Addressing the Mental Health Needs of First-Generation College Students Attending Liberal Arts Colleges

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Abstract

This study seeks to understand how liberal arts colleges across the country support the mental health needs of first-generation college students to determine what type of resources are available and needed for first-generation college students to succeed. The primary research question that this paper seeks to answer is "How do liberal arts colleges allocate, promote, and implement mental health resources in order to meet the mental health needs of first-generation college students (FGCSs)?". This paper also seeks to answer the question, "What influences first-generation college students (FGCSs) at liberal arts colleges to use or not use mental health resources?". This study uses interview and survey data to answer these research questions. The findings of this study indicate an overall disconnect between counseling centers and the FGCSs population regarding mental health. Interviewees mentioned how their institution prioritizes students' mental health, provides support for first-generation college students and offers a variety of mental health resources for students to utilize. However, the survey results showed that first-generation college students have poor mental health, lack a sense of belonging, and most do not seek out mental health resources despite needing them. Recommendations made in this study intend to address the barriers that discourage first-generation college students from seeking out mental health resources and advises liberal arts colleges on how to improve existing programs related to mental health and the first-generation community.
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**Introduction**

First-Generation college students (FGCSs) are an underrepresented population among various college campuses across the United States (Stebleton 2014, 10; Nguyen 2018, 146). The number of FGCSs that enroll in post-secondary education only continues to increase every year (Stebleton, 2014, p. 6). Nevertheless, FGCSs continue to face unique challenges compared to continuing-generation college students (CGCS), such as coming from a low-income family, navigating college without the help of parents, or struggling to feel a sense of belonging on campus (Stebleton, 2014; Nguyen 2018). There is an emerging body of research that examines how some of these challenges can affect the psychological well-being of FGCSs. These studies have highlighted that due to the unique circumstances of FGCSs, they are at a higher risk of experiencing mental health problems and are less likely to seek help compared to CGCSs (Stebleton, 2014; Chang 2020). Despite the current research on the mental health of FGCSs, most of these studies have only examined FGCSs at public research universities as opposed to other types of academic settings such as liberal arts colleges.

Liberal arts institutions are known for having increased student involvement in academic work, have a strong faculty commitment to student development, and increased expenditures on student services due to their small size and commitment to undergraduate education (Astin, 1999). However, research has shown that FGCSs attending liberal arts colleges are not as involved in high-impact practices (HIP), which include opportunities to enhance a student's academic experience due to financial concerns, family expectations, and low grade-point averages (Fonseca-Cervantes 2014). There is a need to expand this research to include FGCSs' engagement with mental health resources because there is still a lack of knowledge on factors that affect the mental health of FGCSs attending a liberal arts college and barriers that prevent
FGCSs from using mental health resources at these institutions. Also, there remains minimal research on how post-secondary institutions can ensure access to quality mental health services for FGCSs.

This paper examines whether liberal arts colleges are adequately supporting the mental health needs of FGCSs and how these institutions ensure that mental health services are accessible and utilized. This paper also addresses the role liberal arts colleges have in promoting mental health resources and if FGCSs take advantage of these resources. To answer the main research question, "How do liberal arts colleges allocate, promote, and implement mental health resources in order to meet the mental health needs of FGCSs?" this project interviewed school administrators regarding mental health resources and support for FGCSs. To answer the sub-question of "What influences FGCSs at liberal arts colleges to use or not use mental health resources?" this project distributed a survey to FGCSs regarding their mental health and engagement with mental health resources. Data from both the interviews and surveys were then analyzed to understand existing gaps in mental health resource allocation and engagement with the FGCS population at liberal arts institutions.

Background

Defining First-Generation College Students

The definition of "first-generation" is varied (Hebert, 2018, p. 100). Some define it as those for whom both parents or guardians have a high school education or less and did not begin a post-secondary education (Hebert, 2018, p. 100). Others have a more inclusive definition: students whose parents have not completed a bachelor's degree (Hebert, 2018, p. 100). For the purposes of this study, first-generation students are defined as neither parent or guardian having
attained a bachelor's degree. Even if a student's parent or guardian had some post-secondary education but did not obtain a bachelor's degree, they will be considered first-generation.

**Defining Mental Health**

According to the World Health Organization, mental health is a state of well-being in which an individual realizes their own abilities, can cope with the everyday stresses of life, work productively, and contribute to their community. Multiple social, psychological, and biological factors determine the level of mental health of a person at any given point in time (WHO.Int). People can experience different types of mental health crises, which can involve different mental illnesses or disorders, and they can often occur simultaneously (WHO.Int). Mental illnesses can also occur over a short period of time or can also be ongoing or long-lasting (WHO.Int.).

**Literature Review**

In order to further understand the importance of addressing mental health among FGCSs, it is necessary to know more about the mental health of college students in general, how FGCSs are at greater risk of developing mental health problems, and the benefits of improving mental health among FGCSs. Two theoretical frameworks help guide this research - Intersectionality and Cultural Mismatch - as these provide insight into the complexities that come with identifying as a FGCS and how it can affect a FGCS's psychological well-being. After describing the relevance of these frameworks, this review examines mental health in the context of all college students and its relation to the mental health of FGCSs as well as challenges to accessing mental health resources in relation to the FGCS identity. Finally, this review describes the benefits of improving the mental health of FGCS and the role that liberal arts colleges have in this improvement. There is still limited research regarding FGCSs' mental health at liberal arts
colleges. However, the following seeks to understand the role of resources at these colleges and its relation to the mental health of FGCSs.

**Intersectionality Theory**

*Intersectionality* can provide a framework to explain the complexities of a FGCS's mental health status. Legal scholar Kimberlé Crenshaw has coined the term *intersectionality*, which is defined as "the notion that subjectivity is constituted by mutually reinforcing vectors such as race, gender, class, and sexuality" (Nash, 2008). *Intersectionality* is a concept that is applicable when thinking about FGCSs and their mental health because of the many other identities that are associated with FGCSs. Most FGCSs are people of color who come from low-income households and are also from immigrant households (Stebleton, 2014). When applying the intersectionality framework, it complicates the mental health experiences of FGCSs because these students are experiencing different degrees of hardship from other identities that are also associated with the FGCS status. The multiple identities that FGCSs hold, such as race, class, gender, sexuality, ethnicity, nationality, ability, and age, operate not as mutually exclusive entities but as reciprocally constructing phenomena that shape complex social inequalities (House, 2020 p.163). As FGCS navigate across many identities, it can affect the severity of a FGCS's mental health and their ability and willingness to seek mental health resources. Post-secondary institutions need to provide accessible mental health resources that can help FGCSs address the complexities that put them at greater risk of developing mental health problems.

Recent studies have signaled the importance of looking at the intersectionality of race/ethnicity and social class on cultural mismatch and college adjustment (House, 2020). For example, a study has shown that ethnic minority participants who are FGCSs emphasized the importance of self-reliance, whereas FGCSs that identified as White stressed personal growth,
self-expression, and happiness (Chang, 2020). The study highlights that even within the FGCS population, there is a difference in how FGCSs cope with their mental health when entering college, depending on their racial background. This study showcases the greater need for addressing the mental health needs of FGCSs who also identify as ethnic minorities because self-reliance can lead to the underutilization of mental health resources. The study also considers how colleges need to support other marginalized identities on campus, which often intersect with the FGCS identity. Additionally, these two different groups also differed with respect to their perceptions of the university in cultivating inclusivity and diversity, with ethnic minority participants raising more concerns about the lack of diversity and issues with a sense of belongingness on campus (Chang, 2020, p. 286). In this case, a college student's sense of belonging refers to the need or desire to connect the college environment through formal and informal interactions (Stebleton, 2014). These concerns can make it difficult for FGCSs to navigate college because they feel like they do not fit within the broader college community, leading to increased mental health problems (House, 2020). The differences in experience among ethnic minority students and White students show how different intersecting identities can make a FGCS's mental health more complex and burdensome.

**Cultural Mismatch Theory**

The theory of *Cultural Mismatch* helps explain the hardships that FGCSs face in addressing their mental health. *Cultural Mismatch* is defined as inequality produced when the cultural norms in mainstream institutions do not match the norms prevalent among social groups underrepresented in those institutions (Stephens, 2014, p. 1304). The *Cultural Mismatch* theory asserts that FGCSs experience a disadvantage because of the misalignment between their cultural values and independent university norms (Chang, 2020). This cultural mismatch between
independence-interdependence norms is one crucial factor that leads to various adverse outcomes for FGCS, including lower grade point average, greater perceived difficulty on academic tasks, lower tendency to seek out college resources, and more powerful negative emotions and biological stress reactivity during academic tasks (Chang, 2020, p. 281). To ensure that there is no cultural mismatch, colleges need to make a conscious effort to understand the needs of FGCSs and provide resources to help them. Providing mental health resources is a step forward in helping mitigate the cultural mismatch that FGCSs experience.

**Mental Health in All College Students**

Mental health challenges among college students is a topic that continues to gain recognition because of its prevalence (Balon, 2015). College students are people of a vulnerable age, in their late adolescence or early adulthood, which is frequently a time when people experience their first episode of a severe mental disorder (Balon, 2015, p. 495). These experiences have led to an increase in mental health diagnoses among college students because it is often the first time they experience mental health problems such as stress, anxiety, and depression (Balon, 2015, p. 495). FGCSs have many identities, aside from age, that put them at a more vulnerable risk for developing mental health problems. Coupled with the rise in mental health diagnoses across the general college-student population, the FGCS population could also see a rise in the development of mental health issues. Data suggests that at least one-third of undergraduates exhibit mental health problems, with anxiety and depression as the most common mental health diagnoses (Oswalt, 2018). In addition, mental health conditions have also increased, such as schizophrenia, bulimia, and bipolar disorder (Oswalt, 2018, p. 41). Few studies have examined reasons for this potential increase in mental health issues among college students but have identified various contributing factors such as over-involved parents, students'
dependence on technology, and increased academic pressure (Oswalt, 2018, p. 42). Factors identified in these studies can differ from factors that affect FGCSs experience because of the complexity associated with the FGCSs identity and how their mental health needs differ from the general college-student population.

An increase in the prevalence of poor mental health can lead to various adverse outcomes. Studies show that an increase in mental health problems is also associated with lower grade point averages, increased alcohol consumption and smoking, and withdrawal from college (Oswalt, 2018, p. 41). The rise in mental health issues among college students should prompt post-secondary institutions to adequately provide mental health resources to prevent FGCSs from experiencing the negative outcomes associated with poor mental health.

Despite increases in mental health concerns and diagnoses, there is also concern surrounding the use of mental health resources among college students. A common reason for the lack of engagement in mental health resources among college students is the stigma surrounding mental health. Research in the general population indicates stigma, including stereotypes, prejudice, and discrimination is a significant barrier that individuals with mental illness face in achieving life goals (Kosyluk, 2016, p. 325). FGCSs face their own stigma related to the FGCS identity and the many other identities they hold, preventing them from seeking necessary mental health treatment.

Health literacy is another factor that affects a student's ability to use mental health resources (James, 2016). When a student is not aware of the resources or does not understand what services their insurance offers, this can lead to fewer students using the resources available. While there is no research regarding FGCSs' health literacy, there is a study that indicates that one of the reasons FGCSs do not seek mental health services is that they did not have any
knowledge about it (Stebleton 2014). There is a possible link between poor health literacy and FGCSs not knowing about mental health resources.

Lastly, financial barriers also affect how students seek mental health treatment (James, 2016). If a student is uninsured or has inadequate insurance that does not cover mental health care, it decreases engagement with mental health resources (James, 2016, p. 203). FGCSs are already at a disadvantage because of their lack of financial stability (Stebleton, 2014). FGCSs that do not have the means to purchase health insurance already lack engagement with mental health resources. Lacking the ability to access mental health resources because of financial barriers puts FGCSs at a greater risk of developing mental health problems. Mental health concerns among college students can not improve if different barriers to access are not properly addressed.

**Barriers to Access in Mental Health Services for FGCSs**

FGCSs are more likely to need mental health services but not seek it out (House 158). The most frequent reasons first-generation students reported for not using counseling services (even though they needed services) included that the location was inconvenient (84.5%), they had never heard of it (80.4%), the hours were inconvenient (77.8%), and they did not have enough time (76.1%) (Stebleton, 2014). The high percentage of FGCSs experiencing different barriers to access to resources indicates the importance of making mental health resources more accessible. Colleges need to make an effort to understand and address the barriers that FGCSs experience because not addressing these barriers would put FGCSs at a higher risk of developing mental health issues. The following sections detail some of the challenges that deter FGCSs from accessing services they may need:

*Stigma:*
There is a stigma placed on FGCSs due to their first-generation identity. FGCS status is an identity that holds stigma within higher education because institutional norms are often incongruent with the unique cultural orientations of FGCSs (Garriott, 2017, p. 433). When the institution and the individual, in this case, a FGCS, do not align, it makes it difficult for the individual to work with what the institution provides and expects. Research shows that FGCS status is associated with higher levels of perceived interpersonal and institutional classism on campus (Garriott, 2017). FGCS describe their experiences of alienation, isolation, and invisibility related to their social class identity on college campuses (Garriott, 2017). These experiences, along with classism, can create an environment in which students feel pressured, anxious, or depressed, causing degradation of their mental health.

Sense of Belonging:

Aside from family, a FGCS's sense of belonging can also affect their mental health. Research shows that there is a strong relationship between a student's self-perceived belongingness, social support, and inclusion, and their persistence in school (House, 2020). The greater the sense of belonging to the academic and social community for the student, the more likely it is that the student will persist towards graduation and have a greater likelihood for success (Stebleton, 2014). A greater sense of belonging is also related to positive mental health when it provides the means to integrate into a community where the student feels needed and valued and contributes to the community in return (Stebleton, 2014). However, FGCSs experience a lower sense of belonging among college campuses (House, 2020, p. 158). A study distributed a survey with questions relating to a student's satisfaction with their university experience. It showed that a lower sense of belonging is significantly related to FGCSs reporting a higher frequency of feeling stressed, depressed, or upset than continuing generation students.
The experiences of FGCS could cause this lower sense of belonging because there is added stress and pressure to balance familial, academic, and social responsibilities. A lower sense of belonging among FGCSs could also prevent them from seeking out mental health services.

The theory of "mattering" is related to the sense of belonging an individual feels and can offer perspective on why FGCSs have a lower sense of belonging. Mattering is a motive; the feeling that others depend on us, are interested in us, is concerned with our fate (Stebleton, 2020, p. 9). When students have positive interactions with faculty, student affairs educators, and other institutional agents, they are more likely to perceive heightened feelings of mattering and belonging on campus (Stebleton, 2014, p. 9). A study found that immigrant college students (many with first-generation status) attending a large public research university were more likely to rely on peer networks (i.e., cultural enclaves) for help rather than institutional agents such as faculty members, academic advisers, and career counselors (Stebleton, 2020, p. 10). Many of the students stated that they did not feel welcome or comfortable approaching faculty members or institutional agents (e.g., academic advisers, career counselors) but instead sought out information from friends and family members (Stebleton, 2014, p. 10). FGCSs need to feel comfortable in their environment in order to seek out the resources they need. Colleges should make an effort to make FGCSs feel like they belong, which can help encourage FGCSs to seek mental health resources on campus.

**Family:**

Family can affect how a FGCS perceives and copes with their mental health. FGCS may have a strong purpose and desire to help not only themselves but also their families, who may be struggling in difficult circumstances (Stebleton, 2014). On the one hand, pursuing a college
degree can cause discord in interpersonal or family relationships due to the changing status of the student’s availability and perceived neglect among family members (House, 2020). On the other hand, families of FGCS may view them in high regard and as their ticket to a better life; therefore, FGCSs tend to pressure themselves to succeed in college to make their families and communities of origin proud, which can restrict their intentions to disclose personal problems to others (Garriott, 2017, p. 433). In general, other college students experience pressure from parents, but FGCSs feel both the parental pressure and the conflict of wanting to pursue an education without feeling like they have ignored responsibilities to their families. These added responsibilities and pressures can cause FGCSs to endure more stress and mental health concerns than continuing-generation college students (House, 2020). Pressure from family not only causes more mental health concerns but can even prevent FGCSs from seeking out help.

**Benefits of Having Mental Health Resources on College Campuses**

There are individual, institutional and societal benefits for improving mental health among college students. At the individual level, mental health resources can help reduce feelings of stress, anxiety, or depression, which correlates to poor mental health (Goodman, 2017). FGCSs are at a higher risk of experiencing poor mental health outcomes than CGCSs, but if FGCSs avail of mental health services, they can develop the skills needed to improve their mental health. Another benefit for students in improving their mental health is an increase in academic success. An investment in campus mental health services ascertains that if more students use mental health services, more students will graduate after receiving services, and these additional graduates will see increased lifetime earnings (Goodman, 2017). FGCSs are more likely to drop out of college compared to CGCS, but if FGCS can avail of mental health services, the drop-out rate can decrease. Additionally, availing of mental health services also
leads to an increase in lifetime earnings, which means it can also help with an FGCSs financial situation since many FGCs look to college as an opportunity to increase their chances of having a higher income.

At the institutional level, colleges can benefit from providing more mental health resources to students on campus because it leads to higher graduation rates and greater student satisfaction (ACE, 2017). Colleges can ensure that all their students, especially FGCSs, can finish their studies by providing mental health resources. Finishing college is of value for FGCSs because this population faces struggles that prevent them from graduating, and availing of these mental health resources can help them. Also, an increase in student satisfaction can ensure that FGCSs are more likely to feel comfortable in the college environment. It is crucial for FGCSs to feel like they belong in the college environment due to their lower sense of belonging compared to CGCSs.

At the societal level, investing in mental health programs on college campuses can create economic returns. A study in California indicates a societal benefit of $56 million when public universities started to invest in mental health counseling (Ashwood, 2015). For each dollar invested in mental health initiatives for students, there is a $6.49 return to society (Ashwood, 2015). An economic benefit from providing mental health services can, in turn, help alleviate the financial burdens that vulnerable populations face because there is more money to invest in these communities. FGCSs are included in this vulnerable population since they are typically from low-income families and can benefit from mental health services even beyond the college environment. The study also indicates that an additional 329 students in California could graduate due to increased investment in mental health programming, generating $140,715,038 in combined lifetime earnings (Ashwood, 2015). College retention is a significant issue that FGCSs
experience, but through mental health programming, more FGCSs can continue post-secondary education. Not only will FGCSs attain a degree, but their earnings will also increase, which leads to financial stability and an opportunity for them to help their families out financially.

**The Role of Liberal Arts Colleges**

Liberal arts colleges usually focus on undergraduate education, are small in size, offer a residential program, and have strong faculty commitment to student development (Astin, 1999). The overwhelming mission of the educational experience remains to liberally educate the whole person (Astin, 1999). There is a greater emphasis on student development at these colleges compared to other institutions and tailors much of its resources towards student services (Astin, 1999). A college that focuses on the "whole" of the student with more student resources should, in turn, create more positive outcomes such as higher student satisfaction. However, that is not necessarily the case for FGCSs. When examining the participation of FGCSs in High Impact Practices (HIPs) at liberal arts colleges, not a lot of FGCSs take advantage of the resources offered through their college (Fonseca-Cervantes, 2014). Reasons for not using these resources include financial concerns, family expectations, and low GPAs (Fonseca-Cervantes, 2014). Despite liberal arts colleges having a greater emphasis on student development, FGCSs fall behind because they underutilize resources.

Liberal arts colleges need to address these barriers in access to resources to ensure that FGCSs can utilize them. Addressing these barriers is especially important because the number of FGCSs enrolling in liberal arts institutions continues to increase. As of 2016, 16.4% of FGCSs were enrolled at liberal arts colleges, compared to 14.8% enrolled at universities (Dong, 17). More FGCSs are looking at liberal arts colleges as an opportunity to further their education. As
more FGCSs continue to enroll at liberal arts colleges, these institutions should start looking for ways to support FGCS.

Conclusion

In reviewing existing literature, FGCSs are at a higher risk of developing mental health problems within the broader college-student population because of the complexities associated with the FGCS identity and the barriers that exist in accessing mental health resources. However, there is still limited research on how FGCSs engage with mental health resources in liberal arts colleges. In focusing on FGCS at liberal arts colleges and mental health resources, this paper seeks to fill that gap in the research. The main question this paper seeks to answer is "How do liberal arts colleges allocate, promote, and implement mental health resources in order to meet the mental health needs of FGCSs?" while a sub-question of this paper is "What influences FGCSs at liberal arts colleges to use or not use mental health resources?"

Methods

The main goal of this paper is to understand how liberal arts colleges adequately support the mental health needs of FGCSs, what causes poor mental health among FGCSs that attend these institutions, and what barriers to access exist that prevent FGCSs from using these resources. To answer the research question “How do liberal arts colleges allocate, promote and implement mental health resources in order to meet the mental health needs of FGCSs?” this study includes interviews with college administrators to know what mental health resources liberal arts colleges offer and to understand how the institution supports the mental health needs of FGCSs. To answer the sub-question of “What influences FGCSs at liberal arts colleges to use or not use mental health resources?” FGCSs attending liberal arts colleges answered a survey that gauges their mental health status and engagement with mental health resources. The data
collected from the interviews and surveys were then used to identify barriers to accessing mental health resources among FGCSs. The data was also used to understand how liberal arts colleges perceive the mental health needs of FGCSs and whether or not FGCSs felt that their institutions supported them.

**How Institutions were Chosen**

This study gathered data from a total of nine liberal arts institutions. These liberal arts institutions were chosen based on Occidental College’s list of “peer institutions,” which comes from the Office of Institutional Research, Assessment and Planning. The list of “peer institutions” was narrowed down to nine colleges. The purpose of comparing Occidental College with other liberal arts colleges is to identify patterns in mental health resource availability, promotion, and utilization to understand how successful it is in supporting first-generation college students.

**Survey**

FGCSs enrolled at liberal arts colleges answered a survey using Qualtrics. The survey collected data on the mental health status of first-generation college students and their usage and knowledge of mental health resources at their respective college campuses. The survey questions asked students about their sense of belonging on campus, experiences of poor mental health, and engagement with mental health resources on campus (Appendix A). The survey was anonymous so that more students might feel comfortable answering the questions. Students are identified through a coding system.

At Occidental College, the survey was distributed to the Occidental College First-Generation Club and First-Generation Coalition, who have an email list of first-generation college students on campus. In addition, the survey was also distributed through social media,
specifically Instagram and Facebook, so FGCSs from other liberal arts colleges and FGCSs who attend Occidental College that are not on the email list had a chance to answer the survey. Lastly, the survey was distributed on the Oxy Digest so that every student with an Occidental College email had access to the survey. For other liberal arts colleges, I reached out to the Dean of Students and asked permission to distribute the survey to FGCSs enrolled at their institution. Some colleges approved the distribution, and some did not.

**Interviews**

Interviews were conducted with college administrators who are involved with FGCSs or mental health in liberal arts colleges. The purpose of these interviews is to gather data and statements on how different liberal arts colleges support the mental health of FGCSs and what they do to promote these resources to FGCCs. The questions I asked interviewees pertain to how their college views mental health, the available mental health resources their institutions have, and other ways their institution supports the needs of FGCS (Appendix B).

**Findings and Analysis**

Interviews with college administrative staff and the distribution of an online survey to FGCSs at liberal arts colleges were the two main data collection methods used in the study. The first section highlights the main findings from the interviews. Then, the second section describes the results of the survey. Lastly, the third section analyzes interview data and survey data to examine whether liberal arts colleges effectively address the mental health needs of FGCSs.

**Interviews with College Administrators**

There were 14 interviews conducted with college administrators from 8 different liberal arts colleges across the United States. Interviewees answered the same set of questions. All the interviewees provided valuable information about how liberal arts colleges support students'
mental health and how institutions support first-generation college students' needs. The following are the main findings from the interviews:

**All Institutions View Student Mental Health as a Priority**

All institutions view student mental health as a priority and of importance. An institution that understands the mental health trends of college students showcases that it is aware of how severe an issue mental health is on college campuses. As previous research has stated, the trend is that there is a rise in mental health diagnosis among college students (Balon 2015). Person A from College X talks about how colleges across the country are aware of the mental health crisis on college campuses:

In 2014, I got to see a talk that talked about how across the country and at colleges, people are starting to talk about a mental health crisis on college campuses. Now everybody is like a given 'yes, there's a mental health crisis on college campuses. Without our students being healthy in every way like there's well, where do you go from there right there's nothing there you a student cannot learn effectively in a classroom can't study abroad can't do research if they're not mentally emotionally secure and safe and healthy.

Multiple interviewees also acknowledge that mental health is a significant issue that has a more profound effect on marginalized students, such as those who identify as FGCSs, Black Indigenous People of Color (BIPOC). The responses highlight that liberal arts colleges understand the mental health needs of different students and the need to provide resources to help marginalized students. Some institutions, such as College X and College U, also include mental health as a part of their strategic plan and as a pillar of wellness. The inclusion of mental health in college strategic plans further emphasizes how liberal arts colleges are developing ways to adequately support their counseling centers to address the student body's mental health needs.

**Varying Definitions of Mental Health**

While colleges are in agreement that addressing mental health is essential, mental health is recognized differently across liberal arts colleges. Some liberal arts colleges recognize that mental health is part of a more extensive "umbrella" of health. College X has described this as a
"culture of care" in which health is not just physical, mental, or emotional health but a combination of all these aspects. College Z also recognizes this culture of care through their counseling center in which Person G states “We have an integrative center, meaning that we have health promotion, physical health support and mental health support all in the same place.” In recognizing health as holistic, colleges ensure that support for students goes beyond mental health needs.

Some colleges also recognize the need to "meet students where they are at." Person B from College Y describes it as:

Trying to meet students where they are. So even if they aren't really comfortable with talking to a counselor just yet, maybe they'll go to a support group. Or maybe there's someone on campus that they already confide in who can help guide them through that process to maybe getting a counselor or maybe going to a support group.

While person A from college Z uses an analogy to describe meeting students where they are at:

utilizing more of a runner type analogy of a marathon where you pace yourself. So we lean into that to around mental health, being a way in which you find out what's the right pacing, or you discover what's the right pacing for you in order to make it to a finish line

In “meeting students where they are at," colleges acknowledge that the way a student copes with their mental health can vary. In the context of FGCSs, "meeting students where they are at" is essential because FGCSs might not feel comfortable using mental health resources due to the stigma associated with the FGCS identity, influence of family, and financial barriers. All of these factors contribute to the underutilization of mental health resources among FGCSs.

Some colleges also focus on "student well-being" rather than just mental health. Colleges believe that "well-being" is a more inclusive term than mental health. Person C from College X states:

A lot of times I'll say like mental health, mental well-being, emotional wellbeing, to be a bit more inclusive because, for some people, mental health implies just a diagnosis. Whereas I think emotional well-being and mental well-being are just more inclusive of anyone's well-being.
Person A from college Z has a similar stance in which they state, “Not everyone may have a mental illness, but everyone is in possession of mental and emotional health that ebbs and flows depending on what is going in in their lives.”

By using a more inclusive term, colleges recognize that students can still suffer from mental health issues even without a diagnosis. FGCSs might not have an official mental health diagnosis, but previous research shows that they suffer from higher rates of stress, anxiety, and depression. Colleges can then provide resources that incorporate ways of addressing the overall well-being of students, especially FGCSs.

**Colleges Perceive that Students Utilize Mental Health Resources**

Colleges believe that students are utilizing the mental health resources offered on campus. Multiple interviewees have stated that their counseling center's utilization rate is higher than average compared to other institutions of the same size. Additionally, some interviewees also mentioned how their college has seen a rise in students registering their mental health diagnosis through disability services. However, all interviewees stated that they do not currently keep track of how many FGCSs utilize their mental health services. While the college campus's utilization rate is high, there is no way to know if the utilization rate is also high for FGCSs.

**Mental Health Resources are Similar at Liberal Arts Colleges, But Lack Mental Health Resources Specific to FGCSs**

As represented in Table 1, mental health resources at the nine institutions are grouped into the following five categories:
Table 1 - Counseling Services that Liberal Arts Colleges Offer

<table>
<thead>
<tr>
<th>Type of Counseling Service</th>
<th>What the Service Entails</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-one-One Counseling</td>
<td>Counseling that involves a scheduled meeting between an individual and a mental health counselor for a certain amount of time</td>
</tr>
<tr>
<td>Group Counseling</td>
<td>Counseling that involves a scheduled session between a counselor and multiple individuals, usually discussing a shared experience or topic among the individuals who participate</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>Counseling that is not scheduled and reserved for individuals who are experiencing an unexpected mental health crisis</td>
</tr>
<tr>
<td>Programming</td>
<td>Scheduled events and programming that involve improving one's mental health and well-being. These events do not necessarily require a mental health counselor</td>
</tr>
<tr>
<td>Other</td>
<td>Other mental health services not categorized in the above-mentioned categories</td>
</tr>
</tbody>
</table>

Source: Interviews with College Administrators

a) One-one-One Counseling

All interviewees had mentioned that their institution offers one-on-one counseling. However, due to the COVID-19 pandemic, all sessions are currently done through an online video format. The number of sessions that a student can avail and the amount of time they spend with a counselor varies among institutions.

Several colleges have expressed the diversity of their counseling staff in terms of demographics and specialties. For example, College V has bilingual counselors that specialize in issues relating to international students and three Black counselors that specialize in experiences of BIPOC students. Another college, College Z, has a sports counselor that specializes in counseling with student-athletes. However, only two colleges expressed having a mental health counselor who specializes in the needs of FGCSs, College X and College E. While the other
colleges do not have a dedicated counselor for FGCSs, some interviewees expressed that hiring a
counselor dedicated to FGCSs is something that they are currently working on and hope to have
in the future. Other colleges have also stated that though there is no dedicated counselor for
FGCSs, they assure that counselors are able to deal with a variety of issues related to mental
health.

Additionally, if a student does not feel like the counseling center can fulfill their specific
mental health needs, they can opt-in for outside services. The counseling center or the Office of
the Dean of Students would then assist the student in finding a counselor outside of campus.
Some colleges also provide some financial assistance if a student decides to meet with an off-
campus therapist. For example, College U pays for the first $200 of office co-pays for a student
who wants to see a counselor from outside campus and also provides taxi vouchers. However,
financial assistance has its limits depending on how often a student decides to meet with an off-
campus counselor. Also, not all colleges offer financial assistance, which is a barrier for students
who cannot afford to see an off-campus counselor. If an FGCSs decides to meet with an off-
campus counselor, they may face financial barriers due to FGCSs usually coming from low-
income households. However, given the virtual format, students do not need to physically travel
to reach an off-campus counselor.

Also, due to state laws, College X and College W are not able to offer one-on-one
counseling to students who are not residing within the state where the college is located. These
laws prevent FGCSs from accessing the one-on-one counseling that their institution offers.
Instead, College X provides membership through a tele-counseling company that can
accommodate out-of-state students free of charge for the first three months; then, students can
decide to extend it for six months free of charge as well. However, this can still limit FGCSs
accessibility to mental health resources because it is only free for six months. If a FGCS decides to use the service beyond the six months, they will need to pay out of pocket or have insurance that will cover telehealth counseling with the partnered company. On the other hand, College W will refer out-of-state students to services near them that they can access. These restrictions are primarily due to the pandemic, which has not allowed certain institutions to bring students back on campus.

b) Group Counseling

All colleges that participated mentioned that their counseling center offers group therapy. Group sessions are done based on different topics related to mental health. However, College X and College W are the only ones that offer group therapy sessions specific to the FGCS identity. Other colleges do not offer a group session for FGCSs. Lack of group counseling for FGCSs limits the number of mental health resources a FGCSs can avail. Additionally, since counseling centers schedule group sessions at a specific time during the week, some FGCSs might not be able to join because it does not fit in their schedule.

c) Emergency Services

All colleges have some form of emergency service for those who are experiencing an unexpected mental health crisis. Some colleges offer emergency drop-in sessions where a student can visit the counseling center at a specific time during the day and speak with a counselor. However, a limit to this is that the counselor assigned to the drop-in sessions might not necessarily specialize in working with FGCSs. Also, there is the possibility of a scheduling conflict since drop-in sessions are not readily available at the student's convenience. All colleges also offer a 24/7 helpline that students can call if they are experiencing a mental health
emergency. It is accessible to students any time of the day; however, it does not guarantee that
the person on the other end specializes in FGCS issues.

a) Programming

Some colleges conduct programs related to mental health. However, none of the
interviewees expressed their college conducting programming with FGCSs specifically around
mental health. There are partnerships between counseling centers and FGCS groups; however,
the partnership exists as a way to promote mental health resources to FGCSs as opposed to
planning an event that touches on the topic of mental health.

FGCS Programs Vary Across Institutions

Most colleges have some type of programming related to FGCSs. However, the types of
programming a college does depends on the institution. As represented in Table 2, this study
groups FGCS programs into three categories. The type of programming and resources colleges
offer to their FGCSs is important to consider when thinking about mental health because it can
help direct students to mental health resources and also alleviate mental stressors associated with
the FGCS.

**Table 2 - FGCS programs at Liberal Arts Colleges**

<table>
<thead>
<tr>
<th>Type of FGCS Program</th>
<th>Description of Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well-established</td>
<td>FGCS programs that offer a variety of resources and programming to help FGCSs</td>
</tr>
<tr>
<td>Established</td>
<td>Offers FGCS programming, but not in the same capacity as those that are considered 'well-established'</td>
</tr>
<tr>
<td>Limited</td>
<td>Offers little to no programming or resources for FGCSs</td>
</tr>
</tbody>
</table>

Source: Interviews with College Administrators
a) Well-established Programs

Some colleges offer well-established FGCS programs. For example, College W has a FGCS program that has existed for 12 years that incorporates FGCS involvement and engagement year-round. The program starts during orientation, in which students have a "pre-orientation" which lasts about four days long. In those four days, coordinators of the program get FGCSs familiar with campus resources and do community building and identity exploration exercises. In addition, the program introduces incoming FGCSs to upper-division students and faculty who identify as a FGCS. Person E from college W states: "Our main goal for pre-orientation is to make sure that folks are comfortably settled on campus and that they are able to form community amongst the incoming first-gen community"

Additionally, College W continues networking programs among students and faculty throughout the academic year. The college also has year-long programming that incorporates social activities, academic workshops, community events, and retreats. There is staff dedicated to ensuring that the FGCS program is a success. Well-established programs such as College W's program can help FGCSs who do not feel a sense of belonging on campus to form a community with other students who share similar identities. The programs that the college hosts can also help FGCSs more easily transition into the college environment and offer FGCSs ways to succeed academically. In doing so, FGCSs feel supported and can find ways to cope with academic stress and feelings of not belonging.

b) Established

A few colleges offer FGCS programming, but not in the same capacity as colleges with well-established programs. For example, College Y's program that has existed for two years incorporates networking incoming FGCSs with FGCSs who have graduated. The program offers
a great way to connect with other FGCS; however, it does not incorporate other types of programming and involvement of FGCS in the same way that well-established programs have. A program like this can help build a community that helps FGCSs find a sense of belonging. However, it is not at the same capacity as well-established programs, which include programming year-round. In limiting the FGCSs to networking, it does not address other ways of addressing the needs of FGCSs, which can affect their mental health. College Y has expressed that it plans to expand the program to incorporate other ways of helping FGCSs.

c) Limited

Lastly, there is a college that does not offer a comprehensive program for FGCSs. Person J from college T states that there is a person under student affairs that works with FGCSs, but did not state any program or initiative dedicated to helping FGCSs. A lack of established programs can limit an FGCSs involvement in school and academics, leading to mental health stressors. In the following page, Table 3 outlines the type of FGCS programs each institution has as well as what those programs entail.
<table>
<thead>
<tr>
<th>College</th>
<th>Type of FGCS Program</th>
<th>What is included in the program</th>
</tr>
</thead>
<tbody>
<tr>
<td>College Z</td>
<td>Well-established</td>
<td>• Year-long programming</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Networking opportunities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hired Staff dedicated to FGCSs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Involves FGCSs in program planning</td>
</tr>
<tr>
<td>College Y</td>
<td>Established</td>
<td>• Networking opportunities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hired Staff dedicated to FGCSs</td>
</tr>
<tr>
<td>College X</td>
<td>Established</td>
<td>• Some programming</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Networking Opportunities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Working on establishing dedicated staff</td>
</tr>
<tr>
<td>College W</td>
<td>Well-established</td>
<td>• Year-long programming</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Networking opportunities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hired Staff dedicated to FGCSs</td>
</tr>
<tr>
<td>College V</td>
<td>Well-established</td>
<td>• Year-long programming</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Networking opportunities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hired Staff dedicated to FGCSs</td>
</tr>
<tr>
<td>College U</td>
<td>Established</td>
<td>• Some Programming</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Networking opportunities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Financial Assistance</td>
</tr>
<tr>
<td>College T</td>
<td>Limited</td>
<td>• Hired Staff Dedicated to FGCSs</td>
</tr>
<tr>
<td>College S</td>
<td>Well-Established</td>
<td>• Year-long programming</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Networking opportunities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hired Staff dedicated to FGCSs</td>
</tr>
<tr>
<td>College R</td>
<td>Well-Established</td>
<td>• Year-long programming</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Networking opportunities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hired Staff dedicated to FGCSs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Involves FGCSs in Programming</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Financial Assistance</td>
</tr>
</tbody>
</table>

Source: Interviews with College Administrators
Liberal Arts Colleges Promote Mental Health Services in A Variety of Ways

As represented in Table 4, ways of promoting mental health resources at the nine institutions are grouped into the following four categories:

<table>
<thead>
<tr>
<th>Ways of Promoting Mental Health Resources</th>
<th>Description of Promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Media</td>
<td>Promotion of mental health resources through social media platforms such as Facebook and Instagram</td>
</tr>
<tr>
<td>Email</td>
<td>Promotion of mental health resources through the school email via listservs and newsletters</td>
</tr>
<tr>
<td>Orientation</td>
<td>Promotion of mental health resources at the beginning of the academic year during orientation week</td>
</tr>
<tr>
<td>College Faculty</td>
<td>Promotion of mental health resources through training with faculty</td>
</tr>
</tbody>
</table>

Source: Interviews with College Administrators

Colleges recognize that the mental health of students is not the sole responsibility of the counseling center, but that it also lies among different people and departments on campus. Therefore, in promoting mental health resources through different mediums, FGCSs are more likely to know that mental health resources are available for them to use.

There are different limits in using each type of medium. A limit to using social media is that it is only accessible to FGCSs who have social media. FGCSs who do not have social media will not receive updates from the counseling center. A limit to using email is that an FGCS might not read their email regularly. A limit to orientation is that it is an event that happens once during a student's time in college; therefore, after orientation, mental health resources are promoted through the other mediums mentioned. Lastly, a limit to having college faculty promote mental health services is that it is not a way to hold faculty accountable for making sure that every student is aware of the mental health resources available to them.
The Number of Hired Counselors at Each Liberal Arts College Varies

As represented in Table 5, each college has a different number of hired mental health counselors:

Table 5 - Categorization of Each Liberal Arts Colleges FGCS Program

<table>
<thead>
<tr>
<th>College</th>
<th>Number of Mental Health Counselors</th>
</tr>
</thead>
<tbody>
<tr>
<td>College Z</td>
<td>9</td>
</tr>
<tr>
<td>College Y</td>
<td>6</td>
</tr>
<tr>
<td>College X</td>
<td>4</td>
</tr>
<tr>
<td>College W</td>
<td>12</td>
</tr>
<tr>
<td>College V</td>
<td>4</td>
</tr>
<tr>
<td>College U</td>
<td>3</td>
</tr>
<tr>
<td>College T</td>
<td>7</td>
</tr>
<tr>
<td>College S</td>
<td>5</td>
</tr>
<tr>
<td>College R</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: Counseling Center’s Website for Each College

Most interviewees did not know what their college’s budget was for mental health. But in order to get a sense for how much college’s invest in their mental health, this study instead looked at each college’s website to record the number of counselors they offer. The average number of mental health counselors per college is 6 counselors. However, College W is considered an outlier because it shares its mental health resources with other colleges within its consortium. Despite liberal arts colleges enrolling around the same number of students, the number of mental health counselors available varies. The availability of mental health counselors can affect how often a student may receive services and can contribute to long waiting times if there are not enough available.
Online Survey with First-Generation College Students

The survey had a total of 133 responses from FGCSs attending liberal arts colleges across the United States. The data collected from the surveys helped to contextualize FGCSs mental health status, mental health resource utilization, and whether they felt that their institutions supported the needs of FGCSs. This section will first go over key demographic information related to the FGCS identity. Then the section will highlight key findings regarding the mental health status, sense of belonging, and support for FGCSs. Finally, this section will go over mental health resource utilization among FGCSs.

Intersection of Race and Ethnicity and Socioeconomic Status Among FGCSs

The survey showed that 37.86% of the respondents identified as Hispanic or Latino, 30% white, 15.71% Asian, 11.43% Black or African American, 3.57% other, and 1.43% Native American or Alaska Native. FGCS, who identify as BIPOC, overwhelmingly make up a majority of the respondents. Among FGCSs that answered the survey, 65.32% of them are Pell Grant recipients. The Federal Pell Grant is usually awarded only to undergraduate students who display exceptional financial need and have not earned a bachelor’s, graduate, or professional degree (FSA, 2021). There are also 84.55% of FGCS that qualify for work-study. Federal work-study provides part-time jobs for undergraduate and graduate students with financial need, allowing them to earn money to help pay education expenses (FSA, 2021). However, the average annual household income among respondents varies. Among those who answered the survey 18.03% had a household income less than $20,000, 19.97% was between $20,000 to $34,999, 18.03% was between $35,000 to 49,999, 18.85% was between $50,000 to $74,999, 12.3% was between $75,000 to $99,999 while 13.11% made $100,000 or more.
Despite variance in socioeconomic status and the race and ethnicity of respondents, Table 6 highlights the differences in income, Pell Grant eligibility, and work study eligibility among BIPOC FGCSs and White FGCSs. A majority of BIPOC FGCSs are eligible for the Pell Grant and work study. On the other hand, only 40.5% of White FGCSs are eligible for the Pell Grant and work study. When examining household income, BIPOC FGCSs are mostly within the lower range of the income brackets which is “less than $20,000” to “$50,000 - $74,999.” On the other hand, most White FGCSs are within the higher range of the income brackets which is “$75,000 - $99,999” to “$100,000 or more”. Table 4 highlights the intersectionality of the FGCS identity with other identities such as race and class. The results showcase that the experiences of FGCSs are not generalizable because of how other identities can affect their experiences.

Table 6 - Intersection of Racial/Ethnic Background and Socioeconomic Status Among FGCSs

<table>
<thead>
<tr>
<th>Racial/Ethnic Background</th>
<th>Socioeconomic Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>Native American or Alaska Native</td>
</tr>
<tr>
<td>Yes</td>
<td>65.0%</td>
</tr>
<tr>
<td>No</td>
<td>35.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q7: Are you eligible for work study?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q8: What was your average annual household income for the year 2020?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $20,000</td>
</tr>
<tr>
<td>$20,000 - $34,999</td>
</tr>
<tr>
<td>$35,000 - $49,999</td>
</tr>
<tr>
<td>$50,000 - $74,999</td>
</tr>
<tr>
<td>$75,000 - $99,999</td>
</tr>
<tr>
<td>$100,000 or more</td>
</tr>
</tbody>
</table>

Source: Andrea Lyn Mateo, “First Generation College Students” Survey, 2021
**FGCSs Mental Health Status**

Many FGCSs felt that stress and depression have become an obstacle to their school work or academic success. Among those that answered the survey, 26.27% of FGCSs report depression and stress is “very often” an obstacle to their academic success, 44.92% report “often”, 20.34% report “occasionally”, 6.78% report rarely, while 1.69% report never. The survey also shows that 17.8% of those who answered the survey rated their mental health as “very poor”, 30.51% responded “poor”, 37.9% reported “fair”, 12.71% reported “good”, and 1.68% reported “very good.”

**Figure 1: How Often FGCSs Felt That Feelings of Depression, Anxiety, or Stress Was An Obstacle to Their Academic Success**

Source: Andrea Lyn Mateo, First-Generation Student Survey, Qualtrics, 2021
The students who answered the survey attributed their poor mental health primarily because of the coronavirus pandemic. Student 22 stated, “The onset of the coronavirus pandemic increased stress related to my family at home, which in turn took a negative toll on my mental health, impacting my studies further.” Student 75 also said, “The pandemic and working virtually has been really hard on my mental health. Being a first year in college and so far away from my home in California contributed to my stress as well.” The coronavirus pandemic has added another layer of difficulty for FGCSs in addition to other factors stated in previous research, such as family responsibilities and financial burden.

When asked about their sense of belonging on campus, 10.43% of FGCSs “strongly agree” that they feel like they belong, 24.35% “agree”, 50.43% neither agree nor disagree, 9.57% disagree, while 2.61% strongly disagree.
Figure 3: FGCSs Rating on the Following Statement: “I feel that I belong on this campus”

When asked to rate the statement, “My college supports my needs as a first-generation college student.”, 9.73% strongly agree, 23.89% agree, and 45.13% neither agree nor disagree, 14.16% disagree, while 1.77 strongly disagree.

Figure 4: FGCSs Rating on the Following Statement: “My college supports my needs as a FGCS”

Source: Andrea Lyn Mateo, First-Generation Student Survey, Qualtrics, 2021
**Usage of Mental Health Resources**

All students that answered the survey know that there are mental health resources that exist on campus. However, 63.48% of FGCSs reported that they did not utilize mental health resources at their college.

**Figure 5: FGCSs Utilization of Mental Health Services at Their College**

The data shows that 36.59% of FGCSs rated a mostly positive experience, 34.15% rated a positive experience, 12.20% rated neutral, 9.76% rated a negative experience, and 7.32% rated a mostly negative experience.

Source: Andrea Lyn Mateo, First-Generation Student Survey, Qualtrics, 2021
When the survey asked respondents to elaborate on their rating for mental health services, the "mostly positive" and "positive" experiences are attributed to free services and connecting with a therapist who understood their needs as a FGCS. FGCSs with a positive experience felt that their counselor generally cared for their well-being. FGCSs also learned techniques on how to cope with anxiety and stress. FGCSs that had "neutral", "negative", or "mostly negative" experience, attributed their rating to not having a good connection with the counselor that was assigned to them. Student 88 had said “We had one on one counseling which was nice but I had a white man as my therapist. My school took these services away so now they only offer group therapy.” Student 56 said:

*It’s difficult getting a counselor that is BIPOC or first-gen. Typically counselors are White Women and although my counselor is great I feel like I have to be “perfect” during counseling and my identity is made salient so there are things I am not ready to disclose related to my identities as BIPOC and first-gen but I am hoping with time that will change.*

These statements only further highlight the need to hire counselors who understand the FGCS experience.

FGCSs that did not avail of mental health services at their college had different reasons for not utilizing these resources. The data showed that 18.75% of FGCSs cited stigma as a reason for not using mental health resources, 30.36% stated a busy schedule, 5.36% stated hours of
service, 16.96% cited lack of information about service, 8.93% cited long waiting time, while 19.64% cited other reasons. For those that cited other reasons, respondents stated it was because they did not feel comfortable using the services at home through the virtual format because others in their household could hear their session or they have an off-campus provider.

**Figure 7: Reasons Why FGCSs Decided Not to Use Mental Health Services**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stigma</td>
<td>18.75%</td>
</tr>
<tr>
<td>Busy Schedule</td>
<td>30.36%</td>
</tr>
<tr>
<td>Hours of Service</td>
<td>16.96%</td>
</tr>
<tr>
<td>Lack of Information About Service</td>
<td>19.64%</td>
</tr>
<tr>
<td>Long Waiting Time</td>
<td>8.93%</td>
</tr>
<tr>
<td>Other</td>
<td>5.36%</td>
</tr>
</tbody>
</table>

Source: Andrea Lyn Mateo, First-Generation Student Survey, Qualtrics, 2021

**Analysis of Survey and Interviews**

All liberal arts colleges recognize the importance of making sure that students are doing mentally well and that having mental health resources is essential for colleges to have. However, the survey results showcase that FGCSs have poor mental health and feel that it has become an obstacle to their academic success. A majority of the responses attributed their poor mental health to the ongoing COVID-19 pandemic, which FGCSs expressed has made it challenging to balance their academic, personal lives, and mental health. The intersection of multiple identities, such as race and socioeconomic status, could also explain why FGCSs have poor mental health
since FGCSs are typically BIPOC and low-income. Those who identify as BIPOC and are low-income have a higher risk of developing mental health problems than their White and high-income counterparts (Chang, 2020).

Additionally, most FGCSs students do not use the mental health resources that their college provides despite the high rates of poor mental health. The most stated reason why FGCSs do not use mental health resources is that they have a busy schedule. Previous literature indicates that FGCSs can have multiple burdensome responsibilities, such as needing to work multiple jobs or taking care of their family while still trying to succeed in their academics (Stebleton, 2014). All these responsibilities can contribute to a busy schedule, which means that students cannot make time for themselves to utilize mental health resources. The second most stated reason why FGCSs do not use mental health resources is the virtual format of counseling services. All colleges provide their services online due to the restrictions the COVID-19 pandemic has placed, limiting physical contact between individuals. However, FGCSs felt uncomfortable using these services at home for fear that others in their household could hear their sessions. The home environment was not suitable for FGCSs to avail of mental health services. The third most stated reason is the stigma surrounding mental health. Previous research confirms that stigma surrounding mental health does contribute to the underutilization of mental health resources (Garriott, 2017). The stigma is even more profound among FGCSs because there is also the stigma surrounding the FGCS identity.

For FGCSs that did use mental services at their college, most of them rated their experience as "mostly positive" or "positive". FGCSs who stated that they had a positive experience using mental health resources said it was because their counselor understood their experiences as a FGCS. For those who had a negative experience, it was because they felt that
they could not connect well with their counselor. The reasons behind these ratings on mental health resources further emphasize the importance of having a counselor that understands their patient's experience. Most liberal arts colleges do not have a mental health counselor that specifically works with FGCSs, which can contribute to a negative rating for mental health services that the school provides.

Several interviewees expressed that their counseling center has a high utilization rate among the general student population. However, because all counseling centers do not keep track of how many FGCSs use mental health services, there is no way of knowing how often FGCSs seek out mental health resources. As shown in the survey results, most FGCSs do not utilize the mental health services that their institution has provided them.

College administrators also expressed that the mental health of students is not the sole responsibility of the counseling center and that different departments across campus also need to have awareness for student mental health. Colleges have done their best to promote these resources through various mediums such as social media, email, orientation, and college faculty. However, survey results show that 16.96% of FGCSs lacked information about mental health services that their college offers.

Most colleges have programs that assist FGCSs in adjusting to the college environment. However, the survey results showcase that most FGCSs "neither agree nor disagree" that they belong on their respective campuses. The responses show a potential cultural mismatch between the FGCSs community and their respective institution. FGCSs not taking advantage of mental health resources and having poor mental health further support the possible cultural mismatch and neutral feelings on whether they feel that they belong on campus. Additionally, the survey results showed that most FGCSs "neither agree nor disagree" that their college supports their
needs as first-generation college students. FGCSs could have responded this way because programming for FGCSs differs across liberal arts colleges. FGCSs that answered the survey could have attended an institution with limited programming that does not meet their needs.

**Limitations**

One limitation of the study is the possible bias from interviewees. All of the people interviewed work for the institution that has hired them; therefore, they may be reluctant to criticize how the institution has handled student mental health or how it has supported FGCSs. To mitigate biases, interviewees had the option of having their institutions and names replaced with a pseudonym to remain confidential.

The study's second limitation is that most colleges that participated in the study did not grant permission to distribute the survey to FGCSs at their institutions. Even though the Institutional Review Board (IRB) at Occidental College approved the survey, most of the other colleges required that the survey undergo their IRB process and that researchers wanting to distribute surveys to students should have a connection with a faculty member within that institution. These barriers limited the number of responses received for the survey, which may not reflect the overall population of FGCS attending liberal arts colleges. In order to get as many FGCSs to take the survey, the survey was distributed through social media. However, this presents another limitation to the study in which only FGCSs who have social media have access to the survey, therefore still limiting the number of responses collected.

The third limitation is that the study was done during the COVID-19 pandemic. The COVID-19 pandemic could affect the number of responses received since the survey is opt-in, and those who are not burdened with the pandemic’s effects (e.g., financial burden, family responsibilities) have the time to answer the survey. Additionally, the pandemic can affect the
survey responses since mental health concerns and diagnoses, in general, have increased when the pandemic started.

**Recommendations**

This study showcases that there is a disconnect between the counseling services offered at liberal arts colleges and FGCSs despite these institutions offering a variety of mental health resources. While many interviewees believe that their institution is meeting the mental health needs of students, FGCSs, in particular, do not necessarily feel that their institution supports their mental health needs as FGCSs.Outlined are the following recommendations to help remedy the disconnect between college counseling centers and FGCSs:

**a) Hire A Mental Health Counselor Who Specializes in FGCS Needs**

FGCSs must receive mental health support from a mental health counselor who understands their unique experiences. As the data has already shown, FGCSs had a more positive experience with their school's counseling services when partnered with a counselor who understood their background. On the other hand, students who had a negative experience with counseling services stated that it was due to a lack of connection with their assigned counselor. If colleges hire a specialized counselor, counseling centers will potentially notice an increase in the utilization of mental health resources among FGCSs. Additionally, counseling centers could also see more consistency in FGCSs using mental health resources. Hiring a mental health counselor that is able to address the mental health needs of FGCSs can also assist in diversifying the counseling staff at liberal arts colleges.

**b) Re-evaluate and Improve FGCS Programs**

Each liberal arts college has a specific service or program that ensures that FGCSs receive the necessary academic and social support they need during their college years. These
programs provide an avenue to help FGCSs find a sense of belonging on campus, thus improving their mental health. Liberal arts colleges need to utilize these existing programs to promote mental health resources to FGCSs students on a year-round basis, not just during orientation. For example, College W has a FGCS program that involves community building among the FGCSs population to promote a sense of belonging on campus. College W also has hired staff that specifically work on programming with FGCSs allowing for collaboration. Other colleges have hired staff; however, they do not run programs at the same capacity as College W. Other Colleges should look at College W as a model for what a well-established FGCS program can entail. In doing so, these colleges can then have an idea on how to improve their current FGCS program. Liberal arts colleges need to utilize these existing programs to promote mental health resources to FGCSs students on a year-round basis, not just during orientation. In doing so, it can reduce the stigma that FGCSs feel when seeking out mental health services and increase utilization of these resources.

c) Expand Mental Health Programming focused on the FGCS Experience

It is essential to have mental health counselors available for FGCS to have one-on-one counseling with, but there should also be other forms of mental health services specifically targeted towards the FGCSs population. One way counseling centers can integrate mental health programming is to conduct group mental health sessions with FGCSs. The sessions could entail having a counselor facilitate a group exercise with FGCSs about navigating their experiences in college. College X has a mental health counselor that works with FGCSs and runs a group therapy session in which they discuss adjustment to college, self-care, resiliency, belonging, impostor syndrome, and intersecting identities. Another way counseling centers can expand mental health programming is by partnering with FGCSs organizations or offices to think of
creative ways to integrate mental health into the activities of FGCSs that help reduce the stigma on mental health, thus encouraging more FGCSs to use the resources.

d) Receive FGCSs Input on How to Improve Mental Health for the FGCSs population

To address the disconnect between counseling centers and FGCSs, counseling centers should include FGCSs input on decisions regarding mental health resources on campus. One way of doing so is to include FGCSs in the hiring process of a mental health counselor who wants to work with FGCSs specifically. FGCSs can then let counseling centers know what qualities they are looking for when seeking a mental health counselor. Another way of receiving input from FGCSs is to send out an anonymous questionnaire asking about the quality of the mental health service they received and ways that the counseling center can meet their mental health needs. Gathering input from FGCSs through a questionnaire can help counseling centers know when to schedule their programming and counseling sessions since many FGCSs have busy schedules. Data from the questionnaire can inform counseling centers on the quality of their services and whether the services they offer meet the mental health needs of FGCSs. Through this questionnaire, students can also suggest other ideas on ways counseling centers can help FGCSs. In return, colleges should be transparent and release a report regarding FGCSs input from the survey as a way to inform the FGCS and campus community on the next steps that the counseling centers are going to take to improve mental health services. Collaboration between counseling centers and FGCSs can then help increase the utilization of mental health resources among FGCSs.

e) Track Data on FGCS that visit the Counseling Center

Counseling Centers should keep track of how many FGCS see a counselor at the counseling center. All colleges have stated that they do not keep track of FGCSs that go to the
counseling center. One way of gathering this data is to include a section on the intake form that asks, "Do you identify as a first-generation college student?" A student can then check "yes" or "no" during their first visit to the counseling center. Counseling centers can then input the student's information in a database that includes the first-generation status. Keeping data on FGCSs can inform counseling centers on how often FGCSs use the counseling center. Counseling centers can also use the data for reports which can then include FGCSs.
### Table 7 - Summary of Recommendations for Liberal Arts Colleges on How to Better Address the Mental Health Needs of FGCSs

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Details of Recommendations</th>
</tr>
</thead>
</table>
| **Hire A Mental Health Counselor Who Specializes in FGCS Needs**                | • Hire a specialized counselor who understands the FGCS identity  
• Hiring a specialized counselor will potentially increase the utilization rate of mental health resources among FGCSs                                    |
| **Re-evaluate and Improve FGCS Programs**                                      | • Liberal arts colleges need to utilize these programs to promote mental health resources to FGCSs students on a year-round basis and provide them with a sense of belonging  
• Refer to Table 3 on page 29 for examples of ‘well established’ FGCS programs                           |
| **Expand Mental Health Programming Focused on the FGCS Experience**            | • Other forms of mental health services aside from one-one-one counseling should be targeted towards FGCSs such as group mental health sessions that relate to the FGCS identity  
• Partner with FGCS organizations or offices in order to integrate mental health into the activities of FGCSs |
| **Receive FGCSs Input on How to Improve Mental Health for the FGCSs population** | • Involve FGCSs in the hiring process of a mental health counselor who wants to work with FGCSs specifically  
• Gather input from FGCSs through a questionnaire to:  
  1) Receive feedback on the quality of mental health services,  
  2) Know the availability of FGCSs,  
  3) Consider other suggestions on how to best serve FGCSs  
• Counseling centers should release a report regarding FGCSs input from the questionnaire to inform FGCSs on the next steps that the counseling centers are going to take to improve mental health services |
| **Track Data on FGCS that visit the Counseling Center**                        | • Include a section on the intake form that asks, "Do you identify as a first-generation college student?" A student can then check "yes" or "no" during their first visit to the counseling center.  
• Data can then inform counseling centers on FGCSs utilization rates and include them in reports |
Discussion and Conclusion

The findings from this research add to the broader literature on how post-secondary institutions, such as liberal arts colleges, can address the mental health needs of marginalized populations such as FGCSs. This study also adds to the larger conversation on the disconnect that liberal arts colleges have with their FGCS population regarding the usage of mental health resources. Additionally, this study also highlights how the COVID-19 pandemic has affected the mental health status and the willingness to seek mental health resources among FGCSs. Incorporating liberal arts colleges into the broader narrative of mental health among FGCSs is especially important since most of the existing literature is done at larger universities.

Further research on this topic should include replicating this study once the COVID-19 pandemic has subsided to see whether the study will have the same outcomes. This study can also be modified to conduct follow-up with FGCSs to see if their responses have changed over time to see if institutions have initiated changes to better accommodate the mental health needs of FGCSs and if the changes were effective. Additionally, future studies should also include research on the intersections of the FGCSs identity with other identities and how it can affect an individual's mental health.

This study presents existing research regarding the mental health of FGCS and original research in order to answer the following research questions: "How do liberal arts colleges allocate, promote, and implement mental health resources in order to meet the mental health needs of FGCSs?" and "What influences FGCSs at liberal arts colleges to use or not use mental health resources?" This research highlights how liberal arts colleges are committed to addressing the mental health needs of students; however, there is still room for improvement in regards to specifically addressing the mental health needs of FGCSs. FGCSs already face unique challenges that differ from their continuing generation peers, yet liberal arts colleges lack adequate mental
health resources tailored to the FGCS experience. Having a professional staff who solely focuses on helping FGS can help alleviate the burden that FGCSs face. Liberal arts colleges can also learn from each other on how to best support the well-being of FGCSs. Lastly, counseling centers need to receive feedback from FGCSs to improve their quality of care and to meet the mental health needs of FGCSs.
Appendices

Appendix A: Survey Questions for Students

1. Do you identify as a first-generation college student (When both of a student’s parents did not complete a bachelor’s degree or beyond)?
   a. Yes
   b. No

2. What college do you attend?
   - __________

3. What gender do you identify with?
   a. Male
   b. Female
   c. Non-binary
   d. Other __________

4. What is your sexual orientation?
   a. Straight/Heterosexual
   b. Gay/Lesbian
   c. Bisexual
   d. Asexual
   e. Other __________

5. How would you describe your racial/ethnic background
   a. American Indian or Alaska Native
   b. Asian
   c. Black or African American
   d. Hispanic or Latino
   e. Native Hawaiian or Other Pacific Islander
   f. White
   g. Other __________

6. Are you a recipient of the Pell Grant?
   a. Yes
   b. No

7. Are you eligible for work study?
   a. Yes
   b. No

8. What was your average annual household income for 2020?
   a. Less than $20,000
   b. $20,000 - $44,999
   c. $45,000 - $139,999
   d. $140,000 - $149,999
   e. $150,000 - $199,999
f. $200,000+

9. What is your age in years?
- ___________

10. What year are you in college?
   a. First-year
   b. Second-year
   c. Third-year
   d. Fourth-year
   e. Other________

______________________________________________________________________

1. During this academic year, how often has feeling depressed, stressed, or upset been an obstacle to your schoolwork or academic success?
   i. Very Often
   ii. Often
   iii. Somewhat Often
   iv. Occasionally
   v. Rarely
   vi. Never

2. Overall, how would you rate your mental health this past academic year?
   a. Very good
   b. Good
   c. Fair
   d. Poor
   e. Very Poor

3. Please elaborate on why you chose your response to the previous question?

4. Please rate your level of satisfaction with the following aspects of your college education:
   a. • Campus grade point average
      i. Very Satisfied
      ii. Satisfied
      iii. Somewhat Satisfied
      iv. Dissatisfied
      v. Very Dissatisfied
   b. • Overall social experience
      i. Very Satisfied
      ii. Satisfied
      iii. Somewhat Satisfied
      iv. Dissatisfied
      v. Very Dissatisfied
   c. • Overall academic experience
      i. Very Satisfied
      ii. Satisfied
iii. Somewhat Satisfied
iv. Dissatisfied
v. Very Dissatisfied
d. Value of your education for the price you’re paying
   i. Very Satisfied
   ii. Satisfied
   iii. Somewhat Satisfied
   iv. Dissatisfied
   v. Very Dissatisfied
5. Please rate your level of agreement with the following statements:
   8a. I feel that I belong on this campus.
      i. Strongly Agree
      ii. Agree
      iii. Somewhat Agree
      iv. Somewhat Disagree
      v. Disagree
      vi. Strongly Disagree
   8b. Knowing what I know now, I would still choose to enroll at this campus.
      vii. Strongly Agree
      viii. Agree
      ix. Somewhat Agree
      x. Somewhat Disagree
      xi. Disagree
      xii. Strongly Disagree
   8c. My college supports my needs as a first-generation college student
      xiii. Strongly Agree
      xiv. Agree
      xv. Somewhat Agree
      xvi. Somewhat Disagree
      xvii. Disagree
      xviii. Strongly Disagree
6. What services or programs does your college offer to support first-generation college students?
7. Does your college offer mental health services?
   a. Yes
   b. No
   c. I don’t know
8. In the past year, have you used mental health services at your college?
   a. Yes (If yes, will redirect to question 8)
   b. No (If no, will redirect to question 9)
9. In this academic year, what was your experience with the college’s counseling and psychological services?
   A. Mostly positive
   B. Somewhat positive
   C. Neutral
D. Somewhat Negative
E. Mostly negative

8a. Please elaborate on why you chose your response to the previous question?

10. If you might have needed this service but didn’t use this service, why not?
   a. Stigma
   b. Busy Schedule
   c. Hours of Service
   d. Lack of Information about Service
   e. Long Waiting Time
   f. Other
      i. Please specify

Appendix B: Interview Questions for School Administrators

1. What is the college’s stance on mental health?

2. What kinds of mental health resources does your health center offer to college students?

3. How does the college support the needs of first-generation college students? Does the college offer any programs/initiatives that specifically help first-generation college students?

4. How does the college promote their mental health resources to first-generation college students?

5. Are there any mental health resources that are specific to first-generation college students?

6. How much of the college’s budget is dedicated towards mental health resources?

7. Do you keep data on how many first-generation college students use your resources?
Appendix C: Tables

I. Table 1 - Counseling Services that Liberal Arts Colleges Offer

<table>
<thead>
<tr>
<th>Type of Counseling Service</th>
<th>What the Service Entails</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-one-One Counseling</td>
<td>Counseling that involves a scheduled meeting between an individual and a mental health counselor for a certain amount of time</td>
</tr>
<tr>
<td>Group Counseling</td>
<td>Counseling that involves a scheduled session between a counselor and multiple individuals, usually discussing a shared experience or topic among the individuals who participate</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>Counseling that is not scheduled and reserved for individuals who are experiencing an unexpected mental health crisis</td>
</tr>
<tr>
<td>Programming</td>
<td>Scheduled events and programming that involve improving one's mental health and well-being. These events do not necessarily require a mental health counselor</td>
</tr>
<tr>
<td>Other</td>
<td>Other mental health services not categorized in the above-mentioned categories</td>
</tr>
</tbody>
</table>

Source: Interviews with College Administrators

II. Table 2 - FGCS programs at Liberal Arts Colleges

<table>
<thead>
<tr>
<th>Type of FGCS Program</th>
<th>Description of Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well-established</td>
<td>FGCS programs that offer a variety of resources and programming to help FGCSs</td>
</tr>
<tr>
<td>Established</td>
<td>Offers FGCS programming, but not in the same capacity as those that are considered 'well-established'</td>
</tr>
<tr>
<td>Limited</td>
<td>Offers little to no programming or resources for FGCSs</td>
</tr>
</tbody>
</table>

Source: Interviews with College Administrators
### III. Table 3 - Categorization of Each Liberal Arts Colleges FGCS Program

<table>
<thead>
<tr>
<th>College</th>
<th>Type of FGCS Program</th>
<th>What is included in the program</th>
</tr>
</thead>
</table>
| College Z | Well-established | • Year-long programming  
               • Networking opportunities  
               • Hired Staff dedicated to FGCSs  
               • Involves FGCSs in program planning |
| College Y | Established | • Networking opportunities  
               • Hired Staff dedicated to FGCSs |
| College X | Established | • Some programming  
               • Networking Opportunities  
               • Working on establishing dedicated staff |
| College W | Well-established | • Year-long programming  
               • Networking opportunities  
               • Hired Staff dedicated to FGCSs |
| College V | Well-established | • Year-long programming  
               • Networking opportunities  
               • Hired Staff dedicated to FGCSs |
| College U | Established | • Some Programming  
               • Networking opportunities  
               • Financial Assistance |
| College T | Limited | • Hired Staff Dedicated to FGCSs |
| College S | Well-Established | • Year-long programming  
               • Networking opportunities  
               • Hired Staff dedicated to FGCSs |
| College R | Well-Established | • Year-long programming  
               • Networking opportunities  
               • Hired Staff dedicated to FGCSs  
               • Involves FGCSs in Programming  
               • Financial Assistance |

Source: Interviews with College Administrators
IV. Table 4 - How Liberal Arts Colleges Promote Mental Health Services

<table>
<thead>
<tr>
<th>Ways of Promoting Mental Health Resources</th>
<th>Description of Promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Media</td>
<td>Promotion of mental health resources through social media platforms such as Facebook and Instagram</td>
</tr>
<tr>
<td>Email</td>
<td>Promotion of mental health resources through the school email via listservs and newsletters</td>
</tr>
<tr>
<td>Orientation</td>
<td>Promotion of mental health resources at the beginning of the academic year during orientation week</td>
</tr>
<tr>
<td>College Faculty</td>
<td>Promotion of mental health resources through training with faculty</td>
</tr>
</tbody>
</table>

Source: Interviews with College Administrators

V. Table 5 - Categorization of Each Liberal Arts Colleges FGCS Program

<table>
<thead>
<tr>
<th>College</th>
<th>Number of Mental Health Counselors</th>
</tr>
</thead>
<tbody>
<tr>
<td>College Z</td>
<td>9</td>
</tr>
<tr>
<td>College Y</td>
<td>6</td>
</tr>
<tr>
<td>College X</td>
<td>4</td>
</tr>
<tr>
<td>College W</td>
<td>12</td>
</tr>
<tr>
<td>College V</td>
<td>4</td>
</tr>
<tr>
<td>College U</td>
<td>3</td>
</tr>
<tr>
<td>College T</td>
<td>7</td>
</tr>
<tr>
<td>College S</td>
<td>5</td>
</tr>
<tr>
<td>College R</td>
<td>7</td>
</tr>
</tbody>
</table>

Source: Counseling Center’s Website From Each College
VI. Table 6 - Intersection of Racial/Ethnic Background and Socioeconomic Status Among FGCSs

<table>
<thead>
<tr>
<th>Q6: Are you a recipient of the Pell Grant?</th>
<th>Total</th>
<th>Native American or Alaska Native</th>
<th>Asian</th>
<th>Black or African American</th>
<th>Hispanic or Latino</th>
<th>Native Hawaiian or Other Pacific Islander</th>
<th>White</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>65.0%</td>
<td>100.0%</td>
<td>72.7%</td>
<td>81.3%</td>
<td>75.5%</td>
<td>0.0%</td>
<td>40.5%</td>
<td>60.0%</td>
</tr>
<tr>
<td>No</td>
<td>35.0%</td>
<td>0.0%</td>
<td>27.3%</td>
<td>18.8%</td>
<td>24.5%</td>
<td>0.0%</td>
<td>59.5%</td>
<td>40.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q7: Are you eligible for work study?</th>
<th>Total</th>
<th>Native American or Alaska Native</th>
<th>Asian</th>
<th>Black or African American</th>
<th>Hispanic or Latino</th>
<th>Native Hawaiian or Other Pacific Islander</th>
<th>White</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>82.9%</td>
<td>100.0%</td>
<td>77.3%</td>
<td>87.5%</td>
<td>90.6%</td>
<td>0.0%</td>
<td>71.4%</td>
<td>100.0%</td>
</tr>
<tr>
<td>No</td>
<td>17.1%</td>
<td>0.0%</td>
<td>18.2%</td>
<td>22.5%</td>
<td>9.4%</td>
<td>0.0%</td>
<td>28.6%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q8: What was your average annual household income for the year 2020?</th>
<th>Total</th>
<th>Native American or Alaska Native</th>
<th>Asian</th>
<th>Black or African American</th>
<th>Hispanic or Latino</th>
<th>Native Hawaiian or Other Pacific Islander</th>
<th>White</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $20,000</td>
<td>18.6%</td>
<td>0.0%</td>
<td>13.6%</td>
<td>37.5%</td>
<td>20.8%</td>
<td>0.0%</td>
<td>11.9%</td>
<td>20.0%</td>
</tr>
<tr>
<td>$20,000 - $49,999</td>
<td>17.9%</td>
<td>50.0%</td>
<td>36.4%</td>
<td>18.8%</td>
<td>18.9%</td>
<td>0.0%</td>
<td>4.8%</td>
<td>20.0%</td>
</tr>
<tr>
<td>$50,000 - $49,999</td>
<td>19.3%</td>
<td>50.0%</td>
<td>13.6%</td>
<td>25.0%</td>
<td>18.9%</td>
<td>0.0%</td>
<td>19.0%</td>
<td>20.0%</td>
</tr>
<tr>
<td>$50,000 - $74,999</td>
<td>17.2%</td>
<td>0.0%</td>
<td>13.6%</td>
<td>22.5%</td>
<td>20.8%</td>
<td>0.0%</td>
<td>19.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>$75,000 - $99,999</td>
<td>17.2%</td>
<td>0.0%</td>
<td>9.1%</td>
<td>0.0%</td>
<td>13.2%</td>
<td>0.0%</td>
<td>22.4%</td>
<td>0.0%</td>
</tr>
<tr>
<td>$100,000 or more</td>
<td>12.9%</td>
<td>0.0%</td>
<td>13.6%</td>
<td>6.3%</td>
<td>5.7%</td>
<td>0.0%</td>
<td>21.4%</td>
<td>40.0%</td>
</tr>
</tbody>
</table>

Source: Andrea Lyn Mateo, “First Generation College Students” Survey, 2021
## VII. Table 7 - Summary of Recommendations for Liberal Arts Colleges on How to Better Address the Mental Health Needs of FGCSs

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Details of Recommendations</th>
</tr>
</thead>
</table>
| **Hire A Mental Health Counselor Who Specializes in FGCS Needs** | • Hire a specialized counselor who understands the FGCS identity  
• Hiring a specialized counselor will potentially increase the utilization rate of mental health resources among FGCSs                                                                                                                                                                                                                     |
| **Re-evaluate and Improve FGCS Programs**           | • Liberal arts colleges need to utilize these programs to promote mental health resources to FGCSs students on a year-round basis and provide them with a sense of belonging  
• Refer to Table 3 on page 29 for examples of ‘well established’ FGCS programs                                                                                                                                                                                                                       |
| **Expand Mental Health Programming Focused on the FGCS Experience** | • Other forms of mental health services aside from one-one-one counseling should be targeted towards FGCSs such as group mental health sessions that relate to the FGCS identity  
• Partner with FGCS organizations or offices in order to integrate mental health into the activities of FGCSs                                                                                                                                                                                   |
| **Receive FGCSs Input on How to Improve Mental Health for the FGCSs population** | • Involve FGCSs in the hiring process of a mental health counselor who wants to work with FGCSs specifically  
• Gather input from FGCSs through a questionnaire to:  
  4) Receive feedback on the quality of mental health services,  
  5) Know the availability of FGCSs,  
  6) Consider other suggestions on how to best serve FGCSs  
• Counseling centers should release a report regarding FGCSs input from the questionnaire to inform FGCSs on the next steps that the counseling centers are going to take to improve mental health services                                                                                                                                 |
| **Track Data on FGCS that visit the Counseling Center** | • Include a section on the intake form that asks, "Do you identify as a first-generation college student?” A student can then check "yes" or "no" during their first visit to the counseling center.  
• Data can then inform counseling centers on FGCSs utilization rates and include them in reports                                                                                                                                                                                                                     |
Work Cited
https://www.rand.org/pubs/research_reports/RR1370.html


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