talk to others behind a computer screen, tablet, or cell phone to express their financial concerns. Drouin et al. (2018) argued that applications like Instagram, Twitter, and Facebook hold the attention of college students as they spend many hours on social media. This is important information because it shows how some college students rely on these platforms to express themselves.

Depression

Depression is a mental health issue found in many U.S. college students. One study argued that a significant number of students suffer from depression (Nekic & Mamic, 2019). This is a serious mental issue that is caused by an array of situations and circumstances. For example, uncertainty causes students to become isolated from family, peers, and even the higher education institution (Nekic & Mamic, 2019). Some students are unable or unwilling to place themselves in uncomfortable or unfamiliar circumstances. For example, some students fear taking mathematical courses because they do not have a strategy of how to be successful in the course (Quan-Lorey, 2017).

Comorbidity

Depression will lead to some students to become involved in harmful habits and addictions, such as drinking. One study found that severe drinking problems are common, with over 45% of students engaging in binge drinking and 20% experiencing an alcohol-use disorder (Stock & Levine, 2016). Alcohol is a common drug because many students are introduced to drinking at parties and other social events. For some, alcohol is a way to cope with the mental illnesses they face. Students who are addicted to alcohol began drinking as a way to smother the depression and hide their real circumstances from family, friends, and educators (Levin et al., 2018). This is important because students who are addicted to alcohol need help from the institution.

Not only will depression breed addiction to drugs and alcohol, but it can also trigger unhealthy eating habits (Lewis & Huynh, 2017). Eating disorders can arise with college students at any point during their academic careers. Some researchers align eating disorders with intense anxiety and depression. College students will conform to their social environment and use food as a way to cope with anxiety and depression (Stephens & Wilke, 2016). In addition, eating disorders can develop because of repeated failures, such as a failed course or semester, loss of employment, failed relationships, and other negative life experiences (Kass et al., 2017). This is important because it shows how some college students choose to handle their mental illnesses instead of seeking help.

Barriers to Seeking Help

Some researchers have found that students experiencing mental health concerns fail to use mental health resources, despite the potential benefits of seeking treatment (Jennings et al., 2017). The effort to understand what hinders some students from seeking help remains. A few of

the identifiable factors include, but are not limited to, the stigma associated with seeking help, negative attitudes about the treatment itself, and practical barriers, such as finding the time and/or financial resources (Jennings et al., 2017).

The stigma associated with having mental health problems is overwhelming. In one study, the stigma is divided into two distinct types: self-stigma and perceived stigma for seeking treatment (Levin et al., 2018). Self-stigma involves the lack of understanding of the importance of one's condition. Some college students struggle with educating themselves about the importance of a mental illness like anxiety. Self-stigma causes some students to exacerbate their conditions as symptoms worsen. Some college students require more support than others in understanding how critical and damaging mental illnesses can be.

One study connects perceived stigma to the devaluation of discrimination from others for seeking treatment (Levin et al., 2018). Many college students highly value relationships with their peers and professors. Also, some students value the culture of the campus. For example, Chen et al. (2016) argued that within the context of mental health help-seeking (MHHS), perceived campus culture beliefs include the students' perception that professors and peers think MHHS is difficult. This is important because for some students the stigma of being labeled as a student with mental issues outweighs the importance of seeking out mental health services.

Students' attitude toward seeking help is an important aspect. Shea et al. (2019) suggested that the negative perception of mental health counseling may be grounded in students' conceptualization and recognition of mental health problems. Some students are not sure what caused their mental issue(s) and/or what should be done. This negative attitude is often a barrier preventing some students from seeking out mental health services.

Another study linked the problem of seeking mental health services to the TPB. As mentioned earlier, the TPB examines the behavior, attitude, and social norms to understand and predict behavior (Bohon et al., 2016). As previously stated, some students' attitudes about their mental illness, seeking mental health services, and other perceptions of the severity of their mental illnesses will influence their intention to seek help. Students' attitudes about their past or current experiences that could ignite mental illnesses have a direct impact on their efforts to receive help. Colleges and universities should exhaust all efforts to providing mental health resources, however, it is also the responsibility for impacted students to want to be serviced.

Other barriers hinder some students from seeking out mental health services. For some students, a shortage of time is a factor; they have difficulty scheduling time for mental illness treatment (Ennis et al., 2019). Course schedules and workloads of undergraduate students can be intense as they balance between their academics and being independent. For example, some college students do not have financial support from their families, forcing them to work. Some students have to prioritize and decide between showing up for work or seeking out mental health services or even keeping up with their academic studies. With time being a factor, some students are unable to align their schedules with the available hours of mental health services (Nguyen-Feng et al., 2017).

Because of the various on-campus barriers to seeking out and receiving mental health services, researchers have explored other potential issues. In a comprehensive study, Travers (2016) explored the idea that therapy and/or counseling online may allow students to have sessions in the privacy of their home, office, car, or other "comfort zones" they choose. Some researchers believe self-management has enabled students to take greater control of their lives, fostering genuine collaboration between health professionals and consumers that supports the

recovery process (Butler, 2016). There are times when students may want to reaffirm the emotions they are experiencing with simple solutions. For example, some students will not need to schedule six to eight on-campus sessions with a counselor for their anxiety or depression to improve.

Some college students that do not receive help from their college institution may lead to deadly circumstances. A comprehensive study argued that only 20% of students who died by suicide had previously sought help at the school's counseling center (King et al., 2015). This could be interpreted as a sign that low numbers of students receive mental services from their institution. Online suicide risk screening is another form of mental health service that may increase the awareness and services to students with suicidal thoughts.

The online perspective or offering campus-based mental health services online could or might not provide students with the outlet to retrieve services in private. Some students are interested in online services because it decreases the amount of anxiety when facing a counselor. Students who participate in online services have the option of participating in an online dialogue with the counselor and are encouraged to contact the counselor for an in-person evaluation (King et al., 2015).

Although some researchers have sampled online mental health services, there are some aspects still to be desired. Cornish et al. (2017) argued that innovation is sometimes disruptive, and requires professional risk-taking, which increases real or perceived liability. When college leaders are searching for ways to innovate or expand mental health services, they will need to understand potential shortcomings. One of the shortcomings that can accompany an innovation of this magnitude is that some individuals may not be technically savvy (Jaroszewski et al., 2019).

Armstrong and Burcin (2016) argued that nontraditional students, such as fully online students, are equipped with technical devices and knowledge to pursue online mental health interventions. In circumstances where students are not technically savvy, this will increase the gap between students who seek out mental health services and the college or university. However, if some U.S. colleges and universities find it beneficial for their institution to adopt e-services for mental health, online self-help offers one promising solution to the combined challenges of treatment-seeking and resources for mental health services (Levin et al., 2018).

Furthermore, mental health affects different students from various backgrounds. For example, African American students appear to experience more mental illnesses than White Americans during undergrad. The anxiety and depression of being discriminated against because of their economic position is a constant fear (McDermott et al., 2020). The Latino community deal with language barriers that can cause them to be bullied and/or miscommunicate in the classroom (Turner & Llamas, 2017).

There are other groups such as the lesbian, gay, bisexual, and queer (LBTQ) community who also may suffer from mental illness. However, there are few studies on mental health illnesses in the LBTQ community. Students from all walks of life experience mental illness, and college administrators are committed to supporting all students (Turner & Llamas , 2017).

Summary

The TPB is incorporated in many areas such as politics, charities, advertising, and social psychology (Orbell et al., 1997). This dynamic and accomplished theory helps individuals better understand attitudes and emotions that lead to certain behaviors. Scholars such as Pourmand et al. (2020) connect qualitative methods and the TPB guidelines such as questionnaires to directly identify best practices for understanding participants' behavior. Other studies utilized

questionnaires and interviews using open-ended questions to create a welcoming and comfortable environment for a deep conversation surrounding behavior (Salmani et al., 2020). Research shows that using the TPB and qualitative methods may lead me to identify common trends and encourage positive and productive behaviors.

Further research is needed to understand some mental illnesses students face and to address barriers that prevent them from receiving services. The mental issues facing U.S. college students are larger than one student or college institution. Past studies have helped to bring more awareness and explore different options to help students with existing mental illnesses. However, it is the barriers to students receiving mental health resources that remain troublesome.

Some of the studies conducted on this topic have revealed high levels of associated anxiety and depression in college students. Today, these illnesses cause some students to perform poorly in their academics, social life, and work. Previous researchers have further explored why some students are not seeking help for their illnesses. The last 20 to 30 years have produced studies to understand the intended behavior of students seeking support for their mental illnesses, but the application of these studies appears inconsistent and has not significantly improved mental health resources found on college campuses. The next chapter is a detailed discussion on the research methodology, including population, data collection, and data analysis.

Chapter 3: Research Method

The purpose of this instrumental case study was to further the conversation on some mental health illnesses and resources colleges may offer to students. This qualitative research contributed to understanding the problem of nonexistent or limited mental health resources on college campuses that fail to address the rising cases of students' mental health concerns; specifically, anxiety and depression (Lewis & Huynh, 2017). The purpose of this instrumental case study was to understand how some mental illnesses affected college students and explored tangible resources provided by the institution. The application of a case study will be discussed further in this chapter. In this chapter, I discuss the research questions, research design, population, materials, data collection, ethical considerations, and limitations.

Research Questions

The research questions of this study were the following:

RQ1: What is the behavior of undergraduate students who experience mental health disorders?

RQ2: How can the stigma of mental illness impact students who are exploring campus resources to address mental illness, such as anxiety and depression, or other psychological distress?

RQ3: How could online mental health services offered by the university be helpful to a student's treatment?

Research Design and Method

In this study, I used the instrumental case study method. This method allowed for the investigation of a phenomenon within a specific context (Merriam, 1998). Yin (2009) suggested that a case study into a holistic contemporary phenomenon within a real-life context addressed

the how or why questions directed at understanding the phenomenon of concern. This type of study is common in educational research.

In this case study, I used collective resources to explore the nature of the phenomenon to gain general knowledge and understanding (Feagin et al., 1991) The collective sources included a questionnaire, interview transcript, and memos. The study was conducted at a university in North Texas and undertook a pragmatic approach to understand participants' values and answers to questions about mental illnesses and possible solutions. The approach was held via virtual interactions.

The pandemic of COVID-19 played a role in the number of participants as it was difficult to communicate and recruit participants for this study. Under normal circumstances, I would have been able to be physically present on-campus to recruit students and faculty and explain the purpose and process of this study. As a consequence of COVID-19, I was only able to communicate with university administrators and students via email. I believe this caused a small sample size resulting in nine participating students and two participating faculty members. Despite this small number, I moved forward with the two parts of the study: First, I distributed a questionnaire to gain information from the students at the institution and capture a basic knowledge of attitudes, perception, subjective norms, and intentions that impact behavior caused by mental health illnesses. Second, I conducted in-person interviews with the faculty at the university to understand their experiences and perspectives on these issues.

To comply with basic guidelines of qualitative research study, I was neutral and objective (Eckerdal & Hagstrom, 2017). The questionnaire was an opportunity for students attending a university in North Texas to share their attitudes, values, intentions, and perceptions on the nature of their mental illnesses or those of others around them. Due to the information received

from the questionnaires, I used the data to describe students' experiences with mental illnesses during interviews with participating faculty members. Participants had seven days to complete the questionnaire on demographics and the following five questions (See Appendix A for demographic information). The open-ended questions were the following:

1. Explain your experience with anxiety, depression, or any other mental illness in the past 9 months:

    a. If you've experienced anxiety, please describe your experience:

        i.   Have you received a diagnosis from a professional? Yes/No

    b. If you have experienced depression, please describe your experience:

        i.   Have you received a diagnosis from a professional? Yes/No

    c. If you have experienced an eating disorder, please describe your experience:

        i.   Have you received a diagnosis from a professional? Yes/No

    d. Other: _____?

        i.   Have you received a diagnosis from a professional? Yes/No

2. Explain how these might relate to the impacts of the current COVID-19 pandemic?

3. Describe your attitude toward seeking resources to help you address or cope with these issues?

4. What is your perception of using online mental health services (e.g., telemental health services)?

    a. How would you use online telemental health services if you felt the need?

5. Do you have any additional comments or feedback that you would like to provide to us to positively impact behaviors formed by mental health issues?

Next, I used an interview protocol to interview faculty who volunteered to participate in the study. The purpose of the interview was to gain their knowledge of experiences and perspectives about students and mental illness. The interview consisted of an hour maximum session that captured the discussion of the five questions. The questions provided clarity in three areas of the faculty's perspectives on mental illnesses, which were as follows: (a) a general sense of the institution's resources for mental illness, (b) possible vulnerabilities and risks for students in relation to the institution's mental illnesses resources, and (c) experiences with online mental health services.

The interview questions were the following:

1. How are the attitudes of undergraduate students connected with their experiences with mental health issues, such as anxiety, depression, and/or eating disorders with you? If so, can you provide examples of how you helped them cope with such issue(s)?

2. In your perception, how might these experiences relate to the impacts of the current COVID-19 pandemic?

3. What resources do students value or explore to help them address or cope with mental illness?

4. Are you familiar with undergraduate students considering using online mental health services (telehealth services)?

5. If telehealth services were provided, how could faculty help students become more aware of such services?

Furthermore, I used memos. A memo can be composed of a word, sentence, or paragraph (Saldaña, 2015). These memos can include initial thoughts, terms, dates, and/or general ideas.

Memos summarized major findings and/or reflections on the study. The memos were included during the data analysis.

As a former student of this university, I suffered from anxiety and depression without an outlet for help on-campus. In addition, I have been a part of teams and groups, in which team members have expressed their similar concern for anxiety and depression and feeling alone within the context of a university. This research study is personal to me; yet, I am hopeful the outcome of this study is beneficial to others by continuing the conversation of mental illness in this setting as well as offering possible strategies for improvement.

In addition, I was mindful of reflecting on bias and preconceptions so that I did not manipulate the research data with past experiences. Making bias interpretations of the research would negatively impact the results of this study, so I utilized bracketing to set aside knowledge of previous research findings and theories about the research topic (Zhang et al., 2019). I conducted bracketing of preconceived notions about this topic by taking memos and writing them in a bracketing journal. This way I kept any bias in check and to a minimum as I journaled to reflect on my thoughts and feelings before, during, and after the study.

Research Context

The context for this study was a 4-year Christian university where bachelor's and master's degree programs are offered. There are three colleges within this university: Business, Counseling, and Interdisciplinary. The university offers 10 graduate certifications and three undergraduate certifications. Undergraduate level degree programs are mostly business-related such as professional development, accounting, general business, management, applied studies, and human relations in business. The graduate-level programs are more diverse with degrees offered in marriage and family therapy, professional counseling, professional development,

school counseling, accounting, international business, management, project management, strategic leadership, enterprise analytics, family studies, Christian counseling, and human resources.

This university resides in the metropolitan area of North Dallas, TX and was founded in the 1970s. Many business leaders and nonprofit leaders are very familiar with this university as it is viewed as a business school. Degree programs that are offered are ideal for the working adult as many students are between the age of 21–40, as the age of 21 is an admission requirement. Classes are offered online, weekends, and weekday evenings. This schedule is aligned with professional schedules to assist with creating a healthy work-life balance.

Many students who attend this university commute to campus as the university does not offer any on-campus living. The university leadership believes that since they market to working adults, there is no need to offer on-campus housing. The university has roughly 750 students who attend this university at the time of this study. Online and on-campus classrooms host 25-30 students per faculty member, and class duration is about 2 hours per session.

There are more than 20 faculty members who teach in the business discipline, 11 counseling faculty members, and over 20 interdisciplinary faculty members who are qualified to teach both in the business and counseling disciplines. Research shows the average faculty member had a tenure of 7 years. On average, this university has a graduation rate of 63%.

Population

The population of the study consisted of college students and college professors. First, I targeted undergraduate college students who were pursuing a variety of degree programs and have diverse demographic backgrounds. The degree programs include but were not limited to: business, counseling, Christian counseling, family studies, and project management. As stated

earlier, these were nontraditional college students who had an age range of 21 to 40 years old and were from different ethnic and social backgrounds. The college is nontraditional and did not offer on-campus living. The student body was comprised of working adults who have full-time careers and want career advancement. Course hours are only offered during the evening, on weekends, and asynchronous online.

Second, I sought faculty to participate in the study, who were experienced in higher education and had a general sense of how attitudes, norms, intentions, and perceptions can impact student's behaviors caused by mental health concerns. The study was open to faculty members of various racial, ethnic, and educational backgrounds. The population consisted of students and administrators who are fluent in the English language' however, it was not required for English to be their native language. These college students and faculty members included men and women who are experienced who speak to their own experiences with mental illness or that of others who suffer from mental illnesses.

Each sample was selected from college students and administrators who were connected with a university in North Texas. During the time of the study, the students who attended were older than average students. This was a complexly nontraditional campus where students did not live on-campus. The sample of students had attended the university for at least one full academic year to ensure they have experienced the full scope of the university's services. I hoped to recruit 20 undergraduate students through the university's admissions office. Participating students were recruited based upon their admission to the university as of the fall semester in 2019, and who had continuous enrollment since admission. I worked with the admission's and registrar's offices to recruit students through an ad on the university's website. Participants were informed that this

study was completely voluntary, would not impact their academics, and would adhere to the Family Educational Rights and Privacy Act laws and regulations.

The faculty consisted of two women who hold the titles of professor. I recruited the faculty through emails and letters asking for their participation in the study and proposed to them that the purpose of the case study was to gain general knowledge about the past and current intentions of acknowledging and assisting students on campus who suffer from anxiety and depression. These participants also educated me on possible vulnerabilities and perceptions of mental illnesses amongst students.

A non-probability, purposeful sampling method was used to select the participants. In this sampling method, the need for underlying theories or a set number of participants was not necessary. Also, I decided which data needed to be collected and sought to find participants who could or were willing to provide information by virtue of their knowledge or experience (Etikan, 2016). This sampling method benefited the study as all participants had the characteristics and knowledge necessary to conduct an information-rich study (Benoot et al., 2016). Also, all participants had knowledge of mental illnesses in some respect.

Materials/Instruments

The instrument that I used to collect data from participating students was the aforementioned questionnaire consisting of five open-ended questions (Appendix A). The series of questions allowed me to obtain general information from participants about mental illnesses and appropriate services offered at the university. I did not have to be present while participants completed the survey, which allowed data collection to be timely. My goal was to provide the respondents the opportunity to complete the questionnaire at their convenience (Sreejesh et al.,

2014). This instrument was an effective approach to understanding the attitudes, perspectives, opinions, and possible solutions.

The instrument I used for the professors was a semistructured interview involving the aforementioned interview questions (see "Interview Questions" in Appendix B). This style of interviewing allowed me to be flexible in the way I asked the interview questions, such as the tone of my voice may impact how the question was asked (O'Keeffe et al., 2015).

Data Collection and Analysis Procedures

After obtaining IRB approval (see Appendix C), I sought participating students who completed a questionnaire to allow me to gain an understanding of their experiences with mental health illnesses. I spoke with administrators about the best way to protect students and abide by the Family Educational Rights and Privacy Act (FERPA) laws. The college administrators ensured FERPA laws were not at risk as participants were informed of the study being completely voluntary. The questionnaires were sent to each participant via emails obtained from the appropriate university office. The email was encrypted and had a password for access to the questionnaire for participants' protection. The questionnaire consisted of five questions and a comments section for participating students to leave their questions, comments, and concerns.

Furthermore, I interviewed participating faculty members to gain an understanding of their experiences with serving students who had mental health illnesses. I recorded the interviews electronically through Zoom. Each interviewee was aware of and consented to the use of the video recorder before conducting the interview. There were no questionnaires administered and/or interviews held without both the written and verbal consent of each participant.

Each interview began with open-ended questions about the administrator's perspective on past and current mental illnesses of students (Appendix B). I asked participants to describe their

experience with mental illnesses, such as anxiety and depression, as well as available resources.

The interviews were held via Zoom due to COVID-19 regulations and guidelines for social

distancing.

Once the approval from the university was obtained, I contacted the university's Dean of

Academics to send out the invitation and inform students of the study (see Appendix D).

Potential students had three days to sign up for the study. Students who wished to participate

were contacted via email with the details of the study along with the consent form. I emailed

each participant with the questionnaire attached. The timeframe for students to complete the

questionnaire was seven days.

Furthermore, I sent an email to potential faculty participants (see Appendix E) to invite

them to participate. Once the professors accepted the invitation to participate in the interview, I

sent them a consent form to sign and return. I conducted the interviews by Zoom or Web-Ex at

the agreed-upon time.

The interview consisted of the five questions mentioned earlier that engaged the

interviewee and provided them with the opportunity to express any concern for the non-existing

and/or active treatment and supportive mental health programs for students. In addition to this

method, I recorded all interviews via Zoom. I also wrote memos during and after the interviews

to minimize bias and enhance my understanding of what administrators said in the interview.

The data analysis consisted of two parts. I combed through each questionnaire and made

notes about students' responses and organized these using a simple coding system on a Microsoft

Excel sheet. The coding system consisted of assumed categories or themes that emerged such as

(a) awareness of mental illness, (b) kind of mental illness, (c) resources sought from the

university, and (d) the university's response. I was open to unforeseen categories to emerge in

this study. The questionnaire included a comments section for participants to ask questions or make comments about mental illness and related campus services.

Furthermore, I conducted an in-depth analysis of the data from the collected interviews. Once the interviews were complete and I collected all the materials, I transcribed them in the order the faculty members completed them. I then used coding to better understand the perspectives of participants. Coding, or separating the interview into significant themes, was a critical part of the data analysis.

I recorded the interviews through Zoom and saved the recordings on my computer under documents. From those recordings, I created transcripts. To ensure confidentiality, I did not use the interviewees' true names, but rather, provided a pseudonym for each interviewee. Additionally, I locked and secured materials in a fire-proof safe and destroyed the video recordings through File Shredder. File Shredder is a digital shredding program that permanently deleted the Zoom recordings and other secured materials from my computer after they were transcribed. To ensure the confidentiality of all participants, all Zoom video recordings were deleted from iCloud after they had been transcribed. In addition, I did not discuss the interview with anyone.

For the purpose of analyzing the data collected from the interviews, open coding was used to understand the data collected. Open coding was beneficial to this study because it pulled data from the collection and grouped the data into subcategories and themes (Saldaña, 2015). This process included line-by-line coding of the transcript(s) and recordings that captured the details of the interview. I separated the memos I wrote about the interviews from the data itself to minimize bias during the data analysis.

Ethical Considerations

High ethical standards were my priority throughout the study. The methods outlined in this chapter were key to ensuring the integrity, reliability, and validity of the study. I sent the detailed consent form to each participant prior to the study. Furthermore, regarding the Protecting Human Research Participants (PRHP) training, the risks were minimal to human subjects participating in this study. Each participant was over the age of 21 and had not displayed an impaired mental capacity to participate; they were students attending a university in North Texas and faculty members on the payroll at the university. As a result, this qualified them to participate in the study. All things considered, all materials and instruments, including recordings, memos, and transcripts will be destroyed three years after the final dissertation defense is approved by the Internal Review Board (IRB) at Abilene Christian University. I am adamant about minimizing risks associated with the study and protecting the confidentiality of the participants.

Assumptions

The study may add value to the field of higher education as it relates to mental illness among students. The university involved in the study could benefit from the findings as the results may provide knowledge of the mental illnesses students face and the level of care and support that the university provides. The goal of this research study was to promote the well-being of higher education and fully support the welfare of college students. Although college institutions are not responsible for student's personal lives, as a result of this study, the institution may be an improved resource to rely on when students have nowhere else to turn.

Limitations

The limitations of the study were that the study will only be held at one higher education institution and administrators may only have experience at one institution. Because this case study involved only one college campus, participation was not expected to be extremely high. Depending on campus approval, I needed to recruit enough participants to have a valid, reliable study sample. Also, I am not comparing the students, faculty, or the university's mental health resources to other colleges in North Texas.

Another limitation is that participating faculty members may not have had much experience working with students. I was not sure if the faculty members would have an extensive background in higher education to offer experience in handling students with mental illnesses, such as anxiety and depression. I was aware that some faculty members may be new to their roles or higher education in general.

Delimitations

The purpose of this research study was to gain more knowledge and understanding of the nature of some mental illnesses and resources for college students. I am curious about this topic and wanted to improve the standard of resources within the stated context. I also hoped to improve the mental health care standards in the field of higher education.

I conducted the research at a university located in North Texas, however, there are other higher education institutions within the area. I excluded those colleges and universities from this study because they have updated software and programs in place for students suffering from mental illnesses. I included this particular university because they appear to have challenges in the area of technology, staff, and programs to assist students with mental health problems.

Summary

As mentioned in Chapter 1, and as an active adjunct member of the faculty, I wished to conduct this study in hopes that it touched the lives of students and let them know their university is here to support their needs. I am also hopeful the results of this study decreased the number of students who experienced psychological distresses, and that it promoted positive attitudes, subjective norms, perception, and intentions that fostered productive behaviors.

In this chapter, I proposed an outline of the research methodology I used to answer the research questions. A thorough discussion of the case study, study participants, data collection and analysis, questionnaire, and interview provided the specific intentions of how I conducted the study and whom I targeted to participate. I used the results of this study to obtain information about college students' experiences with mental illness at a university in North Texas. In addition, I also interviewed the faculty of the university to gain knowledge on how the university responds to these students. All study participants added value to the study by sharing their personal knowledge and experiences on mental illnesses while balancing their commitments to academia.

Chapter 4: Results

This chapter presents the results of the instrumental case study methodology study conducted. Chapter 4 includes a brief discussion on how the study results aligned with the TPB. The process used to conceptualize the results of the questionnaires from nine student participants, and the results of two faculty interviews are described in detail in this chapter. There were two levels of analysis: a simple coding system and open coding. For each phase of analysis, there was a constant comparison to concentrate the data further until themes began to emerge.

As mentioned in the previous chapter, the COVID-19 pandemic played a role in this study. Due to the COVID-19, it was difficult to communicate and recruit participants. As a consequence, I was only able to communicate with university administrators and students via email. This resulted in a small sample size of nine out of 82 registered undergraduate participating students and two participating faculty members out of 54 who taught courses during the time of the study.

Questionnaire

Nine undergraduate students participated in the study as a model to understand human social behavior (Azjen et al., 1991). Table 1 depicts the participant's demographics that adhere to the study methods outlined in Chapter 3. All ethnic backgrounds were included in the study with five (56%) Black/African, one (11%) Asian/Black/White, two (22%) White American, and one (11%) Hispanic/Latino undergraduate students. There were three female and six male participants. The age of these participants ranged from the mid-20s to mid-50s. In the 25 to 34 age range, there were four participants (44%), three in the 35 to 44 age range (33%), one in the 45 to 54 age range (11%), and one participant who wished not to answer (11%).

Table 1

Participant Profiles

Participant	Ethnicity	Gender	Age	Major	Credit hrs.
1	B/AA	F	35–44	Human Relations/Business	33–60
2	A/B/W	F	25–34	Human Relations/Business	33–60
3	B/AA	F	35–44	Human Relations/Business	15–30
4	W/C	M	25–34	General Business	3–12
5	B/AA	M	25–34	General Business	15–30
6	W/C	M	35–44	Professional Development	33–60
7	B/AA	F	45–54	Human Relations/Business	15–30
8	H/L	F	N/A	General Business	33–60
9	B/AA	F	25–34	Professional Development	N/A

Note. B/AA = Black/African American; A/B/W = Asian/Black/White; W/C = White/Caucasian;

H/L = Hispanic/Latino; F = Female; M = Male; N/A = Not Answered.

Participant's actions and behaviors indicated their intention to earn a college education by

electing a major in an undergraduate degree programs offered at the university (Orbell et al.,

1997). The degree plan of Human Relations and Business had four participants (44%), three

participants chose a major of General Business (33%), and two participants (22%) were majoring

in Professional Development. All participants were undergraduates who were in the beginning

stages of their academic careers. The sample unveiled the earned credit hours of the participants. Four participants (44%) had earned 30 or fewer credit hours, four participants (44%) had less than 60 hours, and one participant (11%) wished not to provide credit hour information.

Seven of nine participants (78%) said they have experienced anxiety within the last 9 months. According to Coskun and Tasgin (2018), anxiety could be made up of complex self-perceptions, beliefs, and/or emotions. The remaining 22% of the participants said they had not experienced any form of anxiety within the last 9 months. Depression, which is caused by stressful life events (Nekic & Mamic, 2019), was also reported in the sample with five participants (56%) reporting they had experienced depression within the past 9 months. Eating disorders were also examined in the sample and only one participant (11%) indicated they had had an eating disorder(s) within the past 9 months. One participant's honesty was appreciated. as that participant suggested they have experienced severe anger within the last 9 months. For this sample, anger is considered an additional theme or category.

The sample unveiled a shocking 44% of the nine participants had experienced anxiety and depression. Eleven percent of participants had experienced anxiety, depression, and anger within the last 9 months. These statistics should be of concern for any educator or administrator within the higher education realm.

The sample would have been incomplete without including participant's thoughts on the COVID-19 pandemic. Although there is no concrete evidence on the impact of the COVID-19 pandemic on undergraduate students' mental health as of yet, this study provided insight as to how the pandemic has impacted some students. Five participants (56%) suggested their mental health issue(s) were frequently connected to the impact of COVID-19. There were five participants (56%) who preferred to deal with things on their own. Two participants (22%)

sought help from their church or minister. One participant (11%) received attention from a licensed professional counselor, and one participant (11%) received help from a family member. According to Kass et al. (2017), these statistics are consistent with the typical levels of anxiety and depression among the undergraduate population.

These numbers are staggering, and according to the sample, many undergraduate students are dealing with their issues alone—without seeking professional help. As previously mentioned in the earlier chapters, many students avoid seeking help from others because of the perceived stigma that may come with their condition (Chen et al., 2016). Perceived stigma for seeking treatment can be connected to fear of discrimination from others (Levin et al., 2018). Some student's attitudes are persistent in their intent not to seek help as they cope with anxiety, depression, and even anger for one participant.

Although 56% of participants deal with their mental issues on their own, 67% of those participants suggested they would use online mental health services or telehealth services if the opportunity presented itself. According to Zvolensky et al. (2016), telehealth services may offer students the confidentiality and improved behavior they need to receive help for their conditions. Furthermore, Travers (2016) reported that private therapy sessions in the home, office, car, or other "comfort zones" may promote improved attitudes and behaviors of students experiencing anxiety and/or depression. Comfort zones may allow students to be transparent with their mental state and how it impacts their lives.

One participant expressed the importance of seeking professional help and how feeling comfortable speaking to a mental health professional may decrease anxiety and/or depression. This participant suggested the devastating effects of COVID-19 on patients and in their personal family, as a close family member had recently passed away from COVID-19. Due to the family

mourning and having a heavy heart, this participant encouraged their family to talk to a licensed therapist. A second participant believed telehealth services will become more popular as people embrace the privacy and confidentiality of such services. The precise questions for participants are found in Appendix A. Table 2 indicates the summary results collected from participants.

Table 2

Summary Results

Anxiety	Depres-sion	Eating disorder	Other mental health issues	COVID-19 impact	Resources explored	Telehealth services
Yes	No	No	N/A	Frequently	Church/Synagogue Pastor/Rabbi/Minister	No
No	No	No	N/A	Occasionally	Self	No
Yes	Yes	No	N/A	Occasionally	Licensed Professional Counselor	Yes
Yes	No	No	N/A	Occasionally	Family Member	No
Yes	Yes	No	N/A	Frequently	Self	Yes
Yes	No	No	N/A	Frequently	Self	Yes
No	Yes	Yes	N/A	Frequently	Church/Synagogue Pastor/Rabbi/Minister	Yes
Yes	Yes	No	N/A	Occasionally	Self	Yes
Yes	Yes	No	Anger	Occasionally	Self	Yes

Interviews

Unfortunately, there were no administrators who were interviewed for this study; however, Table 3 shows two members of the faculty (one full-time and one adjunct faculty member) participated in this study by being interviewed via Zoom. Table 3 depicts each interviewee's related background that represents the minimum requirements as stated in Chapter 3. Both interviewees are represented in the sample with one coming from a Black/African American ethnic background, and one having a Hispanic/Latino background. Each interviewee identified their gender as female and has taught in the Interdisciplinary Studies department at this university between five to 10 years. Also, both members of the faculty revealed their age range fall between 45 to 54. Each faculty member provided insight into examining the social norms of their students.

Table 3

Faculty Profile

Participant	Ethnic background	Gender	Age range	Teaching discipline	Years at university
1	African American/Black	F	45–54	Interdisciplinary	5–10
2	Hispanic or Latino	F	46–54	Interdisciplinary	8–10

Data Collection

The nine undergraduate students who participated in the questionnaire and the two members of faculty who were interviewed in this study were the focal points for the research data. The demographic questions for each group served as supporting research data. After each questionnaire was received, it was coded manually and reviewed for emerging themes. At the

conclusion of each interview, the data was manually coded and reviewed for emerging themes. I utilized the TPB as one lens through which the themes were examined (Ajzen, 1991). The questions to all demographics, the questionnaire, and the interview questions for this study are located in Appendix B.

Data Analysis

Data results of the questionnaire of undergraduate students supported the TPB, revealing that 56% of participants' perceptions and attitudes toward seeking professional help were low when relying on self-evaluations. The TPB helps to explain how students' attitudes, perceptions, and intentions can impact behavioral decisions to seek professional help for their mental health conditions. The TPB also helps to anticipate how a subject may behave in certain situations. As designated by Saldaña (2015) in the analysis of data, the questionnaires were coded manually during open coding. I analyzed the questionnaires after each participant completed the questions, which allowed time for proper analysis before reviewing the next questionnaire. I coded each questionnaire and analyzed it for categories.

Results of this analysis revealed that 56% of the participants were of African American descent. Turner and Llamas (2017) suggested that minority students are the leading ethnic group suffering from mental health illnesses. Further, results indicated that 67% of participants identified as female, and the leading age range (44% of participants) was between 25 to 34 years old.

Anxiety was the leading psychological disorder of this population with 78% of participants who identified experiencing this disorder within the past 9 months. One study suggested that anxiety is the leading mental health issue of undergraduate students in America

(Assari & Moghani Lankarani, 2018). This disorder impacts student's social skills, learning

ability, and academic retention rates (Kass et al., 2017).

According to this study, depression follows anxiety as being the second leading

psychological disorder with 56% of participants experiencing this disorder within the past 9

months. Depression is a serious issue caused by an array of personal situations and

circumstances (Nekic & Mamic, 2019). Many students may be uncomfortable discussing their

depression or other psychological disorders in therapy sessions with an unfamiliar persons

(Quan-Lorey, 2017).

These statistics are staggering; however, only 11% of these student participants sought

professional help. According to the data analysis, 56% of these students reported dealing with

their mental health or other psychological disorder by themselves. Jennings et al. (2017) stated

that it must be the students who understand the severity of their condition that seek professional

help. When students do not seek professional help, these conditions may become more severe

over time (Chen et al., 2016).

Furthermore, this study indicated that 56% of these students who have experienced some

form of mental health issues within the past 9 months, dealt with their issues alone. Two

participants (22%) left comments on their questionnaires expressing that if they were to seek

professional help, they would prefer for it to be private and confidential. Also, the study

introduced the existence of online or telehealth services to this community of students. Of the

nine participants in the study, 67% answered that they would utilize telehealth services if they

were offered.

Next, all interviews were recorded via Zoom and transcribed manually. The interviews

were analyzed after the conclusion of each interview, which allowed proper analysis time before

the next interview. I coded each interview and analyzed for categories and/or themes (Zhang et al., 2019). Follow-up or clarifying questions were asked to the interview for clarity.

Each interview consisted of open-ended questions about the faculty member's perspective on past and current mental health illnesses of students. Both Zoom videos were uploaded onto my password-protected computer for further analysis. I manually transcribed each interview and compared the questions and answers provided during the Zoom video (O'Keeffe et al., 2015). Transcribing and coding these interviews aided constant comparative analysis behaviors critical to the theory of planned behavior. This process aided me in remaining consistent in highlighting key themes during coding. This process resulted in four emerging themes: attitudes, perception, behaviors, and suggestions for therapy.

Using Microsoft Word 11, I was able to transcribe the details of the open-ended questions asked during the interviewees (O'Keeffe et al., 2015). After I transcribed each interview, the transcriptions were sent back to the interviewees for approval. Each interviewee took approximately 48 hours to approve the transcripts. In analyzing the significance of these emerging themes, or grouping of open codes, selective codes emerged from the data.

Attitudes

The emerging theme of attitudes is consistent with the TBP because the results of the interviews determined that student's attitudes were connected to their perception and openness to seek help for their mental condition. Each interviewee discussed how their interaction with students who may suffer from mental illness is determined by the attitude of the student (Orbell et al., 1997). For example, one interviewee suggested their students are open with their mental illness because this faculty member is a therapist. The interviewee described their experience with students with mental illness as pleasantly surprised and interesting. When approached by an

undergraduate student with a mental health concern, this faculty member conducts an assessment to determine where to direct the student. The faculty member informed me that they refer students to someone in private practice or a community mental health center (e.g., Metro Care—a government agency funded by the state). Butler (2016) found that outsourcing mental health services through an online delivery model is common amongst some colleges and universities.

On the other hand, the second interviewee unveiled the attitudes of their students toward mental illness are negative and affect their studies. Due to the impacts of COVID-19, some students feel caged in, depressed, and anxious causing them to become needy. Although 67% of undergraduates attend this university online, since COVID-19, some students require more hands-on assistance for their academics. For example, Nguyen-Feng et al. (2017) found that although students are attending class through virtual learning, college professors are having more video lectures, sending students more academic resources, and having weekly check-ins for any student who may have questions.

Perception

Perception, or perceived behavior control, is one of the key components of the TPB. The results of the interviews are consistent with the TPB in that the faculty perceive student behaviors and attitudes as related to some form of mental illness. The stressful combination of being an adult undergraduate student and working full-time or part-time may cause anxiety or depression, which leads to student outbursts, poor academic performance, and/or low student attendance. For example, both faculty members advised that the COVID-19 pandemic increased mental health issues. One interviewee expressed that since the university temporarily closed in the Spring of 2020 (due to the impacts of COVID-19) and went to 100% virtual learning, undergraduate students' mental illnesses and behaviors are perceived to have worsened.

While in discussion with these professors, it was clear they felt that some students do not know how to be a student online. Being that the average student who attends this university is between the ages of 25 to 45, some of their technical skills were challenged as a result of COVID-19. Each of these seasoned professors believed some of their students' current mental health illnesses are a direct impact of the current COVID-19 pandemic. I found no analysis of the impact of COVID-19 on mental health for undergraduate students; thus, the national impact is unknown at this time.

Behavior

Behavior is the outcome of attitudes, subjective norms, perceived control, and intentions that are outlined by the TPB. According to the results of this study, faculty expressed students' behaviors—such as yelling and screaming and low performance—is the result of their negative attitudes and perceptions correlated to seeking help for their psychological disorders. One faculty member suggested that some students with mental illness do not know where to go for support or help and they value those who will listen to their issues. The interviewees explained how they helped undergraduate students cope with mental illness (Jennings et al., 2017) and urged students to attend counseling.

The consensus between the two professors was for them to listen to the need(s) of the students and direct them to a counselor, therapist, or online resources to become more educated on their condition and to seek help. As a result, some students take advantage of resources that may help with their mental condition. In fact, one professor expressed their personal experiences with attending therapy services, and in particular telehealth services. Also, the professor stated that counselors believe that long walks, journaling, and eating more vegetables will help cope with mental illness.

Telehealth Services

Results of this study indicate that professors at this university are familiar with students considering use of online mental health services or telehealth services. The professors interviewed for this study expressed that for the past 10 months, more counselors are offering Zoom video counseling sessions to keep the one-on-one interaction with students and other patients consistent (Pruett & Absher , 2015). Although this particular university does not offer any form of telehealth services, the professors who are aware of their students' mental illness or other psychological disorders can direct students to private practice counselors and therapists who are experts in certain areas. The professionals can aid undergraduate students with preexisting or current issues (Zvolensky et al., 2016).

Study results also revealed how faculty can help students become more aware of telehealth services (Butler, 2016). For example, one professor advised that for online courses, professors can upload mental illness support via Moodle, which is the online software this university utilizes. Another way for faculty and administrators to help students is to use the university website to post a list of counselors and therapists in private practice. Furthermore, faculty can be more aware of students who may be dealing with mental illnesses by checking on them if the professor has not heard from the student in more than a week at a time (Kass et al., 2017). This may help build the relationships between faculty and students.

According to Jennings et al. (2017), another way for professors to help students become more aware of telehealth services is to be able to (a) recognize when something is wrong, (b) isolate the student before or after class, and (c) ask them question, even if it involves uncomfortable questions, to understand what could be wrong. Oftentimes, some professors just want to teach the class, assign projects and homework, and then go home; however, for students

to maximize their academic experiences, professors must adhere to all needs of students, especially adult undergraduate students who may be attending school for the first time (Raja, 2017).

The consensus of these interviews was that students do, in fact, deal with mental illnesses. According to Drouin et al. (2018), some students even rely on social media to express themselves. Some students are not vocal and open to discussing their issues with professors because they do not want to be stigmatized and/or looked at differently than their peers (Jennings et al., 2017). However, this study provided clarity that universities must offer a counseling department or some form of partnership with a clinic that can adhere to the needs of students with mental illnesses or psychological disorders.

There have been great strides in the openness of students confessing their mental illness needs to professors, and it is evident that professors at this university are concerned about their students (Doehring, 2017). The impacts of COVID-19 increased anxiety, depression, and other psychological disorders, which called for educators and administrators to respond to these issues. The results of this study will be used to push the conversation of mental health issues that students face within this context, and hopefully spark innovative strategies to decrease anxiety and depression, which will create a safer environment for students and faculty. Chapter 5 includes the summary of the problem, purpose, method, and limitations of the study.

Chapter 5: Discussion, Conclusions, and Recommendations

This qualitative study was used to further understand U.S. college undergraduate students' mental health concerns. It is consistent with and based on the theory of planned behavior model as it shows how one's attitude is connected with one's perceived control of the behavior that influences the intent of the behavior. As stated earlier, some U.S. college students may not be aware that they suffer from a mental illness nor how to approach a solution. Also, these students may look for institutional resources and social support from peers, however; they may not know where to get mental health resources on campus. Some students face difficulties and hurdles when transitioning into adulthood (Jorgensen et al., 2018). One study reported that more than 60% of college students experienced overwhelming anxiety and 38% experienced depression while they were undergraduates (Drouin et al., 2018).

Poor mental health will continue to be harmful to undergraduate students across the country. Vescovelli et al. (2017) found that 28% of students' mental distress is related to anxiety and 17% to depression. Mental health problems are also responsible for 7% of suicides among college students; thus, implementing an action plan is a priority issue (Assari & Moghani Lankarani, 2018). The problem is that absent or limited mental health resources have failed to address rising cases of student mental illness; specifically, the most common of these illnesses, anxiety, and depression (Lewis & Huynh, 2017).

By partnering with qualified mental health professionals for online or telehealth services, some colleges and universities can uniquely lower the traditionally high cost of counseling centers on-campus (Kass et al., 2017). U.S. colleges and universities are encouraged to be innovative to support the medical needs of those suffering from anxiety and depression (Pruett & Absher, 2015). Butler (2016) also offered one solution in the form of online interventions as a

way to decrease the costs of on-campus mental health professionals. Researchers have recently been exploring the efficacy of online mental health interventions that address mental health struggles for college students (Travers, 2016). Nguyen-Feng et al. (2017) found that online interventions provide support for college students with negative attitudes towards their mental conditions. University policymakers will need to explore more data for online mental health interventions to understand all the details for possible solutions at their institution (Zvolensky et al., 2016).

This chapter contains a discussion on the three research questions that were presented earlier in Chapters 1 and 3:

RQ1: What is the behavior of undergraduate students who experience mental health disorders?

RQ2: How can the stigma of mental illness impact students who are exploring campus resources to address mental illness, such as anxiety and depression or other psychological distress?

RQ3: How could online mental health services offered by the university be helpful to a student's treatment?

The TPB discussed how behavior is the result of attitudes and intentions towards an idea or phenomenon. This study discovered students' intentions and attitudes toward mental health disorders may lead to harmful behaviors that are disrespectful to themselves and to faculty. One faculty member explained how a student "screamed" at them due to detailed grading on an assignment. Apparently, this student had lost their job due to the COVID-19 pandemic, was attending to multiple children, and their grades were falling. They took it out on their professor. Although this behavior should never be accepted, this professor took the time to further

investigate what was actually happening with this student. There may be some professors who could not handle a hostile student such as this, however, this professor stood strong to their responsibility as an educator to assist this student and point them in the right direction.

Shea et al. (2019) suggested that the unwarranted stigma of being associated with mental illness, such as anxiety and/or depression, can be devastating. As stated in the previous chapter, students in this study are mostly adults who are returning to school to earn their degrees for either personal or career advancement. Therefore, the stigma of having a mental illness of any sort can be harmful as the results of this study suggested that fifty-six (56%) of these students who have experienced mental health issues within the past 9 months, dealt with their issues alone. This statistic provides a snapshot as to the significance of the need for students to seek help.

Next, the study introduced the existence of online or telehealth services to this community of students to determine their attitudes towards seeking help. Of the nine participants in the study, 67% of them answered that they would utilize telehealth services if they were offered. In conjunction with this statistic, both professors who were interviewed for this study admitted that they suggest online services for their students who approach them with their mental health concerns.

Nguyen-Feng et al. (2017) state that telehealth services are beneficial to students because they do not have to showcase foul language and behavior, they can avoid the stigma that is associated with their condition, and they can utilize these online services wherever they have internet access and connection. With the impact of the current COVID-19 pandemic, society has learned to incorporate technology more into their daily lives and struggles. With more than 28.7 million cases and more than 500,000 deaths in America due to COVID-19 (Hennein et al., 2021),

it is evident that some therapists and counselors will depend on Zoom and other video-based technology to execute solutions for those who suffer from anxiety, depression, and other psychological disorders.

Purpose

The purpose of this qualitative study was to utilize a case study to understand the nature of limited mental health resources for college students at a university in North Texas. The TPB was the basis for the study. Consistent with the model are the findings that 78% of participants experienced anxiety within the last 9 months, and 56% of participants experienced depression in the last 9 months. The results of the interview portion of the study included two female professors who observed their students' mental health conditions and encouraged those students to seek professional help. The university may want to find accelerated strategies to serve students with anxiety and depression. University policymakers, administrators, and students will benefit from this study by receiving data on mental health services that could allow for more affordable, online mental health interventions to promote positive attitudes and productive behaviors toward their conditions. This study allows for a better understanding of how the university services students who suffer from mental health illnesses and possible strategies for improvement.

Methods

As mentioned previously, the COVID-19 pandemic made it difficult to communicate and recruit participants for this study resulting in a low sample size. In this study, I used an instrumental case study method. This method allowed for the investigation of a phenomenon within a specific context (Merriam, 1998). Yin (2009) suggested that a case study into a holistic contemporary phenomenon within a real-life context addresses the "how" or "why" questions

directed at understanding the phenomenon of concern. This type of study is common in educational research.

Furthermore, I used collective resources to explore the nature of the phenomenon to gain general knowledge and understanding (Feagin et al., 1991). For this study, the TPB was used as a guide for interpreting general knowledge and understanding. The collective sources included a questionnaire and interview transcripts. The study was conducted at a university in North Texas and undertook a pragmatic approach to understand participants' values and answers to questions about mental illnesses and possible solutions. The approach took place via virtual interactions.

As mentioned earlier, I am a former student of this university. I suffered from anxiety and depression without an outlet for help on-campus. Also, I have been a part of teams and groups, in which team members have expressed similar concern about anxiety and depression and feeling alone within the context of a Christian university. This research study is personal to me; yet, I am hopeful that the outcome of this study will be beneficial to others by continuing the conversation of mental illness in this setting as well as offering possible strategies for improvement.

Implications for Mental Health Practitioners

The role of mental health practitioners is more critical than ever. Today, we live in a world that overlooks and undermines mental health—especially for college students, because they are perceived to be young and without worries (Shea et al., 2019). However, college students who suffer from psychological distress, such as anxiety and/or depression, will need more support from licensed professional counselors to decrease these disorders and the stigma associated with seek a counselor (Jennings et al., 2017). The pressure of finding and maintaining financial responsibility, making the dean's list, and finding their social identity is a lot for many students.

Mental health practitioners are encouraged to find ways to collaborate with U.S. colleges and universities and offer their services. Quan-Lorey (2017) suggested there are many college institutions that do not want the liability of offering these services solely on their own and would like some professional assistance. Practical help and social support from mental health practitioners are seen as important by college students to help them cope with issues (Vescovelli et al., 2017). In addition to helping individual students cope with their issues, the goal is for students to share their experiences with their counselor and how the counselor helped to decrease anxiety and depression for them. Vescovelli et al. (2017) argued that having a culture of transparency and support for one another's needs will create a healthy college atmosphere for students, faculty, and staff.

According to Williams et al. (2018), there is an increased need for mental health workers as mental illness is a significant public health issue. The knowledge and experience of more eligible and professional mental health workers are what colleges and students require. The consequence of colleges and universities not offering or collaborating with mental health practitioners is severe and may lead to harmful results (Lewis & Huynh, 2017). Mental health practitioners can help decrease the stigma and negative attitudes that lead to undesirable behaviors described by faculty members who participated in the study.

Implications for Higher Education

A lack of understanding or failure to notice when a student's mental health is at risk may be one of the reasons educators have not allocated more resources for mental health. Today, higher education is seeing an increase in the number of students who experience mental health issues (Lewis & Huynh, 2017). In particular, this study discovered that undergraduate students have experienced mental health concerns within the last 9 months. The results of this study were

consistent with the literature review (Nam et al., 2018) suggesting that there is an increase in undergraduate students with mental health concerns. According to this study, if several undergraduate students are dealing with anxiety and depression consistently, then it is hoped the university would intervene and allocate resources to this group of students.

Faculty have a voice in helping to create a safe and comfortable environment that allows students to express their concerns about their conditions. The TPB asserts that negative behaviors are frequently caused by irregular norms and negative attitudes concerning their conditions (Rezapur-Shahkolai et al., 2020). Higher education has not fully demonstrated a high level of concern for undergraduates who experience mental health or other psychological disorders during their tenure at institutions of higher learning (Williams et al., 2018).

The TPB can be used by the university to recognize the need to address students' attitudes and perceptions about their psychological disorder(s) to improve behavior and academic performance (Ajzen, 1991). For example, the university does not place a high priority on catering to the mental health needs of students; however, to achieve more desirable behavior of students (i.e., increased academic performance) the TPB would content that the university must earn the perception of students that it is exhausting all efforts to support their mental health needs.

As suggested by one interviewee, the university will need to take the initiative to produce mental health services available through the university or contract third-party mental health services for students. The TPB suggested the stigma of performing a behavior will cause an individual to hesitate and oftentimes avoid executing the behavior (Kass et al., 2017). I believe that once the university begins to innovate these mental health services and advertise these services regularly, then students will have a broader scope of available help for their mental

health struggles without dealing with the social consequences or stigma of suffering from psychological disorders. The desirable outcome of this study is for the university, and other universities with similar barriers, to create a healthy and welcoming environment for all students and the mental illnesses that are connected to them.

Limitations

The limitations of the study were that the study was only held at one higher education institution and faculty members may only have experience at one institution. Because this case study involved only one college campus, participation was not extremely high. I had to depend on the approval of one campus, which caused concern about being able to recruit enough participants to have a valid, reliable study sample. As a result, I cannot compare the results of students, faculty, or the university's mental health resources to other colleges in North Texas.

Another limitation was that participating faculty members did not offer demographic information for students they came into contact with who experienced mental illnesses. For example, there is limited to no information on whether their students who expressed mental health concerns were male or female nor their ethnicity.

Finally, this study only included undergraduate students. It is possible that if the study were open for graduate students to participate, then it may have caused a larger target population and sample size. Also, the number of faculty participants may have been a limitation. Both participants were women who identified as minorities.

Recommendations

It is recommended that future studies continue to use the TPB to further understand how attitudes and intentions impact one's behavior(s). Also, I recommend future studies be held at more than one college or university. Future works will need to explore more institutions to be

able to contrast and compare which resources are available for mental illnesses, if any, and how those resources are allocated to undergraduate students. Also, it will be imperative for future works to include both undergraduate and graduate students. This larger population will create a more in-depth study and allow for themes to emerge.

Also, it would be interesting to include more faculty members in either the questionnaire or in the interview process. I believe that had more members of faculty been involved, there may have been further experiences with students who confided in them about their mental health concerns. Future studies will also need to include male faculty participants to gain their experience when dealing with students expressing their mental health concerns. This study is a good start to spark future studies and conversations around mental health issues for college students; however, there will need to be improvements in the population size for both students and faculty.

Conclusion

This study was grounded on the theory of planned behavior as attitudes, perception, norms, and intentions impact behaviors displayed by students. The notion of undergraduate students with mental illnesses or other psychological disorders is deeply rooted in the limited information these students have about their condition(s). Motivating factors for some students receiving the correct information about their condition and/or possible resources is connected to members of faculty and administrators being aware of their students' conduct and being a listening ear when or if that time comes for a student to confide in them.

If students' mental health issues are important to colleges and universities across the nation, then the realm of higher education still has work to do to help bridge the gap between students, faculty, and administrators. However, if student's mental health is not a consistent

concern of the leaders of higher education, and some colleges and universities do not offer students as many resources as possible, then there is still work to do to advance the communication and relationship between the university and students.

The results of this study indicated that 78% of undergraduate students experienced anxiety within the past 9 months. Also, 56% of undergraduate students experienced depression within the past 9 months. However, the shocking statistic was that 67% of these undergraduate students had experienced telehealth services. This statistic may suggest that several students have experienced anxiety, depression, and/or other psychological disorders and have decided to act and seek help through online services.

As mentioned earlier in Chapter 1, and as an active adjunct faculty member and a graduate student at this university, I conducted this study in the hope that it will touch the lives of students and let them know their university is here to support their needs. I am also hopeful the results of this study will bring more awareness to the number of students who experience psychological distresses. The ultimate goal is to promote positive attitudes, subjective norms, perceptions, and intentions that will foster productive behaviors and a better academic experience.

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Appendix A: Student Questionnaires

1. **What is your ethnic background? (Please select one)**
   a. American Indian or Alaska Native
   b. Asian
   c. Black or African American
   d. White or Caucasian
   e. Hispanic or Latino
   f. Native Hawaiian
   g. Other _____?
   h. Prefer not to answer

2. **What is your gender? (Please select one)**
   a. Male
   b. Female
   c. Prefer not to answer

3. **What is your age? (Please select one)**
   a. 18 to 24
   b. 25 to 34
   c. 35 to 44
   d. 45 to 54
   e. 55 or older
   f. Prefer not to answer

4. **What is your major at this university? (Please select one)**
   a. Professional Development
   b. Accounting
   c. General Business
   d. Management
   e. Project Management
   f. Human Relations/Business
   g. Management Accounting
   h. Applied Studies
   i. Prefer not to answer

5. **How many credit hours have you completed at this university? (Please select one)**

    a. None. This is my first session at this university

    b. 3 to 12

    c. 15 to 30

    d. 33 to 60

    e. 63 to 90

    f. 93 or more

    g. Prefer not to answer

Survey Questions

Please circle ALL answers:

1. **Have you experienced anxiety, depression, or any other mental health concerns in the past 9 months:**

    a. Anxiety: Yes/No

        ii. How often does *anxiety* impact your ability to function normally? Never Sometimes   Frequently

        iii. Have you received diagnosis from a professional? Yes/No

    b. Depression: Yes/No

        iv. How often does *depression* impact your ability to function normally? Never   Sometimes   Frequently

        v. Have you received diagnosis from a professional? Yes/No

    c. Eating Disorder: Yes/No

        vi. How often does *eating disorders* impact your ability to function normally? Never   Sometimes   Frequently

        vii. Have you received diagnosis from a professional? Yes/No

    d. Other Mental Health Concerns: _____?

        viii. To what degree has this issue affected your ability to function normally? Never   Sometimes   Frequently

        ix. Have you received diagnosis from a professional? Yes/No

2. How might these relate to the impacts of the current COVID-19 pandemic?

    a. None

    b. Occasionally

    c. Frequently

    d. Prefer not to answer

3. What resources have you explored to help you address or cope with these issues? (Please select one.)

    e. A licensed professional counselor

    f. My church/synagogue pastor/rabbi/minister

    g. My best friend(s)

    h. A family member(s)

    i. A licensed professional psychiatrist

    j. Other (Please describe)

    k. None. I've dealt with things myself.

4. Have you used, or would you consider using online mental health services (telemental health services)?   Yes/No

    b. If you answered "Yes," how you would rate the usefulness of that service?

       Not Useful   Really helped

    c. Would you use an online telemental health services again if you felt the need?

       Yes/No

5. Do you have any additional comments or feedback that you would like to provide to us regarding mental health issues and available resources? Yes/No

      Comments:

Appendix B: Faculty Interview Questions

Demographic Questions

1. **What is your ethnic background? (Please select one)**

    a. American Indian or Alaska Native

    b. Asian

    c. Black or African American

    d. White or Caucasian

    e. Hispanic or Latino

    f. Native Hawaiian

    g. Other _____?

    h. Prefer not to answer

2. **What is your gender? (Please select one)**

    a. Male

    b. Female

    c. Prefer not to answer

3. **What is your age? (Please select one)**

    a. 18 to 24

    b. 25 to 34

    c. 35 to 44

    d. 45 to 54

    e. 55 or older

    f. Prefer not to answer

4. **What undergraduate discipline do you teach within at this university? (Please select one)**

    a. Business

    b Counseling/Human Behavior

    c. Interdisciplinary

    d. Prefer not to answer

5. **How many years have you been an instructor at this university? (Please select one)**

    g. 1 to 5 years

    h. 5 to 10 years

    i. 10 to 15 years

    j. More than 15 years

    k. Prefer not to answer

Interview Questions:

1. How are the attitudes of undergraduate students connected with their experiences with mental health issues: such as anxiety, depression, and/or eating disorders with you? If so, can you provide examples of how you helped them cope with such issue(s)?

2. In your perception, how might these experiences relate to the impacts of the current COVID-19 pandemic?

3. What resources do students value or explore to help them address or cope with mental illness?

4. Are you familiar with undergraduate students considering using online mental health services (telehealth services)?

5. If telehealth services were provided, how could faculty help students become more aware of such services?

Appendix C: IRB Approval

ABILENE CHRISTIAN UNIVERSITY
Educating Students for Christian Service and Leadership Throughout the World

Office of Research and Sponsored Programs
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103
325-674-2885

January 25, 2021

LeAndrian Wright
Department of Grad and Professional Studies
Abilene Christian University

Dear Lee,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled "Exploring online mental health services: A qualitative study for first-year college students",

(IRB# 21-001   )is exempt from review under Federal Policy for the Protection of Human Subjects.

If at any time the details of this project change, please resubmit to the IRB so the committee can determine whether or not the exempt status is still applicable.

I wish you well with your work.

Sincerely,

Megan Roth

Megan Roth, Ph.D.
Director of Research and Sponsored Programs

Appendix D: Email to Potential Student Participants

Good afternoon,

One of our adjunct faculty members has asked to conduct a brief survey of undergraduate students to help him (and us) better understand the nature of the mental health issues and resources available for our students during this COVID-19 pandemic. He is looking for volunteers to participate in this research study to discover what mental health issues are impacting you, and how you are being affected by those issues. The results of this study will be completely confidential. Your identification and answers will be thoroughly protected.

This study will consist of a survey questionnaire composed of five questions. The questionnaire will be short in length (10-15 minutes); yet, will require your thoughtful responses. If you are interested in volunteering, please respond to this email with your written acceptance to participate. Once we have your acceptance, you will be issued a consent form. Please read all details of the study, electronically sign the form, and send it to the faculty member at LWright@xxx.edu. Once received, a questionnaire will be sent to you directly from this professor's university email address (i.e., LWright@xxx.edu). He would like for you to return the completed questionnaire within five days after receipt. Your responses will be used for study purposes only in Professor Wright's dissertation; and reviewed at a summary level, by university administration. Your surveys will be destroyed once the data has been compiled.

Please be sure to let us know as soon as possible if you are willing to volunteer for this important and timely study. The deadline for volunteering is midnight, February 5, 2021.

We look forward to receiving your feedback on this critically important topic. This is your opportunity to assist in our professor's research efforts and secondarily, to enable university in understanding more clearly the mental health issues faced by our undergraduate students.

Respectfully,

Dr. XXX, Academic Dean

Appendix E: Email to Potential Faculty Participants

Good afternoon,

One of our adjunct faculty members has asked to conduct a brief interview of university faculty members to help him (and us) better understand the nature of the mental health issues and resources available for our students during this COVID-19 pandemic. He is looking for volunteers to participate in this research study to discover what mental health issues are impacting you, and how you are being affected by those issues. The results of this study will be completely confidential. Your identification and answers will be thoroughly protected.

This study will consist of an interview with a maximum of one hour. The interview will be short in length (10-15 minutes); yet, it will require your thoughtful responses. If you are interested in volunteering, please respond to this email with your written acceptance to participate. Once we have your acceptance, you will be issued a consent form. Please read all details of the study, electronically sign the form, and send it to the faculty member at LWright@xxx.edu. Once received, the researcher will reach out to schedule the interview directly from this professor's university email address (i.e., LWright@xxx.edu). Your responses will be used for study purposes only in Professor Wright's dissertation; and reviewed at a summary level, by university administration. Your surveys will be destroyed once the data has been compiled.

Please be sure to let us know as soon as possible if you are willing to volunteer for this important and timely study. The deadline for volunteering is midnight, February 5, 2021.

We look forward to receiving your feedback on this critically important topic. This is your opportunity to assist in our professor's research efforts and secondarily, to enable our university in understanding more clearly the mental health issues faced by our undergraduate students.

Respectfully,

LeAndrian Wright