Understanding Increasing College Anxiety:
The Need for Anxiety Awareness Campaigns

A Senior Project presented to
The Faculty of the Journalism Department
California Polytechnic State University, San Luis Obispo

In Partial Fulfillment
of the Requirements for the Degree
Bachelor of Science in Journalism

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March 2017

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ABSTRACT

The following study investigates national trends toward increasing anxiety among the college student demographic with particular attention paid to the ways in which public awareness campaigns may be implemented as a method for reducing stigma, increasing awareness of anxiety conditions, and connecting students to critical resources.

In order to improve understanding surrounding student anxiety, the following research was conducted in two parts. First, secondary national research was conducted analyzing relevant literature surrounding anxiety trends among college students, the response of universities across the nation, and potential methods by which to relieve student anxiety. Following the conclusion of this research, primary research was conducted in the form of a single-site case study, conducted on the campus of California Polytechnic State University, San Luis Obispo. Analysis of data collected indicates that this institution shows anxiety levels above national averages and demonstrates a need for improvement in reducing student anxiety, reducing stigma among the campus community, and accommodating the large number of students seeking assistance with mental health concerns. In analyzing national trends alongside site-specific research, three primary recommendations were made for this institution: the implementation of a strategic public awareness campaign directed at combatting stigma, the reallocation of resources to accommodate the large number of students seeking one-on-one counseling, and the development of partnerships with alternate campus resources to help reduce student anxiety.

While this research holds direct implications for the institution in question, it also holds broader implications regarding national trends toward increasing student anxiety as well as the ways in which public awareness campaigns may be implemented in response to these trends.
# TABLE OF CONTENTS

Chapter 1 ...........................................................................................................................1

Introduction .........................................................................................................................1

  Statement of the Problem ...............................................................................................1

  Background of the Problem ............................................................................................2

  Purpose of the Study .......................................................................................................2

  Setting for the Study ......................................................................................................3

  Research Questions .......................................................................................................3

  Definition of Terms .......................................................................................................4

  Organization of Study ....................................................................................................5

Chapter 2 ...........................................................................................................................6

  Literature Review ..........................................................................................................6

    Increasing Anxiety Among College Students .............................................................6

    The Effects of Anxiety ...............................................................................................7

    University Responses to Anxiety ...............................................................................8

    Student Hesitance to Seek Help ................................................................................9

    The Need for Public Awareness Campaigns ............................................................10

    Anxiety Awareness Programs Across the Country ..................................................11

    Additional Resources to Relieve Anxiety .................................................................13

    The Impact of Anxiety on Student Success ..............................................................14

Chapter 3 .........................................................................................................................16

  Methodology ..................................................................................................................16

    Data Sources ...............................................................................................................16

      Participants ..............................................................................................................16

      Survey Design ........................................................................................................16

    Data Collection ..........................................................................................................23

    Data Presentation .......................................................................................................23

    Limitations ................................................................................................................23
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delimitations</td>
<td>24</td>
</tr>
<tr>
<td><strong>Chapter 4</strong></td>
<td>25</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>25</td>
</tr>
<tr>
<td>Method of Data Collection</td>
<td>25</td>
</tr>
<tr>
<td>Presentation of Data</td>
<td>25</td>
</tr>
<tr>
<td><strong>Chapter 5</strong></td>
<td>39</td>
</tr>
<tr>
<td>Discussion and Recommendations</td>
<td>39</td>
</tr>
<tr>
<td>Summary</td>
<td>39</td>
</tr>
<tr>
<td>Discussion</td>
<td>40</td>
</tr>
<tr>
<td>Recommendations for Practice</td>
<td>49</td>
</tr>
<tr>
<td>The Need for an Awareness Campaign</td>
<td>49</td>
</tr>
<tr>
<td>Allocation of Resources</td>
<td>52</td>
</tr>
<tr>
<td>Partnering with Alternate Resources</td>
<td>54</td>
</tr>
<tr>
<td>Recommendations for Further Research</td>
<td>55</td>
</tr>
<tr>
<td>Leading Causes of Student Anxiety</td>
<td>55</td>
</tr>
<tr>
<td>Best Practices for Higher Education Institutions</td>
<td>55</td>
</tr>
<tr>
<td>Site-Specific Research</td>
<td>56</td>
</tr>
<tr>
<td>Study Conclusion</td>
<td>56</td>
</tr>
<tr>
<td><strong>References</strong></td>
<td>58</td>
</tr>
<tr>
<td><strong>Appendix</strong></td>
<td>62</td>
</tr>
</tbody>
</table>
LIST OF TABLES

Table 1. Respondent Age .................................................................26
Table 2. Respondent Academic Standing ........................................26
Table 3. Respondent Gender ..........................................................26
Table 4. Services and Supports Critical to Respondent Success ...........27
Table 5. Mental Health and Wellbeing Resources Familiar to Respondents 28
Table 6. How Respondents Learned About Campus Mental Health Resources 29
Table 7. Respondents Having Accessed Campus Mental Health Services ........29
Table 8. Respondent Knowledge of How to Access Mental Services ..........29
Table 9. Respondents Familiar with Anxiety Signs and Symptoms ............30
Table 10. Self-Assessed Respondent Anxiety Level ............................30
Table 11. Respondent Mental Health Diagnoses ...................................30
Table 12. Respondent Anxiety Symptoms .........................................31
Table 13. Frequency of Respondent Stress .........................................31
Table 14. Respondent Average Hours Slept per Night .........................32
Table 15. Respondents Whose Mental Health Has Negatively Impacted Relationships 32
Table 16. Respondents Whose Mental Health Has Negatively Impacted Academics 32
Table 17. Respondent Evaluation of Campus Staff Support ....................32
Table 18. Respondent Evaluation of Student Body Support ....................33
Table 19. Respondent Comfort in Sharing Mental Health Concerns with Peers 33
Table 20. Barriers in Accessing Mental Health Services and Supports ........33
Table 21. Areas in which Respondents Believe Improvement is Needed ........35
LIST OF FIGURES

Figure 1. Sample Promotional Poster Concept .................................................................62

Figure 2. Sample Sandwich Board Mockup .................................................................63

Figure 3. Sample Flier Mockup .....................................................................................63

Figure 4. Sample Campaign Outline ............................................................................64
Chapter 1

Introduction

Statement of the Problem

Research overwhelmingly indicates that anxiety is a growing epidemic on college campuses across the country. According to the American College Health Association (ACHA) (2016, p. 14), nearly 60% of college students report having experienced overwhelming anxiety within the last year. Until recently, the consensus among researchers was that depression and suicidal ideation were of the largest concern among the college demographic. However, research now indicates that anxiety has overtaken depression as the leading mental health concern among college students, and many schools are now struggling to provide critical services these students need to be successful in a demanding academic environment (Center for Collegiate Mental Health, 2015, p. 23).

Studies performed by Penn State’s Center for Collegiate Mental Health (CCMH) (2015, p. 23) show that anxiety concerns now make up over half of campus clinic visits. With a growing need among college students for access to anxiety management resources, these statistics cannot be ignored. This study is focused on the trend of increasing anxiety on college campuses throughout the nation and how a public awareness campaign, grounded in theory and research, may be used to reduce anxiety and mental health stigma. A public awareness campaign offers a unique opportunity to increase awareness on college campuses of mental health issues students are facing, reduce campus stigma surrounding these issues, and connect students with critical resources to help reduce their anxiety, and, in turn, increase their likelihood of retention and academic success.
Background of the Problem

The existing literature regarding mental health concerns among college students is primarily focused on depression, as this was believed until recently to be of the highest concern. While depression is still a leading mental health concern among the college student demographic, anxiety has now taken its place as the most common mental health diagnosis among college students and all adults (Anxiety and Depression Association of America, 2016). With many students struggling to manage their anxiety in the face of stigma and limited campus resources, many colleges are struggling to keep up.

As college clinic waitlists have continued to climb, their budgets have not, leaving more and more students without help (Novotney, 2014). While research indicates that universities across the country are lacking in resources to accommodate the high number of students seeking services, studies also show that 40% of students with diagnosable mental health concerns do not seek help at all (Pfeifer, 2015). In addition to limited resources is the barrier of mental health stigma, under which students feel reluctant to share their struggles with friends or peers for fear of potentially negative perceptions. These negative perceptions and stereotypes ultimately prevent students not only from seeking professional help, but from reaching out to others for support, leaving many college students struggling to balance their anxiety with their social lives and academics.

Purpose of the Study

This study is a single-site case study on a college campus in California, focused on gathering research regarding increasing college anxiety and the ways in which a public awareness campaign may be implemented to benefit student mental health and campus awareness. The study will analyze student anxiety with a focus on available resources, campus
perceptions, and awareness in order to gage how best to structure and implement an anxiety awareness campaign. By investigating campus contributors to student anxiety, both positive and negative, data gathered can be used to structure a campaign tailored to the needs and resources of that particular campus. In structuring a campaign built both upon secondary national and primary niche research, the campaign then increases its likelihood of success and maximum reach. Maximizing campaign impact is not only ideal in increasing campus awareness of mental health, but is critical in connecting struggling students with the resources they need to overcome anxiety.

**Setting for the Study**

This research will be performed as a single-site case study at California Polytechnic State University (Cal Poly) located in San Luis Obispo, California. An online questionnaire will be distributed among students with the aim of gaining understanding as to campus perceptions of anxiety, campus resources, stigma, awareness and seeking help. The questionnaire will be structured using primarily multiple choice questions, allowing for quantitative data to be gathered. There will, however, be prompts to allow students to share their thoughts and perceptions as to how they feel the campus climate contributes to their mental health. The questionnaire is specifically designed to help answer the identified research questions and to fill gaps in existing literature.

**Research Questions**

The study employed the following research questions, designed specifically to gather critical data regarding anxiety among college students across the country. Each question was created following careful research of existing literature regarding the trend of increasing anxiety
on college campuses with particular attention paid to how campuses may implement awareness programs to benefit their students.

1. How many college students are struggling with anxiety?
2. How does anxiety impact college students?
3. How are universities responding to increasing student anxiety?
4. Why might students struggling with anxiety be hesitant to seek help?
5. How can a public awareness program be used to reduce student anxiety?
6. How should a public awareness campaign be structured to best address mental health stigma on college campuses?
7. What additional resources may be beneficial to help students manage their anxiety?
8. How might reducing student anxiety impact student success?

**Definition of Terms**

The following terms have been defined in order to clarify several topics discussed throughout the study as well as to provide critical context and assist in reader comprehension for the remainder of the study.

Anxiety: Anxiety is a general term for several disorders that cause nervousness, fear, apprehension, and worrying and can manifest physical symptoms (Crosta, 2015).

Generalized Anxiety Disorder: Generalized Anxiety Disorder (GAD) is characterized by persistent and excessive worry, even when there is no apparent reason for concern (ADAA, 2017).

Social Anxiety Disorder: Social Anxiety Disorder is the extreme fear of being scrutinized and judged by others in social or performance situations (ADAA, 2017).
Stigma: The literal definition of stigma means a mark of disdain or infamy, but is figuratively used throughout this study to refer to the negative stereotype or reputation attached to a particular subject (Dictionary.com, 2017).

Social Stigma: Social stigma is characterized by prejudicial attitudes and discriminating behavior directed towards individuals with mental health problems as a result of the psychiatric label they have been given (Davey, 2013).

Perceived Stigma: Perceived stigma or self-stigma is the internalizing by the mental health sufferer of their perceptions of discrimination: this form of stigma can significantly affect feelings of shame and lead to poorer treatment outcomes (Davey, 2013).

Health Belief Model: The Health Belief Model (HBM) is a psychological model that attempts to explain and predict health behaviors by focusing on the attitudes and beliefs of individuals (University of Twente, n.d.).

**Organization of Study**

Chapter 1 included the background of the problem, purpose of the study, setting for the study, underlying research questions and a set of definitions for critical terms. Chapter 2 will identify the trends regarding anxiety among college campuses in reviewing the current literature on the subject. Chapter 3 will move on to present the methodology of the study including its structure, limitations, and delimitations. In Chapter 4, the findings of the questionnaire will be presented in accordance with the original research questions and analyzed to assess implications. Finally, Chapter 5 will provide a summary of the study performed as well as recommendations for California Polytechnic State University, San Luis Obispo to implement a public awareness campaign in accordance with study findings.
Chapter 2

Literature Review

The review of literature is centered upon existing works and research performed pertaining to anxiety among college students, university mental health resources, public awareness programs, and theoretical frameworks regarding health behaviors.

Increasing Anxiety Among College Students

According to the Anxiety and Depression Association of America (ADAA) (2016), anxiety disorders are the most common mental illness in the United States, affecting approximately 400 million adults. The ADAA reports that nearly 75% of those with anxiety will experience symptoms before they reach 22 years of age. Until recently, research had shown that while anxiety was the most common mental illness for adults 18 and over, depression was more prominent among the college student demographic (Brown, 2016). However, in their 2014 annual report, Penn State’s Center for Collegiate Mental Health (2015, p. 23) concluded that anxiety had surpassed depression as the leading mental issue facing college students, with over half of campus health clinic visitors listing the issue as a concern.

National surveys overwhelmingly indicate that anxiety has grown to impact many students across the country. The National College Health Assessment Survey performed by the American College Health Association (2016, p. 14) indicates that nearly 60% of college students report having experienced overwhelming anxiety within the last year. Anxiety among college students has increased steadily over the last five years, according to CCMH’s 2016 annual report (2017, p. 6). “There is no question that all of the national surveys we have at our fingertips show a distinct rise in the number of mental health problems,” said Jerald Kay, M.D., Professor and
Chair of the Department of Psychiatry at the Wright State University School of Medicine (Tartakovsky, 2016).

**The Effects of Anxiety**

According to an article from online news outlet Best Colleges, anxiety is among the “top mental health challenges facing students,” though anxiety is often misunderstood.

In moderation, stress and anxiety are a part of most people’s lives. Simply experiencing these feelings does not mean you have an anxiety disorder. Anxiety disorders occur when anxiety interferes with your daily life, halting your ability to function, and causing an immense amount of stress and fearful feelings. (Best Colleges, 2016)

Though there are many types of anxiety disorders, researchers with CCMH have identified two disorders as the most commonly diagnosed among the college student demographic: generalized anxiety and social anxiety (2017, p. 6). According to the ADAA, generalized anxiety disorder is characterized by persistent and excessive worry that can lead to a number of symptoms including restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and sleep disturbance (2016). Social anxiety disorder, on the other hand, is characterized by extreme fear of being scrutinized or judged by others in social or performance situations (ADAA, 2016). Physical symptoms of this condition include blushing, profuse sweating, trembling, nausea or other abdominal distress, rapid heartbeat, shortness of breath, dizziness or lightheadedness, headaches, and feelings of detachment and loss of self-control (ADAA, 2016). According to the ADAA, “symptoms may be so extreme that they disrupt daily life” (2016).

According to the American College Health Association’s most recent survey, over 30% of respondents reported that stress and anxiety concerns have had a negative impact on their
academic performance (2017, p. 5). Further, in the most recent annual report published from the CCMH (2017, p. 9), another 23% reported concerns with interpersonal functioning, 21% reported struggling with their self-esteem, and 15% reported difficulty sleeping. According to special assistant to the vice president of student life at Ohio State University, Louise Douce, PhD,

For students to be able to learn at their peak capacity, they need to be physically, emotionally, intellectually and spiritually well. Students who struggle are more likely to drop out of school, but by providing services for their anxiety, depression and relationship issues, we can help them manage these issues, focus on their academics and learn new ways to be in the world. (Novotney, 2014)

**University Responses to Student Anxiety**

In analyzing data gathered over the last five years from over 400 institutions, CCMH has identified two alarming national trends (2017, p. 3). First, the use of college counseling centers has grown by over 30% while enrollment has grown by only 5%. Second, this growth in demand includes a “persistent increase in ‘threat-to-self’ characteristics” including self-harm and suicidal ideation. Research indicates a clear and growing need for mental health services on college campuses, though, with limited budgets and understanding of the trends, many college health centers are struggling to accommodate the influx of students seeking services (Novotney, 2014).

In response to growing demand, many health centers have altered their services in order to provide more rapid-access services, allowing students to be seen more quickly (CCMH, 2017, p.3). However, research shows that as this shift occurs, access to routine services, such as individual counseling, has declined by nearly 8% since 2010 and the trend toward increasing
anxiety on college campuses has continued to grow (CCMH, 2017, p.3). According to “Students Under Pressure”, an article published by the American Psychological Association, there is “an increasing number of students who struggle with getting treatment for their mental health issues” (Novotney, 2014). In fact, a survey performed by the Association for University and College Counseling Center Directors found that from 2010 to 2012, the average maximum number of students on a counseling center waiting list nearly doubled (Novotney, 2014).

Though research demonstrates a clear and increasing need for additional mental health services, many counseling center budgets across the country have not changed or have shown little increase. AUUCD research shows that, “larger institutions have struggled to attain pre-2008 recession budget levels, reflected in fewer counseling clinicians proportionate to the student body” (Novotney, 2014).

**Student Hesitance to Seek Help**

Though research indicates that a growing number of students are turning to their campus clinics for help, many students that are suffering are hesitant to do so. Research performed by the National Alliance on Mental Illness (NAMI) indicates that although 1 in 4 college students have a diagnosable illness, 40% do not seek help (Pfeifer, 2015). Though there are many reasons one may not seek help, including lack of available resources, finances, or confidentiality concerns, research performed by the Jed Foundation, a non-profit organization dedicated to improving the mental health of college students, indicates that stigma and embarrassment were the top two reasons students would not seek help (Tartakovsky, 2016). An alarming 77% of respondents indicated they would not be comfortable with a friend knowing they were seeking help for mental health issues.
Stigma plays a large role in determining whether students will seek and receive the help they need. In a random-sample survey of 5,555 students, researchers for the Medical Care Research and Review journal made an alarming finding: perceived public stigma is higher than personal stigma, meaning students do not personally feel uncomfortable with seeking help but are more concerned about how the public, their peers, will react should they be made aware (Eisenberg, Downs, Golberstein, Zivin, 2009). This stigma is often caused by a lack of awareness and understanding of mental illness, leading society to perceive anxiety, among other mental illnesses, as resulting in non-conformative, unpredictable behavior (Corrigan, Druss, Perlick, 2014). Laura Greenstein, a representative from NAMI, says,

> Stigma is one of the most challenging aspects of living with a mental health condition. It causes people to feel ashamed for something that is out of their control and prevents many from seeking the help they need and speaking out (2015).

**The Need for Public Awareness Campaigns**

Public awareness campaigns can be defined as comprehensive efforts to educate the public regarding a certain cause or issue in order to encourage a shift in behavior. According to researchers at NAMI, educating students and encouraging open conversation about mental health are among the primary ways to combat mental health stigma, in turn leaving students less afraid of seeking help, whether it be from counselors or peers (Greenstein, 2015).

A public awareness campaign developed to educate campus communities regarding mental health concerns may lead to reduced stigma, greater mental health literacy, and may ultimately increase the number of students recognizing a need for and seeking out help. According to researchers Polly Gipson and Cheryl King, the Health Belief Model presents an
appropriate strategy upon which to structure a mental health campaign (2012). The Health Belief Model is a theory that examines the ways in which personal values and beliefs play a role in a person’s mentality and willingness to take action in terms of their health (Egan, 2012). Recent research (Gipson, King, 2012) has expanded the Health Belief Model to include six primary components that impact the willingness of an individual to make a change:

1. Perceived Susceptibility- How vulnerable the individual is to health risk
2. Perceived Severity- How severe a health problem may become if left untreated
3. Perceived Benefits- How one may benefit from receiving treatment
4. Perceived Barriers- What obstacles may present themselves in seeking help
5. Cues to Action- An individual’s readiness or willingness to make a change
6. Self-Efficacy- How capable an individual is to carry out recommendations

The Health Belief Model helps to explain the way people think about their mental health and their willingness to take action or to help others do so, offering crucial considerations to be made in structuring awareness messages in a manner that will reach students and encourage a shift in behavior (Egan, 2012).

Anxiety Awareness Programs Across the Country

Campus health centers across the country are becoming overwhelmed by the number of students seeking help (James, 2016). In response, many universities have developed public awareness campaigns and programs aimed at addressing increasing anxiety on their campuses. Research from the AUCCCD indicates that a typical clinic staff member now spends an average of 20% of their work hours on outreach initiatives and programs (Hoffman, 2015).
Not unlike other health centers across the country, the Center for Counseling and Psychological Services at the University of Central Florida has seen a stark increase in the number of students seeking crisis counseling services (Hoffman, 2015). In response, the university has implemented new therapy groups, workshops and awareness events to help educate students. The center’s most popular event is called “Paws-a-tively Stress Free”, inviting students to visit the counseling center to play with a therapy dog. The event draws a large crowd and all those who attend depart with a stress kit including a mandala, crayons, markers, stress balls, Smarties candy, and most importantly, information about mental health and resources available on their campus.

Stress relieving events have proven effective on many campuses across the country. At Utica College, the Student Activities and Wellness Center holds what they call an annual “De-Stress Fest” during which students are invited to listen to music, make their own stress ball, play with Play-Doh, and make their own aromatherapy (Pfeifer, 2015). Though the event may seem primarily activity based as opposed to educational, it presents a unique opportunity to promote mental health awareness and mental health services. Utica College is not the only university holding this kind of event- several institutions across the nation hold their own “De-Stress Fests” in order to help raise awareness on their campuses.

Many counseling centers across the country implement mental health awareness campaigns in partnership with Active Minds (2017), an organization dedicated to fighting stigma surrounding mental issues. The organization has over 400 student-run chapters at universities across the nation where students are working to make a difference on their campus. Different campaigns that Active Minds helps to run on campuses across the country include “National Day Without Stigma” and “Stress Less Week”. According to Active Minds (2017), these campaigns
are aimed at spreading awareness and creating “supportive communities wherein speaking about one’s struggles is a sign of strength and self-awareness”.

**Additional Resources to Relieve Anxiety**

Counseling center budgets are limited and waitlists of students waiting to be seen are growing exponentially (Novotney, 2014). In response, several colleges are turning to alternative methods to help students relieve their anxiety symptoms on their own or while they wait to be seen by a professional- counselors are referring students to the campus gym (Chan, 2013). One of the top methods recommended by the ADAA (2014) for managing stress and anxiety is exercise:

According to some studies, regular exercise works as well as medication for some people to reduce symptoms of anxiety and depression, and the effects can be long lasting. One vigorous exercise session can help alleviate symptoms for hours, and a regular schedule may significantly reduce them over time (ADAA, 2014).

Among the types of exercise proven to be beneficial for anxiety are aerobic activities, such as Zumba or Spin classes, and yoga (ADAA, 2014). According to researchers at Harvard University (2009), yoga has been shown to benefit those suffering from anxiety and depression because it tames the stress response and improves mood and functioning. In a study of inpatients at a New Hampshire psychiatric hospital, researchers found that after just one yoga class, “average levels of tension, anxiety, depression, anger, hostility, and fatigue dropped significantly” (Harvard Health Publications, 2009).
Similar to yoga in its emphasis on controlled breathing and inner peace, meditation has also been identified by researchers as a valuable tool in relieving anxiety. A recent National Institutes of Health clinical trial found that anxiety disorder patients who had taken a mindful meditation course demonstrated sharply reduced stress-hormone and inflammatory responses to stressful situations (News Medical, 2017). More surprisingly, patients in the study who participated in a non-meditation stress management course showed worsened responses.

“Mindfulness meditation training is a relatively inexpensive and low-stigma treatment approach, and these findings strengthen the case that it can improve resilience to stress,” said researcher Elizabeth A. Hoge.

The Impact of Anxiety on Student Success

Evidence indicates that anxiety is rapidly increasing among college students across the country and as clinics struggle to keep up with the demand, students are left without the help they need. When left untreated, anxiety can negatively influence academics, relationships, and even the health of suffering students.

According to Active Minds, mental health issues among the college student population are associated with a lower GPA and a higher probability of dropping out of school (Malmon, 2017). An ACHA research study of over 95,000 students supports this claim as anxiety was cited as the number two factor negatively influencing student academics, second only to stress, the leading cause of anxiety (ACHA, 2016). Anxiety has been known to be detrimental to performance at work, school, and social settings, often leading sufferers to feel alone and live isolated lives (APA, 2016). Without receiving help, students are more likely to develop more serious health concerns and may drop out of school as a result (APA, 2016).
With many universities concerned for their retention rate, a key indicator of the performance of the institution, research has been performed to assess what can be done to slow the trend toward increasing anxiety. Research performed by Daniel Eisenberg, PhD, an economist for the University of Michigan, suggests that investing in mental health services on college campuses can help to prevent students from dropping out (Novotney, 2014). Not only does this increase in funding positively impact the university and help to ensure steady future enrollment, it helps students overcome adversity and achieve success. "This economic case doesn't even count the most direct benefits of mental health services and programs — the boost in student well-being and the relief of suffering," Eisenberg says.
Chapter 3

Methodology

This chapter presents the data collection methods used throughout the study including data sources, participants, survey design, limitations and delimitations.

Data Sources

For this study, students and recent alumni of California Polytechnic State University, San Luis Obispo were asked to participate in an anonymous online survey presented through the online survey service All Counted. The questionnaire was developed using several questions from a 2012 survey performed by the National Alliance on Mental Illness entitled “College Students Speak”, meant to assess the response of several higher education institutions to mental health concerns on their campuses (Crudo & Gruttadaro, 2012). The remaining questions within the survey were created to more specifically address Cal Poly’s mental health resources and campus climate in order to assess student perceptions of available resources and barriers to access of these resources.

Participants

The participant pool was made up of undergraduate students, graduate students and recent alumni of California Polytechnic State University, San Luis Obispo from the 2015-2019 graduating classes. There were 201 participants surveyed in total.

Survey Design

The following questions were asked of all survey respondents and served as data sources for the study:
1. What is your age?
   - 17-22
   - 23-27
   - 28-32
   - 33-37
   - 38-42
   - 43+

2. What is your academic standing?
   - Freshman
   - Sophomore
   - Junior
   - Senior
   - Graduate Student
   - Alumni

3. What is your gender?
   - Female
   - Male
   - Transgender
   - Prefer Not to State
   - Other (Please Specify)

4. What services and supports (if any) are critical to your success in college? (Select all that apply)
   - Peer Support
   - Walk-in Health Center
   - Individual Counseling
☐ Crisis Services
☐ 24-hour Hotline
☐ Screening and Evaluation
☐ Off-Campus Referrals
☐ Medications
☐ Pharmacy
☐ Group Counseling
☐ None of the Above
☐ Other (Please Specify)

☐ Health Center
☐ Counseling Center
☐ 24/7 Cal Poly Crisis Line
☐ Wellbeing Workshops
☐ PULSE
☐ RIO
☐ REAL
☐ EROS
☐ HEAT
☐ TLC
☐ None of the Above
☐ Other (Please Specify)
6. How did you find out about Cal Poly's mental health resources?

- College Website
- Student Health Center
- Faculty or Staff
- Peer
- I am not aware of campus mental health resources.
- Other (Please Specify)

7. Have you accessed mental health services on campus?

- Yes
- No

8. Do you know how to access mental health services on campus?

- Yes
- No

9. Are you familiar with the signs and symptoms of anxiety?

- Yes
- No

10. How would you rate your general level of anxiety?

| Low | | | | | | | | | | | High |
|-----|---|---|---|---|---|---|---|---|---|---|
| 0   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

- [ ] 0
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8
- [ ] 9
- [ ] 10
11. Please indicate if you have been diagnosed with any of the anxiety conditions below. (Select all that apply)

- Generalized Anxiety Disorder (GAD)
- Social Anxiety Disorder
- Obsessive Compulsive Disorder (OCD)
- Panic Disorder
- Post-Traumatic Stress Disorder (PTSD)
- Not Applicable
- Other (Please Specify)

12. What symptoms do you experience when your anxiety rises? (Select all that apply)

- Feel Numb
- Rapid Heartbeat
- Panic and Fear
- Shortness of Breath
- Trouble Sleeping or Nightmares
- Feeling Alone
- Angry Outbursts
- Feeling Worried, Guilty, or Sad
- Not Applicable
- Other (Please Specify)

13. How often do you experience significant stress while attending Cal Poly?

- Frequently
- Often
- Somewhat Often
- Not Often
- Never

  📍 📍 📍 📍 📍
14. How many hours do you sleep each night on average?
- 9+ hours
- 7-8 hours
- 5-6 hours
- 4-5 hours
- 3 or less hours

15. Has your mental health ever negatively impacted your interpersonal relationships of any type?
- Yes
- No

16. Has your mental health ever negatively impacted your academics (bad grade on an assignment or in a class, poor attendance, difficulty concentrating, etc)?
- Yes
- No

17. How supportive do you feel Cal Poly staff is on mental health issues?
- Not Supportive
- Somewhat Supportive
- Supportive

18. How supportive do you feel Cal Poly's student body is on mental health issues?
- Not Supportive
- Somewhat Supportive
- Supportive

19. How comfortable do you feel sharing mental health concerns with a friend or peer?
- Uncomfortable
- Somewhat Uncomfortable
- Neutral
- Somewhat Comfortable
- Comfortable
20. What barriers exist in accessing mental health services and supports? (Select all that apply)

- [ ] Stigma
- [ ] Busy Schedule
- [ ] Hours of Service
- [ ] Long Wait
- [ ] Lack of Information
- [ ] Other (Please Specify)

21. Below are some ways our campus can work to reduce mental health concerns among students. Which two do you feel need the most improvement? (Select two choices)

- [ ] Reducing Stigma Among the Student Body
- [ ] Reducing Stigma Among Staff
- [ ] Increasing Awareness Among the Student Body
- [ ] Increasing Awareness Among Staff
- [ ] Increasing Counseling Staff
- [ ] Increasing Treatment Options
- [ ] Increasing Availability of Existing Treatment Options
- [ ] Other (Please Specify)

22. Please share any additional thoughts you have regarding anxiety on campus or Cal Poly's current mental health resources. (Optional)

- [ ] Open Response
Data Collection

The method of data collection used in this study is an anonymous online survey presented through the online survey service “All Counted”. The online survey was active for one week in February, 2017 and was distributed across university class Facebook pages for 2015-2019 academic classes. Students were asked to participate only if comfortable doing so. The survey focused on gathering information regarding student awareness levels of anxiety resources on campus, their perceived levels and symptoms of anxiety, and their perceptions as to what barriers exist to accessing mental health resources on our campus.

Data Presentation

The collected data was organized into data tables providing both raw numbers and statistical information, allowing for further insight. The answers for each question were also broken down into exact percentage points meant to quantify what portion of respondents selected each answer. Some questions also allowed for an “other” answer choice to be written in by participants. Such answers were documented as unique answers for consideration beyond the choices that were given.

Limitations

There are limitations for this study due to the time allotted to conduct the research. The study is organized to be performed as a senior project developed over the course of one academic quarter, per California Polytechnic University’s academic quarter system. This allowed for only ten weeks to complete the study in its entirety, limiting the possibility of further, more in depth research.
Delimitations

The delimitations of this study stem from a lack of financial funding. Seeing that this research received no grant funding, the ability to travel to visit other campuses to perform further research and gain greater insight was limited. Due to this financial difficulty, the researcher was also unable to provide any form of incentive to participate in a survey or distribute printed surveys which may have allowed for a larger, more random sample of survey participants.
Chapter 4

Data Analysis

The following chapter presents an overview of the data collection method implemented for this research study followed by the presentation of data collected.

Method of Data Collection

For this study, students and recent alumni of California Polytechnic State University, San Luis Obispo were asked to participate in an anonymous online survey entitled “Assessing Cal Poly’s Response to Student Anxiety”, presented through the online survey service All Counted. The questionnaire was developed specifically to assess Cal Poly’s performance in assisting students suffering with anxiety as well as to better understand the campus climate toward mental health issues. The online survey received a total of 201 respondents from among the Cal Poly community. Further demographic data is broken down in the presentation of data to follow in this chapter.

Presentation of Data

The data collected through the online survey is displayed throughout this chapter. The data is organized by first presenting a brief summation of the question posed followed by a table listing the answer choices provided to respondents, the number of respondents that selected each answer choice, and the percent of total respondents that selected each answer choice. Where applicable, the responses to open-answer questions are provided beneath the table. All tables are systematized with numeric labels located above each table on the left-hand side of the page. These labels will be used to reference specific tables for the duration of this report.
Table 1

**Respondent Age**

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Selections</th>
<th>% All Question Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>17-22</td>
<td>170</td>
<td>84.58%</td>
</tr>
<tr>
<td>23-27</td>
<td>30</td>
<td>14.93%</td>
</tr>
<tr>
<td>28-32</td>
<td>1</td>
<td>0.50%</td>
</tr>
<tr>
<td>33-37</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38-42</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2

**Respondent Academic Standing**

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Selections</th>
<th>% All Question Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshman</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sophomore</td>
<td>22</td>
<td>10.95%</td>
</tr>
<tr>
<td>Junior</td>
<td>56</td>
<td>27.86%</td>
</tr>
<tr>
<td>Senior</td>
<td>87</td>
<td>43.28%</td>
</tr>
<tr>
<td>Graduate Student</td>
<td>4</td>
<td>1.99%</td>
</tr>
<tr>
<td>Alumni</td>
<td>32</td>
<td>15.92%</td>
</tr>
</tbody>
</table>

Table 3

**Respondent Gender**

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Selections</th>
<th>% All Question Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>159</td>
<td>79.10%</td>
</tr>
<tr>
<td>Male</td>
<td>40</td>
<td>19.90%</td>
</tr>
<tr>
<td>Transgender</td>
<td>1</td>
<td>0.50%</td>
</tr>
<tr>
<td>Prefer Not to State</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0.50%</td>
</tr>
</tbody>
</table>
Table 4

*Services and Supports Critical to Respondent Success*

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Selections</th>
<th>% All Question Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer Support</td>
<td>87</td>
<td>43.94%</td>
</tr>
<tr>
<td>Walk-in Health Center</td>
<td>81</td>
<td>40.91%</td>
</tr>
<tr>
<td>Individual Counseling</td>
<td>75</td>
<td>37.88%</td>
</tr>
<tr>
<td>Crisis Services</td>
<td>13</td>
<td>6.57%</td>
</tr>
<tr>
<td>24-hour Hotline</td>
<td>13</td>
<td>6.57%</td>
</tr>
<tr>
<td>Screening and Evaluation</td>
<td>19</td>
<td>9.60%</td>
</tr>
<tr>
<td>Off-Campus Referrals</td>
<td>35</td>
<td>17.68%</td>
</tr>
<tr>
<td>Medications</td>
<td>67</td>
<td>33.84%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>48</td>
<td>24.24%</td>
</tr>
<tr>
<td>Group Counseling</td>
<td>21</td>
<td>10.61%</td>
</tr>
<tr>
<td>None of the Above</td>
<td>40</td>
<td>20.20%</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>6.06%</td>
</tr>
</tbody>
</table>

*Key Responses to “Other” Answer Choice:*

- Faculty Support
- Exercise/Yoga
- Academic Success Center
- Disability Resource Center
Table 5

*Mental Health and Wellbeing Resources Familiar to Respondent*

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Selections</th>
<th>% All Question Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Center</td>
<td>180</td>
<td>89.55%</td>
</tr>
<tr>
<td>Counseling Center</td>
<td>153</td>
<td>76.12%</td>
</tr>
<tr>
<td>24/7 Cal Poly Crisis Line</td>
<td>52</td>
<td>25.87%</td>
</tr>
<tr>
<td>Wellbeing Workshops</td>
<td>29</td>
<td>14.43%</td>
</tr>
<tr>
<td>PULSE</td>
<td>125</td>
<td>62.19%</td>
</tr>
<tr>
<td>RIO</td>
<td>26</td>
<td>12.94%</td>
</tr>
<tr>
<td>REAL</td>
<td>27</td>
<td>13.43%</td>
</tr>
<tr>
<td>EROS</td>
<td>32</td>
<td>15.92%</td>
</tr>
<tr>
<td>HEAT</td>
<td>33</td>
<td>16.42%</td>
</tr>
<tr>
<td>TLC</td>
<td>23</td>
<td>11.44%</td>
</tr>
<tr>
<td>None of the Above</td>
<td>12</td>
<td>5.97%</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>2.49%</td>
</tr>
</tbody>
</table>

*Key Responses to “Other” Answer Choice:*

- SAFER
- Active Minds
- Residential Wellness Counselors
- Anxiety Toolbox
Table 6

*How Respondents Learned About Campus Mental Health Resources*

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Selections</th>
<th>% All Question Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>College Website</td>
<td>37</td>
<td>18.41%</td>
</tr>
<tr>
<td>Student Health Center</td>
<td>55</td>
<td>27.36%</td>
</tr>
<tr>
<td>Faculty or Staff</td>
<td>32</td>
<td>15.92%</td>
</tr>
<tr>
<td>Peer</td>
<td>36</td>
<td>17.91%</td>
</tr>
<tr>
<td>I am not aware of campus mental health resources.</td>
<td>17</td>
<td>8.46%</td>
</tr>
<tr>
<td>Other</td>
<td>24</td>
<td>11.94%</td>
</tr>
</tbody>
</table>

*Key Responses to “Other” Answer Choice:*

- Orientation Programs (SOAR, WOW)
- Family
- Seeking Information

Table 7

*Respondents Having Accessed Campus Mental Health Services*

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Selections</th>
<th>% All Question Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>91</td>
<td>45.50%</td>
</tr>
<tr>
<td>No</td>
<td>109</td>
<td>54.50%</td>
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</table>

Table 8

*Respondent Knowledge of How to Access Mental Services*

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Selections</th>
<th>% All Question Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>155</td>
<td>77.50%</td>
</tr>
<tr>
<td>No</td>
<td>45</td>
<td>22.50%</td>
</tr>
</tbody>
</table>
Table 9

*Respondents Familiar with Anxiety Signs and Symptoms*

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Selections</th>
<th>% All Question Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>186</td>
<td>93.00%</td>
</tr>
<tr>
<td>No</td>
<td>14</td>
<td>7.00%</td>
</tr>
</tbody>
</table>

Table 10

*Self-Assessed Respondent Anxiety Level*

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Selections</th>
<th>% All Question Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detractors (0-6)</td>
<td>74</td>
<td>37.19%</td>
</tr>
<tr>
<td>Passives (7-8)</td>
<td>105</td>
<td>52.76%</td>
</tr>
<tr>
<td>Promoters (9-10)</td>
<td>20</td>
<td>10.05%</td>
</tr>
</tbody>
</table>

Table 11

*Respondent Mental Health Diagnoses*

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Selections</th>
<th>% All Question Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generalized Anxiety Disorder (GAD)</td>
<td>77</td>
<td>44.25%</td>
</tr>
<tr>
<td>Social Anxiety Disorder</td>
<td>28</td>
<td>16.09%</td>
</tr>
<tr>
<td>Obsessive Compulsive Disorder (OCD)</td>
<td>19</td>
<td>10.92%</td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>19</td>
<td>10.92%</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder (PTSD)</td>
<td>20</td>
<td>11.49%</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>63</td>
<td>36.21%</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>6.32%</td>
</tr>
</tbody>
</table>

*Key Responses to “Other” Answer Choice:*

- Undiagnosed Anxiety
- Bipolar Disorder
- Eating Disorders
- Depression
Table 12

Respondent Anxiety Symptoms

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Selections</th>
<th>% All Question Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel Numb</td>
<td>43</td>
<td>21.61%</td>
</tr>
<tr>
<td>Rapid Heartbeat</td>
<td>157</td>
<td>78.89%</td>
</tr>
<tr>
<td>Panic and Fear</td>
<td>164</td>
<td>82.41%</td>
</tr>
<tr>
<td>Shortness of Breath</td>
<td>104</td>
<td>52.26%</td>
</tr>
<tr>
<td>Trouble Sleeping or Nightmares</td>
<td>129</td>
<td>64.82%</td>
</tr>
<tr>
<td>Feeling Alone</td>
<td>124</td>
<td>62.31%</td>
</tr>
<tr>
<td>Angry Outbursts</td>
<td>66</td>
<td>33.17%</td>
</tr>
<tr>
<td>Feeling Worried, Guilty, or Sad</td>
<td>165</td>
<td>82.91%</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>3</td>
<td>1.51%</td>
</tr>
<tr>
<td>Other</td>
<td>21</td>
<td>10.55%</td>
</tr>
</tbody>
</table>

Key Responses to “Other” Answer Choice:
- Stomach Problems
- Feeling Faint
- Muscle Tightness
- Perspiration
- Inability to Focus
- Shaking

Table 13

Frequency of Respondent Stress

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Selections</th>
<th>% All Question Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequently</td>
<td>53</td>
<td>27.32%</td>
</tr>
<tr>
<td>Often</td>
<td>77</td>
<td>39.69%</td>
</tr>
<tr>
<td>Somewhat Often</td>
<td>51</td>
<td>26.29%</td>
</tr>
<tr>
<td>Not Often</td>
<td>11</td>
<td>5.67%</td>
</tr>
<tr>
<td>Never</td>
<td>2</td>
<td>1.03%</td>
</tr>
</tbody>
</table>
### Table 14

**Respondent Average Hours Slept per Night**

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Selections</th>
<th>% All Question Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>9+ hours</td>
<td>8</td>
<td>4.08%</td>
</tr>
<tr>
<td>7-8 hours</td>
<td>116</td>
<td>59.18%</td>
</tr>
<tr>
<td>5-6 hours</td>
<td>58</td>
<td>29.59%</td>
</tr>
<tr>
<td>4-5 hours</td>
<td>14</td>
<td>7.14%</td>
</tr>
<tr>
<td>3 or less hours</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 15

**Respondents Whose Mental Health Has Negatively Impacted Relationships**

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Selections</th>
<th>% All Question Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>167</td>
<td>85.20%</td>
</tr>
<tr>
<td>No</td>
<td>29</td>
<td>14.80%</td>
</tr>
</tbody>
</table>

### Table 16

**Respondents Whose Mental Health Has Negatively Impacted Academics**

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Selections</th>
<th>% All Question Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>165</td>
<td>84.18%</td>
</tr>
<tr>
<td>No</td>
<td>31</td>
<td>15.82%</td>
</tr>
</tbody>
</table>

### Table 17

**Respondent Evaluation of Campus Staff Support**

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Selections</th>
<th>% All Question Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Supportive</td>
<td>24</td>
<td>12.24%</td>
</tr>
<tr>
<td>Somewhat Supportive</td>
<td>120</td>
<td>61.22%</td>
</tr>
<tr>
<td>Supportive</td>
<td>52</td>
<td>26.53%</td>
</tr>
</tbody>
</table>
### Table 18

**Respondent Evaluation of Student Body Support**

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Selections</th>
<th>% All Question Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Supportive</td>
<td>43</td>
<td>21.94%</td>
</tr>
<tr>
<td>Somewhat Supportive</td>
<td>103</td>
<td>52.55%</td>
</tr>
<tr>
<td>Supportive</td>
<td>50</td>
<td>25.51%</td>
</tr>
</tbody>
</table>

### Table 19

**Respondent Comfort in Sharing Mental Health Concerns with Peers**

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Selections</th>
<th>% All Question Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncomfortable</td>
<td>36</td>
<td>18.37%</td>
</tr>
<tr>
<td>Somewhat Uncomfortable</td>
<td>44</td>
<td>22.45%</td>
</tr>
<tr>
<td>Neutral</td>
<td>23</td>
<td>11.73%</td>
</tr>
<tr>
<td>Somewhat Comfortable</td>
<td>64</td>
<td>32.65%</td>
</tr>
<tr>
<td>Comfortable</td>
<td>29</td>
<td>14.80%</td>
</tr>
</tbody>
</table>

### Table 20

**Barriers in Accessing Mental Health Services and Supports**

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Selections</th>
<th>% All Question Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stigma</td>
<td>125</td>
<td>65.45%</td>
</tr>
<tr>
<td>Busy Schedule</td>
<td>156</td>
<td>81.68%</td>
</tr>
<tr>
<td>Hours of Service</td>
<td>81</td>
<td>42.41%</td>
</tr>
<tr>
<td>Long Wait</td>
<td>80</td>
<td>41.88%</td>
</tr>
<tr>
<td>Lack of Information</td>
<td>79</td>
<td>41.36%</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
<td>5.24%</td>
</tr>
</tbody>
</table>

**Key Responses to “Other” Answer Choice:**

- Lack of Available Counselors
- Location
• Fear of Faculty Judgement
• Inability to Schedule Online Appointments

Key Quotes from Responses to “Other” Answer Choice:

I. Many students cited the lack of available resources as a reason they did not seek service, with some indicating that their mental health concerns were not treated as deserving of counseling.
   
   a. “Impacted. They only take people who are suicidal.”
   
   b. “The only way you can get one-on-one counseling is if you plan to hurt yourself.”
   
   c. “Lack of actual resources. Cal Poly told me I didn't have enough anxiety for treatment when I was crumbling and alone and having many panic attacks each day as a freshman. I went and sought my own counseling off campus.”

II. One student indicated that they, and other anxious students, may benefit from being permitted to schedule appointments online.

   a. “Lack of ability to make an appointment online! (rather than forcing anxious people to call or just walk-in)”
Table 21
Areas in which Respondents Believe Improvement is Needed

<table>
<thead>
<tr>
<th>Answer Choice</th>
<th>Selections</th>
<th>% All Question Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing Stigma Among the Student Body</td>
<td>72</td>
<td>37.50%</td>
</tr>
<tr>
<td>Reducing Stigma Among Staff</td>
<td>26</td>
<td>13.54%</td>
</tr>
<tr>
<td>Increasing Awareness Among the Student Body</td>
<td>56</td>
<td>29.17%</td>
</tr>
<tr>
<td>Increasing Awareness Among Staff</td>
<td>38</td>
<td>19.79%</td>
</tr>
<tr>
<td>Increasing Counseling Staff</td>
<td>50</td>
<td>26.04%</td>
</tr>
<tr>
<td>Increasing Treatment Options</td>
<td>53</td>
<td>27.60%</td>
</tr>
<tr>
<td>Increasing Availability of Existing Treatment Options</td>
<td>71</td>
<td>36.98%</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>2.60%</td>
</tr>
</tbody>
</table>

Key Responses to “Other” Answer Choice:

- More Information on Counseling
- Increasing Faculty Understanding
- All of the Above

Survey Question 22. Please share any additional thoughts you have regarding anxiety on campus or Cal Poly's current mental health resources. (Optional)

Total Responses: 25

Key Quotes In Response:

I. Regarding Seeking Help:

a. “There should be availability for one-on-one therapy for students that need it. I had a horrible experience of Cal Poly therapists telling me I didn’t have a problem worth their time to treat and turning me away.”
b. “I have had a horrible experience getting help at Cal Poly and my friends have too. One of my roommates went into the counseling center and totally let out everything she was worried about including sexual assault and some other experiences. After spilling the beans, she was told they can’t help her and given a list of counselors. She called every single on and not one of them had time to see her.”

c. “We need more professional counseling staff. There aren’t enough counselors to meet the needs of the student population. We should have walk-in counseling hours, just like we have walk-in Health Center hours, where no one is turned away or asked to come back in a week. The counseling center should also be able to schedule more than a week out.”

d. “Went to see if the campus had counseling. The people I spoke to were very nice and supportive, but ultimately told me that they couldn’t help me. Cal Poly only offers ongoing (more than 1 session) counseling to students who are an immediate threat (i.e., suicidal). My anxiety and depression wasn’t enough to get help, apparently. I now see an outside therapist and pay $400 a month.”

e. “The fact that Cal Poly essentially only offers group therapy is a huge turn-off when it comes to accessing mental health resources. I’d love to attend therapy (if only for 30 min/wk), but CP resources don’t make that available, thus I haven’t gone.”

f. “The DRC requires someone with a mental disability have physical documentation and diagnosis of that disability. I have been told by a therapist that I have PTSD, but she is a therapist and technically cannot diagnose me. I do not have the insurance or means to see an actual psychiatrist. This means I find it difficult to actually succeed if I start struggling in my classes.”
g. “My anxiety makes me reluctant to reach out and seek help. Scheduling appointments is something I have always struggled with due to social anxiety. Online scheduling would be amazing.”

II. Regarding Stigma Among Staff:

a. “I think people don’t understand how severely debilitating it is to have an anxiety disorder and that it’s not something you can just let go of because you have no control over that. I wish that professors were more understanding that some days I am so anxious that I can’t leave my room and not penalize you so much when your anxiety debilitates you in that way.”

b. “Teachers need a way to have panic attacks be recognized as a valid excuse for missing class. Going to the health center for a note every time this happens is not reasonable/often not possible. I’ve had some teachers who are understanding, and some who are flat out not understanding.”

c. “I’d like professors to be a bit more willing to listen. There is no way I’d ask for an extension now, as I don’t feel comfortable talking about mental health with professors.”

III. Regarding Stigma Among Students:

a. “I think that especially at Cal Poly there is a pressure to fit in to this seemingly positive, perfect place. After all, SLO is the ‘Happiest City in America’. Yet, I feel as though problems are ignored and put off. Feeling anything but grateful feels wrong to me, yet I have issues that interfere with my relationships. I believe that encouraging an open, honest environment is crucial to reducing stigma.”
b. “It’s a big issue that people don’t want to take seriously. I think a lot of people expect that they should feel stressed and don’t understand that panic attacks aren’t normal.”

c. “Cal Poly students are very ill-informed and I’ve faced ridicule for being a student with MDD, GAD, and BPD.”

IV. Regarding Personal Struggles:

a. “It’s hard to talk to people and I wish I had friends.”

b. “Cal Poly has increased my anxiety levels substantially and those who were supposed to be helping me did not seem to understand that irritability/angry outbursts are an anxiety symptom. My panic attacks ruined my relationships with my roommates and caused me to feel socially anxious and withdraw from everyone. I never spoke about my mental health out of fear until I had a huge panic attack.”
Chapter 5

Discussion and Recommendations

Summary

This study was performed to gather understanding regarding increasing anxiety among college students across the nation as well as to assess how universities are responding to these trends. Until recently, depression was considered the number one mental health diagnoses among the college student demographic. Recent studies have indicated, however, that anxiety has overtaken depression as the number one mental health diagnoses among college students, creating a need for further research regarding how campuses are currently serving, and may best serve, students struggling with this condition.

To help assess university performance in managing student anxiety, secondary research was performed analyzing the issue on a national scale. Following this research, a single-site case study was performed assessing the response of a California university, California Polytechnic State University, San Luis Obispo. To gather critical data, an online survey was conducted polling over 200 current students and recent graduates of the university regarding their experiences with mental health services and barriers on campus. The survey was strategically developed to help answer the following research questions for the study:

1. How many college students are struggling with anxiety?
2. How does anxiety impact college students?
3. How are universities responding to increasing student anxiety?
4. Why might students struggling with anxiety be hesitant to seek help?
5. How can a public awareness program be used to reduce student anxiety?
6. How should a public awareness campaign be structured to best address mental health stigma on college campuses?

7. What additional resources may be beneficial to help students manage their anxiety?

8. How might reducing student anxiety impact student success?

The survey conducted was developed with the above research questions in mind, though none were asked explicitly. The questionnaire ultimately solicited a large variety of responses that not only provided insight regarding the campus in question, but may also hold larger implications regarding student anxiety on a national level.

Discussion

In analyzing the single-site case study survey data presented in Chapter 4, connections made between respondent answers during the survey process, and the existing, national literature presented in Chapter 2, the following conclusions have been made in response to each research question.

Research Question 1: How many college students are struggling with anxiety?

National research literature overwhelmingly indicates that anxiety is increasing on college campuses across the nation. “There is no question that all of the national surveys we have at our fingertips show a distinct rise in the number of mental health problems,” said Jerald Kay, M.D., Professor and Chair of the Department of Psychiatry at the Wright State University School of Medicine (Tartakovsky, 2016). The National College Health Assessment Survey performed by the American College Health Association (2016, p. 14) indicates that nearly 60% of college students report having experienced overwhelming anxiety within the last year.
When comparing the responses of students attending California Polytechnic State University, San Luis Obispo, research indicates that student anxiety rates are even higher than national levels. Survey data shows that 67% of student respondents experience significant stress (Table 13) often or frequently while attending the university. When asked to rank their anxiety on a scale from one to ten, nearly 63% of respondents ranked their general anxiety level as falling between a seven and a ten (Table 10). Beyond this, over half of respondents indicated having been officially diagnosed with one or more anxiety disorders (Table 11).

Overall, one may conclude that California Polytechnic State University, San Luis Obispo is not an exception to national trends of increasing anxiety on college campuses. On the contrary, the university shows even more concerning numbers than national research has gathered, indicating a need for adjustment in the university’s response to mental health concerns.

**Research Question 2: How does anxiety impact college students?**

According to Best Colleges (2016), “Anxiety disorders occur when anxiety interferes with your daily life, halting your ability to function, and causing an immense amount of stress and fearful feelings.” There are many different anxiety disorders that may manifest a large variety of both physical and mental symptoms that ultimately cause difficulty in functioning normally in daily life. According to the American College Health Association’s most recent survey, over 30% of respondents reported that stress and anxiety concerns have had a negative impact on their academic performance (2017, p. 5). Further, in the most recent annual report published from the CCMH (2017, p. 9), another 23% reported concerns with interpersonal functioning, 21% reported struggling with their self-esteem, and 15% reported difficulty sleeping.
In analyzing data collected from the single-site case study, students attending California Polytechnic State University, San Luis Obispo report experiencing an array of both mental and physical symptoms that may lead to difficulties in managing daily life. According to the survey, over 82% of students experience feelings of panic, fear, worry, guilt, and sadness when their anxiety rises (Table 12). Further, over 78% of students report experiencing a rapid heartbeat and over 60% have indicated experiencing trouble sleeping, nightmares, and feelings of being alone (Table 12). Other mental and physical symptoms students reported include stomach difficulties, shortness of breath, inability to focus, muscle tension, and faint feelings (see pg. 31). Survey data also indicates that 85% of student respondents feel that their mental health has negatively impacted their relationships (Table 15) and 84% feel it has negatively impacted their academics (Table 16).

Ultimately, California Polytechnic State University, San Luis Obispo, shows significantly larger numbers of students reporting severe anxiety symptoms when compared to the national figures, with a clear majority of students reporting physical and mental symptoms and negative impacts to both their interpersonal relationships and academics.

**Research Question 3: How are universities responding to increasing student anxiety?**

Research indicates a clear and growing need for mental health services on college campuses, though, with limited budgets and understanding of the trends, many college health centers are struggling to accommodate the influx of students seeking services (Novotney, 2014). In analyzing data gathered over the last five years from over 400 institutions, CCMH has found that the use of college counseling centers has grown by over 30% while enrollment has grown by only 5% (2017, p. 3). AUUCD research shows that, “larger institutions have struggled to attain
pre-2008 recession budget levels, reflected in fewer counseling clinicians proportionate to the student body” (Novotney, 2014).

In analyzing survey data gathered from California Polytechnic State University, San Luis Obispo, it is clear that the university has found difficulty in accommodating the influx of students seeking services. When asked how supportive of mental health concerns students feel the campus staff is, 61% said they felt the campus was only somewhat supportive, with 12% reporting they do not feel the campus is supportive at all (Table 17). Nearly 42% of respondents also indicated that long wait times acted as a barrier to accessing mental health services on campus (Table 20). Many students also cited the lack of available resources as a reason they did not seek services, with several indicating that their mental health concerns were not treated as deserving of counseling (see pg. 34). One student shared the following in response to an open-ended question, “There should be availability for one-on-one therapy for students that need it. I had a horrible experience of Cal Poly therapists telling me I didn’t have a problem worth their time to treat and turning me away.” This quote was one of nine that expressed similar concerns.

In analyzing the research performed, one may conclude that California Polytechnic State University, San Luis Obispo, like many universities across the country, lacks adequate resources to accommodate student mental health concerns.

**Research Question 4: Why might students struggling with anxiety be hesitant to seek help?**

Research performed by the National Alliance on Mental Illness (NAMI) indicates that although 1 in 4 college students have a diagnosable illness, 40% do not seek help (Pfeifer, 2015). Though there are many reasons one may not seek help, including lack of available resources, finances, or confidentiality concerns, research performed by the Jed Foundation, a non-profit
organization dedicated to improving the mental health of college students, indicates that stigma and embarrassment were the top two reasons students would not seek help (Tartakovsky, 2016).

The survey performed at California Polytechnic State University, San Luis Obispo, indicates that students face a number of barriers to accessing mental health services. In addition to the lack of resources discussed in response to the previous research question, 81% of students cited busy schedules as a reason not to seek help, while over 40% also indicated that resource hours and lack of information impeded them (Table 20). More than 65% of students identified stigma as a significant barrier to accessing mental health resources (Table 20), with 40% of respondents indicating that they were either somewhat uncomfortable or not comfortable with sharing mental health concerns with peers (Table 19). When asked what mental health barriers needed the most improvement on campus, answers were divided, but the answer choice “reducing stigma among the student body” received the highest volume of selections with over 37% of students citing this as being among the most critical issues to address (Table 21). In response to an open-ended question, several students cited stigma as a concern both among the student body and the staff, with many indicating a desire for professors to be more understanding and willing to accommodate mental health concerns (see pg. 37). One student shared,

I think that especially at Cal Poly there is a pressure to fit in to this seemingly positive, perfect place. After all, SLO is the ‘Happiest City in America’. Yet, I feel as though problems are ignored and put off. Feeling anything but grateful feels wrong to me, yet I have issues that interfere with my relationships. I believe that encouraging an open, honest environment is crucial to reducing stigma.
Research indicates that students attending California Polytechnic State University, San Luis Obispo face a number of barriers to accessing mental health resources, though stigma has been identified as a top concern among students.

**Research Question 5: How can a public awareness campaign be used to reduce student anxiety?**

According to researchers at NAMI, educating students and encouraging open conversation about mental health are among the primary ways to combat mental health stigma, in turn leaving students less afraid of seeking help, whether it be from counselors or peers (Greenstein, 2015). A public awareness campaign aimed at education regarding mental health concerns may lead to reduced stigma among campus communities, greater mental health literacy, and may ultimately increase the number of students recognizing a need for and seeking out help.

Survey research indicates that California Polytechnic State University, San Luis Obispo students have identified a need to reduce mental health stigma on campus and encourage open conversation. With more than 65% of respondents indicating that stigma acts as a barrier to seeking out and receiving mental health services (Table 20), a public awareness campaign may be used to reduce stigma on campus and to encourage students to seek help. Over 40% of student respondents have also indicated discomfort in sharing concerns with peers (Table 19) while over 62% have indicated feeling alone in their struggle with anxiety (Table 12).

Ultimately, one may conclude that a public awareness campaign aimed at encouraging open conversation and making students aware that they are not alone in their mental health concerns may encourage a more open dialogue for students to feel safe to seek help whether it be from campus resources or peers.
Research Question 6: How should a public awareness campaign be focused to best address mental health concerns on college campuses?

Preexisting literature indicates that several colleges have implemented public awareness campaigns on their campuses with the intention of improving student mental health and/or reducing stigma. Research from the AUCCCD indicates that a typical clinic staff member now spends an average of 20% of their work hours on outreach initiatives and programs (Hoffman, 2015).

Research suggests that successful awareness campaigns are best structured in a way that strategically meets the needs of students on that particular campus. For instance, events put on by the University of Central Florida and Utica College, among others, focus their mental health campaigns on providing stress reducing activities for students, as this is their central area of concern (Pfeifer, 2015; Hoffman, 2015). For other universities and organizations, including the national organization Active Minds (2017), reducing stigma has been identified as the key focus of campus mental health campaigns. According to Active Minds, their programs goals include spreading awareness and creating “supportive communities wherein speaking about one’s struggles is a sign of strength and self-awareness”.

In analyzing the research conducted at California Polytechnic State University, San Luis Obispo, it is clear that students are seeking an environment free of stigma, in which they feel unafraid to share their concerns with peers and staff. For this reason, a public awareness campaign providing only stress-reducing activities may not prove the most effective on this campus. In order to meet the needs of students, a campaign on this campus should be developed
with the intention of provoking thought and conversation surrounding the issue of mental health on campus, and encouraging students to share their stories with others.

**Research Question 7: What additional resources may be beneficial to help students manage their anxiety?**

Counseling center budgets are limited and waitlists of students waiting to be seen are growing exponentially (Novotney, 2014). In response, several colleges are turning to alternative methods to help students relieve their anxiety symptoms on their own or while they wait to be seen by a professional- counselors are referring students to the campus gym (Chan, 2013). One of the top methods recommended by the ADAA (2014) for managing stress and anxiety is exercise:

According to some studies, regular exercise works as well as medication for some people to reduce symptoms of anxiety and depression, and the effects can be long lasting. One vigorous exercise session can help alleviate symptoms for hours, and a regular schedule may significantly reduce them over time (ADAA, 2014).

According to the survey conducted at California Polytechnic State University, San Luis Obispo, many students fear seeking services as a result of campus wide stigma and limited resources. Some students cited, however, that exercise and yoga were among the ways that they relieved their anxiety in a less stigmatized environment than counseling (see pg. 27). One student shared the following:

“I have not heard of a group that focuses on the mind-body health connection specifically. Maybe some of the existing resources can create more events that provide yoga or hiking with mental health concerns.”
For campuses like California Polytechnic State University, San Luis Obispo that are having difficulties providing adequate resources to accommodate the increasing number of students seeking them, referring students to seek this form of help may be a viable option. According to the university’s list of classes available at their campus recreation center, there are several classes within the “Mind and Body” class category already available to students, including a number of different yoga courses (Associated Students Inc., 2017). Highlighting the availability and benefits of these classes may also be beneficial in developing an awareness campaign that may leave a lasting impact in connecting students to available, less stigmatized resources.

**Research Question 8: How might reducing student anxiety impact student success?**

According to Active Minds, mental health issues among the college student population are associated with a lower GPA and a higher probability of dropping out of school (Malmon, 2017). An ACHA research study of over 95,000 students supports this claim as anxiety was cited as the number two factor negatively influencing student academics, second only to stress, the leading cause of anxiety (ACHA, 2016).

The survey data collected from California Polytechnic State University, San Luis Obispo indicates that student stress and anxiety levels are high on this campus, leading to difficulties in managing interpersonal relationships and academics. Over 67% of student respondents indicated having experienced often or frequent stress while attending the university (Table 13), with more than 62% reporting high levels of anxiety (Table 10). Evidence indicates that these stress and anxiety levels have impacted the daily lives of students even beyond the symptoms with which they are associated. Over 84% of survey respondents reported that their mental health has
negatively impacted their academics, and 85% of students report that it has negatively impacted their interpersonal relationships.

Ultimately, one may conclude that as a result of high levels of anxiety and stress, students attending California Polytechnic State University, San Luis Obispo have found difficulty in balancing their social and academic lives, which may ultimately lead to higher dropout rates from the institution, as is indicated by national trends.

**Recommendations for Practice**

Following the completion of this study, a substantial amount of data has been gathered on the topic of anxiety among college students, particularly regarding those in attendance of California Polytechnic State University, San Luis Obispo, the location for the single-site case study. In light of this, it is critical to bring attention to the key conclusions that can be made from this research in order to improve the university’s response to student mental health concerns. Though the following recommendations speak directly to practitioners of California Polytechnic University, San Luis Obispo in response to survey data gathered, these conclusions may also be more broadly applied to campuses across the nation, as national research indicates that these anxiety trends are consistent throughout the country.

**The Need for an Awareness Campaign: Battling Stigma Strategically**

According to survey data, over 60% of California Polytechnic State University San Luis Obispo respondents reported crippling levels of stress and anxiety. Students report that their mental health is accompanied by a number of physical and mental symptoms that impact daily functioning and have resulted in negative impacts to their interpersonal relationships and academic success. When asked what barriers exist to accessing mental health resources, more
than 65% of students cited campus stigma as a barrier to seeking help, with over 37% of students indicating that student stigma should be seen as a top priority to address on campus.

Developing a strategic public awareness campaign, grounded in theory, may prove highly effective in combatting stigma among the campus community. According to the Health Belief Model, a theory that examines the ways in which personal values and beliefs play a role in a person’s mentality and willingness to take action in terms of their health, perceived barriers have been identified as one of six key reasons that people refrain from seeking help (Egan, 2012). This theory therefore supports the argument that battling stigma on campus is critical to encouraging students to seek help for their mental health concerns, whether it be from university practitioners or peers.

When analyzing several mental health campaigns implemented by campuses across the country, the structure that may best be adopted for the campus of California Polytechnic State University, San Luis Obispo is one in which spans multiple days, to ensure maximum reach, and primarily aims to combat stigma while connecting students to campus resources to reduce anxiety, including alternate resources such as yoga, meditation, and other offerings. Many campaigns across the nation such as those implemented by University of Central Florida and Utica College aim to help students de-stress, but do not place enough emphasis on stigma to properly combat this issue.

In the survey responses collected, many students cited concern regarding campus stigma, offering suggestions to work toward reducing stigma among the campus community. One respondent shared, “I believe that encouraging an open, honest environment is crucial to reducing stigma.” There are several ways in which a campaign may accomplish this. First, students should be given a platform on which to share their struggles and encouragement for
others. One way to accomplish this is placing a large wall in a highly populated area of campus on which students are encouraged to write their story and offer encouragement for others struggling. Another way to encourage an open environment is to offer a “notes of encouragement” jar or bowl in which students are asked to leave a small note of encouragement in the container and take one for themselves. These methods allow students to offer support to others that may be struggling while also giving them a platform upon which they feel welcome to speak to their struggles with mental health and anxiety.

According to the campus survey, over 62% of students also indicated feeling alone in their struggle with anxiety. The campaign implemented should therefore pay careful attention to ensuring that students do not feel alone in their fight with mental health as well as connecting these students with campus resources. To accomplish this, openly sharing the campus anxiety statistics proves to be a clear way to demonstrate to struggling students that they are not alone and to spark conversation surrounding the issue. According to the survey data conducted in this study, it may be estimated that nearly 2 in every 3 students attending California Polytechnic State University, San Luis Obispo suffers from anxiety. In order to connect these students to vital resources, an information booth for counseling services should be installed throughout the campaign, and specific events should be held to highlight these resources as well as alternate resources, including yoga, meditation, and other campus offerings that may be of benefit to suffering students.

Ultimately, national research and survey data both speak to the ways in which a public awareness campaign may prove to be highly effective in combatting stigma surrounding student anxiety, connecting students to resources, and encouraging open conversation surrounding the
Allocation of Resources

National data indicates that universities across the country are struggling to accommodate the increasing number of students seeking mental health services. According to “Students Under Pressure”, an article published by the American Psychological Association, there is “an increasing number of students who struggle with getting treatment for their mental health issues” (Novotney, 2014). In fact, a survey performed by the Association for University and College Counseling Center Directors found that from 2010 to 2012, the average maximum number of students on a counseling center waiting list nearly doubled (Novotney, 2014).

Data gathered from California Polytechnic State University, San Luis Obispo indicates that the university is one of many throughout the country struggling to accommodate students seeking help. Nearly 42% of respondents indicated that long wait times deterred them from seeking help from mental health resources on campus, with many students also sharing that their conditions have been treated as undeserving of treatment. Below are a few quotes students shared on this subject within the survey:

- “[The counseling center is] impacted. They only take people who are suicidal.”
- “The only way you can get one-on-one counseling is if you plan to hurt yourself.”
- “Lack of actual resources. Cal Poly told me I didn't have enough anxiety for treatment when I was crumbling and alone and having many panic attacks each day as a freshman. I went and sought my own counseling off campus.”
It takes a lot of strength for a student with anxiety to reach out for help and to be turned away can be incredibly disheartening. Understanding that the university’s budget is limited to accommodate the large number of students seeking help, the reallocation of resources and finances may be necessary. According to survey data, few students cited having been aware of the many group counseling and wellbeing options provided by the university (Table 5) while several respondents indicated that they would prefer individual counseling. The following quotes from survey respondents speak to this point:

- “The fact that Cal Poly essentially only offers group therapy is a huge turn-off when it comes to accessing mental health resources. I’d love to attend therapy (if only for 30 min/wk), but CP resources don’t make that available, thus I haven’t gone.”
- “We need more professional counseling staff. There aren’t enough counselors to meet the needs of the student population. We should have walk-in counseling hours, just like we have walk-in Health Center hours, where no one is turned away or asked to come back in a week.”
- “There should be availability for one-on-one therapy for students that need it. I had a horrible experience of Cal Poly therapists telling me I didn’t have a problem worth their time to treat and turning me away.”

Overall, survey data indicates that California Polytechnic University, San Luis Obispo has struggled to accommodate an increasing number of students seeking mental health resources, with many students citing a need for increased availability of one-on-one counseling. Acknowledging that university budgets are limited, the university may need to reallocate resources and funding away from programs students have indicated having little interest in participating in in order to better accommodate student needs.
Partnering with Alternate Resources

In order to maximize the number of students receiving university assistance to help combat mental health concerns, it may be in the best interest of many universities to refer students to alternate campus resources beyond those offered by campus health and counseling centers. In response to increasing numbers of students seeking help and growing counseling center waitlists, several colleges are referring students to the gym to help relieve their anxiety symptoms on their own or while they wait to be seen by a professional (Chan, 2013). Research indicates that exercise can be remarkably beneficial to students suffering from mental health issues, particularly stress, anxiety and depression:

According to some studies, regular exercise works as well as medication for some people to reduce symptoms of anxiety and depression, and the effects can be long lasting. One vigorous exercise session can help alleviate symptoms for hours, and a regular schedule may significantly reduce them over time (ADAA, 2014).

Among the types of exercise proven to be beneficial for anxiety are aerobic activities, such as Zumba or Spin classes, yoga, and meditation (ADAA, 2014; News Medical, 2017). Some survey respondents also indicated interest in this form of treatment. One respondent shared, “I have not heard of a group that focuses on the mind-body health connection specifically. Maybe some of the existing resources can create more events that provide yoga or hiking with mental health concerns.”

It is important to acknowledge that this outsourcing of resources should not be treated as a permanent fix, as ultimately the majority of students have indicated seeking direct, one-on-one counseling. Though this practice should not be implemented as a long-term solution for reducing
student anxiety, this method can be used to help benefit students while funds are reallocated or raised to provide more availability of individual counseling services.

**Recommendations for Further Research**

Following the conclusion of this study, it has been made clear that there are three critical areas in which anxiety research is lacking regarding college students. If conducted, each of the following suggested studies may provide critical information that may ultimately lead to improvement in student mental health programs across the nation.

**Leading Causes of Student Anxiety**

In order to better understand the leading causes of student anxiety, both site-specific and national surveys should be conducted to assess if there are any common contributors that can be identified across institutions. These questionnaires should be developed to gather understanding regarding what has led to national trends of increasing anxiety among college students, as this information can then be used to develop resolutions to help slow, and ideally reverse, these trends.

**Best Practices for Higher Education Institutions**

Anxiety research appears to be lacking in analyzing best practices for higher education institutions to implement in combatting mental health concerns among students. A detailed study should be implemented analyzing the approaches of universities whose anxiety rates fall below the national average when compared to those whose rates are significantly higher. This information can be used to better understand how universities can best respond to mental health concerns among their student populations.
Site-Specific Research

The importance of campus specific research cannot be underestimated in determining how best to treat student anxiety. Each campus community is different, not just in size and funding, but also in campus climate and community perceptions of mental health. With this in mind, it is critical that universities be looking inward in assessing student concerns and conducting their own research, specialized for their institution. The survey data gathered from California Polytechnic State University, San Luis Obispo reinforces this point, as this research revealed areas in which the university’s statistics did not align with national trends as well as areas in which students have identified room for improvement. Collecting site-specific data such as this can then be used to cater university responses to mental health that are grounded in research and are therefore more likely to make a lasting impact.

Study Conclusion

In conclusion, given the general findings of this study, there exists a growing need for improved university response to student mental health concerns, particularly regarding anxiety, both across the nation and within the university at which the single-site case study was performed, California Polytechnic State University, San Luis Obispo.

In the single-site case study, California Polytechnic State University, San Luis Obispo was assessed to have above average rates of student anxiety and stress, with students sharing concern regarding campus-wide stigma, lack of available mental health resources, and feelings of being alone in their battle with mental health. In analyzing national data and trends alongside data gathered from the single-site case study, three primary conclusions were made. First, it was concluded that a public awareness campaign should be implemented on this campus with the
primary goal of combatting stigma among the campus community and connecting students to not only primary mental health resources but alternate resources as well, such as those offered by the campus Recreation Center. It was also concluded that the campus should consider reallocating resources and funding for mental health concerns, removing emphasis on group and niche therapy programs in order to provide more one-on-one counseling, as this was assessed to be of a higher necessity to student respondents. Finally, data gathered indicated that connecting students to alternate resources to manage their stress and anxiety, such as yoga, meditation, and aerobic classes offered by the campus gym, may prove effective as a temporary solution for the overwhelmed campus counseling center as they work to reallocate resources or to increase funding.

Following the conclusion of this study, three areas were identified as necessitating further research regarding anxiety among college students: the leading causes of anxiety, best practices for higher education institutions, and single-site case studies. Each of these research topics were identified as having received little attention in previous research. If this research were to be performed, however, data collected may help to provide greater understanding of student anxiety as well as provide critical insight regarding what responses may be most effective for institutions in helping combat student anxiety and alarming national trends.

It is important to acknowledge that the primary data gathered in this study was specific to a single institution in California and therefore cannot be directly applied to other institutions. However, the data gathered may be used as an educational tool or guide in structuring further research or awareness campaigns. The research performed also holds national implications and offers recommendations that may be applied to institutions with similar campus climates and rates of anxiety.
REFERENCES


APPENDIX

Figure 1: Sample Promotional Poster Concept
Figure 2: Sample Sandwich Board Mockup

Figure 3: Sample Flier Mockup
Free to Breathe: An Anxiety Awareness Campaign

Suggested Campaign Booklet Outline

I. Executive Summary

II. Situation Analysis
   A. Background Research
   B. Theoretical Underpinning

III. Campaign Overview
   A. Concept Summary
   B. Key Messages and Themes
   C. Goals and Objectives

IV. Campaign Tactics
   A. Overarching Tactics
      a. Information Booth
      b. Encouragement Notes
      c. Words of Wisdom Wall
   B. Day One Event- Restorative Yoga
      a. Overview
      b. Tactics
      c. Implementation
   C. Day Two Event- Mindful Meditation
      a. Overview
      b. Tactics
      c. Implementation
   D. Day Three Event- Zumba
a. Overview
b. Tactics
c. Implementation

IV. Marketing Strategy

A. Marketing Materials
   a. Posters/Sandwich Boards
   c. Turquoise Awareness Ribbons
d. Buttons/Stickers

B. Social Media Strategy
   a. Facebook Event Page
   b. Instagram Content Curation
   c. Sound Cloud Relaxation Study Playlist

C. Campus Partnerships
   a. Counseling Center
   b. PULSE
c. Recreation Center
d. Psychology Department

V. Evaluation

VI. Budgeting

VII. Timetable

VIII. Works Cited

IX. Appendix

*Figure 4: Sample Campaign Outline*