

Mental Health and Resource Utilization in College Students: A Case Study at Tuskegee University Based on the Healthy Minds Study (2022-2023)

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Received: 📅 2024 Nov 01

Accepted: 📅 2024 Nov 20

Published: 📅 2024 Dec 02

Abstract

This study explores the mental health landscape among Tuskegee University students, focusing on prevalence, treatment, and resource utilization. Using data from the 2022-2023 Healthy Minds Study (HMS), the study aims to provide insights into the mental health needs of students, the barriers to accessing services, and the potential impacts of improved mental health resources on academic outcomes. Findings reveal high prevalence rates of mental health challenges, with a significant portion of students reporting unaddressed needs despite awareness of resources. Recommendations include expanding mental health services and increasing targeted outreach efforts, especially for at-risk groups.

keywords: Mental Health, Healthy Minds, Health Belief Model, academic impairment, awareness

1. Introduction

Mental health challenges have become increasingly prominent among college students, impacting their academic and social lives and long-term career success. Universities play a crucial role in supporting student well-being, with resources such as counseling and outreach programs. The Healthy Minds Study (HMS) provides universities with a comprehensive overview of student mental health, enabling data-driven decisions to improve services and advocate for resources. This study examines the mental health status, treatment engagement, and academic effects among students at Tuskegee University during the 2022-2023 academic year [1].

1.1. Literature Review

Research suggests that mental health issues like anxiety, depression, and stress are prevalent in college populations, with an estimated 39% of U.S. college students experiencing some form of mental health challenge [2]. Access to mental health services can improve students' academic performance and retention rates [3]. Studies also indicate barriers, including stigma, lack of awareness, and resource scarcity, which contribute to the treatment gap. Institutions that prioritize mental health by providing accessible resources and reducing stigma show higher retention rates and student satisfaction [1].

College students frequently face mental health challenges, with depression and anxiety being particularly prevalent

Despite the increasing number of students seeking help at campus counseling centers, many still struggle to cope with these issues on their own, and their concerns often go unnoticed by others. The Healthy Minds Study, conducted at Tuskegee University during the 2022-2023 academic year, aimed to investigate the mental health status and resource utilization patterns of college students at this institution.

1.2. Theoretical Framework

This research draws on the Health Belief Model (HBM), which suggests that individuals are more likely to engage in health-promoting behaviors if they perceive themselves as susceptible to health issues, believe in the benefits of treatment, and feel capable of overcoming barriers [4]. The HBM provides insight into students' help-seeking behaviors, emphasizing perceived severity, treatment benefits, and accessibility as factors influencing mental health service utilization.

2. Methods

The study used secondary data from the 2022-2023 Healthy Minds Study conducted at Tuskegee University. The survey included responses from 295 students, covering demographic characteristics, psychological well-being, prevalence of mental health symptoms, impact of mental health on academics, help-seeking behaviors. Data were weighted to adjust for demographic response discrepancies, ensuring representativeness.

Psychological well-being was measured using the Flourishing Scale, an eight-item measure of a respondents self-perceived success in such as relationships, self-esteem, purpose, and optimism [5]. Scores can range from 8-56. We used 48 as the threshold as an indicator of positive mental health.

Depression was measured using the Patient Health Questionnaire-9 (PHQ-9), a nine-item instrument used for screening, diagnosing, monitoring, and measuring the severity of depression. The PHQ-9 measures symptoms based on the symptoms of depression provided in the Diagnostic and Statistical Manual for Mental Disorders. We used the following PHQ-9 scoring system for rating the severity of reported depressive symptoms: severe (scores ≥ 20), moderately severe (scores 15-19), moderate (scores 10-14), mild (scores 5-9). There is no name for the category of scores from 0-4, so we use "minimal." Respondents are asked to report symptoms based on the past two weeks [6].

Anxiety was measured using the GAD-7, a seven-item tool used for screening and measuring the severity of symptoms of generalized anxiety disorder experienced in the past two weeks [7]. We interpreted the GAD-7 symptom levels using the following criteria: severe (scores ≥ 15), moderate (scores 10-14), mild (scores 5-9), and minimal (scores 0-4).

3. Results

Descriptive statistics were used to determine the demographic characteristics, psychological well-being, demographic characteristics, prevalence of mental health issues, need for help managing mental health issues, academic impairment, help seeking for mental health issues, and the distribution of mental health challenges. Table 1 presents a summary of the demographic data for the participants. Results show the largest number (74%) of participants fit the traditional college age group of 18 – 22 years. The largest number of participants (80%) reported being female at birth. The greatest number of participants (85%) reported their race/ethnicity as being African American.

Rating	n	% of Total
Age (in years)		
18 - 22	218	74
23 - 25	38	13
26 - 30	21	7
31 - 35	12	4
36 or older	6	2
Total	295	100
Gender at Birth		
Female	80	237
Male	20	58
Intersex	0	0
Total	100	295
Race/Ethnicity		
African American/Black	85	276
American Indian or Alaskan Native	1	4
Asian American/Asian	3	11
Hispanic Latin(x)	3	10
White	5	16
Other (Middle Eastern, Arab, or Arab American, self-identify at 2 each category)	3	6
Total	100%	323

Table 1: Demographic Characteristics

3.1. Mental Health Concerns

Participants' overall mental health status was addressed using scores from the Flourishing Scale. Using a score of 48 as an index of positive mental health, results from the study showed that 56% of participants who completed the survey were not flourishing. Participants also completed items that were used to screen for depression and anxiety. Table 2 presents a summary of the results. We followed the PHQ-9

classification symptom for reporting severity of symptoms of depression. T showed that 74% of respondents reported mild to severe levels of depression. Following the standard algorithm for interpreting the GAD-7, symptom levels were categorized as severe (scores ≥ 15), moderate (scores 10-14), mild (scores 5-9), and minimal (scores 0-4). The results further showed that 68% of respondents reported mild to severe symptoms of depression.

Rating	n	% of Total
Depression Screen		
Severe	21	8
Moderately severe	39	15
Moderate	63	24
Mild	71	27
Minimum	68	26
Total	262	100
Anxiety Screen		
Severe	42	16
Moderate	55	21
Mild	81	31
Minimum	84	32
Total	262	100

Table 2: Prevalence of Mental Health Problems

Participants were asked to report how many days during the past 4 weeks they felt that their emotional and mental health difficulties hurt their academic performance. Table 3 presents a summary of the results. Only a small number (15%) of participants indicated their emotional or mental

problems had not impacted their academic performance. Over half of participants indicated their challenges to mental health impacted their academic performance 3 or more days per week.

Rating	n	% of Total
6 or more days	79	30
3 – 5 days	71	27
1 – 2 days	73	28
None	39	15
Total	262	100

Table 3: Impact of Mental Health on Academic Performance

Participants were asked three questions pertaining to help seeking for mental health concerns. The first question asked participants how many times they needed help managing emotional challenges during the past years. The data shows that 76% of participants somewhat agreed or greater needed to seek treatment for mental health concerns during the past year. The second question addressed whether participants

perceived the need for seeking mental health treatment during the 4 weeks. Results show that 77% of respondents somewhat agreed or greater to the current needed for seeking help in managing their mental health. Similarly, 73% of participants indicated they know where to go to seek help for mental health issues.

Response	%	Count
Need for help managing emotional challenges (such as feeling sad, blue, anxious, or nervous) during past 12 months)		
Strongly agree	37	95
Agree	22	56
Somewhat agree	17	44
Somewhat disagree	4	9
Disagree	11	27
Strongly disagree	10	26
Total	100	257
Current need for help for managing challenges to mental health (such as feeling sad, blue, anxious, or nervous).		
Strongly agree	26	55
Agree	26	54

Somewhat agree	25	45
Somewhat disagree	8	15
Disagree	11	17
Strongly disagree	1	8
Total	100	194
Knowledge of where to seek help for mental health challenges		
Strongly agree	25	65
Agree	27	69
Somewhat agree	21	55
Somewhat disagree	8	24
Disagree	10	28
Strongly disagree	5	16
Total	100	257

Table 4: Help Seeking for Managing Challenges to Mental Health

4. Discussion

Findings from this study showed that a considerable proportion of Tuskegee University students reported experiencing symptoms of depression and anxiety, with a notable impact on their academic performance. Specifically, the study revealed that over 75% of the respondents reported experiencing depression or an anxiety disorder, and over 75% indicated that their mental health had impaired their academic performance in the previous month. However, only 16% of these students had spoken with academic personnel about the effects of their mental health on their coursework, which is consistent with findings from previous research.

These findings are consistent with previous research, which has shown that college students often struggle with mental health issues, with depression and anxiety being the most common concerns. The high prevalence of mental health challenges, coupled with the relatively low utilization of campus resources, highlights the need for more comprehensive and accessible mental health support services at Tuskegee University and other. The high prevalence of mental health concerns among students suggests an urgent need for additional mental health resources on campus. While awareness of resources is relatively high, barriers to treatment remain, possibly due to stigma, scheduling challenges, and limited counseling availability. The theoretical framework suggests that increasing perceived treatment benefits and minimizing barriers may encourage more students to utilize mental health services [4]. Further, demographic data indicate that targeted interventions may be necessary for high-risk groups, including female and minority students.

4.1. Future Recommendations

- Increase Accessibility of Resources: Extend counseling hours and offer both in-person and virtual appointments to accommodate varied schedules.
- Reduce Stigma: Initiatives such as mental health workshops and peer support groups can foster a culture of openness, making it easier for students to seek help.
- Targeted Outreach for At-Risk Groups: Focus on populations

such as female students and underrepresented minorities, who may face unique stressors and mental health challenges.

- Academic Support: Collaborate with academic advisors to monitor students struggling academically due to mental health concerns.

5. Conclusion

This study underscores the need for Tuskegee University to strengthen its mental health resources and outreach. By addressing both accessibility and stigma, the university can improve student well-being, retention, and academic success. The findings align with the growing body of literature emphasizing the importance of university-supported mental health services as foundational to student achievement and satisfaction.

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