



California Community College Faculty and Staff Help Address Student Mental Health Issues

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Mental health challenges among college and university students pose a significant public health threat in the United States. Indeed, mental disorders—which typically manifest by young adulthood (Kessler et al., 2005; Merikangas et al., 2010)—account for almost half of the disease burden for this age group in the United States (Mathers, Fat, and Boerma, 2008). Without treatment for their mental health problems, college students may face a difficult transition to adulthood and a range of long-lasting consequences, such as lower academic achievement and graduation rates (Breslau et al., 2008; King et al., 2006); higher rates of substance misuse (Angst, 1996; Weitzman, 2004) and alcohol abuse (Dawson et al., 2005); greater levels of social impairment and difficulties with close relationships (Druss et al., 2009), including an increased risk of divorce; and lower lifetime earning potential (Ettner, Frank, and Kessler, 1997; Kessler, Walters, and Forthofer, 1998; Kessler et al., 1995; Smith and Smith, 2010). In the face of this serious concern, the higher education environment offers a unique opportunity to reach a large number of people and provide support for mental health during an important developmental period of life.

To help students prepare to meet the increased psychological demands required in modern life and succeed academically, colleges and universities have assumed an increasingly important role in addressing the mental health needs of students (University of California Office of the President, 2016). For instance, President Barack Obama’s fiscal year 2014 budget included a “\$130 million initiative to help teachers and other adults recognize signs of mental illness in students and refer them to help if needed, support innovative state-based programs to improve mental health outcomes for young people ages 16-to-25, and help train 5,000 additional mental health professionals with a focus on serving students and young adults” (White House, 2013). Given the unique nature of the college campus, faculty and staff who regularly interact with students are well positioned to help prevent mental health problems from arising (e.g., by

identifying at-risk behaviors, educating students about mental health issues, and combating stigma associated with mental illness) and to intervene when they do (e.g., by referring students to appropriate mental health services). Indeed, numerous training programs and campaigns have emerged in recent years to support faculty and staff in playing a critical gatekeeper role on campuses (Eisenberg, Hunt, and Speer, 2012; examples of programs are At-Risk for Faculty and Staff [Kognito, undated] and Campus Connect [Syracuse University Counseling Center, undated]). Additionally, faculty members who are aware of and understand the emotional needs of their students add to students’ positive perceptions of the educational environment (Rowbatham, 2010).

Key Findings

- Community college students experience mental health challenges and adverse circumstances (e.g., homelessness) that put them at risk for ongoing problems.
- Most faculty and staff acknowledge concerns about the mental health of students on their campuses, and many take action to help students with mental health needs.
- Most faculty and staff surveyed in 2017 held favorable views of their campuses’ student mental health services, with positive perceptions increasing since 2013.
- Just over half of faculty and staff surveyed reported that their campuses are actively putting into place training programs to help faculty and staff recognize and respond to students with mental health needs.
- In the six months prior to the survey, only a quarter of faculty and staff participated in trainings on how to better support students with mental health problems.
- Continued efforts are needed to ensure that faculty and staff are equipped to address student mental health issues on campus.

With funding from California's Mental Health Services Act (Proposition 63), California counties began working together in 2011 to develop and implement a series of statewide mental illness prevention and early intervention initiatives (PEIs), one of which was aimed at improving student mental health in the 114-campus California Community Colleges (CCC) system. The California Mental Health Services Authority's (CalMHSA's) student mental health initiative included a range of PEI activities, such as training students, staff, and faculty in empirically supported approaches to recognizing and supporting individuals with mental health problems (Albright et al., 2013; Hadlaczky et al., 2014) and conducting campus trainings and social media campaigns to reduce stigma around mental health issues and to motivate students, faculty, and staff to help others (Active Minds, undated). In addition, the CCC Student Mental Health Program (SMHP), a statewide PEI initiative funded by Proposition 63 to improve student mental health across all 114 CCC campuses, awarded campus-based grants to 30 CCC campuses to expand and enhance their capacity to address the mental health PEI needs of their students, faculty, and staff. The goals of these activities were to enhance the campus climate with respect to awareness of and a supportive environment around mental health issues and to help campuses reach and support students in need of mental health services sooner, before a problem becomes a crisis.

As part of an ongoing evaluation of CalMHSA's student mental health initiative, the RAND Corporation conducted a multiwave, campus-wide online survey of CCC students, faculty, and staff. The survey was designed to assess change over time in (1) campus experiences and attitudes related to student mental health, (2) perceptions of how campuses are serving students' mental health needs, and (3) perceptions of the overall campus climate toward student mental health and well-being (for prior reports, see Sontag-Padilla et al., 2014; Sontag-Padilla et al., 2016; Dunbar et al., 2017). The goal of this report is to determine the preliminary impact of CalMHSA's PEI activities on improvements in the knowledge, attitudes, and behaviors of faculty and staff over time regarding supporting students' mental health needs on their campuses.

Methods

Sample

RAND conducted three waves of an anonymous, online survey among students, faculty, and staff at a subset of CCC campuses, in 2013, 2014, and 2017. Participating campuses distributed email invitations to complete the online survey to students, staff, and faculty. Some campuses invited all students, staff, and faculty via email blasts, while other campuses opted to invite a random sample as a way to minimize survey burden on their campuses. Up to three reminder emails were sent following the initial survey invitation to encourage participation in the survey.

For wave 1 and wave 2 of the survey, CCC leaders invited a subset of their campuses to participate (30 campuses with SMHP-awarded campus-based grants and 30 campuses without campus-based grants). Ultimately, 34 campuses participated in wave 1 and 16 campuses participated in wave 2. CCC invited campuses that participated in both wave 1 and wave 2 of the survey ($n = 13$ out of 34) to participate in wave 3 of the survey; eight campuses agreed to distribute survey invitations to their students and to their faculty and staff. To assess change over time in our outcomes of interest, only those eight campuses that participated in wave 3 and at least one of the other two waves were included in the analytic sample of this report. These campuses, which reflect various campus sizes, draw primarily from the southern, central coast, and desert regions of California. The study was approved by RAND's institutional review board and the respective boards of the participating institutions, as needed.

Measures

RAND developed the two surveys (one for students and one for faculty and staff) in collaboration with the CalMHSA program partners (e.g., representatives from the University of California's Office of the President or the CCC's Chancellor's Office) who were part of the student mental health initiative in the higher education systems. Individual items and scales broadly addressed the following topics: student characteristics and mental health experiences, student mental health care utilization, student perceptions of support and resources for student mental health issues, faculty and staff characteristics, and faculty and staff perceptions of support and resources to help students with mental health needs. RAND derived the majority of the items from standardized and valid measures of student mental health (e.g., the U.S. National Health Interview Survey [NHIS] and the Kessler Psychological Distress Scale [K6]; see Kessler et al., 2003; Kessler et al., 2010), and many of the other items are from measures currently utilized in the California higher education systems (e.g., the National College Health Assessment). For additional information on these measures, refer to prior reports on the student and staff surveys (Sontag-Padilla et al., 2016; Sontag-Padilla et al., 2013). RAND added several items assessing homelessness and housing insecurity among students to the most-recent student survey wave, given the heightened interest within the CCC Chancellor's Office and the CCC campuses regarding this experience. These additional items were derived from established surveys of those domains.

Analysis

Data were weighted using response propensity weights for gender, race/ethnicity, and full-time or part-time student status for each campus, allowing the responses for each campus to more accurately reflect responses that would have been obtained if all students on that campus had responded to the survey. We present cross-wave comparisons for faculty and staff data as a means of addressing system-level change in factors related to support for

student mental health issues. Findings are aggregated across the eight campuses. We performed chi-square significance tests (all variables were categorical) to determine whether the distributions or rates of endorsement of our items of interest varied across waves.

College Students Face Mental Health Challenges

A total of 6,034 students participated in the 2017 survey. Comparing our sample with the CCC student body at-large using demographics publicly available at the system level, our sample, on average, was younger and more heavily female; race/ethnicity groups were comparable. Key demographic information is presented in Table 1; weighted percentages adjust for differences between our sample and the CCC campus populations.

Students reported symptoms of psychological distress over the past 30 days (Table 2). Based on the weighted percentages,

Table 1. Key demographics for student respondents to the 2017 mental health survey

	N	Unweighted Percentage	Weighted Percentage
Total	6,034		
Age			
18–22	3,218	53.33	48.67
23–30	1,726	28.60	27.67
31-40	636	10.54	11.97
41-60	391	6.48	9.13
61 and older	63	1.04	2.56
Gender			
Female	3,939	65.28	53.76
Male	1,970	32.65	45.66
Other	125	2.07	0.59
Race/ethnicity			
White	1,573	26.22	27.26
Latino	2,883	48.06	46.50
Asian	992	16.54	16.46
Black	170	2.83	3.90
Other	381	6.35	5.88
Sexual identity			
Heterosexual	5,092	84.56	85.98
Other	930	15.44	14.02
Primary academic goal			
A certificate	265	4.39	6.33
An associate's degree	1,247	20.67	21.61
Transfer to a four-year school	3,760	62.33	56.31
A bachelor's degree	241	4.00	3.64
All others	519	8.60	12.12

Table 2. Student mental health factors from the 2017 mental health survey

	N	Unweighted Percentage	Weighted Percentage
Psychological distress ^a			
Nervous	1,632	27.06	25.21
Hopeless	891	14.79	14.02
Restless or fidgety	1,780	29.55	28.27
So depressed that nothing could cheer you up	769	12.76	12.68
Mental health care service utilization ^b			
Received services on campus	410	6.79	5.88
Received services off campus	840	13.93	13.94
Homelessness ^c			
Past 30 days	372	6.17	6.27
Past 12 months	453	7.52	7.46
Slept at a friend's or family member's home because had nowhere else to stay			
Past 30 days	449	7.44	7.33
Past 12 months	694	11.51	10.98

^a Categorized as “yes” if answered most or all of the time during past 30 days on psychological distress items.

^b Denominator is full sample (N = 6,111). Categorized as “yes” if service utilization while at students’ current campuses.

^c Homelessness is defined as having spent the night in any of these places because the respondent had nowhere else to stay: in a youth or adult shelter; in a public place, such as a train or bus station, a restaurant, or an office building; in an abandoned building; outside in a park, on the street, under a bridge or overhang, or on a rooftop; in a subway or other public place underground; with someone you did not know because you needed a place to stay; or in a car, truck, or van.

approximately one quarter of students reported being nervous (25 percent) or restless or fidgety (28 percent) most or all of the time. In addition, 14 percent reported being hopeless, and 13 percent reported being so depressed that nothing could cheer them up. These rates are comparable to other reports of mental health status among college students (Adams, Knopf, and Park, 2014; Blanco et al., 2008; Fortney et al., 2017; Hunt and Eisenberg, 2010). When asked about mental health care utilization, approximately 6 percent of participating students reported receiving services on campus, and 14 percent reported receiving services off campus. Finally, approximately 6 percent of students reported being homeless in the past 30 days, and more than 7 percent in the past 12 months, comparable to rates of displaced students reported by a study across the California State University system in 2016 (Crutchfield, 2016).

Faculty and Staff Support Student Mental Health Issues

Among those campuses that participated in at least two of the three waves of the survey, a total of 942 faculty and staff completed the survey in 2013, 812 faculty and staff in 2014, and 1,132 faculty and staff in 2017. In 2017, the majority of participants were either full-time faculty (33 percent) or part-time or adjunct faculty (32 percent), followed by other staff (28 percent) and administrators (7 percent). These rates were comparable to the distribution of participants in the 2013 and 2014 surveys. The average number of years as faculty or staff on campus ranged from 11.4 to 12.0 across the three surveys.

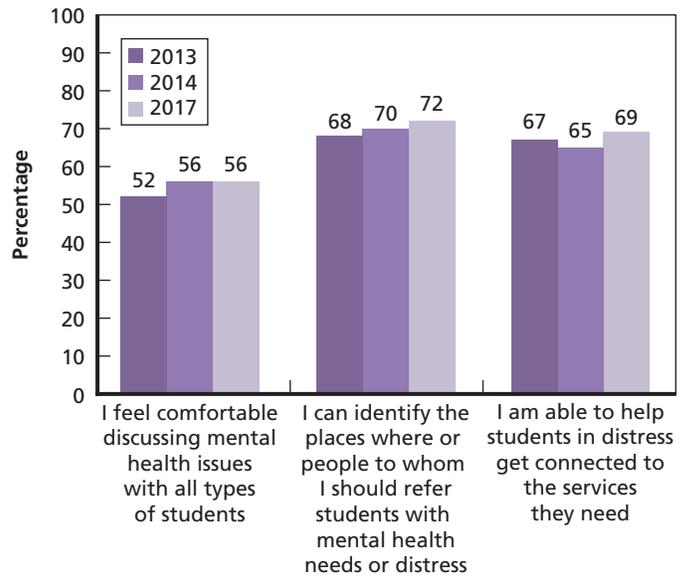
In all survey years, faculty and staff consistently reported support for student mental health issues on their campuses. In 2017, most faculty and staff (68 percent) reported being concerned about one or more students' mental health within the past six months, compared with the 2013 survey, when 70 percent of faculty and staff reported being concerned ($p < 0.0001$). Many faculty and staff also take action to help students with mental health needs. Among survey respondents, 69 percent of faculty and staff in 2017 reported talking to a student about mental health problems within the past six months, down slightly from 72 percent in 2013, and 51 percent of faculty and staff referred one or more students to mental health or support services within the past six months, compared with 52 percent in 2013 ($p < 0.001$).

Many faculty and staff still have concerns with respect to their ability to help students with mental health needs. In 2017, less than half of faculty and staff (41 percent) felt confident in their ability to help students address mental health issues, which has remained fairly constant since 2013 (40 percent), and 56 percent felt comfortable discussing mental health issues with all types of students (although this increased from 52 percent in 2013; $p < 0.001$) (see Figure 1). Despite concerns about their ability to help, most faculty and staff felt confident in their abilities to refer students with mental health needs to appropriate resources (see Figure 1). Nearly three-quarters (72 percent) of faculty and staff agreed that they could identify the places where or people to whom they should refer students with mental health needs or distress, which improved from 68 percent in 2013. Similarly, in 2017, most faculty and staff (69 percent) agreed that they are able to help students in distress get connected to the services they need (compared with approximately 67 percent in 2013; $p < 0.01$).

Campuses Help Faculty and Staff Better Support Students with Mental Health Needs

Most faculty and staff hold favorable views of their campuses' student mental health services, with positive perceptions increasing since 2013, as shown in Figure 2. In 2017, approximately two-thirds of faculty and staff agreed that their campuses provide adequate mental health counseling and support services for students and felt that their campuses provide effective confidential

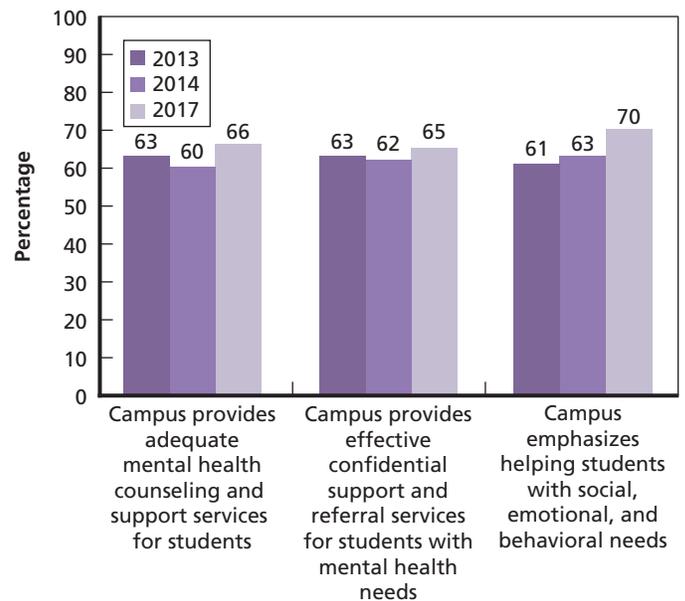
Figure 1. Faculty and staff report improvements in confidence in helping students with mental health challenges since 2013



NOTE: All 2017 percentages are significantly different from 2013 percentages at $p < 0.01$ or $p < 0.0001$.

RAND RR2248-1

Figure 2. Majority of faculty and staff hold favorable views of their campuses' student mental health services, with positive perceptions increasing since 2013



NOTE: All 2017 percentages are significantly different from 2013 and 2014 percentages at $p < 0.0001$.

RAND RR2248-2

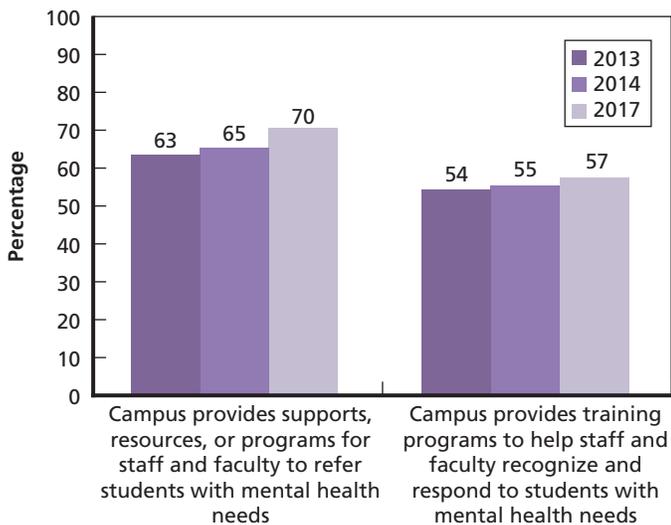
support and referral services for students needing help because of depression, stress, substance use, violence, or other emotional issues. Additionally, 70 percent of faculty and staff felt that their campus emphasizes helping students with their social, emotional, and behavioral needs. All of these positive perceptions have shown modest increases since the first survey of faculty and staff in 2013.

Many faculty and staff also recognize that their campuses are actively taking steps to support faculty and staff in their efforts to help students with mental health needs. Figure 3 shows faculty and staff perceptions of campus support for helping them address student mental health concerns. Over two-thirds (70 percent) of faculty and staff reported that their campuses are actively putting into place supports, resources, or programs for staff and faculty to refer students with mental health needs. However, only 57 percent reported that their campuses are actively putting into place training programs to help staff and faculty recognize and respond to students with mental health needs. Both of these percentages are up from 2013 ($p < 0.0001$) and 2014 ($p < 0.01$).

Room for Improvement in Faculty and Staff Use of Resources to Support Students' Mental Health Needs

Only a minority of faculty and staff reported utilizing resources aimed at helping them to better assist students with mental health needs, with rates of participation decreasing since 2013. Approximately one-quarter (24 percent) of faculty and staff reported accessing information about student mental health through their campuses' websites. This is down from the 28 per-

Figure 3. Faculty and staff report that campuses are actively taking steps to help them in their efforts to help students with mental health needs



NOTE: 2017 percentages are significantly different from 2013 percentages at $p < 0.0001$; 2017 percentages are different from 2014 percentages for supports, resources, or programs at $p < 0.0001$ and for training programs at $p < 0.01$.

RAND RR2248-3

cent of faculty and staff who reported accessing online information in 2013 ($p < 0.0001$). Approximately one-quarter (26 percent) of faculty and staff attended training on how to better support students with mental health problems within the past six months. This is also down from the 37 percent of faculty and staff who reported attending such trainings in 2013 ($p < 0.0001$). When asked about reasons for not attending training in 2017, the most common responses were the following: did not know what trainings were offered (50 percent), too busy to participate (38 percent), trainings did not accommodate schedule (34 percent), and training is not required (23 percent).

Discussion

Consistent with prior studies of higher education populations, our survey findings demonstrate that community college students experience mental health challenges and adverse circumstances (e.g., homelessness) that put them at risk for ongoing problems. College faculty and staff are in a unique position to help identify college students at risk for mental illness and help connect them to necessary services or treatment. At a time of increased attention and resources to support faculty and staff to better serve the social, emotional, and psychological needs of students, RAND conducted a three-wave survey to understand the current climate around student mental health issues among CCC faculty and staff.

Most faculty and staff acknowledge concerns about the mental health of students on their campuses, and many take action to help students with mental health needs. Although many faculty and staff still had concerns with respect to their ability to help students with mental health needs, most reported feeling confident in their abilities to refer students with mental health needs to appropriate resources. Moreover, we have seen improvements in the self-efficacy of faculty and staff since 2013.

Although these findings are promising, they suggest the need to continue to provide faculty and staff with resources to bolster their skill sets and, in turn, their confidence in helping students address mental health issues. This may include additional online or in-person gatekeeper trainings, awareness campaigns around the role of faculty and staff in helping students, and dissemination of existing information (e.g., online clearinghouses or community resources) on student mental health issues.

In response to the perceived benefits of CalMHSA investments in supporting early intervention and suicide prevention efforts across the CCC campuses, the CCC Chancellor's Office has continued to support the online Kognito gatekeeper training program for students, faculty, and staff on 104 CCC campuses (Kognito, undated). Kognito's gatekeeper training is an interactive role-play simulation for students, faculty, and staff that builds awareness, knowledge, and skills about mental health and suicide prevention and prepares users to lead real-life conversations with students in distress and connect them with support. During the fall of 2017, the Chancellor's Office engaged in a large-scale promotional effort to increase Kognito usage over

several months. CCC told the RAND study team that there are more than 60,000 current and past users.

Encouragingly, most faculty and staff surveyed in 2017 held favorable views of their campuses' student mental health services, with positive perceptions increasing since 2013. Specifically, faculty and staff felt that their campuses provide adequate and effective mental health counseling and support services for students in need and that campuses emphasize helping students with their social, emotional, and behavioral needs. This is particularly important as college students continue to face mental health challenges at alarming rates.

Despite these promising findings, our survey results suggest several areas for improvement. Just over half of faculty and staff surveyed reported that they were aware their campuses are actively putting into place training programs to help them recognize and respond to students with mental health needs. Moreover, in the six months prior to the survey, only about one-quarter (26 percent) of faculty and staff participated in trainings on how to better support students with mental health problems. This rate is down from the 37 percent who reported attending such trainings in 2013. The most common reason for not attending was related to awareness (50 percent did not know what trainings were offered), as well as finding time to devote to trainings. Improving marketing and dissemination of training information is one step to increase engagement in trainings among faculty and staff. Additionally, given that one-quarter of faculty and staff reported not attending trainings in 2017 because it was not required, colleges could consider making such training mandatory as a way to increase engagement.

Although findings suggest that more faculty and staff should be taking advantage of trainings offered by their campuses or the CCC system, it is unclear whether our findings are due to low levels of awareness of existing opportunities or decreases in available programs and resources because of changes in the funding climate (e.g., the expiration of CalMHSA funding for campus-based grants in 2015 to expand and enhance their capacity on campus and through community linkages to address the mental health PEI needs of students, faculty, and staff). Decreases in rates of training participation may also be because unmet need for training is decreasing over time. That is, there are fewer faculty who have not been trained at each assessment.

Regardless, through relatively low effort, campuses have the ability to increase awareness among their faculty and staff about existing training opportunities available both on campus and online through the CCC system (e.g., CalMHSA funded the creation of the SMHP website, www.cccstudentmentalhealth.org, as an online clearinghouse of resources, trainings, and technical assistance for CCC). Given that only about half of faculty and staff felt confident in their abilities to help students with mental

health needs, offering trainings in multiple formats (e.g., online seminars, individualized programs, group sessions) may increase the likelihood of participation among faculty and staff, reduce barriers related to finding time in faculty and staff members' busy schedules, and ultimately help bolster competence and confidence in providing help to students.

Limitations

Although several of our findings are promising, they should be interpreted within the context of the limitations of the study. First, although we attempted to address selection bias at the faculty and staff level, in part by weighting the sample to more closely resemble each campus's faculty and staff body, not all campuses invited all faculty and staff to participate, and we have no information about the characteristics of nonrespondents. Furthermore, the respondent sample varies from wave to wave. Although our approach to surveying a convenience sample was similar to that of other large higher education surveys (American College Health Association, undated, 2010; Boynton Health Service, 2012; Higher Education Research Institute, undated, 2014), our use of a convenience sample limits our ability to generalize our findings to all campus communities or to nonparticipating campuses. Moreover, we rely on faculty and staff self-reports and do not have objective information regarding campuses' availability of resources for faculty and staff (e.g., trainings, education, awareness campaigns) to support students with mental health needs, nor do we know whether the resources being provided by campuses were supported by CalMHSA PEI activities. Any interpretation of findings should be made within these contexts.

Conclusions

In the face of continued mental health challenges among college students, findings from this study suggest that knowledge, skills, and confidence around supporting students' mental health needs may have improved among faculty and staff across a subset of CCC campuses. Community college campuses have many channels through which they may help ensure that faculty and staff are better equipped to address student mental health issues on campus and ultimately have a positive effect on student mental health. These channels may include efforts to increase faculty and staff engagement in gatekeeper training, programs designed to bolster skills and confidence in identifying students in need of mental health services, and other resources designed to help faculty and staff support students with mental health needs. These promising findings suggest that additional time and resources to continue efforts to support faculty and staff may be a worthwhile effort in supporting students' mental health needs in the long run.

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CalMHSA

The California Mental Health Services Authority (CalMHSA) is an organization of county governments working to improve mental health outcomes for individuals, families, and communities. Prevention and early intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop. 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.

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