International Journal of Social Policy and Education
Vol. 1, No. 2; December, 2019. pp 205-217
ISSN 2689-4998 (print), 2689-5013 (online)

Published by International Center for Promoting Knowledge
DOI: 10.61494/ijspe.v1n2a17
URL: https://doi.org/10.61494/ijspe.v1n2a17

Community Expectancy and Student Mental Health: The Role of Education and Social Expectations

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Abstract

American college students are experiencing and reporting record numbers of mental health issues on college campuses, yet fewer than half report seeking and receiving treatment for these issues. A large part of that willingness to seek professional help could be linked to the stigma or perceptions of receiving mental health treatment, and this reluctance might well be a learned response to perceptions of mental health generally. The current study sought to identify the extent that formal and informal community and family interactions can influence a college student's willingness to seek treatment. Grounded on the ideas of community expectancy, the study drew upon survey data collected from a case study college and town citizens. Findings indicated that college students did perceive that their perceptions and outlooks were linked to those around them, and that for those who had negative perceptions of seeking mental health treatment, they had strong perceptions that such treatment was seen negatively by those around them. These findings suggest that college leaders need to work harder to embed mental health service treatment options rather than allowing them to be seen as separate entities, programs, and services.

1. Introduction

The American system of higher education is based on a duality of cognitive and social ability. This means that students must have an acceptable level of intellect, as measured by any number of criteria, notably standardized tests and secondary school classroom grades. Social ability similarly has a variety of criteria necessary to be met to achieve postsecondary access, including financial ability to pay or the emotional intelligence to access the financial resources to make postsecondary education possible. Likewise, the ability to create a network to offer support is important to social ability in college.

For a variety of reasons, institutions have expanded their enrollment of students, and some of this expansion is based on public policy measures that provide both the academic coaching to achieve access along with funding opportunities through grants and loans that allow for greater access. The result for the past five years has been a record number of 17, 18, and 19 year olds enrolling in postsecondary education. Although these numbers are projected to drop by as much as 30% over the next decade, American higher education is experiencing a high-water mark for enrollment, and an enrollment comprised of the most socio-economically diverse population in its history.

Along with a new wave of students arriving on the postsecondary campus have come a full-range of new and expanded difficulties. Some of these are reflections of generational differences, such as extreme parental involvement, and some are a reflection of students who might not be acutely prepared for the challenges of a postsecondary education. Additional challenges relate to record student loan debt and a corresponding increase in institutionally controlled cost of attendance, made of up both tuition and required fees. Another new wave of challenges among the current college student body has been recognized in diagnoses of the state of their mental health. Abelson (2019) reported that 46% of all traditional-aged college students have significant mental health issues, including depression, severe anxiety, eating disorders, self-injury, and suicidal ideation.

Suicidal ideation, as an example of growth, has grown from under 6% in 2007 to over 13% in 2017. These percentages equate to over 9 million college students with mental health concerns, yet almost half of them are undiagnosed and only 17% of these students are receiving treatment through a campus or private mental health provider.

College and university responses have been primarily re-active, attempting to address the growing challenges of mental health after they have been diagnosed. These responses often include strategies such as attempting to develop life coping skills in freshmen level orientation courses, promoting social support network development, using academic advisors to identify students in need, restricting access to potentially lethal means, and promoting an inclusive environment for accessing mental health services.

Many of the mental health issues faced by college students, however, do not initially develop in the college setting, and are attributable to the developmental experiences of students prior to their enrollment in college. Although the college experience might exaggerate or heighten a mental health issue, most of these issues can be more directly attributable to a home life, family life, genetic predisposition, struggles within their community of origin or neighborhood, and social context. As students arrive with embedded mental health issues, college leader's attempts to provide treatment are often temporal and can only be the beginning of longer term treatments to support adjustment to the stressors of being an adult.

Therefore, a critical action by college leaders, administrators, policy makers, and faculty members must be to understand the mental and general health and preparation of students as they arrive on the college campus. To do so, they must also understand, appreciate, and comprehend the complexity of the setting that prepares students as they enroll in and arrive on college campuses. The purpose for conducting the current study, therefore, was to identify and describe the perspectives, thinking, perceptions, and behaviors of students, families, and community members in understanding and accepting mental health supports. The study is framed within the context of community expectancy, an emerging framework that provides an understanding of how self-perceptions and even identity are formed.

2. Background of the Study

2.1 Foundations of Identity Development

A critical element in the formation of traits, state, behavior, and tendencies of an individual are the ways in which individual identity is created. The concept of identity formation has been described by a variety scholars, and includes intricate depictions of biological and chemical interactions to the social and human capital variables that impact behaviors. Among the most notable of these scholars is Erikson (1950/1953, 1968/1994) who emphasized the role of the immediate community, typically considered as a 'family unit' that exerts expectations of appropriate behavior on youth. As the individual reaches certain ages, typically around 12-15 years of age, the individual begins what is considered to be 'identity diffusion,' when the individual challenges and pushes back at those in the immediate community, attempting to establish greater self-dependency in self-definition. Similiarly, Bourdieu (1986) notes the importance of external community as the individual challenges familial and previously accepted doctrine of acceptable behavior.

This type of challenge to the immediate community has also been framed in the context of "Tolerance for Disagreement." McCroskey noted in over three decades of research that an individual's ability to disagree with those who are loved and trusted is a key personality trait that allows for differentiation in personality. This was described in a simplistic manner as a son who disagrees with a parent over some behavior, such as pre-marital relations or alcohol use or even attitudes toward work, and with high levels of tolerance for disagreement, both

the child and parent can tolerate each other and still welcome and show affection for each other. Ultimately, the idea of being able to push-back (disagree) with those in an immediate community allows for greater ability for individualism and self-expression.

Bandura (Boeree, 1998) offered an extension of the environmentalism as a factor in identity formation and through his famous "bobo dolls" experiment series, found that individuals' actions influence both themselves and their environments, which directly then impact the individual. The notion of "reciprocal determinism" (p. 1) is based on the idea that individual behavior causes the creation of the environment. The "bobo doll" studies in Canada focused on youth observing an older child aggressively beating a clown-shaped blow-up doll named "bobo." Following the observation, the children then, when given an opportunity to have free-play, similarly beat other bobo dolls and similar toys. This modeling process ultimately led him to identify key steps in the cycle of circular environmental behaviors, including attention, retention, reproduction, motivation, self-regulation, and self-response. The concept ultimately grew into the idea of self-control therapy, including behavioral charts, behavioral diaries, and environmental planning and self-contracts.

Beyond adolescence, individuals continue their cognitive and physical growth to adulthood, and typically progress through stages of development that are a reflection of their environment. For the population considered in the current study, college students, their progression through their collegiate experience toward foreclosure has been researched and described in multiple ways. Chickering's theory of identity development focused on seven what he referred to as "vectors," including developing competence, managing emotions, moving toward interdependence, developing interpersonal relationships, establishing identity, developing purpose, and developing integrity (Evans, Forney,& Guido-DiBrito, 1998). Although considered stages, they are also independent and non-linear, and students can pass through different vectors simultaneously and not necessarily complete all of them. Another prominent theory of college student development has been advanced by Josselson (1996) that is framed around the idea of facing challenges and overcoming them. In this model, conflict encountered by the student results in different types of results, and these results are critical in coming to identity foreclosure. The conceptualization of encountering conflict as a means to self-exploration has also been studied in relation to young professionals recently beyond college, and has been demonstrated to be a powerful description of how young women in particular move beyond stereotypes or societal depictions of prescribed identity (Underwood, 2005).

Self-determined identity plays an important role not only in the mental health of college students, but perhaps more importantly, how these students view the support services that can allow them to be effectively treated while in college and beyond. In some environments, there is a negative connation associated with seeking help for mental health issues, and parents, guardians, and family members associate seeking mental health help with being weak, unstable, and unable to function in society. Negative stereotypes abound in relation to mental health issues, and in some environments seeking help for something like depression can be cast as a failure, resulting in the student refusing to seek help. The result is an environment where students are unable to function in college or not function to the best of their abilities, in turn resulting in attrition, slower time to degree, or even self-harm.

2.2 Community Expectancy

In the creation of self-identity and awareness, and a willingness to acknowledge personal strengths and weakness, there is a reciprocal relationship between individuals and their environments that is captured in the conceptual, field theory of community expectancy. The concept has been developed and tested in various field-settings led by the work of Deggs and Miller (2011), but it also has its roots in earlier research in the state of Mississippi (Miller & Tuttle, 2006; 2007). In the first studies to allude to community expectations of individuals, case studies were conducted in small rural towns in Mississippi that hosted community and junior colleges. In these settings, the educational institutions were seen as the drivers of how community citizens viewed themselves. Successful sports programs, for example, led to community members to describe themselves as "this is a football town," and the result was that community members projected those expectations of value onto others in the community. The colleges in these communities were also seen as vehicles for social tolerance, as the community colleges served as surrogates to racial segregation in the place of the public schools that had undergone desegregation decades earlier. The community colleges, as postsecondary institutions, were often the first experiences for students to

attend an educational institution in a bi-racial environment, and as the institution valued and promoted this type of acceptance, similar expectations were projected on to members of the community.

The Deggs and Miller studies (2012; 2013, 2017 and Miller and Deggs, 2012) extended the educational institution focus of the Mississippi studies, and began asking questions of community leaders about how they envisioned community expectations and the placement of expectations on community members. Although focused primarily in rural settings, and mostly with adult samples, they found that community leaders typically did perceive that their actions had unintended consequences related to community member behaviors.
These behaviors could be related to community citizen migration to other communities, employment preferences, and the value of formal and informal education varied among adult learners in different types of programs.

Derden (2011) attempted to quantify the variance of different community-level variables in exploring the creation of expectation for valuing education. His study focused on a mid-southern US state and again focused on small, rural communities arguing that such a limitation would make variable identification easier. Derden noted multiple variables interacting with expectation development, ranging from access to libraries, religious adherence, the prominence of sports, and employment-based community migration. Ultimately, however, he found only the presence of theaters to influence expectations of further, formal education, concluding that the presence of a theater allows for the suspending of reality for community members, allowing them or giving them permission to envision something different for themselves.

The Deggs and Miller model included in the Derden research included five different agencies that interact to influence the individual: formal education bodies, home life, religious affiliation, informal associations, and civic agencies. Derden introduced, however, several additional concepts that have taken on greater importance in the exploration of community expectancy. These include the notion of life-course theory where the timing of a life intersects with how individuals see and experience the world around them that culminates in social drivers (Elder, 1994) and similar to Josselson, life-disruptions. As Galston and Baehler (1995) wrote, “for many individuals, the opportunity to remain in a relatively stable community is an intrinsic element of their well-being” (p. 30). Community expectancy is particularly related to community stability, as Galston and Baehler further noted, “some communities are structurally open to, while others structurally resist, modern forms of knowledge and technique” (p. 31).

Communities are ultimately reliant on their leadership to offer direction and form to many of the symbols, rights, and traditions of a community, and these are often framed in what has been termed “civil society” (Lichterman, 2010, p. 383), and this in turn has the power to frame, create, and value democratic forums, participation, customs, etc. The power of the civil society is subsequently impacted by community values and how the community encounters and situates it’s individual and collective history and memory (Schwartz, Fukuoka, & Takita-Ishi, 2005). These community level values, however, can be challenged by an individual who has the personal strength and interest, as well as the self-knowledge, awareness, and motivation to demonstrate individuality. Sarroub (2010) for example studied the work of immigrants in the United States, particularly those of Arabic backgrounds, and identified the extreme prices to be paid by an individual for breaking with pre-determined role assignment (she offered as examples the education of women and women refusing to marry). Sarroub’s conception of time and place impacting identity was summed up by Kahn in the New York Times who wrote simply, “experience can edit identity” (Kahn, 2016, p. MM38).

Ultimately, community expectancy impacts college student mental health in three distinct ways. First, the environment or community from which a student moves from to a college campus can be wrought with vast differences of experiences and expectations. Students might have home lives where gender roles are strictly assigned as are future personal educational and career decisions. Students can struggle with these competing notions of who they are *supposed* to be, resulting in mental health and identity stress. Second, the communities from where students originate can have defined expectations of the appropriateness of seeking mental health treatment. In some homes, signs of mental health can be a trigger for seeking treatment and help, and in others, individuals can be mocked and treated as if they are weak or inferior, resulting in some students seeking help while others attempt to hide their challenges or mask them behind other destructive behaviors. And third, campus leaders need to understand that they work and deal not just with the student, but the student’s entire background and set of formal and informal interactions that make up the student’s identity. Treatments, offers for assistance,

and even campus expectations need to take into consideration the totality of the influence and espoused norms of student's current, former, and future environments.

3. Research Procedures

The current study was designed to explore what impacts the various constructs connected to college student mental health and the propensity to pursue and undergo treatment. Expressions of interest in college student mental health are driven by a number of factors, including familial and community expectations of what constitutes 'normalcy,' and what is deemed 'acceptable.'

As a primarily descriptive study, the dominant framework for design is that of ontology, which questions the "nature of reality and its characteristics" (Creswell & Poth, 2018, p. 20) and examines a phenomenon from multiple perspectives. Using a descriptive, research-team developed survey instrument, data were collected from multiple sources in one community.

3.1 Instrument.

Data for the current study were collected using two research-team constructed survey instruments. The research-team consisted of three faculty members and two graduate students, and the survey was based on the work of McCroskey who developed over a four-decade span multiple surveys of a similar nature. McCroskey's work primarily focused on communication measures, along with self-report measures on shyness, image fixation, oral and written communication, test anxiety, listening, etc. (see, for example, several of his developments of these instruments in McCroskey, 1982, McCroskey & Richmond, 1982, and Richmond & McCroskey, 2004).

Two instruments were used in data collection, one with current college students and one used with community and family members. The survey administered to college students included nine separate statements where respondents were asked to self-rate, on a 1-to-5 Likert-type scale. The first seven statements were developed in response to the research Deggs and Miller (2011; 2012; 2013; 2017) conducted about community expectancy. These statements included content asking the respondent about perceptions of personal behavior and how and the extent that this behavior has been influenced by others. The last two questions in this sequence, questions eight and nine, specifically focused on perceptions of personal assistance in mental health treatment and the influence of others. Hypothetically, strong agreement with the items, as indicated by ratings of "5," would suggest that others influence over the individual is indeed pronounced, articulated, and perceptible. Conversely, ratings of strong disagreement (evidenced by rating "1") would suggest that the individual is less influenced or likely to do things based on others. No items were reverse coded. As the items were all consistent in their terminology and in their attempt to assess the effect of others on individual behavior, the items could be summed to range between 9 (strong disagreement) to 45 (all strong agreement). The hypothetical mid-point of this scale would be 27, consistent with the McCroskey work, suggesting that scores over the mid-point of 27 would be those individuals who perceive a greater level of community expectancy and those below would perceive less likelihood of others influencing personal behavior.

Similar to the student survey, the community and family member survey was based on a five-point Likert-type scale and drawing on the Deggs and Miller work, but also incorporating several concepts of family expectancy developed by Tolliver, Kacirek, and Miller (2019). This section of the survey included eight items focusing on both how an individual perceives personal actions, both intentional and unintentional, as influencing others. The scoring for these items were the same as for the student survey, where items were rated on a 1-to-5 Likert-type scale with 1=Strongly Disagree progressing to 5=Strongly Agree with each item. The subsequent scoring range for this survey was 8-to-40, with a hypothetical mid-point of 32.

The survey instrument was pilot tested on three separate occasions with students (n=6, n=10, n=11) and with community members (n=4, n=5, n=14). A Cronbach alpha level of .8326 for students was achieved and .6900 for the community and family survey. As an exploratory survey, the instrument was subsequently assumed to be an effective tool for gathering appropriate data for the research study.

3.2 Sample and Data Collection.

The sample for the current study was considered a convenience sample, and due to the exploratory nature of the study, this technique was determined to be appropriate for the collection of data. The first component of the sample was a group of 150 college freshmen enrolled in a Freshmen Year Experience (FYE) course at a

comprehensive, mid-western university. The FYE course was part of an extended orientation program, and met twice per week for the entire 16-week term. The courses were arranged in sections of 25 students per class, and two different instructors who taught three sections each distributed the surveys in a pencil-and-paper format during the Fall 2019 semester.

A limitation of the study is that students came from only one comprehensive university of 6,000 total undergraduates. The majority of the 100-year old institution's academic programs were considered professional or pre-professional in nature, including areas such as nursing, teacher preparation, business, etc.
The student body is somewhat transient and includes many adult learner characteristics (e.g. living off campus, part-time enrollment, dependent student status, etc.). Thus the delivered sample reflects a very specific group of students within American higher education today.

The second component of the sample were parents of currently enrolled students who participated in the university's annual 'parent-family weekend.' The program included a variety of activities for enrolled student parents, such as a pre-football game party, a reception with the university's president, a special program on off-campus living for undergraduates, a dedicated time to meet academic leaders, campus tours, etc. The program was entirely voluntary for parents, and the reputation of the program is that typically first- and second-year students' parents visited campus to participate in the program. The survey was provided at a parent check-in table with a sign indicating that the study was being conducted. The survey distribution was overseen by an undergraduate student who spoke with parents as they checked in, asking them to complete a survey and return it to a sealed box. Approximately 110 parent (couples or individually) had pre-registered to participate in the weekend activities. The data collection took place over a single weekend during the Fall of 2019.

The third component of the sample included individual community members living in the university's host town. The community had an approximate population of 50,150, with an economic base of health care and light manufacturing. Surveys were made available at the city's new, $20 million public library that had 48,000 square feet and approximately 115,000 items in its collections. The surveys were made available with a participation-request at the library's check-out/front desk and were available for a one-week period of time during the Fall of 2019. The participation-request sign both asked for individual community member participation and asked that community members complete the survey only once. A sealed box was available at the check-out/front desk for the completed surveys to be inserted.

A limitation of the study is the lack of an ability to generalize beyond the single university and community; however, the exploratory nature of the study justifies the acceptance of the limitation.

4.Findings

4.1 Survey Results.

Despite the closed environment of survey distribution and collection, due to attendance, 137 of the 150 surveys distributed were returned for used in the data analysis. This represented a 91.3% response rate for the student portion of the data collection. The event staff working the parent/family weekend at the case study institution indicated that additional parents arrived, registered, and participated in the weekend program, resulting in a parent/family (unit) participation of 141. Of the 141 parent/family units, there was no precise record of the number of individuals who attended, as some parent/family units included two parents and siblings and others included a single individual. The university's record keeping only kept track of pay-for-use activities, including a brunch, and parent/family unit participation was otherwise fluid and non-documented. Working with the approximate number of parent/family members of 141, 38 completed, usable surveys were returned for use in the study. An additional 9 surveys had been partially completed and were not included in the data analysis. The number of completed surveys represented an approximate 27% response rate. Surveys returned at the public library, representing community members, included 46 fully-completed, usable surveys. An additional 13 surveys were placed in the sealed response box at the library, but these were either not completed or not fully completed and determined to be unusable.

The mental health treatment variables (Table 3) included on the survey indicated that fewer than half of responding college students (n=57; 42%) reported that they used campus or community mental health services. Students did, however, indicate strong levels of agreement that using mental health treatment services are

acceptable ($\bar{x}$=4.40), should be accessible ($\bar{x}$=4.49), and that the provision of such services on campus is important ($\bar{x}$=4.42).

Student scores on the *Perceptions of Community Influence* scale ranged from 13-45, meaning that some students had very low agreement with the idea that they are influenced by their community and some had a very strong agreement that they were influenced by their community. With a hypothetical mid-point of 27, 68% (n=93) had scores that would indicate agreement that community influences their behaviors, actions, and decisions (see Table 1).

Of the core community expectancy items, responding college students agreed most strongly with 'what others do can convey an expectation of me' ($\bar{x}$=4.66), 'what others say to me can convey an expectation of me' ($\bar{x}$=4.60), and 'I interpret how other people present themselves differently than they might intend' ($\bar{x}$=4.58). These students agreed least strongly with the most direct, overall statement included on the survey 'my actions have been influenced by those around me' ($\bar{x}$=3.62).

Students were also asked the two questions about attitudes toward mental health, and they, as a group, agreed strongly with these statements. The survey statements included 'what others (non-family) have said to me have influenced my attitudes toward my own mental health' ($\bar{x}$=4.66) and 'what others have informally done has influenced my attitudes toward my own mental health' ($\bar{x}$=4.51).

Survey responses were then categorized based on their mean ratings above and below the hypothetical mid-point, representing two groups of students: those who perceive that they are influenced by their community (n=93) and those who do not (or do a lesser degree) (n=44). A correlation was then computed based on the categorization of influence and the combined ratings of the two items concerning mental health. A strong positive correlation was computed between the higher influence and the mental health statements, .710, meaning, that there is consistency among these students in their perceptions of how their perceptions are formed generally and among mental health specifically. There was also a strong, positive correlation identified, however, among those who had lower agreement with the idea that their perceptions are influenced by the community and the perceptions of their attitudes being influenced by the community (.632). This suggests that even though these students might be framing their own perceptions and actions individually, when it comes to their own mental health, they are still influenced by what others think.

4.2 Parent/Community Member.

The second survey was the eight-item instrument designed to explore how college student parents and community members perceive their impact on their communities. For the parents, there was an overall $\bar{x}$=4.45, with the strongest agreements on the items of 'I behave in certain ways because my actions influence others ($\bar{x}$=4.84) and 'my actions influence those around me' ($\bar{x}$=4.79). The parents agreed least with the statements 'how I present myself can be interpreted differently by different people' ($\bar{x}$=4.20) and 'my unconscious actions can result in other people's behavior' ($\bar{x}$=4.26). Community members had an overall rating agreement of $\bar{x}$=4.02, with the strongest agreement on the items of 'how I present myself can be interpreted differently by different people ($\bar{x}$=4.19) and 'what I expect from others can be conveyed by what I say to them' ($\bar{x}$=4.10). The community members agreed least with the statements 'there can be consequences to even my smallest public actions' ($\bar{x}$=3.90) and 'other people do things because they see how I do them' ($\bar{x}$=3.90; see Table 2).

An Analysis of Variance, one-way, was computed to compare the mean ratings of agreement about community influence between the parent and community member responses. As shown in Table 2, five of the eight responses were significantly different ($p<.0001$), with the higher ratings of perception in each instance being higher for parents than community members.

Parent and community members reported agreement to strong agreement with the three mental treatment variables (Table 4). Community members reported strong levels of agreement with each of the three mental health variables, including acceptability ($\bar{x}$=4.88), accessibility ($\bar{x}$=4.81) and importance ($\bar{x}$=4.25).

4.3 Additional Analysis.

Of particular interest to the current study was the use and agreement with the idea of mental health treatment. In Table 3, the agreement level of perceptions for the acceptable nature of seeking mental health treatment or services was $\bar{x}$=4.98 for those college students who had or are currently using mental health services. For those

who are not, however, the mean for the item was $\bar{x}$=3.99; a rating differential that was identified as significantly different ($p<.05$).

For the 80 respondents who were not using mental health services, the $\bar{x}$=3.99 mean rating was separated by response (Table 5). Of the 80 respondents, the majority, n=52, agreed or strongly agreed with the item. This meant that even though they were not users of mental health services, they perceived that using such services was indeed an acceptable action. Conversely, 37 students disagreed or strongly disagreed that it was acceptable to use mental health services.

The two polarity response groups (Strongly Agree/Agree and Disagree/Strongly Disagree) were then examined in relation to their community expectancy/influencer score from the survey instrument. The scores (Table 6) were 36 for the group of students who perceived an acceptance of mental health counseling use as compared to a score of 34 for those who perceived such use as unacceptable. Therefore, of the 37 students who indicated that mental health treatment was unacceptable and did not use mental health services, they also had an above average community influence score (midpoint 27), suggesting that they are indeed influenced by their surroundings, and that this extends to their perceptions of mental health care.

5. Discussion

The power of a community can be overwhelming, and this means that what happens in a community matters on multiple levels. How communities are constructed, who they represent, who they include, how they function, and what they value all can have an impact on a community's collective self-identity. This self-identity, in turn, can have strong consequences on individuals, who continues to reside and participate in a community, and ultimately, community characteristics can become self-reinforcing attributes that push-out or restrict diversity of thinking. Community leaders must take note of these behaviors, and be fully aware of the unintended consequences of their actions and behaviors.

These findings provide evidence that individuals do indeed see themselves as being influenced by the world around them, and that this extends to their vision of their own mental health and well-being. Communities, from community leaders such as city council members and elected officials to those engaged in community-level non-profits and social agencies, must be aware that individualism and a lack of appreciation for personal or group actions can have rippling, negative impacts on fellow citizens' behavior. It is especially important that these community leaders be cautious in how they influence citizens behaviors and norms.

Individualism as a construct is difficult to reconcile against the study findings. Perspectives that an individual has responsibility for 'self' means, on one level, that individuals care for themselves and take the time and devote the resources for leading a healthy life focused on multiple dimensions, including self-care and the care of others. Conversely, too much focus on the individual and self can lead to ignoring the needs of others at a consequence to the welfare of the community or society. A balance must be found, and educators in particular have an important role in trying to identify where this balance lies.

As noted earlier, public health and mental health in particular are at critical levels of discussion in contemporary society. With fewer public services devoted to public and mental health, the importance of understanding the origins of challenges and problems is more important than ever. These include combating family-legacy illiteracy, refusal to seek preventative medicine, and as discussed here, the acceptance of treatment for mental health related issues. The challenges are impacting how people engage in community, religious and social experiences. These challenges are also being felt in schools where more emphasis is being placed on student social-emotional development.

On one level, a college campus can be considered a micro-community, as it has many of the defining characteristics of a community such as residents, community citizens, services related to living such as food and health care, etc. With over half of all college students needing support for their own mental health, campus leaders in particular must make note of the mental state that students arrive on campus with and what the campus environment does to either help or support stronger mental health well-being. In some cases, considering family and environmental stigmas associated with seeking mental health treatment, campus leaders might be best served by not being overt with the provision of services, and might find embedding them in more subtle ways an effective strategy for serving their students. Providing 'safe spaces' on campus for identity formation are critical,

and only deep, thorough analyses of individual campus communities can reveal the most appropriate methods of providing effective mental health treatment on campus.

Some campuses have created mechanisms for identifying and reporting students who need assistance coping with stress and anxiety. Some interventions are merely focused on creating a balanced schedule, problem solving, test taking. Other interventions include counseling to address more substantial mental health issues. An additional element that campus leaders must navigate is the extent that campus communities are 'safe,' and to what extent they challenge students in their own beliefs and ideas.

Campuses seem to have a strong history of academically challenging their students thinking, but as the college experience becomes more career focused, the experience may resemble something closer to vocational training in which specific skills are learned. Skill acquisition is not a bad thing on the college campus, that is unless it replaces the emphasis on critical thinking and civic responsibility.

This study begins a dialogue that needs to be opened among campus and community leaders, and must address a wide range of public and mental health issues. These include not only the diagnosis of mental health (along with physical health) issues, but issues related to the general quality of life indicators that are so often linked with general healthy well-being, including an ability to read, financial literacy, etc.

Research that explores other family-level and community-level variables such as financial and food security can be important steps in determining how individuals frame their own sense of self-value and worth, and how they cope with needing either mental or physical health treatment. As shown here, students generally see mental health treatment as a viable option and something that they would be willing to engage in, but there is a segment of the student population that sees this kind of assistance in a very different light. Research needs to be practical and applied in determining strategies for assisting students in seeking the right kinds of help, support, and treatment to become or continue to be contributing members to their communities. And ultimately, campus leaders must understand that their responsibility for students does not end with what happens in the classroom.

6. Conclusion

There are stigmas associated with seeking mental health treatment, both in the community and on college campuses. Data from several national studies in the United States identify that students, despite having mental health needs, do not seek help or treatment. The current study supports the argument that this is can be a learned response to seeking help, and that both an individual's family and community can have an impact on this perception.

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Table 1. College Student Perceptions of Community Influence N=137

	$\bar{x}$	Range	Std Dev
My actions have been influenced by those around me.	3.62	4	.3120
I behave in certain ways because my actions have been influenced by others.	3.74	4	.3849
I do things because I have seen how others do them.	4.22	5	.2918
I have felt the consequences of other people's smallest public actions.	4.27	4	.3001
I interpret how other people present themselves Differently than they might intend.	4.58	3	.2562
My behaviors can be the result of other people's unconscious actions.	4.52	4	.3756
What others say to me can convey an expectation of me.	4.60	3	.1388
What others do can convey an expectation of me.	4.66	3	.1999
What others (non-family members) have said to me have influenced my attitudes toward my own mental health.	4.66	4	.2288
What others have informally done has influenced my attitudes toward my own mental health.	4.51	4	.2828

Table 2. Community and Family Member Perceptions of Community Influence

	Parent n=38 $\bar{x}$	Community Member n=46 $\bar{x}$
My actions influence those around me.	4.79	4.02*
I behave in certain ways because my actions influence others.	4.84	4.00*
Other people do things because they see how I do them.	4.37	3.88*
There can be consequences to even my smallest public actions.	4.56	3.90*
How I present myself can be interpreted differently by different people.	4.20	4.19
My unconscious actions can result in other people's behavior.	4.26	4.03

What I expect from others can be conveyed by what I say to them.	4.29	4.10
What I expect from others can be conveyed through my actions.	4.34	4.06*

*p<.0001 (t=-5.9138, SE .073)

Table 3 College Student Mental Health Perceptions

	Yes	No	All
Do you or have you ever sought treatment for a mental health-related instance	57	80	137
Mental health treatment	4.98	3.99	4.40
Should be acceptable	4.99	4.15	4.49
Should be accessible	4.98	4.06	4.42
is important			

Table 4. Parent and Community Member Student Mental Health Perceptions

	Parents $\bar{x}$	Community Members $\bar{x}$
Mental health treatment	4.11	4.88
Should be acceptable	4.20	4.81
Should be accessible	4.25	4.70
is important		

Table 5. Non-Mental Health Student Perceptions of Mental Health Service Use

To what extent is the use of mental health treatment or services acceptable for college students.

	n	Combined item mean
Strongly Agree (5)	16	4.30
Agree (4)	36	
Neither Agree or Disagree (3)	12	3.0
Disagree (2)	22	1.59
Strongly Disagree (1)	15	

Table 6. Combined Acceptability Mean and Community Influence Score

Agreement level	CI Score (9-45 range; 27 midpoint)

Strongly Agree (5) Agree (4)	36
Disagree (2) Strongly Disagree (1)	34