

Mental Health Association in New Jersey (MHANJ)
In Collaboration With
New Jersey Council of County Colleges (NJCCC)

ENHANCING MENTAL HEALTH INFORMATION FOR STUDENTS

December, 2023

Purpose

MHANJ received the *New Jersey Civic Information Consortium* grant for 2023 to assess how community college students currently receive information about mental health services and how they prefer to receive information about these services.

The Survey Objectives were to:

- 1. Gain intelligence of the most effective methods of how students receive information about mental health services.
- 2. Increase awareness among community college students of understanding mental health care and how to access services.
- 3. Support improved communications about mental health services to this targeted audience.

Methods

Ten of eighteen community colleges in New Jersey elected to participate in the study. New Jersey Council of County Colleges (NJCCC) facilitated the introduction of the study to the college Presidents and participated as advisors throughout the study process.

A representative advisory board was formed and approval was obtained from all IT and IR departments. Participating institutions were: Atlantic Cape Community College, Bergen Community College, Brookdale Community College, Camden County College, Hudson County Community College, Mercer County Community College, Ocean County Community College, Passaic County Community College, RCSJ (Rowan College of South Jersey), and Salem Community College.

Posters with QR codes were posted on public campus locations and were accompanied by an email campaign announcing the survey on September 25, 2023. Emails were sent to students and cc'ed to the faculty from the College Presidents on Day 1, from the Dean of Students on Day 3, and from the Department heads to faculty on Day 5. The electronic survey closed on October 18, 2023. Survey questions are included in Appendix A.

Results

A total of 5037 surveys were received. A breakdown of the demographics of the respondents is included in Table 1:

Table 1

Demographic Characteristics of Sample	% of Respondents
Student Status	
Full Time	67%
Part Time	33%
Gender	
Female	66%
Male	34%
Ethnicity	
Latinx	35%
Non-Latinx	65%
Race	
White	56%
Black/African American	16%
Asian	6%
Don't Know/Not Sure	9%
Other	10%
American Indian/Alaskan Native	2%
Native Hawaiian	1%
Marital Status	
Single	84%
Married	10%
Living as Married	2%
Divorced/Separated	3%
Widowed	0.3%
Age	
18-21	51%
22-30	27%
31-40	11%
>41	11%

Compared to NJCCC data, our sample skews full time (67% versus 57% for NJCCC) and slightly female (66% versus 58% for NJCCC) compared with the population of NJ Community Colleges in 2021. The other sample demographic characteristics are similar to the NJCCC population data percentages.

The survey was divided into three sections:

- 1) Questions about Confidence Seeking Mental Health Information,
- 2) Questions about Likelihood of Using Various Sources for Mental Health Information, and
- 3) Questions about Opinions on Mental Health Issues.

Confidence Seeking Mental Health Information

Respondents were in general agreement (3 or more on a 5-point Likert Scale) that they were:

- 1) Confident that I know where to seek information about mental health
- 2) Confident attending face to face appointments to seek information about mental health
- 3) Confident my family would support my seeking help for mental health.

There was greatest average agreement on confidence attending face to face appointments to seek information about mental health as demonstrated in Figure 1.

Figure 1



Although respondents generally indicated confidence, there were some demographic differences in their level of confidence. Respondents who chose "Prefer Not To Say" for their gender were less likely to report confidence than their male and female counterparts. Older respondents (over 26), white respondents, and divorced respondents were the age, race, and marital status groups reporting the highest average agreement.

Further Analysis by Question:

"I am confident I know where to seek information about mental health"

Population breakdown of responses (1-5):

Figure 1a

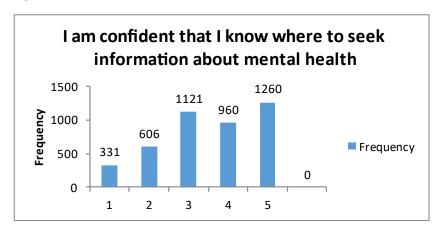


Figure 1b

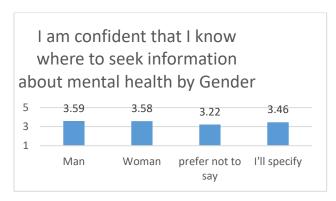


Figure 1c

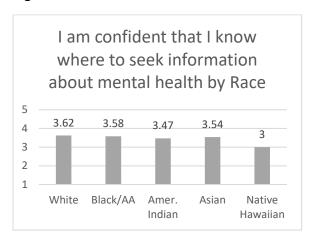


Figure 1d

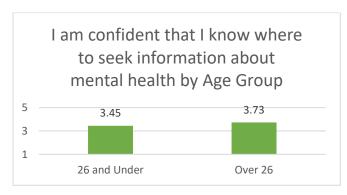
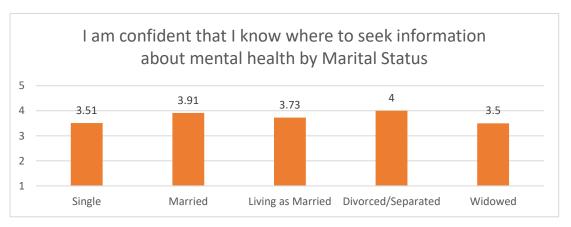


Figure 1e



Further Analysis by Question:

"I am confident attending face to face appointments to seek information about mental health"

Population breakdown of responses (1-5):

Figure 1f

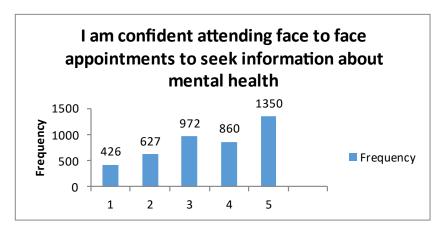


Figure 1g

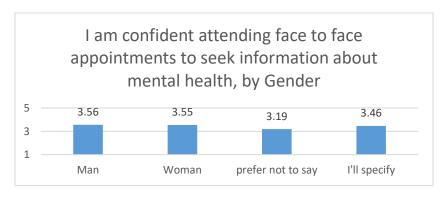


Figure 1h

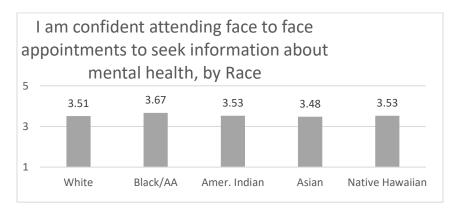


Figure 1i

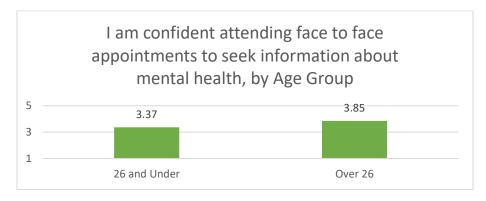
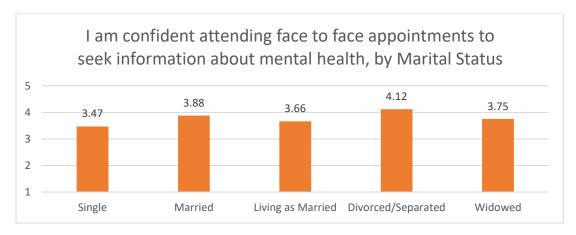


Figure 1j



Further Analysis of Question:

"I am confident my family would support my seeking help for mental health challenges"

Population breakdown of responses (1-5):

Figure 1k



Figure 1

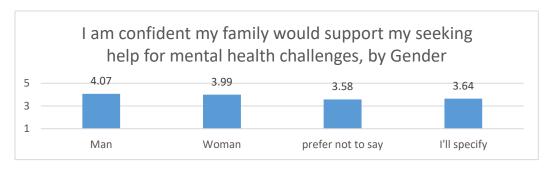


Figure 1m

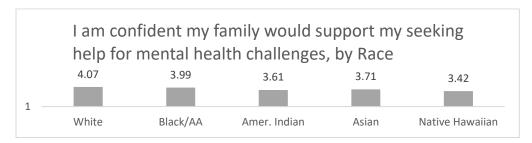
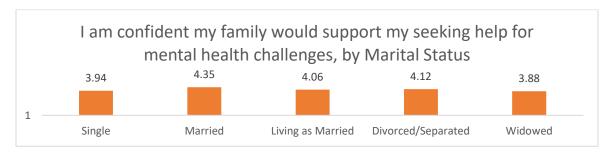


Figure 1n



Figure 1o



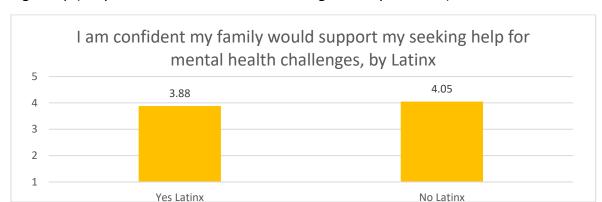
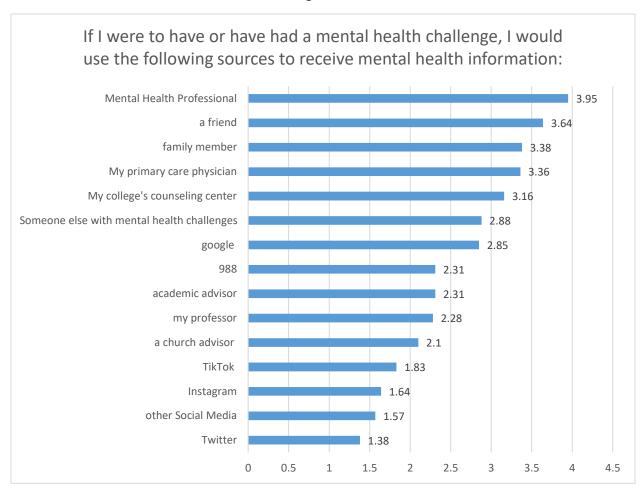


Figure 1p (Only statement where Latinx were significantly different)

Questions about Likelihood of Using Various Sources for Mental Health Information

The second set of questions asked respondents how they would rank fifteen different sources for mental health information with the question, "If I were to have or have had a mental health challenge, I would use the following sources to receive mental health information:" Their average responses (5 = Total Agreement) are included in Figure 2, See appendices for population breakdown of responses for each of the following sources.

Figure 2a



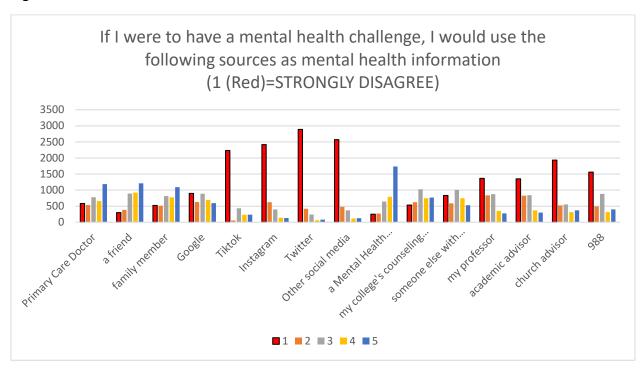
The above graph demonstrates that respondents were most likely to indicate that they receive (or would receive) mental health information from Mental Health Professionals, followed by "a friend", and then "a family member". Respondents had the least average faith in Twitter, and then "other Social Media", Instagram, then TikTok, and "a church advisor". It was observed that respondents under 26 and those identifying as Latinx gave higher average scores to Twitter than their older and non-Latinx counterparts.

Those over 26 gave slightly higher average scores to "a church advisor" than those younger, while those who chose "Other" for their gender gave lower average scores to "a church advisor" than their male, female, and "prefer not to say" cohorts.

Other demographic differences are displayed in Appendix B.

Population breakdown of responses for each question about Sources are in Figure 2b. The breakdown of each of these individual categories is magnified in Appendix C

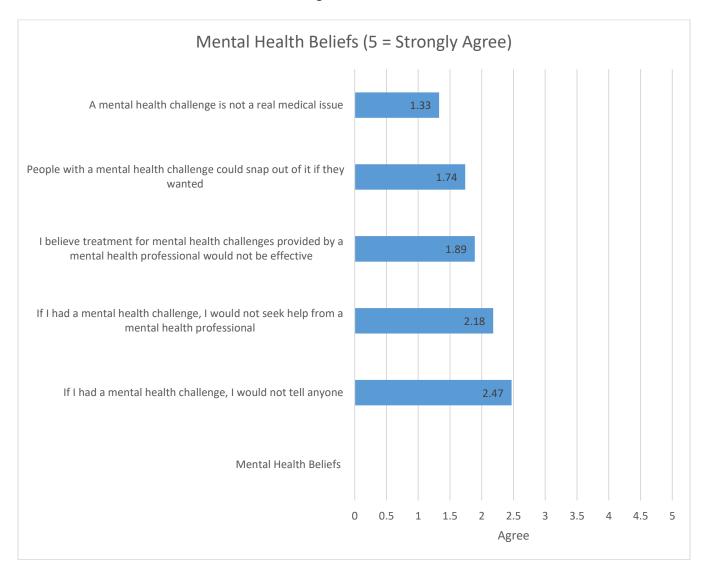
Figure 2b



Questions about Beliefs on Mental Health Issues

Five questions were asked to determine respondents' general opinions about mental health issues/beliefs. All five were worded in the negative (or using negative terms) and there was generally low agreement, therefore, with all five. The overall scores are depicted in Figure 3:

Agreement With Beliefs About Mental Health Figure 3



On average, respondents did NOT agree with any of the statements listed above. Reversing the negative phrasing, respondents, on average, believe: 1) that mental health challenges are real medical issues; 2) people with mental health challenges cannot just "snap out of it"; 3) that treatment by a professional would be helpful; 4) that they would seek help from a mental health professional; and, to a lesser extent, 5) that if they had a mental health challenge, they would tell someone.

Further Analysis of Mental Health Belief Statement:

"A mental health challenge is not a real medical issue"

Population breakdown of responses (1-5):

Figure 3a (1 = Strongly Disagree)

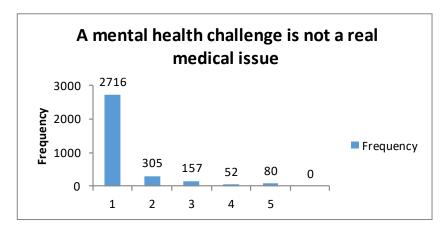


Figure 3b (1 = Strongly Disagree)

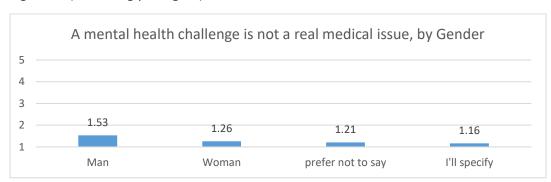


Figure 3c (1 = Strongly Disagree)

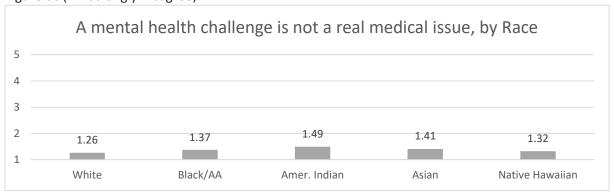


Figure 3d (1 = Strongly Disagree)

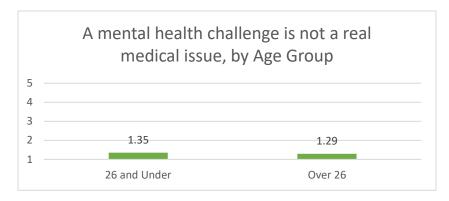
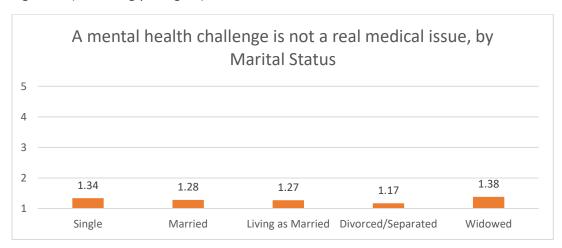


Figure 3e (1 = Strongly Disagree)



Further Analysis of Mental Health Belief Statement:

"People with a mental health challenge could snap out of it if they wanted"

Population breakdown of responses (1-5):

Figure 3f (1 = Strongly Disagree)

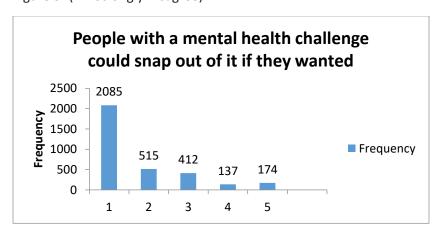


Figure 3g (1 = Strongly Disagree)

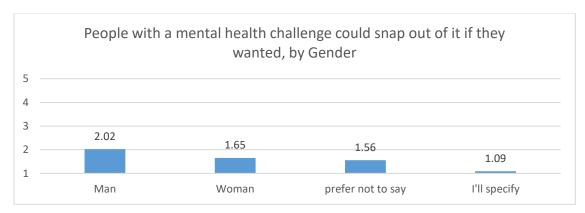


Figure 3h (1 = Strongly Disagree)

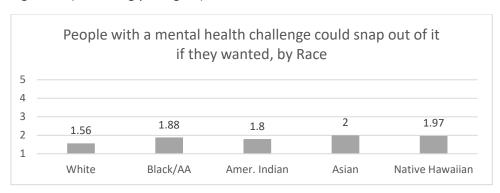


Figure 3i (1 = Strongly Disagree)



Figure 3j (1 = Strongly Disagree)



Further Analysis of Mental Health Belief Statement:

"I believe treatment for mental health challenges provided by a mental health professional would not be effective"

Population breakdown of responses (1-5):

Figure 3k (1 = Strongly Disagree)

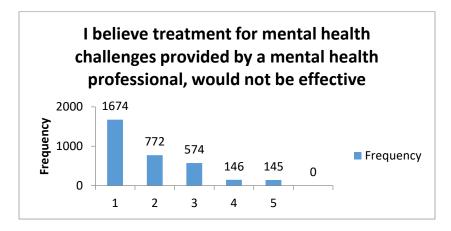


Figure 3I (1 = Strongly Disagree)

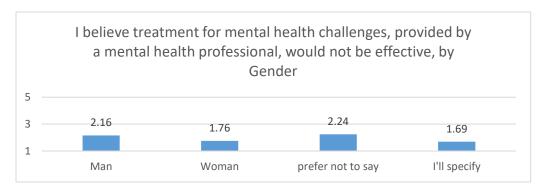


Figure 3m (1 = Strongly Disagree)

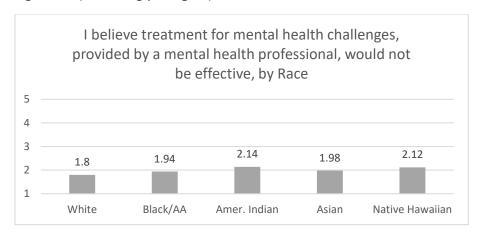


Figure 3n (1 = Strongly Disagree)

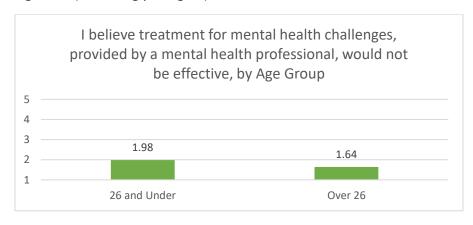
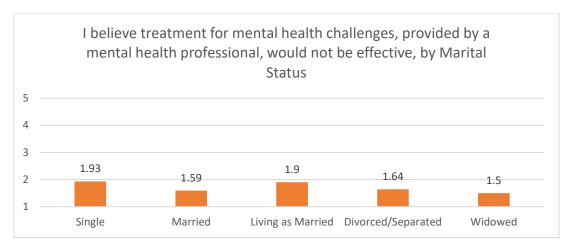


Figure 3o (1 = Strongly Disagree)



Further Analysis of Mental Health Belief Statement:

"If I had a mental health challenge, I would not seek help from a mental health professional"

Population breakdown of responses (1-5):

Figure 3p (1 = Strongly Disagree)



Figure 3q (1 = Strongly Disagree)

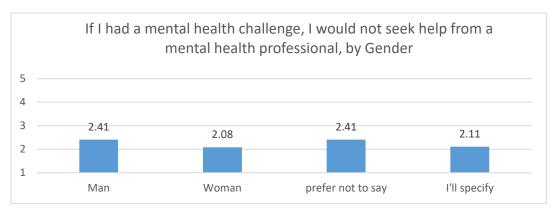


Figure 3r (1 = Strongly Disagree)

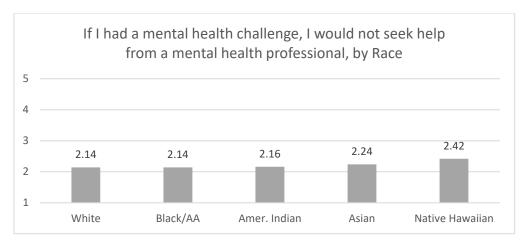
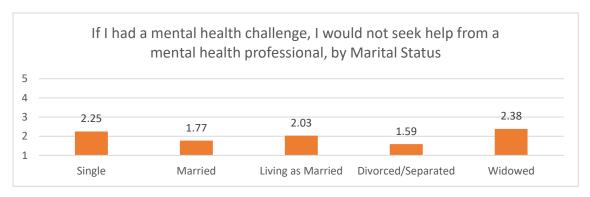


Figure 3s(1 = Strongly Disagree)



Figure 3t (1 = Strongly Disagree)



Further Analysis of Mental Health Belief Statement:

"If I had a mental health challenge, I would not tell anyone"

Figure 3u (1 = Strongly Disagree)

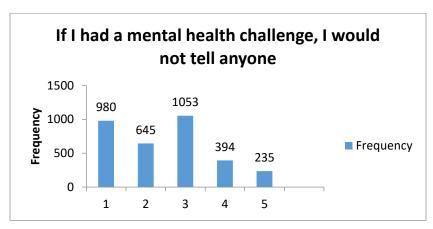


Figure 3v (1 = Strongly Disagree)

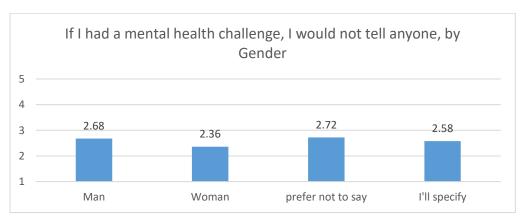


Figure 3w (1 = Strongly Disagree)

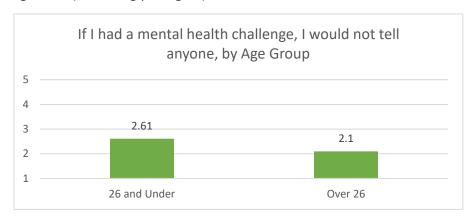


Figure 3x (1 = Strongly Disagree)



Summary of Findings

The survey on "Enhancing Mental Health Information for Students" administered electronically from September 25 to October 18 2023 garnered 5037 responses from a student sample that skewed slightly more full time and more female than the overall New Jersey community college population. The student respondents demonstrated the most confidence in seeking mental health information at face to face appointments but were also confident that they knew where to seek such information and that their families would be supportive of their seeking such information.

Student respondents were most likely to receive mental health information from mental health professionals and their friends and were least likely to receive mental health information from Twitter and other Social Media.

Student respondents did NOT generally agree that: 1) mental health challenges were NOT a real medical issue, 2) that people with mental health challenges could just snap out of it, 3) that treatment would NOT be effective, 4) that they would NOT seek help from a medical professional, and 5) that they would NOT tell anyone (although they were slightly more likely to agree with this latter statement than the other negative statements.

Also important is the finding of statistically significant differences in the answers of specific demographic groups. One pattern was the slightly less confidence reported by students choosing "Prefer not to say" or "Other" for gender in both seeking mental health information and the effectiveness of mental health professionals. Other patterns include age differences in using social media for mental health information and slighter differences in race in social media use.

<u>Implications</u>

- 1. The vital role of mental health professionals as trusted resources for information for community college students should be supported. Access to these resources is critical.
- 2. The study suggests the importance of developing tailored outreach strategies and educational materials that consider the unique needs and preferences of different demographic groups.
- 3. Culturally competent and age-appropriate mental health resources can be crucial in improving access and understanding.
- 4. Tailoring campaigns to specific racial, age, and gender demographics may enhance their effectiveness in reaching and resonating with diverse populations.
- 5. Recognizing the intersecting factors of race, age, and gender in accessing mental health information emphasizes the importance of an intersectional approach to mental health research and support.

Contacts:

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MHANJ and NJCCC Mental Health Information Survey

* What year were you born?					
What is your student status?					
Full time (12 or more credits)	_	rt time (fewer thedits)	nan 12		
	tal al c	Haveing states	nents on a sca	le of 1 (strong	v disagree) to
	ree with the fo	llowing staten	irents on a sca	te of T (strong)	y disagree/ to
	Strongly Disagree	itowing staten	nenes on a sea	te of 1 (strong)	Strongly Agree
		itowing staten	3	4	
Please rank how much you ag 5 (strongly agree). I am confident that I know where to seek information about mental health	Strongly Disagree				Strongly Agree
I am confident that I know where to seek information	Strongly Disagree				Strongly Agree

NJCC MHA Mental Health Information Survey

Please rank how much you agree with the following statement on a scale of 1 (strongly disagree) to 5 (strongly agree) in regard to each resource option listed.

If I were to have or have had a mental health challenge, I would use the following sources to receive mental health information:

	Strongly Disagree				Strongly Agree
	1	2	3	4	5
My primary care doctors	0	0	0	0	0
a friend	0	0	0	0	0
family member	0	0	0	0	0
Google	0	0	0	0	0
TikTok	0	0	0	0	0
	Strongly Disagree				Strongly Agree
	1	2	3	4	5
Instagram	0	0	0	0	0
Twitter	0	0	0	0	0
Other social media not listed	0	0	0	0	0
Mental health professional off campus (therapist, social worker, psychiatrist)	0	0	0	0	0
My college's counseling center	0	0	0	0	0
	Strongly Disagree				Strongly Agree
	1	2	3	4	5
Someone else with mental health challenges	0	0	0	0	0
My professor	0	0	0	0	0
Academic advisor	0	0	0	0	0
a church advisor	0	0	0	0	0
988	0	0	0	0	0

The following are statements about mental health challenges. Please select how much you agree with the statement from 1 (strongly disagree) to 5 (strongly agree).

	Strongly Disagre	ee		Strongly Agr				
	1	2	3	4	5			
People with a mental health challenge could snap out of it if they wanted	0	0	0	0	0			
A mental health challenge is not a real medical issue	0	0	0	0	0			
If I had a mental health challenge, I would not tell anyone	0	0	0	0	0			
If I had a mental health challenge, I would not seek help from a mental health professional	0	0	0	0	0			
I believe treatment for mental health challenges, provided by a mental health professional, would not be effective	0	0	0	0	0			
How would you describe your gender id	lentity?							
O Man								
O Woman								
O Prefer not to say								
None of these describe, I'll specify								
Are you Hispanic/Latino?								
Yes, I am Hispanic								
O No, I am not Hispanic								
Please select your Hispanic origin								
Mexican/ Mexican American/ Chicano/	a							
Central American (Salvadoran, Guatemalan, NIcaraguan, Panamanian)								

	South American
	Other Latin American
	Cuban
	Puerto Rican
	Other Spanish origin
	Don't know/Not sure
How	would you describe your race? (Please select all that apply)
	White
	Black or African America
	American Indian or Alaska Native
	Asian
	Native Hawaiian/Other Pacific Islander
	Don't know/Not sure
	Other
Wha	t is your marital status?
0	Single
0	Married
0	Living as married
0	Divorced/separated
0	Widowed
	THAT I SHOW THE SHOW

NJCC MHA Mental Health Information Survey

QuestionPro

In w	hat country were you born?
0	United States including Puerto Rico and territories
0	Other
Do y	ou have health insurance?
0	Yes
0	No
Wha	t college do you currently attend?
0	Atlantic Cape Community College
0	Bergen Community College
0	Brookdale Community College
0	Camden County College
0	Hudson County Community College
0	Mercer County Community College
0	Ocean County College
0	Passaic County Community College
0	Rowan College of South Jersey
0	Salem Community College
	you interested in entering a drawing to receive a \$25 gift card? This will require you to enter email address.
0	Yes
0	No

Please enter your email address to be entered into the random drawing

Appendix B: Average Responses by Demographic Category

	Mental Health Professi onal	Friend	Family Member	PCP	CAPS	Someone Else with Mental Health Challenges	Google	Crisis Hotline	Advisor	Professor	Church Advisor	Tiktok	Instag ram	Other Social Media	Twitter
Man	3.78	3.65	3.54	3.31	3.11	2.9	2.72	2.47	2.35	2.4	2.16	1.5	1.53	1.52	1.33
Woman	4.04	3.63	3.37	3.42	3.2	2.85	2.87	2.25	2.28	2.23	2.11	1.92	1.65	1.54	1.39
prefer not to say	3.67	3.54	2.8	3.06	2.79	3.11	2.97	2.09	2.03	2.11	1.65	1.79	1.58	1.74	1.4
I'll specify	4.3	3.51	2.66	3.01	3.25	3.27	3.2	2.48	2.16	2.14	1.27	1.69	1.6	1.71	1.28
Latinx or Hispanic	3.82	3.61	3.31	3.35	3.17	2.78	2.81	2.32	2.37	2.31	2.18	1.93	1.71	1.59	1.43
Non Latinx or Hispanic	4.04	3.65	3.42	3.37	3.16	2.94	2.85	2.31	2.24	2.24	2.03	1.72	1.57	1.52	1.34
Single	3.91	3.65	3.34	3.27	3.11	2.92	2.88	2.29	2.26	2.24	2.02	1.85	1.66	1.58	1.39
Married	4.25	3.52	3.79	3.92	3.5	2.63	2.57	2.47	2.48	2.38	2.48	1.42	1.32	1.38	1.24
Living as Married	4.15	3.61	3.23	3.23	3.03	3	2.73	2.4	2.2	2.32	1.94	1.64	1.41	1.55	1.27
Divorced/Separa ted	4.41	3.64	3.45	4.07	3.59	2.78	2.53	2.49	2.52	2.58	2.61	1.43	1.33	1.27	1.18
Widowed	3.63	3.25	3.25	4	3.75	2.63	2.88	1.75	2.25	2.63	2.13	1.38	1.75	2	1.75
26 and Under	3.84	3.67	3.33	3.18	3.06	2.94	2.9	2.28	2.24	2.2	1.96	1.93	1.69	1.6	1.41
Over 26	4.24	3.54	3.53	3.86	3.44	2.71	2.73	2.41	2.5	2.51	2.49	1.52	1.5	1.47	1.3
White	4.07	3.68	3.44	3.35	3.11	2.96	2.8	2.32	2.2	2.2	1.92	1.69	1.51	1.48	1.31
Black/AA	3.97	3.53	3.37	3.52	3.31	2.76	2.93	2.32	2.47	2.37	2.47	1.99	1.79	1.65	1.49
Amer. Indian	3.68	3.53	3.26	3.05	3.02	2.56	2.79	2.23	2.19	2.09	2.51	1.91	1.78	1.68	1.35
Asian	3.78	3.63	3.35	3.28	3.24	2.98	3.04	2.46	2.44	2.43	2.09	1.77	1.72	1.73	1.44
Native Hawaiian	3.66	3.78	3.03	2.82	2.91	3.15	2.82	2.16	1.85	2.06	2.33	2.06	1.94	2.03	1.38

Appendix C:

General Survey/Population Breakdown: Likelihood of Using Various Sources for Mental Health Information

