



The Psychological Well-Being of CUNY Students: Results from a Survey of CUNY Undergraduate Students



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**A Report from:
The Campaign for a Healthy CUNY**

by

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“One of the saddest moments that I have experienced recently occurred at a Council of Presidents meeting when some presidents indicated to me and other members of the chancellery that more and more students appear on their campuses hungry. They have not had breakfast or may have missed a meal the night before. In light of the difficult economic times facing very low income students, I have asked the Office of Student Affairs to develop ... programs to focus on issues of hunger, nutrition and homelessness.” Chancellor Matthew Goldstein, CUNY Board of Trustees Meeting, April 27, 2009

Introduction

In this series of reports, we present the results of a survey conducted among CUNY undergraduate students in summer and fall of 2010 examining food insecurity, housing instability, and a range of mental health issues. The motivation for the survey was concern on the part of the CUNY administration, reflected in Chancellor Goldstein’s comments above, about student hunger, homelessness, and psychological well-being in light of the economic recession. Following Chancellor Goldstein’s comments, the Office of Student Affairs created a committee co-chaired by Hunter College Distinguished Professor of Public Health Nicholas Freudenberg and Director of CUNY Mental Health and Wellness Services Luis Manzo. The formation of this committee was an important early step in the Healthy CUNY Initiative, an effort sponsored by the CUNY School of Public Health at Hunter College and the CUNY Chancellor’s Office, to promote health and well-being CUNY- students, faculty and staff. The committee of CUNY faculty, students and staff (listed in the Acknowledgements) met several times in 2009 and 2010 to design the survey and plan initiatives to better meet the food, housing, and psychological needs of CUNY students. The survey was conducted with support and advice from the Vice Chancellor for Student Affairs, the Office of Institutional Research and Assessment, the Baruch College Survey Research Center, and trained CUNY students who served as data collectors.

For each of the key topics covered by the survey—food insecurity, housing instability, and psychological well-being—we have developed a policy brief describing and interpreting the survey data. In this brief, we define our use of the terms depressive symptoms and mental health problems, describe the magnitude of these concerns among CUNY undergraduate students, identify subpopulations that experience higher levels of depressive symptoms and mental health problems, and present data that compare the experiences of depressive symptoms and mental health problems among CUNY undergraduates to the experiences of residents of New York City, other college students and other relevant populations. We also describe the kinds of services that CUNY and other agencies provide to address depressive symptoms and mental health problems, and the degree to which students are using these services and programs to meet their mental health needs.

Survey Design and Methodology

The findings in this report come from a survey that was conducted in the summer and fall of 2010 with two samples of CUNY undergraduate students. The survey questions, developed by the previously mentioned committee, asked students about their experiences with food insecurity, housing instability, and psychological problems in the last 12 months. The survey also asked students to describe their basic demographic and academic characteristics. We used the same survey tool with the two samples, which were recruited in different ways to enable us to get more complete assessments of the food, housing, and psychological needs of CUNY

undergraduates. The first round of the survey, labeled the CUNY Representative Sample, was carried out by Baruch College Survey Research (BCSR) on behalf of the Healthy CUNY investigators. BCSR staff administered the survey via Internet or telephone to a sample of 1,086 CUNY undergraduate students recruited to match all CUNY undergraduates by gender, age, race/ethnicity, cumulative grade point average, college, type of college, and class standing. The sample included respondents from all 17 CUNY community college and four-year schools where undergraduates are enrolled. The participating campuses were: Baruch College, Borough of Manhattan Community College (CC), Bronx CC, Brooklyn College, City College, College of Staten Island, Hostos CC, Hunter College, John Jay College, Kingsborough CC, LaGuardia CC, Medgar Evers College, NYC Tech, Queens College, Queensborough CC, and York College.

BCSR's data collection and data management activities were as follows. A total of 6,883 randomly sampled students were invited to participate in the survey by email, of whom 1,086 responded, a response rate of 15.7%. To ensure that the resulting sample was representative of the CUNY undergraduate population as a whole, the data were weighted by key demographic variables. Of the 1,086 respondents, 620 (57%) completed the survey online and 466 (43%) completed the survey by telephone. The telephone interview option was added for those who did not respond to the online option within two weeks and for those whose email addresses were determined to be invalid. The questionnaire was available in English only. All telephone interviews were conducted by trained interviewers in the BCSR computer assisted telephone interviewing (CATI) facility.

The second round of the survey, labeled as the CUNY Targeted Sample, was administered by trained CUNY students, who distributed and collected the surveys in person to students on the eight campuses with the highest rates of students receiving public assistance. This sample includes 1,114 students from Borough of Manhattan, Bronx, Hostos, Kingsborough, La Guardia, and Queensborough Community Colleges, and John Jay and Medgar Evers Colleges, both of which are four-year schools. While this sample was not representative of all CUNY students, it allowed us to compare higher need campuses with all campuses and to ascertain whether the needs of students who were reached by face-to-face encounters were significantly different than those of students were reached by telephone or online. Table 1 at the end of this report provides descriptive data for the two samples.

In this report, we present findings only from the CUNY Representative Sample unless otherwise noted. In analyzing the data from this sample, we began with analyses that describe the sample demographics. We then explored differences in the outcomes (food insecurity, housing instability, and measures of mental health) by key variables, such as race, age, and income. Predictors of these outcomes will be examined in future analyses. In Box 1 in the Appendix we describe the limitations of our survey.

Defining Depressive Symptoms and Mental Health Problems

Depressive Symptoms

The 4th edition of the Diagnostic and Statistical Manual of Mental Disorders, commonly referred to as the DSM-IV, defines a major depressive episode as one in which 1) five or more of nine symptoms listed below have been present during the same 2-week period and represent a change

from previous functioning, and 2) at least one of the symptoms is either depressed mood or loss of interest or pleasure. The nine symptoms are:

1. Having little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless
3. Trouble falling or staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down
7. Trouble concentrating on things, such as reading the newspaper or watching television
8. Moving or speaking so slowly that other people could have noticed, or the opposite, being so fidgety or restless that you have been moving around a lot more than usual
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

For the CUNY student survey, we dropped the last question related to suicide since we could not assure an appropriate response if a participant identified such thoughts and behaviors. The remaining eight questions, known as the Patient Health Questionnaire 8 (PHQ-8), is a widely used screening tool for depression. Participants were asked to indicate on a four point scale “Over the last 2 weeks, how often have you been bothered by any of the following problems?” The four answer choices were: not at all (0), several days (1), more than half the days (2), and nearly every day (3). Participants with PHQ-8 scores greater than or equal to 10 were identified as having depressive symptoms. Those with scores below 10 were categorized as non-depressive.

In addition, all participants who responded positively to any of the eight items of the PHQ-8 were asked to complete a self-reported measure of functional impairment to determine the degree to which these problems interfered with their work, home responsibilities, and interpersonal relationships.

The survey also asked students to report on their experiences with a variety of psychological problems (i.e., anxiety, depression, stress, eating disorders, worries over finances, relationship difficulties, as well as alcohol and drug use) within the last 12 months and the extent to which these concerns had a negative impact on their “academic work, class attendance or school enrollment.”

Findings

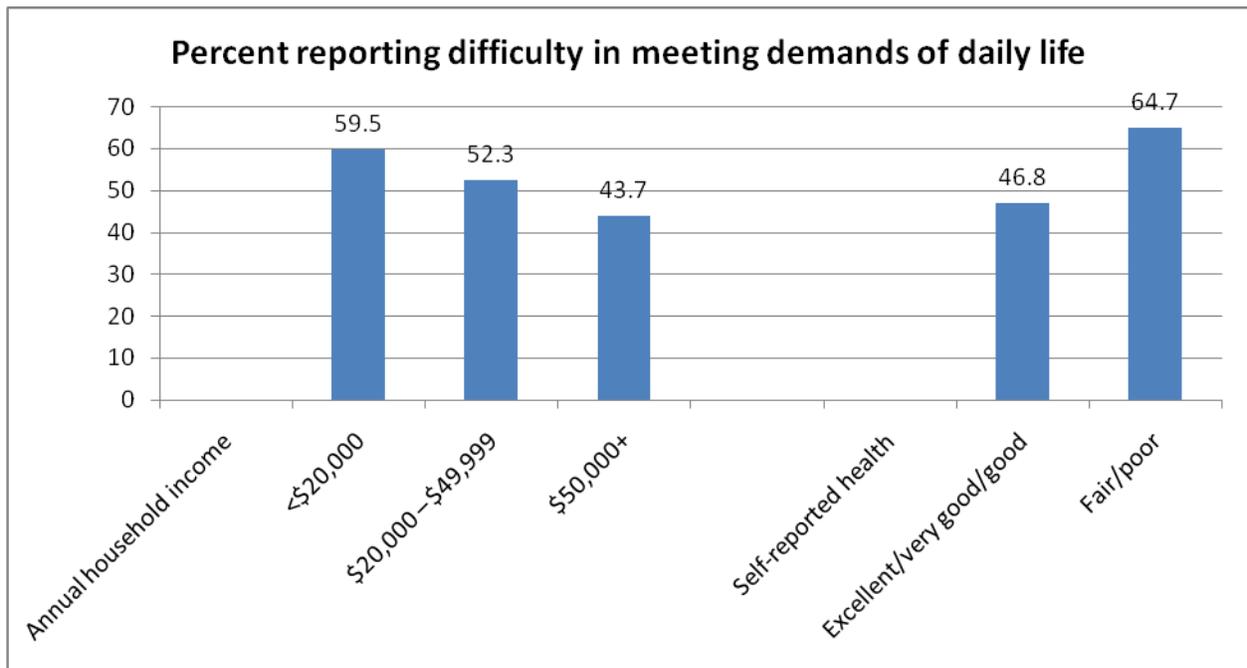
Depression

- Based on the PHQ-8, 19% of the respondents met the criteria for depression, suggesting that more than 47,500 undergraduate students at CUNY, almost one in five students, have symptoms that meet a common definition of depression.¹
- Students who reported that they had experienced any of the eight common psychological symptoms of depression represented on the PHQ-8 within the last two weeks were asked whether these problems made it difficult for them to work, take

¹ See Box 1 in the Appendix for a discussion of the limitations of this estimate.

care of things at home, or get along with other people. Those who said such problems made these daily tasks extremely, very or somewhat difficult were considered to be experiencing functional impairment from their problems, that is the problem made it hard for them to meet the demands of daily life. About half (49.9%) of the respondents reported such impairment, suggesting that about 125,000 CUNY undergraduates experience difficulty with meeting the demands of daily living related to one or more symptoms of depression.

- The prevalence of having difficulty in meeting the demands of daily life varied by student characteristics. As shown below, students living in household with annual incomes below \$20,000 and those rating their health as fair or poor were significantly more likely to report such difficulty than their respective peers.



Other Psychological, Social or Interpersonal Concerns

- Students were also asked to what extent they experienced various psychological, social or interpersonal problems. The most commonly reported problems were stress (reported by 57.2%), finances (49.6%), relationship difficulties (30%), anxiety (26.4%), and depression (23.1%). Disturbingly, more than two in five CUNY students (43.5%) reported experiencing three or more of these problems in the last year.
- Students also reported that these problems affected their academic progress at CUNY. As shown in the table below, more than three quarters of the students experiencing the five most common problems indicated that this problem had an impact on their academic progress.

Psychological Concerns among CUNY Students

Psychological Concerns	Prevalence (%) (Past 12 months)	% reporting impact on academic work, class attendance or school enrollment
Stress	57.2	85.5
Worries about finances	49.6	76.7
Relationship difficulties	30	78
Anxiety	26.4	80.7
Depression	23.1	84

- Students living in households with annual income below \$20,000 and those who reported fair or poor health were significantly more likely to report these psychological problems impairing their academic progress.

Comparisons

To better interpret the meaning of the findings on the prevalence of depressive symptoms and other psychological problems reported here, we compare the prevalence of mental health concerns among CUNY students to rates of college aged individuals in the United States and New York.

Depressive Symptoms

According to the CDC's Behavioral Risk Factor Surveillance System's (BRFSS) survey of 235,067 adults throughout the United States in 2006 and 2008, 9% of respondents met the criteria for current depression, as measured by the PHQ-8 (the same measure used in this study). The rate of current depression among 18-24 year olds on the BRFSS was 10.9%, suggesting that CUNY students are almost twice as likely to report depressive symptoms as the general young adult population (19% vs. 10.9%). A study of depression among US college students as part of the Healthy Minds study found the prevalence of depression, as measured by the PHQ-9, to be 13.8% and 14% respectively, again substantially lower than what is observed among CUNY students (19%).

Other Psychological Problems

The spring 2010 American College Health Association's National College Health Assessment (ACHA-NCHA) surveyed more than 95,000 college students across the United States. This study demonstrated that within the past 12 months, stress (27.4%), anxiety (18.3%), depression (11.7%), relationship difficulties (11%), and finances (7%) affected the respondents' academic performance. These rates are substantially lower than those reported by CUNY students.

Availability and Use of Services and Programs

The survey also asked students about their use of psychological and mental health services. It found that:

- While those who met the definition for depression were more likely to think they needed help for their psychological problems than those not reporting depression (43.1% vs.

10.6%), half of the students reporting depression did not think they needed help, suggesting the need for awareness campaigns on the signs, symptoms and treatability of depression.

- Similarly, while those reporting depression were three times more likely to get help for psychological problems than those not reporting depression (21% vs. 7%) more than three quarters of those reporting depression did not get any psychological help in the last year.
- Disturbingly, more than 90% of the students reporting depressive symptoms did not get help from the campus counseling services or the student health center, utilization rates not substantially different than those reported by students without symptoms of depression.

Next Steps

The results of this survey show that many CUNY undergraduates experience depressive symptoms and other mental health concerns. In fact, the data presented in this study suggest that 1 in 5 CUNY undergraduates exhibit symptoms consistent with a diagnosis of depression. Furthermore, a sizable proportion of CUNY students acknowledge mental health concerns that they report have impaired their ability to progress academically. Given that depression and financial worries are strong predictors of college dropout, these findings suggest that by improving its counseling and mental health services and finding ways to meet the needs reported here, CUNY may be able to increase its rates of retention and satisfactory academic progress.

Currently, each of CUNY's six community colleges and 12 senior colleges has a counseling center, although the scope of the services at these centers varies from campus to campus. In addition, many campuses have health centers, wellness programs, or peer education programs, and several have women's centers, all important sources of help for students with psychological problems. As the data in this study show, many students with problems are not getting help. In the coming months, CUNY will need to consider various strategies to improve the psychological well-being of CUNY students. These could include:

- Improving staffing and training of current counseling centers, wellness programs and women's centers.
- Conducting public awareness and educational campaigns about the signs and symptoms of psychological problems, especially depression, the benefits of treatment, and the availability of treatment services.
- Improving linkages or partnerships between New York City's mental health providers and CUNY campuses

If you have suggestions for addressing the needs described in this report or feedback on the survey, please send them to: healthcunysurvey@gmail.com. We look forward to your comments and ideas.

Appendix

Table 1: Comparison of Sample Characteristics		
	Representative Sample % (n)	Targeted Sample % (n)
TOTAL SAMPLE	n=1086	n=1114
Gender		
Female	58.7% (637)	62.6% (683)
Male	41.3% (449)	37.4% (408)
Age (years)		
<21	26.0% (282)	45.6% (493)
21-24	39.7% (431)	30.6% (331)
25-29	17.9% (194)	10.9% (118)
≥30	16.4% (178)	12.9% (139)
Race/ethnicity		
African-American/Black (non-Hispanic)	24.2% (260)	30.6% (335)
Hispanic	29.5% (318)	37.2% (407)
White (non-Hispanic)	20.0% (215)	10.7% (117)
Asian (non-Hispanic)	17.3% (186)	11.2% (123)
Other (non-Hispanic)	9.1% (98)	10.2% (112)
US Born		
Yes	58.1% (626)	57.4% (622)
No	41.9% (452)	42.6% (461)
Has child(ren) in household		
Yes	15.0% (161)	22.6% (247)
No	85.0% (917)	77.4% (847)
Annual household income		
<\$20,000	26.4% (272)	25.9% (268)
\$20,000 – \$49,999	27.3% (281)	22.4% (232)
\$50,000+	21.1% (217)	12.2% (126)
Not Sure	25.2% (260)	39.6% (410)
Type of campus		
Community College ¹	36.1% (390)	67.1% (735)
4-year College ²	63.9% (692)	32.9% (361)
Student Status (Spring 2010)		
Full-time (12+ credits)	65.5% (704)	55.6% (603)
Part-time (<12 credits)	32.9% (354)	44.3% (480)
Problem Outcomes in last year		
Food insecurity	39.1% (410)*	45.4% (475)
Housing instability	42.7% (464)*	48.3% (538)
Both food insecurity and housing instability	24.3% (255)*	31.1% (325)
Psychological problems that interfere with school or work	50.4% (439)*	56.8% (447)
Depressive symptoms	19.3% (187)*	27.6% (195)

*Data on problem outcomes not weighted here to enable direct comparison to Targeted Sample.

Box 1: Limitations of this Study

Our study has several limitations. It is possible that our sample is biased, with students with the problems under study choosing to respond to the survey at higher rates than those unaffected. This would overestimate the true prevalence of the outcomes of concern. It is also possible that students experiencing food insecurity or housing instability would be less likely to have working email addresses or telephones or would choose not to disclose possibly stigmatizing problems, either of which could lead to an underrepresentation in our sample and thus an underestimate of the true prevalence of these conditions. The low response rate, 15.7%, is a cause for concern, although we did weight the resulting sample on several key demographic measures to ensure that it resembled the population of CUNY undergraduates as a whole on these characteristics.

A comparison of the rates of outcomes of concern between the representative and the targeted sample (last row in the table in the Appendix) shows statistically significant higher rates of the six outcomes of concern in the targeted sample. Since the targeted sample includes higher proportions of low income and Black and Latino students, groups with higher rates of food insecurity and housing instability in the population as a whole, this finding is not unexpected. However, the fact that two independent survey methods each showed high rates of problems provides some reassurance that these findings reflect a valid cause of concern. Whatever the limitations of the surveys, these data are the most complete available on the prevalence of these problems among CUNY students. Whether they over- or under-estimate the true prevalence of these problems, they indicate a clear need for action to ensure that all CUNY students can meet the basic needs of food and shelter that are a prerequisite for academic success.

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