

Equity and Mental Health in California Community Colleges: Data from the Healthy Minds Survey

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INTRODUCTION

In this brief, we examine mental health survey data from fourteen California community colleges (CCCs) that participated in the Spring 2022 Healthy Minds Study (HMS). We compare the CCC cohort to national CC students who participated in the 2021-2022 academic year, and focus particularly on CCC student populations whose mental health needs have traditionally been underserved: students of color, students with disabilities, students identifying as lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual or aromantic (LGBTQIA+), and first-generation (FG) college students. We present data on mental health status, treatment utilization, and attitudes related to help-seeking to highlight institutional opportunities to establish equitable mental health support for CCC students. These findings are just one step towards exploring the diversity of mental health needs among CCC students, and future work will need to examine other aspects of students' identities and their intersections.



BACKGROUND

The CCC Vision for Success outlines a framework, Guided Pathways, for all efforts to improve equitable student outcomes (California Community College Chancellor's Office, 2023; 2024). This framework calls for campus practitioners and leaders to analyze existing college structures, identify changes necessary to reform those structures, and implement those changes to achieve equitable outcomes for students and communities. Accordingly, for the 2022-2025 Student Equity Plan, colleges were challenged with conducting structural analyses of the myriad aspects of an institution (e.g., policies, processes, practices, and culture) that impede equitable student outcomes across instruction, student success and support programs, business services, or other divisions.

Examining mental health as it relates to race/ethnicity, disability, sexual orientation, gender identity, and first-generation status aligns with these goals. Previous research has documented a variety of disparities affecting these student populations in samples with mainly students at four-year institutions, but there is a lack of recent data specific to community college students in California or elsewhere. In the remainder of this section we provide a brief summary of the research with predominantly four-year institutions.

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Black, Indigenous, and People of Color (BIPOC) students are more likely to be depressed and suffer from more psychological symptoms compared to their white peers and also have lower rates of mental health service utilization (Koo, 2021; Lipson et al., 2022). The lower rate of service use could be in part due to more skeptical attitudes about treatment. BIPOC students also report more negative attitudes toward common mental disorders compared to their white peers, which might reflect less trust toward societal institutions (Eylem et al., 2020; Goodwill & Zhou, 2020; McSpadden, 2022). FG students are at an increased risk for mental health problems stemming from family, financial, and acculturation stress (House et al., 2020). FG students report similar to higher rates of mental health symptoms (varying by context) compared to their continuing-generation (CG) peers (House et al., 2020; Rockwell & Kimel, 2023). FG students' help-seeking behavior is influenced by their cultural background, as they are more likely to seek help from a culturally congruent professional (Payne et al., 2023). While they are significantly less likely to seek help from family and friends compared to their CG peers, they engage their networks to decide where to seek help, and ascertain the quality and the risks involved with asking for help (Jeong et al., 2023; Payne et al., 2023).

LGBTQIA+ college students are at a higher risk of experiencing depression, anxiety, or suicide compared to their heterosexual counterparts (Herridge & Al-Sharif, 2023; The Trevor Project, 2022; Wilson & Liss, 2022). Contrary to other underserved communities, LGBTQIA+ students are 1.87 times more likely to use mental health services compared to heterosexual students, and those with access to mental health services through their college have lower odds of attempting suicide (Dunbar et al., 2017; The Trevor Project, 2022). Moreover, disparities in LGBTQIA+ students' experiences can be mitigated through a supportive campus environment and affirming policies and spaces (Pitcher et al., 2018).

Similarly, students with disabilities have a significantly higher prevalence of depression, anxiety, non-suicidal self-injury, and suicidal risk compared to students without disabilities (Solís García et al., 2024). They are also more likely to seek mental health services compared to students without disabilities.



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DATA FROM THE SPRING 2022 HEALTHY MINDS STUDY

Participant Demographics

CCC participants (n=8,793) are 74% BIPOC students, 34% are first-generation (FG) college students, 21% of students report a diagnosed disability, 18% are LGBTQIA+, and the average age of all participants is 27.5 years old. National CC participants (n=28, 122) are 54% BIPOC students, 32% FG students, 21% are students with a disability and 19% identify as LGBTQIA+, and their average is 27 years old. FG students are defined in this report as students whose parents have attained, at most, a high school degree. Students with disabilities are defined as those who have registered with the office for disability services or those with a diagnosed disability but have not registered. Among CCC students, these groups are compared to their white, continuing-generation (CG), those without disabilities, and cisgender, heterosexual (cis/het) counterparts.

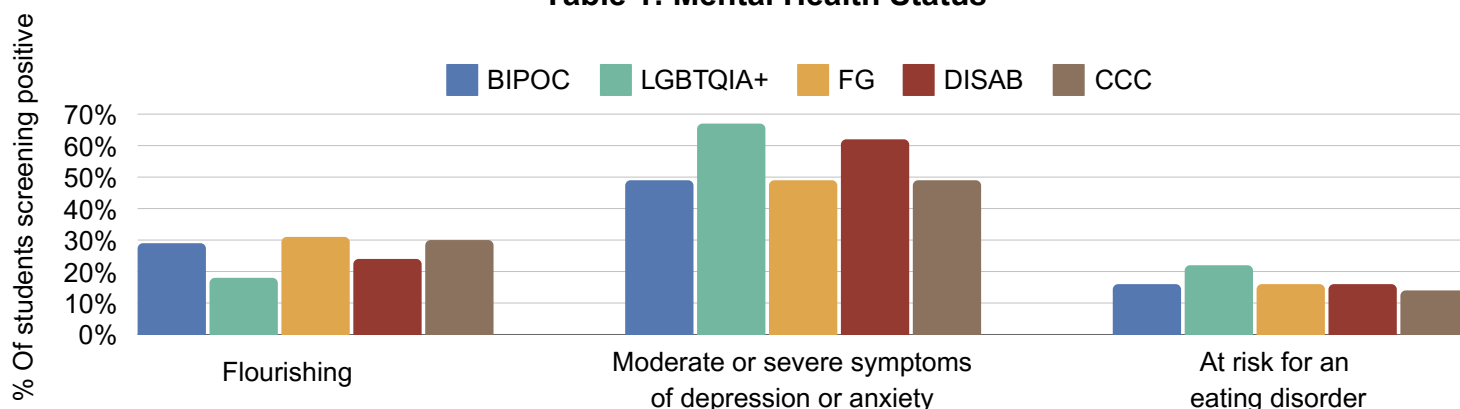
Mental Health Status

CCC and national CC participants are flourishing at similar rates, 30% and 32% respectively. Among CCC participants, white students are flourishing five percentage points higher (34%) than their BIPOC peers (29%) (Table 1). FG and CG students report similar levels of flourishing (31% and 30%, respectively). Stark differences are observed between LGBTQIA+ students (18%) compared to cis/het students (34%), and students with disabilities (24%) compared to students without disabilities (32%).

Forty-nine percent of CCC and 50% of national CC participants report symptoms of moderate or severe depression or anxiety. Among CCC participants, LGBTQIA+ (67%) and students with disabilities (62%) report the highest experiences of moderate or severe symptoms of depression or anxiety compared to their cis/het peers (44%) and students without disabilities (45%) (Table 1). Similar levels of symptoms are reported among BIPOC (49%), white (46%), FG (49%), and CG (49%) students.

Among CCC and national CC participants, 14% are at risk of an eating disorder. All intersectional CCC groups are at a higher risk for an eating disorder than their counterparts: 16% of BIPOC students compared to 11% of white students; 22% of LGBTQIA+ compared to 13% of cis/het students; 16% of FG compared to 14% of CG students; and 16% of students with disabilities compared to 14% of students without a disability (Table 1).

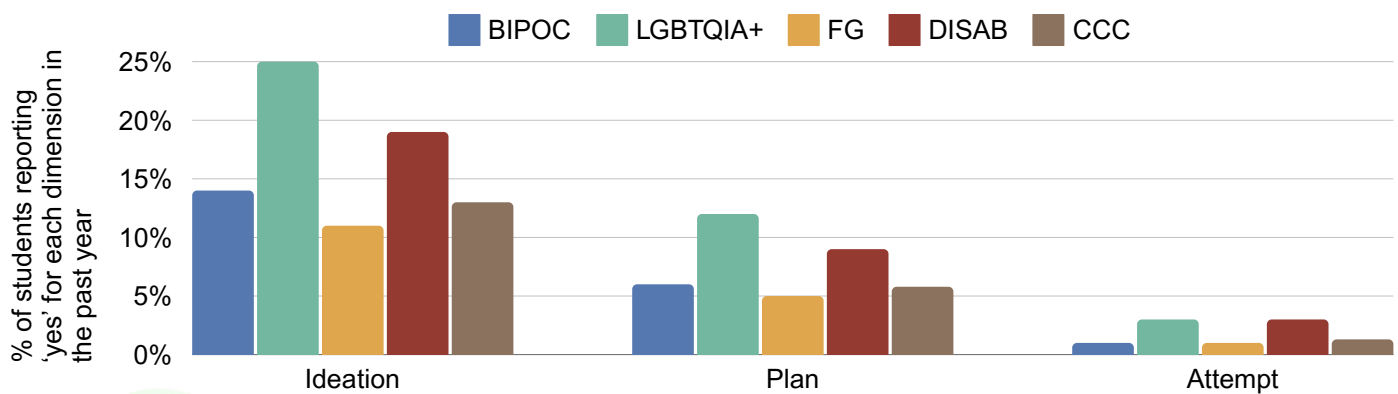
Table 1: Mental Health Status



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Thirteen percent of CCC and national CC participants report suicidal ideation, 6% report planning a suicide and 1% of CCC students report a suicide attempt, compared to 2% of national CC participants, in the past 12 month. Among CCC participants, LGBTQIA+ students report the highest prevalence of suicidal ideation at 25%, and planning a suicide (12%) compared to 10% and 4% reported by their cishet peers (Table 2). Students with disabilities report the next highest level of suicidal ideation (19%) and making a plan (9%) compared to students without disabilities (11% and 5%, respectively). Suicidal ideation is reported by 14% of BIPOC students compared to 11% of white students, and 11% of FG compared to 14% of CG students. These students also report similar levels of making a suicide plan: 6% of BIPOC students compared to 4% of white students, and 5% of FG students compared to 6% of CG students. Across all groups, LGBTIA+ and students with disabilities reported the highest prevalence of attempting suicide in the past year at 3%, compared to 1% reported by the other groups.

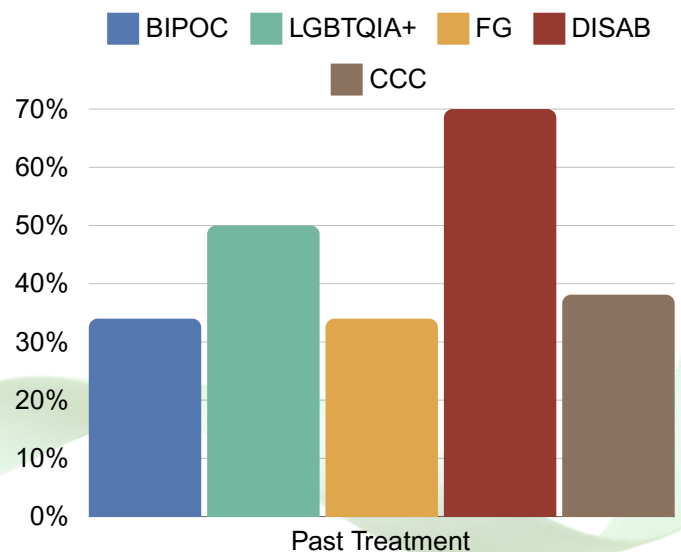
Table 2: Suicidality



Treatment

Thirty-eight percent of CCC and 43% of national CC participants report utilizing mental health treatment in the past year. CCC students with disabilities report the highest prevalence of counseling/therapy or medication use in the past 12 months at 70% compared to 29% reported by students without disabilities (Table 3). Fifty percent of LGBTQIA+ students report utilization compared to 34% of their cishet counterparts. Thirty-four percent of FG students compared to 40% of CG students, and 34% of BIPOC students compared to 48% of white students report utilization in the past year.

Table 3: Therapy, Counseling, or Medication Use In The Past 12 Months



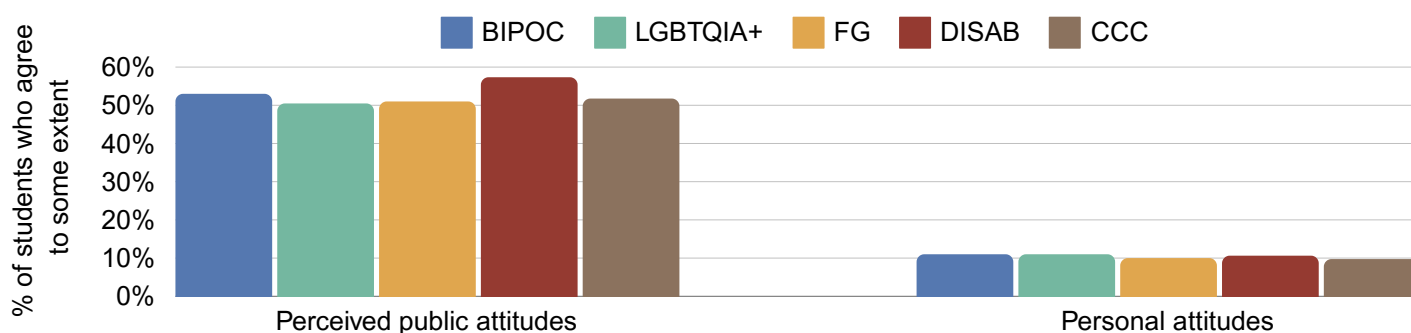
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Attitudes Toward Help-seeking

Perceived public attitudes toward help-seeking is measured by asking students their level of agreement with the statement, “most people think less of a person who has received mental health treatment.” Fifty-two percent of CCC and 49% of national CC participants agree with this statement, believing that most people hold negative attitudes toward those seeking help. Across the CCC groups, 46% to 57% agree to some extent with the statement: 57% of students with disabilities compared to 50% of students without disabilities, 53% of BIPOC students compared to 46% of white students, and 52% of LGBTQIA+ students compared to 50% of cisnet students, (Table 4). FG and CG students report similar levels of agreement: 51% and 52%, respectively.

Personal attitudes toward help-seeking is assessed by asking students their level of agreement with the statement, “I would think less of a person who has received mental health treatment.” Ten percent of CCC and 8% of national CC participants agree with this statement. Among CCC students, 11% of BIPOC students compared to 6% of their white peers, 11% of LGBTQIA+ students compared to 5% of cisnet students, 11% of students with disabilities compared to 9% of students without a disability, and 10% of FG students compared to 9% of CG students would think less of someone who has received mental health treatment.

Table 4: Attitudes Toward Help-seeking



PRACTICE IMPLICATIONS

An equitable approach to mental health should be a top priority of institutions and part of institutional equity goals and reports with mental health experts represented in governance structures and committees to facilitate positive change. The Equity in Mental Health Framework (EMHF), developed by the Jed Foundation and the Steve Fund (2022), addresses mental health inequities and disparities faced by BIPOC students. The framework provides recommendations and practical implementation strategies for leaders in higher education to strengthen mental health support for BIPOC students. For example, one recommendation asks leaders to “engage students to provide guidance and feedback on student mental health and emotional well-being” (Jed Foundation & The Steve Fund, 2022, p. 7). Implementation strategies may include tracking demographic changes to identify groups that are underutilizing services to direct policy and procedure reevaluations to account for student preferences, barriers, as well as, to tailor programming to meet their needs and enhance general support.

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Institutions can mitigate barriers to help-seeking by changing hiring practices so that faculty, staff, and mental health care providers reflect the diversity of the campus, and conduct cultural competency training for all individuals (Jed Foundation & The Steve Fund, 2022). This is crucial as students feel more comfortable interacting with culturally congruent providers and those with similar backgrounds and identities (Bickham, 2023). Nevertheless, there are limited providers from underserved groups and even fewer with intersectional identities. In addition to in-person services, counseling centers should consider contracting with a Telehealth service with a diverse provider network

Diversifying program offerings to focus on the transition to post-secondary and programs that support different identities of the campus community are another way to equitably support student mental health. Particularly, peer support programs, support groups, workshops, and outreach may bridge traditionally underserved students' access to mental health services. These programs can respond to the diversity on campus, and student preferences for help-seeking, while providing an opportunity for students to engage with students of similar backgrounds and identities to enhance their sense of belonging.

Partnering and embedding mental health programming within campus groups and departments that regularly serve underrepresented groups provides an additional layer to support students who may otherwise not access mental health programs or services. For example, institutions partnered with the National Alliance on Mental Illness (NAMI) can request, through the In Our Own Voice program, a live speaker presentation delivered by a person with lived experiences related to mental illness to reduce negative attitudes toward mental health (NAMI, 2024). Other programs such as mental health ambassadors and community helper programs (formerly known as gatekeeper programs) are widely integrated into the campus community and raise awareness about mental health, identify at-risk students, and connect them to services and resources.



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