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Depression Symptoms of College Students During COVID-10 and the Universities'

Response

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Abstract

In early spring 2020, universities worldwide shut down their campuses in response to a global pandemic. The present study examines the potential effect of the shutdown and other pandemic-related stresses on student well-being at Western Washington University. It assesses students' depression symptoms using the IDAS-II General Depression Scale. The study also considers two campus resources (the Counseling Center, and Prevention and Wellness Services) that students can turn to for help with mental health issues, and gauges students' awareness and utilization of these resources. The study subjects were Western undergraduates (N = 252), who answered a survey that included the IDAS-II questions as well as questions about awareness, perceptions, use, and barriers to use, of campus resources. The average IDAS-II score of respondents was 56.20, indicating significantly greater depression symptoms than the widely cited average score for college students of 42.21. Participants were more aware of the Counseling Center than of Prevention and Wellness Services. Their attitudes toward both resources were more positive than negative, but they cited numerous barriers to utilizing the resources, including bad experiences and schedule conflicts. The results suggest that a greater effort should be made to increase awareness of Prevention and Wellness Services, which are especially appropriate for help with mild depression symptoms, as well as other resources (e.g. My SSP) that are minimally advertised. One approach would be to enact a mandatory resource training for students and faculty. This paper highlights Western students' mental health and discusses ways that the university could make improvements to combat the negative effects of COVID-19.

Keywords: COVID-19, mental health, depression symptoms, college students, campus resource awareness, campus resource utilization

Depression Symptoms of Western Washington University Students During COVID-19 and the University's Response

Introduction

For over a year now, people worldwide have been dealing with the COVID-19 pandemic, many experiencing social isolation, fear, loneliness, and loss of loved ones, all of which are likely to have negative impacts on mental/emotional health. Many universities closed down campuses in spring of 2020, and students faced the sudden adjustment from in-person to remote classes along with drastic restrictions in other in-person activities, job losses (their own and family members'), accompanying financial stresses, and the threat of life-threatening illness for themselves and/or family and friends. Behavioral health experts have raised concerns about the short- and long-term effects of these stresses on student well-being, noting that early research has found declines in student mental/emotional health associated with the pandemic. Colleges and universities must act quickly and be proactive in their response to what could become a mental health crisis on campuses.

Prior to COVID-19, various studies examined the mental health of college students as well as their awareness and utilization of campus resources related to mental health. These studies often highlighted this population's general vulnerability to a variety of mental health problems with factors such as "stress, anxiety, perfectionism, and depression" playing a large role (Gibbons et al., 2019). Not surprisingly, studies done since the start of the pandemic suggest a general trend of decreased mental/emotional health among college students over the past year.

Despite the relatively high rates of mental/emotional health issues among college students in general, studies have found that only a small fraction of them utilize the mental health services that their colleges provide. For example, one study found that only 13% of the

participants who reported mental health problems had used the on-campus counseling services (Eisenberg et al., 2011). A study by Fletcher and colleagues (2007) asked first year university students about their health issues, experiences with/referrals to university services, and perceptions of them. While over half of the students were aware of the various resources on campus, very few had any experience utilizing them (Fletcher et al., 2007). Son and colleagues (2021) found that the majority of students who had indicated that they were having an increase in stress and anxiety were not utilizing the school counseling resources. Similarly, a follow up study found that only 10.23 % of participants reported using university resources for help (Wang et al., 2020). Thus, there appears to be an unfortunate disparity between students struggling with emotional health difficulties and utilization of campus resources.

Early research has noted “that between 30-60% of student research participants [are] unaware or uncertain about the availability of campus mental health services” (Yorgason et al., 2010, p.173). It appears that while knowledge of the resources can vary in amount, utilization tends to be fairly low regardless. To help find ways to increase utilization, it is important to examine what factors are preventing student use.

Various studies have looked at barriers that prevent students from seeking out on-campus help. A 2010 study by Yorgason and colleagues examining the factors involved with students’ knowledge and use of mental health services found that lack of time and knowledge along with embarrassment and thinking the resources would not be helpful were the main reasons the students mentioned for not utilizing the resources. In regards to the knowledge aspect, a total of 37% of the 266 student participants “indicated that they were not given adequate information to enable them to contact the mental health services” and furthermore, 38% emphasized that while they were familiar with the resources, they knew nothing about them (Yorgason et al., 2010,

p.175-176). Clearly, an important step in increasing utilization of campus resources may be to provide information about them in a way that students easily find and absorb. Yogason and colleagues (2010) asked students how they would prefer to receive information about campus resources and found that “electronic (e-mail) newsletters, social media, on-campus seminars, and webinars/YouTube” were the top responses (p.1). Further research would be needed to see how effective these methods would be if put into practice. However, as discussed above, increased knowledge does not necessarily equate increased utilization. Other barriers still play a powerful role in preventing use. For instance, another study found that students weren’t using resources because they felt that they didn’t need to, weren’t comfortable seeking out unfamiliar people’s help, didn’t trust the counseling services and didn’t want to talk over the phone about these issues (Son et al., 2021). Thus, it would be beneficial to survey students and find how universities could improve/add in resources that they would be more likely to take advantage of. Currently, because a lot of universities have switched to remote learning, access to resources has shifted from less in-person options to more virtual ones. In examining students’ mental/emotional health right now, it becomes clear that universities need to figure out ways to increase utilization and helpfulness of resources for students.

Prior to COVID-19, the University of Vermont was already conducting a wellness survey on students’ emotional health and wellness. The university decided to tack on an added COVID-19 questionnaire to the original study. A total of 576 first year students completed all parts of the survey over the course of multiple quarters and about 67% of the participants were a part of the Wellness Environment (WE) program (Copeland et al., 2021). The results found that a “modest but persistent” drop in overall mood and wellness occurred after COVID-19 hit and the university went fully online (p.139-p.140). The students involved in the wellness program

overall had less decrease in mood/wellness which illustrates the potential benefit of utilization of campus programs/resources. However, surprisingly this study found that stress levels did not change significantly after COVID-19 hit. A study in the UK by O'Connor and colleagues (2020) also found a decrease in stress and anxiety. Potentially this could be due to the fact that students now have more free time because of their decrease in commuting/extracurricular activities (Wang et al., 2021). However, other studies of university students post COVID-19 did find an increase in anxiety and stress so it could be that specific factors regarding each university's online learning styles could be playing a role. For instance, two back to back survey studies at a University in Texas, found that around 71% of the participants noted an increase in their stress and anxiety (Son et al., 2021) (Wang et al., 2021). Liu and colleagues (2020) also found that anxiety levels were statistically significantly higher than the national norm. The decrease in mood and overall wellness that Copeland and colleagues (2021) found can also be seen in a variety of other research studies along with an increase in suicidal ideation.

The longitudinal study in the UK, which surprisingly found a decrease in both stress and anxiety, did see an increase in suicidal ideation, attempts, and self-harm compared to pre-COVID-19 rates (O'Connor et al., 2020). In both the original and follow up study of COVID-19's effects on college students' mental health, increases in suicidal thoughts were found (Son et al., 2021) (Wang et al., 2021). In the first, 8% of students experienced suicidal thoughts in comparison to prior research which had found pre-pandemic suicidal thoughts to be between 3% and 7% for university students (Son et al., 2021). In the latter, 18.04% of the 2031 participants reported suicidal/self-harm related thoughts (Wang et al., 2021). Both of these studies also found an increase in depression (44% of participants in the first and 80.57% in the latter) since the start of the pandemic along with difficulties with sleep, academics, eating, finances, social isolation,

and worrying about the health of oneself/loved ones (Son et al., 2021) (Wang et al., 2021). An increase in depression was also found in the 2020 study by Liu and colleagues. These studies found, as seen above, that despite an increase in mental/emotional health problems, the majority of students were not utilizing campus resources.

Since the COVID-19 pandemic research has illustrated a tendency for university students to experience an increase in mental/emotional problems. However, both pre-COVID-19 and current research has found that students are not utilizing campus resources for help. The aim of this study is to first examine student's mental/emotional health in terms of feelings of depression compared to pre-COVID-19 times and then see what campus resources these students are aware of/utilizing. The goal is to help figure out what universities could do to help improve students' mental/emotional help during these difficult times.

Method

We started creating our survey prior to COVID-19. At that time, the goal was to examine Western Washington University Students' health/wellness and ask them about their knowledge, utilization, and recommendations regarding the resources the university provided. After COVID-19 hit and the university shut down in-person learning, we continued on our original trajectory. To gain insights into students' perspectives, we started by conducting focus groups to help have a foundation for how to design the survey. Over the Zoom platform, we spoke with groups of one to six students about the types of wellness they prioritized, their awareness and experiences with Western's resources, along with any recommendations they had. Prior to publishing the survey, we decided to shift the questions to focus on students' experiences during COVID-19 times because the pandemic had been going on for such an extended period of time that trying to collect data from before would risk the potential of getting poor data due to inaccuracies in

memory recall. Furthermore, it became evidently more important to see how Universities are helping students during this difficult time and how they could improve going forward to accommodate students' difficulties. While it is currently looking like things will begin to open back up as the vaccine becomes more widespread, the long-lasting effects of the pandemic are concerning. While Western is hoping to be on campus again in the fall of 2021, the students will still be dealing with the after effects on their mental health. Professionals have noted that COVID-19 is causing an increase in substance use, PTSD, and depression, all of which will not go away after quarantine is over (Cedars Sinai, 2020). Data from EBOLA and SARS shows that quarantine puts people at risk for mental health disorders and a study of SARS patients found that they had PTSD and depressive disorders thirty months after infections (Lee et al., 2007) (Mauder, 2009). Thus, even after COVID-19 has mostly disappeared students will still be at risk for increased mental health problems. It is crucial that the university provides resources that students will actually be utilizing and finding helpful in order to combat this.

Participants

The participants were Western Washington University students enrolled in lower division Psychology courses during winter quarter 2021. The participants received 0.5 research credit for participating. The participants signed up for the study through SONA and then followed the Qualtrics link to the survey. The participants were informed that they were free to withdraw from the survey or skip questions without penalization. Participants who decided to end the survey early were provided the Crisis Text Line and Suicide Prevention Lifeline contact information. The students who took the survey to the end, were provided with this information then.

Materials and Procedure

The survey consisted of 216 questions on top of the consent and debriefing forms. However, for the purpose of this paper, only 43 were examined. The first analyzed question asked the students to rank the eight dimensions of wellness in order of importance to them (environmental, emotional, financial, social, spiritual, occupational, physical, and intellectual) (8 Dimensions of Wellness to Embrace in Recovery | The Recovery Village, 2021). The next question analyzed asked students to select how many resources they were aware of out of a list. For this research project only data regarding the Counseling Center and Prevention and Wellness Services were examined because these two resources address students' emotional health difficulties. Next the students were given the IDAS-II General Depression Scale to measure their depression levels. This is an empirically supported measure consisting of 10 dysphoria items, and two each regarding suicide, lassitude, insomnia, appetite loss, and well-being. The measure asks students to think back on the last two weeks and rank each statement on a five-point scale from "not at all" to "extremely" depending on how much it applied to them (Watson, 2011). Following this the participants were asked about their experience with the Counseling Center and Prevention and Wellness Services. This section asked students if they had utilized the resource (yes or no), if they had, it asked them how satisfied they were with it (on a five-point scale from extremely satisfied to extremely unsatisfied), and if they hadn't it asked they why not (write-in response). All of the participants were then asked how comfortable they were using the resource on a five-point scale from extremely comfortable to extremely uncomfortable, if they responded that they were either extremely or somewhat comfortable they then were asked to write in what made them comfortable and if they responded neutrally or extremely to somewhat uncomfortable they were then asked what makes them uncomfortable. The last questions analyzed were eight

demographic questions regarding, age, gender identity, ethnicity/race, employment, marital status, if they had children, years at Western, and academic standing.

Results

All data was translated in SPSS where it was coded and analyzed.

Demographics

In total there were 252 participants (after two were removed for answering almost none of the questions). The majority of the participants were Caucasian (67%), followed by Asian/Asian American (7.9%), Latino/Hispanic (7.1%), African American/Black (5%), Latino/Hispanic and Caucasian (3.2%), Asian/Asian American and Caucasian (2.8%), African American/Black and Caucasian (1.9%), Native American and Caucasian (1.9%), Native American (1.2%) and other (2%). In regards to gender identity, 63.8% identified as female followed by 23.6% as male, 1.6% as transgender male, 1.2% as non-binary, 1.2% as she/they, and 2% as other. The majority were 18-22 years old (89.3%), followed by 7.1% 23-37, 2.8% 28+ and 0.4% under 18. 48.6% were in their first year at Western, 22.9% had been at Western for two years, 13.8% for three years, 7.9% for one year, 4.3% for four years, and 2.0% for five or more years. Academically, 33.3% were Juniors, 26.6% were Sophomores, 11.5% were Seniors, and 2.4% were fifth years or beyond. The vast majority were not married (96.4%) and did not have children (97.6%). 40.5% were employed part-time, 39.3% full time job was being a student, 10.7% were unemployed, 6.0% were seeking opportunities and 3.6% were employed full-time.

Wellness Prioritization

In regards to the type of wellness students prioritized the most, 77.7% put emotional wellness in one of their top two spots.

IDAS-II General Depression Scores

The mean IDAS-II General Depression score was 56.20 with a standard deviation of 14.50. This score was statistically significantly different ($p < .001$) from the pre-COVID-19 norm for college students of 42.21 with a standard deviation of 12.30.

Counseling Center and Prevention and Wellness Services Data

83.7% of the participants were aware of the Counseling Center and 34.1% had utilized it. 48.4% of participants were aware of Prevention and Wellness Services (1 participant did not answer this question) and 11.1% had used it. Using SPSS, I decided to examine the relationship between IDAS-II General Depression scale scores and whether or not the participant had used the Counseling Center. I found a mean IDAS-II score of 56.39 for those who had used the Counseling Center and a mean of 56.73 for those who had not.

Out of the 86 participants who had used the Counseling Center, 27% were extremely satisfied, 45% were somewhat satisfied, 5% were neither satisfied nor unsatisfied, 13% were somewhat unsatisfied, and 10% were extremely unsatisfied. 100 out of the 166 participants who had not used the Counseling Center wrote in why. Common themes were having no need for it (~43%), already having a therapist or outside support system (~23%), not knowing how to access the resource/not knowing enough about it (~12%), Not having the time/gotten around to utilizing it (~6%), not wanting to use it (~5%), and being nervous to use it (~4%). 248 out of 252 participants answered how comfortable they were seeking support from the Counseling Center. 20% said they were extremely comfortable, 34% said they were somewhat comfortable, 30% said they were neither comfortable nor uncomfortable, 10% said they were somewhat uncomfortable, and 6% said they were extremely uncomfortable. For the 134 students who said they were either extremely or somewhat comfortable, 100 wrote in what made them comfortable.

Common themes were that the staff is friendly/the service is helpful (~44%), that they generally feel comfortable seeking help when they need it and feel confident in the Counseling Center's abilities (~20%), have past experience with the Center or similar services (~15%) and other (~4%). Out of the 113 students who said they were either neutral or somewhat to extremely uncomfortable using the Counseling Center, 74 wrote in why. Common themes were that they had heard about or had bad experiences with the Counseling Center (~32%), did not want to seek counseling/generally just felt uncomfortable with the idea of counseling (~15%), had a lack of knowledge and available time (~12%), did not need help (~12%), already had a therapist or outside support system (~11%), were nervous (~10%) or did not have a reason (~8%). After reflecting on this data, I decided to look at the participants who noted that they saw an outside therapist and compare their IDAS-II General Depression scores (using SPSS) with the participants who had not mentioned having an outside therapist. I found that participants who noted having an outside therapist and had not used the Counseling Center, had mean score of 60.79 in comparison to a mean of 55.66 for those who did not mention an outside therapist and had not used the Counseling Center.

In regards to Prevention and Wellness Services, only 28 participants had used the resource. Out of that 28, 43% were extremely satisfied, 36% were somewhat satisfied, 18% were neither satisfied nor unsatisfied, and 3% were somewhat unsatisfied (no participants were extremely unsatisfied). 157 out of the 223 who had not used Prevention and Wellness Services wrote in reasons why. Common themes were not feeling the need/not getting around to it (~64%), not aware of it/what it provides (~32%), being a new student/not on campus (~3%) and feeling uncomfortable/shy (~1%). 240 out of the total 252 participants rated how comfortable they felt seeking support from Prevention and Wellness Services. 15% were extremely

comfortable, 29% were somewhat comfortable, 48% were neither comfortable nor uncomfortable, 5% were somewhat uncomfortable and 3% were extremely uncomfortable. 70 out of the 106 students who said they were either somewhat or extremely comfortable utilizing these services wrote in why. Common themes were that the services seem helpful/provide a good environment (~38%), having familiarity or past experiences with the service (~18%), feeling generally comfortable seeking help and prioritizing health (~16%), feeling that the services are easy to access/readily available (~15%), and no reason (~13%). 50 out of the 134 students who felt neutral or somewhat uncomfortable using Prevention and Wellness Services wrote in why. Common themes were lack of knowledge about the services (~48%), no reason (~43%), already having a support system (~5%), and other (~4%).

Table 1 lays out the different barriers that students had in utilizing Western Washington University resources in general. As can be seen, lack of knowledge was a large barrier for participants, with 43.3% putting it as either their biggest or second biggest barrier. After that, schedule conflicts and not being a first priority both had 30.2% of participants putting them as either their biggest or second biggest priority. Not knowing what's available and already utilizing outside resources were not large barriers with 39.2% and 53.1% respectively putting them as either their smallest or second smallest barrier. The remaining barriers were more evenly distributed across the range.

Table 1

Barriers to use of any WWU resources								
	1	2	3	4	5	6	7	8
Unsure how to access/utilize now that school is online	18.0%	25.3%	14.7%	11.0%	7.8%	8.6%	7.8%	4.9%
Schedule Conflicts	13.1%	17.1%	27.8%	15.1%	8.6%	9.0%	4.9%	3.7%
I prioritize my financial status	2.9%	4.9%	12.2%	25.7%	20.4%	13.5%	6.9%	10.6%
Not my first priority	16.7%	13.5%	14.7%	10.2%	23.7%	10.2%	4.5%	4.1%
I do not like accessing the resources over zoom/an online format	8.2%	15.1%	13.1%	12.7%	13.5%	25.3%	8.6%	2.9%
I'm uncomfortable accessing the resources on my own	6.1%	8.6%	6.5%	7.8%	11.0%	18.8%	29.8%	8.6%
I already utilize resources outside campus	8.6%	6.9%	4.1%	7.3%	6.1%	6.9%	19.6%	33.5%
I don't know what is available	4.1%	6.1%	5.7%	10.2%	6.1%	4.9%	14.7%	24.5%

Note. 1 = largest barrier, 8 = smallest barrier

Discussion

While other outside factors could be at play, the results do indicate that, in line with previous research, COVID-19 has increased depression in students because the mean score from this study was statically significantly lower than the mean score for college students pre-covid-19. The cutoff score to suggest that there is mild depression is 53 points (Stasik-O'Brien et al., 2018). Thus, the mean score of 56.20 falls within the threshold for indicating that a lot of the participants were experiencing mild depression symptoms, which possibly could worsen if not properly addressed. Given this findings, it was important to see if the participants were getting the help that they needed because as things start to look up in regards to the pandemic, it is crucial that universities provide adequate resources to combat the long-term effects of COVID-19.

The results are promising in that the participants were very aware of the Counseling Center and a good amount actually had used it as well. It is not surprising that the numbers for Prevention and Wellness Services were lower given that it is not promoted to the same degree as the Counseling Center. These findings do suggest that Western could benefit from advertising its less well known resources a bit more thoroughly. In regards to Western's resources in general we also saw that being unsure how to access/utilize them now that school is online was the most prominent barrier. This indicates that increasing students' knowledge of resources could help increase utilization. This goes beyond awareness, because students can be aware of the name or general existence of a resource without actually knowing what it entails/how to utilize it.

One question that came up while coding the data was whether students who had utilized the Counseling Center had higher IDAS-II General Depression Scale scores or not. If they had it may have suggested that those who needed help were seeking it out. However, it was found that the scores were less than one point different between the two groups, meaning that potentially a lot of students who could benefit from counseling are not getting it. Another factor that then came up was whether or not the students who had an outside therapist had higher scores. This would indicate that those who need help are seeking it out just through more permanent means than the Counseling Center. The scores did end up being statistically significantly higher for the participants who noted that they saw an outside therapist/outside resource ($M=60.48$ vs. $M=54.88$; $p < .001$), however, the participants who had not, still had scores that fell within the threshold for mild depression symptoms. Thus, while it is positive that those with higher scores are seeking outside help, that still leaves a chunk of participants who potentially are dealing with mild depressive thoughts/feelings and not receiving help.

Students' experiences with the Counseling Center were fairly positive with almost three fourths of the participants who had used it being either extremely or somewhat satisfied with it. The main reasons for not using it were either that they did not have a need for it or already had outside help, both of which are clear reasons for potentially not needing the resource. In regards to the participants who said they did not have a need for the Counseling Center, their mean depression score was 49.89 which is below the threshold for mild depression and statistically significantly different from the mean ($M = 59.14$) of students who hadn't used the Counseling Center for reasons other than not needing it ($p < 0.01$). That's not to say that they could not still benefit from seeking support from the Center but that at least the evidence doesn't suggest that they have a clear need for it. However, just because the majority of results are positive, does not mean that the negative factors such as bad experiences, lack of knowledge, or nervousness shouldn't be addressed. It is concerning that 24 participants wrote that they weren't comfortable using the Counseling Center due to having or hearing about negative experiences. It would be beneficial for Western to find ways to help decrease these types of encounters. However, over half of the students did respond that they were comfortable using the Counseling Center noting reasons such as friendly staff and easy access as prominent reasons. Thus, while it is not perfect, the results do suggest that experiences with the Counseling Center have been more positive than negative.

In regards to Prevention and Wellness services, the biggest thing that came up was that participants really weren't that aware of it. The few who had used it were mostly satisfied. Those who hadn't used it noted not getting around to it or not knowing enough about it as central reasons. These results suggest that the services provided may be beneficial for students if they did use them. More evidence of a lack of knowledge about Prevention and Wellness Services can

be seen when looking at the results for how comfortable students are using them. Almost half were neutral which is likely because they may not be familiar enough to have an opinion. Given that the average IDAS-II General Depression Scale score was in the mild range, students may really benefit from utilizing resources such as Prevention and Wellness Services because they may not need counseling but could still benefit from resources that would help with their mental health. Furthermore, because of difficulties with making an appointment with the Counseling Center, using other resources could allow students to get help without having to wait for multiple weeks. Thus, Western should promote this resource to a greater degree than it currently does.

In regards to Western students' lack of information/awareness of certain resources, one possible solution would be for Western to instigate a mandatory resource training program similar to the one they already have for sexual assault. A mandatory training would require students to sit down and learn about all of the resources that Western provides, giving students some basic information that they could utilize if they ever needed help. When conducting focus groups, a lot of participants mentioned that Wellness Wednesdays, a weekly workshop on various aspects of wellness, sounded like a great resource and that they would be interested in checking it out. However, the majority hadn't because they had never heard about it. Thus, if students were made properly aware of these resources when they started Western, there would likely be an increase in utilization. It would also be beneficial to have teachers be required to take this training so that they could potentially highlight resources they found interesting to their classes. It would also help teachers be able to answer questions that students may have about where they can get help because students may be more comfortable going to a teacher they know than a stranger at a resource desk.

Another thing that could be beneficial would be for Western to create an app for all the resources on campus. This app could be brought up during the training program and students could be invited to download it then. This idea was brought up by a participant during a focus group session. Having easy access to all of the resources, their location, and various services could help increase knowledge and utilization. A lot of students in the focus groups brought up how it is annoying that all the resources are so spread out. While it may be difficult to rearrange the whole campus to make all of the resources be next to each other, an app that lays out where they are all located could help ease confusion. The app could also have a texting option where students could ask a Western faculty about what resources they have for various problems that may arise. Sometimes it can be easy to think that there are no resources for one's problems so having someone to ask could be beneficial. A couple smaller suggestions regarding knowledge, could be to increase on campus promotion once the University opens back up. During focus groups, students noted that while emails often get ignored because so many are sent, posters and booths in red square are fairly effective methods for catching students' attention. Especially if the booth is made to be enticing, for example having free pizza or a spin the wheel activity.

In regards to schedule conflicts/lack of time, another barrier that came up frequently, a solution could be to have an after-hours option. Specifically, in terms of the Counseling Center, students in the focus groups and on the survey highlighted how difficult it was to get an appointment. Currently, the hours of operation for talking to a counselor are only from 10:00am to 4:00pm. A lot of students may have class or work during that time and may not get the help that they need. While there is an after-hours crisis line, this service is highlighted as something to use when there is an urgent need/emergency. Most students who just need someone to talk to, but know nothing bad will happen if they don't, will not use this line. It would be beneficial to have

an after-hours number that students could text or call if they needed support. Colleges such as the University of Washington have partnered with SSP which is a company that provides 24/7 calling and texting support for students along with providing lots of articles filled with information and assessments that students can take. While I had never heard of this service, upon putting in that I was a Western student the website created a free account for me. It would be valuable for Western to advertise and promote this resource so that students are aware of it because it could be extremely beneficial both to the issue of scheduling but also could help with nervousness particularly if students are more comfortable texting than talking over the phone or in person. Being able to text a trained professional while in a space that makes the student feel at ease could decrease a lot of anxiety related to talking with a counselor/seeking help. In regards to lack of time, students would be able to multi-task by texting with a counselor while making/eating dinner or right before they go to sleep. This way students could still benefit from talking with a counselor even if they have busy schedules.

In terms of bad experiences, the Counseling Center does have a review form that students can use to highlight any negative experiences they had with the service they received. It is crucial that the Counseling Center examines this feedback and makes appropriate changes. Further research is needed to understand how the Center responds to the feedback received. It could be beneficial for the Center to allow students to put in a request form for what type of therapist they would feel more comfortable with. One participant specifically highlighted negative experiences with a male counselor, noting that they would have been more comfortable with a female-identifying counselor. Another participant noted that the 'whiteness' of the Counseling Center was a turn off. Allowing students to articulate what type of person they would feel at ease working with or that they feel would better understand them could be a great start to

helping improve experiences. In regards to the latter, it is also important that the Counseling Center hire a more diverse sample of counselors. Overall this study provides good insight into Western students' mental health during the pandemic and their experiences with Western's emotional health resources that future research could work off of.

Limitations

There were limitations to this study that should be kept in mind while considering the results and planning future research. To start, the full Qualtrics survey was very long, which could partially explain why not all of the participants answered the write-in questions. Potentially if the students had only been given the questions I analyzed, there would have been a higher completion rate for each question. For future research, it could be beneficial to have surveys with write-in answers be relatively short because those type of questions can be time consuming and cause participants to burn out. Another potential solution would be to use the write-in responses found from this survey to create a second survey that displays them in multiple choice format. It is important to note that the students did not always write-in responses that actually answered the question. For example, when asked about what made them uncomfortable using the Counseling Center, a lot of participants wrote that they see an outside therapist. It is possible that this could make them less comfortable but it is also highly likely that they generalized the question to why are you not using the Counseling Center. Using multiple choice questions with write-in options could help combat against these types of misinterpretation.

Another limitation was that all of the participants were currently enrolled in lower division Psychology courses which means that a good portion of them were probably planning on being Psychology majors. Thus, the participants are not representative of the whole Western student population. Students who study Psychology may be more aware of and likely to seek out

services for their emotional wellness because they are studying materials pertaining to these topics. It would also be interesting to see if Psychology professors are more likely to advertise wellness resources in comparison to other professors, which could cause awareness rates to be higher for students enrolled in a Psychology class. The participants were also not diverse. The majority were Caucasian and female identifying. Future research should see if these results would be paralleled in a less homogeneous sample.

It could also be beneficial to have a question that specifically asks students if they have an outside therapist/resource that they find sufficient, because it is important to know if the individuals who need help are getting it or not. It is possible that more participants had their own therapist but didn't specifically make note of it. In regards to the barrier question, it would have been helpful to only address the Counseling Center and Prevention and Wellness Services in order to see if those barriers actually applied to those two resources.

Lastly, while the IDAS-II General Depression mean scores are within the threshold for mild depression symptoms, this scale does not actually work as a diagnostic tool. While this study suggests that students' feelings of depression have increased during the pandemic, it cannot be said with certainty that students are experiencing greater levels of depression or have a depressive disorder. Furthermore, we did not assess other aspects of mental health, which could be examined by using the entire set of IDAS-II questions. Regardless, the findings from this study do provide a good starting point for future research to work off of. The results provide evidence for what Western can start to do to help ensure students are getting the help that they need in mitigating the negative effects of COVID-19.

Conclusion

The purpose of this study was one, to examine depressive symptoms in Western Washington Students to see if COVID-19 had caused an increase and two, to see if Western's resources were provided help to students. The results indicate that depressive symptoms have increased as a result of the pandemic and thus, that students could benefit from utilizing Western's emotional wellness resources. Given the potential long term consequences of the pandemic on mental health, it would be valuable for Western to increase knowledge of resources and address issues with the Counseling Center in order to help students as best as possible. Promoting resources such as Prevention and Wellness services and My SSP could allow students to get the help that they need without having to go to the Counseling Center which has limited availability. It is my hope that Western starts to make changes to ensure students are utilizing the resources that would best help them combat against the negative effects caused by experiencing the COVID-19 pandemic.

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173-182