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Supporting Community College Students' Mental Health During and Beyond Covid-19

by Xueli Wang, Kelly Wickersham, Xiwei Zhu, Peiwen Zheng, Brit Wagner & Amy Prevost - July 05, 2021

The COVID-19 pandemic has amplified mental health concerns, especially among community college students who often navigate these concerns on their own amid structural barriers and competing obligations. Yet little prior research exists on this topic to inform related services and assistance during and post the pandemic. This qualitative study explored community college attendees' experiences coping with mental health during the pandemic. Participants' insights illuminated three themes: pandemic induced "normalcy" of mental health, coping with and thriving on what matters, and transitioning back to normal. These findings offer new directions toward supporting community college student mental health well beyond the pandemic.

There has never been a more critical time than now to support the mental health of community college students, who are among the most diverse yet underserved postsecondary populations. Mental health issues tend to compound the many structural challenges and competing obligations community college students negotiate, but they are often left to manage these concerns on their own (Wang, 2020). The COVID-19 pandemic has further amplified many extant barriers, such as housing insecurity and costs of utilities, for community college students (Black & Taylor, 2020), all of which pose greater concerns for students' mental health. Although the pandemic and associated social distancing orders have brought mental health into the spotlight, little prior research exists on community college students' mental health (McBride, 2019) to inform related services and assistance during and post pandemic. This motivated us to conduct the current study guided by the following question: How do community college attendees describe and make sense of their experiences coping with mental health during the pandemic? Participants' insights illuminate new directions toward supporting community college students with mental health concerns beyond the pandemic.

METHODS

We conducted a qualitative study with 30 students who are part of a larger research project.[1] Having followed this student cohort for over five years before COVID-19, we had a longstanding relationship with the participants resulting from our contact, interactions, and interviews with them. Some of the students are still attending the two-year colleges where they started, whereas others have transferred, graduated, are no longer attending, and/or are working. We still refer to them as students—past and present. We do this for consistency and succinctness, and to honor the fact that their experiences as community college students were the reason for which we embarked on the larger project together. As the participants invariably shared, their community college journey remains an impactful part of their life, which provided them with current and retrospective insights that bear timely relevance for our research focus.

SAMPLE AND DATA COLLECTION

We recruited participants via a brief online survey sent to the entire study cohort during the spring of 2020. The survey asked whether students had mental health concerns, experiences with relevant services during college, and interest in a follow-up interview. We explained that the interview's focus was to learn more about their experiences with mental health in college and during the pandemic. Out of the 645 survey respondents (38.9% response rate[2]), 130 students (20.16% of survey respondents) reported mental health concerns, of which 30 agreed to participate in interviews for the current study.

With each participant, we conducted a 60–90 minute interview in a virtual environment, via video conference or phone, during the summer of 2020. The interview questions focused on how students coped with mental health during the pandemic, along with supports or barriers they experienced related to mental health in college. With participants' permission, we audio-recorded all interviews, which we transcribed verbatim. We also took reflective memos as further context for participants and our own sensemaking of the data. As a small token of appreciation, participants received a $10 gift card for completing the surveys, and $30 for interview participation. See Table 1 for participant background information.

Table 1-Participant Background Information

Study Name	Race/ Ethnicity	Gender	Age	Location*	Mental Health Condition(s)
Marcus	White	Man	24	City, small	Anxiety disorder, mood disorder, trauma and stressor-related disorder
Heidi	White	Woman	24	Rural, distant	Anxiety disorder, mood disorder
Peyton	White	Woman	24	City, small	Anxiety disorder, mood disorder
Briley	White	Woman	25	City, large	Anxiety disorder, trauma and stressor-related disorder, obsessive-compulsive and related disorders
Emily	White	Woman	24	City, small	Anxiety disorder, trauma and stressor-related disorder, eating disorder, obsessive-compulsive and related disorders
Francis	White	Man	25	Suburb, large	Anxiety disorder, mood disorder
Valerie	Latina	Woman	47	City, large	Anxiety disorder, mood disorder

Jac	White	Woman	52	Rural, fringe	Mood disorder
Gwyneth	White	Woman	34	Suburb, large	Anxiety disorder
Charli	Unknown	Woman	31	City, large	Anxiety disorder, mood disorder
Kanda	Native	Woman	25	Suburb, large	Anxiety disorder
Amanda	White	Woman	29	City, large	Anxiety disorder
Emma	White	Woman	29	Suburb, large	Anxiety disorder, mood disorder, personality disorder
Sam	White	Woman	35	City, small	Anxiety disorder
Gabrielle	Black	Woman	24	City, large	Anxiety disorder
Janet	White	Woman	24	City, large	Anxiety disorder, mood disorder
Temperance	White	Woman	38	City, large	Mood disorder
Kaitlin	White	Woman	33	Suburb, large	Mood disorder
Adam	White	Man	26	Town, distant	Reported general mental health concerns
Ben	Unknown	Man	25	City, large	Anxiety disorder, mood, disorder, substance-related and addictive disorder
Steve	White	Man	50	City, large	Mood disorder
Mateo	Latino	Man	24	City, large	Anxiety disorder
Katy	White	Woman	39	Rural, fringe	Anxiety disorder, mood disorder, trauma and stressor-related disorder
Ethel	White	Woman	36	Suburb, large	Mood disorder, eating disorder
Kelly	White	Woman	37	City, large	Anxiety disorder, trauma and stressor-related disorder, somatic symptoms and related disorders, obsessive-compulsive and related disorders
Anna	White	Woman	28	City, large	Anxiety disorder
Nolan	White	Man	28	Suburb, large	Mood disorder
Chelsea	White	Woman	27	City, large	Anxiety disorder, mood disorder
Izzy	White	Woman	25	Suburb, large	Anxiety disorder, trauma and stressor-related disorder, eating disorder, impulse-control disorder, substance-related and addictive disorder, obsessive-compulsive and related disorders
Jade	White	Woman	24	Suburb, large	Anxiety disorder, mood disorder

* We describe participants' location, where they were situated during the pandemic, given the close connection between geography and access to technology and mental health services. We classified specific locations shared by participants using NCES's "urban-centric" locale classification system.

Ethical Considerations

Mental health can be a sensitive issue for both participants and researchers. We strove to approach our interview process ethically and thoughtfully. Our research procedures and protocols were approved by the University of Wisconsin-Madison Institutional Review Board to ensure that we followed the strictest guidelines and adhered to the highest possible integrity. More important, as we interacted with participants, we took extra care regarding critical facets of mental health research (Thompson & Chambers, 2012). We adopted several measures to protect participants' privacy and identity. Each participant was invited to propose a study name that represented them without using their real name or nicknames. We approached consent as an ongoing process, checking in with participants multiple times during the interview regarding their comfort proceeding, as well as whether they wished to decline questions or withdraw.

We engaged in several approaches to avoid harm to the extent possible. We communicated with participants multiple times across various contacts (i.e., emails, consent form, brief survey, and pre-interview check-in) that the purpose of our research was to shed light on mental health and ways to address it in the longer term. When participants engaging in sensitive topics are clear about the purpose of the research and see value in it, the potential for emotional stress tends to be minimized (Graham et al., 2007). Also, the primary interviewers (first and second authors) for this research have had years of experience conducting interviews, especially with students from this study. Both carefully discussed and practiced putting participants at ease and making them feel well supported should they share traumatic experiences, become distressed, and/or decide not to proceed. Furthermore, across all interviews, we made sure we left enough time and space after the interview if participants needed additional support or resources, or to process any emotional distress that arose during the interview (Fossey et al., 2002). These practices assisted in engaging in potentially challenging yet authentic conversations about critical mental health issues and how to better serve these students now and in the future.

DATA ANALYSIS

We engaged in multiple rounds of analysis of the interviews, adopting analytic techniques from phenomenology (Moustakas, 1994). Given our goal of illuminating the lived experiences of students with varying mental health conditions, phenomenology as a qualitative, reflective approach allowed us to discover and describe the patterns, social structures, and psychological factors that contributed to how the students in our study experienced the pandemic in light of their mental health, while staying true to the rich descriptions participants provided in their own voices (Moustakas, 1994).

Following Colaizzi's descriptive phenomenology method (1978), we started with reviewing transcripts in their entirety to gain a holistic understanding of participants' experiences within the social structures and psychology they themselves described. We then applied an

open coding process to identify segments of data relevant to our study question surrounding students' mental health, their experiences within college and beyond, and coping strategies related to the pandemic (Colaizzi, 1978). These segments became the basis for subsequent rounds of coding and analysis, during which in vivo and descriptive coding was applied to analyze and categorize the data to illuminate how participants described their mental health, their sensemaking, and coping mechanisms in depth and across various contexts (i.e., college, COVID-19, etc.). We refined these codes toward initial categories, which we then analyzed to identify their relationship among one another toward larger themes. This process culminated in three themes in response to our research question.

To ensure reliability among researchers throughout the analysis, we conducted regular, virtual check-ins to calibrate our coding strategies, align codes, and discuss any discrepancies in the codes as applied. In addition, we reflected on any potential assumptions and biases that might have influenced our analysis and worked to keep them in check through iterative deliberating, challenging, and revisiting our assumptions. Through these approaches, we strove to authentically honor and represent the voices of our research participants to the extent possible.

KEY FINDINGS

PANDEMIC-INDUCED "NORMALCY" OF MENTAL HEALTH CONCERNS

Based on students' narratives, the impact of COVID-19 on their mental health played out in complex and intricate ways. The pandemic-spurred disruptions aggravated some mental health concerns. For instance, the shift to remote learning and working led to some increased anxiety, especially during the initial transition when students endured heightened fear for their own and their families' health. These stressors were compounded by the fear of losing their jobs or reduction in income, as well as the uncertainties around future plans being put on hold. As the students persevered, however, their sensemaking of these unsettling times brought upon a sense of "normalcy." Many students lived with their conditions long before the pandemic and used to be self-isolated; for them, quarantine and social distancing seemed "normal." As Jade, who deals with anxiety and depression, put it, "Normal people's anxiety level is here, my anxiety levels are normally like here [way higher]. Now everyone else is sort of coming up to my level." For Ben, juggling mild depression, anxiety, and substance abuse, this forced isolation was viewed as a welcome adjustment:

> For people like me, it feels like the perfect kind of setting for social anxious like loner type people, it feels perfect at first like you don't have to interact with other people, you can wear a mask to cover your identity.

This sense of "normalcy" put students at greater ease compared with the pre-pandemic days, when many of them had difficulty fighting stigmas by hiding their conditions or proving their intellects to others.

COPING AND THRIVING ON WHAT MATTERS

The internalized sense of normalcy set the stage for students to employ their longstanding coping strategies or develop new ones, following the initial period of shock and worsening of mental health. Many started with one or more of the following: developing a routine, finding support, proactively seeking help, and focusing on family, all common approaches of coping under mental health (Kalkbrenner & Hernández, 2017). Further, students adopted two intriguing mechanisms to not only successfully cope, but also thrive during times of crisis.

First, the exponentially greater use of technology cultivated and extended students' sense of connectivity across several health, professional, and life domains. Since many face-to-face services were suspended, some students conducted therapy via Telehealth or Zoom, which they found to be helpful given its accessibility and convenience. Technology also allowed students to maintain and extend their social life by gathering with friends through a variety of online venues to ward off the feeling of isolation from one another. Katy, who had long-term anxiety, depression, and stressor-related issues, found herself more supported and connected than before:

> So, I guess I would say my services are better, my experience of access to services are better, and events that I never could have attended in the past I can attend now, because I can do it from home. So, I'm having more regular meetings with, like my best friend and I will do video conferences even though we can't see each other in person.

Regardless of which contexts, the flexibility of telecommunication alleviated participants' anxiety caused by physical interactions with people.

Second, the pandemic and its alterations to old routines served as a mechanism for students to reevaluate their priorities and develop healthier habits, culminating in a desire to spend time on what matters. Katy described COVID-19 as a reset "eliminating a lot of unnecessary or extra things" which prompted her to approach how she spends her time differently: "It needs to be useful to the world as a whole or to the people around me." This revelation was enriched by the fact that students' previous experiences of coping with mental health enhanced their capacity to take care of others with similar challenges, something to which they feel committed. Emma described how her struggle with anxiety, depression, and a personality disorder motivated her to support others:

> I've been able to talk to a lot of them [co-workers whose children struggle with mental health] and just kind of giving them, "Okay, here are your resources. This is what you can do. This is the next step. He's going through something. This is what you can do to support him." And I know people have appreciated that a lot.

Similarly, Heidi described her desire to help out struggling peers, having learned from her own experiences battling anxiety and depression:

> I'm like, "Hey, you should look into therapy." So, I do think it's helped me just to kind of normalize it and help normalize it, end that stigma. I feel like everyone should see a therapist at least like adolescents and young adults, which is why I want to

> go into that field.

Overall, students' time away from past routines inspired a reprioritization of time and energy.

TRANSITIONING BACK TO NORMAL?

As the students continued to make meaning of this uncertain time despite their mental health challenges, they reported mixed feelings about a return to "normal." Some students expressed hesitation or fear of losing touch with newly honed habits and coping mechanisms. Although Heidi became used to online learning, she felt uneasy about the fall when she returned to college: "I do try not to think about it because it does give me anxiety." Nonetheless, students viewed the isolations as reminders to be open, make connections with people, proactively seek help, and normalize coping strategies. When asked what future support for mental health should be based on her experiences, Jade stressed that:

> …the most important thing is to find people that treat your mental illness as normal, like it's a normal thing that people go through and it's not something insurmountable. It's just another set of challenges that you have to deal with. And that's what kept me sane, that's what made me unafraid to ask for help when I finally learned that I needed it.

These reflections and experiences not only serve the students themselves in the longer term, but also illuminate new areas of focus in supporting community college students with mental health post-pandemic.

DISCUSSION AND IMPLICATIONS

As we contemplate what a return to "normal" would look like, students' insights guide us in several critical directions. First, institutions must foster creative and equitable ways for students to connect and seek help. Our findings show that the combination of having more time at home and increased opportunities for technology use has widened accessibility for students who might have otherwise not been able to seek the help (professional or personal) they needed to cope with mental health conditions. While COVID-19 amplified mental health through initial social disconnection and inhibited academic and personal development, over time, it also illuminated students' capacity, preparedness, and tendencies to help others from their experiences navigating mental health while attending community colleges. In efforts toward cultivating strong connectivity across all life domains, it is critical to adopt an asset-based lens (Missingham, 2017) to appeal to these students' strengths.

Related, it is pivotal to attend to issues of inequities that exist in access and quality of support addressing mental health. Barriers such as limited on-campus services, financial burden, commuting needs, and working schedules, while common for all students with mental health concerns, are highly likely to adversely and disproportionately affect low-income students, students of color, first-generation students, and commuter students to a greater extent (Dunbar et al., 2018; Kalkbrenner & Hernández, 2017). Although our sample is predominately White based on the study institutions' racial/ethnic composition—a limitation that does not allow us to fully transfer our findings to students of color, we know enough from higher education and mental health literature that the challenges and barriers identified here are amplified for students of color (Wang, 2020), especially in light of racial inequities that compound the already disparate impacts of COVID-19 on communities of color. Therefore, we must avoid assuming the sameness in students' needs and the barriers they face.

Finally, we must demystify and "normalize" mental health and coping strategies. Often, students with mental health concerns face stigmas (Eisenberg et al., 2009), as was described by the students in our study. The sense of ease the students felt that came with the pandemic-induced "normalcy" of their concerns is quite telling. Clearly, the public and entities working with students need to arrive at a much more informed understanding of and deeper empathy for mental health. However, empathy and understanding are not enough without action. To mitigate the adverse impact of mental health concerns, institutions should work more aggressively toward making common and straightforward the process for students to reach out, seek therapy, and figure out warning signs, all in a timely fashion. Attention must be given to facilitating open lines of communication with instructors and other service providers, making supports and accommodations easy to access and arrange for students; but it is vital to ensure that the foundation underlying the web of services is one established with deep care—one firmly grounded within a process dedicated to building professionally informed and personally caring relationships with students.

The students we interviewed tenaciously coped, and in some cases thrived, despite extraordinary circumstances. Challenges remain and will likely extend beyond the pandemic, but these students' experiences and knowledge opened new possibilities, propelling institutions to do better, more creatively, and more equitably, now and post-COVID-19. Kanda's words epitomized our learning from this research as she reflected on her longstanding anxiety disorder: "It [anxiety disorder] is something I'm always going to have to deal with, but it doesn't have to define the future for me."

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Notes

1. The larger longitudinal mixed methods project follows a cohort who began as first-year students in Fall 2014 across three public two-year institutions in a Midwestern state. The project explores students' experiences and journeys from 2014 to date. Data collection includes multiple waves of longitudinal surveys and interviews, as well as administrative and transcript records provided by the institutions that the students attended.
2. Due to incarceration or death, the cohort size was reduced from 1,670 to 1,660 in Spring 2020.

References

Black, L. & Taylor. Z. (2020). The COVID effect: How community college student emergency aid needs changed after the COVID-19 global pandemic—Research note. *Teachers College Record*. https://www.tcrecord.org/Content.asp?ContentID=23551

Colaizzi, P. F. (1978). Psychological research as a phenomenologist views it. In R. S. Valle & M. King (Eds.), *Existential-phenomenological alternatives for psychology* (pp. 48–71). Oxford University Press.

Dunbar, M. S., Sontag-Padilla, L., Kase, C. A., Seelam, R., & Stein, B. D. (2018). Unmet mental health treatment need and attitudes toward online mental health services among community college students. *Psychiatric Services*, *69*(5), 597–600.

Eisenberg, D., Downs, M. F., Golberstein, E., & Zivin, K. (2009). Stigma and help seeking for mental health among college students. *Medical Care Research and Review*, *66*(5), 522–541.

Fossey, E., Epstein, M., Findlay, R., Plant, G., & Harvey, C. (2002). Creating a positive experience of research for people with psychiatric disabilities by sharing feedback. *Psychiatric Rehabilitation Journal*, *25*(4), 369–378.

Graham, J., Grewal, I., & Lewis, J. (2007). *Ethics in social research: The views of research participants*. Government Social Research Unit.

Kalkbrenner, M., & Hernández, T. J. (2017). Community college students' awareness of risk factors for mental health problems and referrals to facilitative and debilitative resources. *Community College Journal of Research and Practice*, *41*(1), 56–64.

McBride, P. E. (2019). Addressing the lack of mental health services for at-risk students at a two-year community college: A contemporary review. *Community College Journal of Research and Practice*, *43*(2), 146–148.

Missingham, B. D. (2017) Asset-based learning and the pedagogy of community development. *Community Development*, *48*(3), 339–350.

Moustakas, C. E. (1994). *Phenomenological research methods*. SAGE.

Thompson, A. R., & Chambers, E. (2012). *Ethical issues in qualitative mental health research*. John Wiley & Sons.

Wang, X. (2020). *On my own: The challenge and promise of building equitable STEM transfer pathways*. Harvard Education Press.

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