Survey Research and Assessment
Institutional Effectiveness

Student Wellness Survey

Summary Report
July 2025

Executive Summary

The Queens College Wellness Survey provides a first systematic, campus-wide assessment of student well-being, mental health concerns, and awareness of support services. Conducted mid-semester in Spring 2025, the survey yielded 569 responses (3.65% response rate). Although the respondents closely resemble the student body demographically, findings are most useful for identifying broad trends and informing student support strategies, rather than for making definitive claims about prevalence.

Key Findings

Well-Being and Protective Factors
Respondents express moderate confidence in their academic abilities and strong commitment to academic and career goals. However, students' sense of support is less robust, with upper-level undergraduates reporting the weakest sense of support. Less than half of respondents report ease in balancing school, work, and personal life.

Mental Health Concerns, Stress, and Anxiety
More than a third of respondents report frequent mental health concerns and over 40% experience moderate to severe anxiety. Nearly two-thirds report moderate to severe stress, peaking among upper-level undergraduates. Top stressors include academic performance, time management, and fear of the future, with notable differences by academic stage — first-years cite adjustment challenges, upper-level students struggle with academic load and deadlines, and graduate students navigate complex responsibilities, including work and family obligations.

Help-Seeking and Campus Resources
Students are moderately comfortable confiding in peers but less so with faculty or staff. While two-thirds are aware of the Counseling Center and half know about Health Services, only one-third would seek out these services. Barriers to use include lack of time, insufficient knowledge about services, and difficulty asking for help.

Insights from Open-Ended Responses
Students call for low-barrier, non-clinical wellness supports (peer-led groups, coping skill workshops, wellness events, quiet spaces), but also voice concerns about time scarcity and service accessibility.

Key Recommendations

The strategies below can address immediate challenges and build a sustained culture of care:

1. **Reduce barriers to help-seeking** by integrating mental health messaging and initiatives into student life, offering flexible service delivery, and normalizing help-seeking behaviors.

2. **Strengthen resilience and long-term flourishing** with personal development and institutional learning initiatives that promote persistence, such as transition support for first-year students, stress-management and self-efficacy workshops for upper-level undergraduates, and holistic support for working graduate students.

3. **Foster Peer and Community Connections** by expanding peer-to-peer support, mentoring, and community-building initiatives that promote belonging and resilience. Students who reported lower flourishing often described disconnection from campus life.

The survey results demonstrate that wellness at Queens College is multifaceted and deeply connected to the academic experience. Findings emphasize the need for proactive, stage-specific, and accessible supports that strengthen both academic and personal success across students' journeys. At the same time, the low response rate signals the importance of ongoing assessment to ensure a fuller understanding of student needs.

Table of Contents

NOTE: The findings presented in this report reflect the experiences of survey respondents, which may not be representative of the college members who did not complete the survey. For this reason, it is important to interpret the survey results with caution.

I. Assessment Goal

Research consistently shows that stress and anxiety are common and normal aspects of the college experience. Academic pressures, social adjustments, and the transition to greater independence contribute to higher levels of stress, particularly during exam periods and key milestones (American College Health Association, 2019). While moderate levels of stress can be motivating and even adaptive, excessive stress and anxiety can negatively affect students' mental health, academic performance, and overall well-being (Conley et al., 2013).

Both pre- and post-pandemic research indicates that mental health challenges are worsening, with more students reporting anxiety, depression, and difficulty coping (Beiter et al., 2015; ACHA, 2023). The pandemic exacerbated feelings of isolation, disrupted support systems, and created uncertainty about academic and social futures (Li et al., 2025; Jones et al., 2022; Tsujimoto et al., 2022). Peer institutions across the country—both public and private—have increasingly implemented mental health surveys in recent years. The QC Wellness Survey was developed in response to a growing national awareness of student mental health as a critical component of academic success, retention, and the overall quality of the student experience.

This initiative marks the first time the college has systematically collected campus-wide data on student mental health and establishes a baseline understanding of student well-being, stress, anxiety, and resource engagement.

This survey aims to:

- Identify the key stressors and mental health challenges that students face.
- Identify whether students feel they have the tools or support to manage stress effectively.
- Evaluate awareness and utilization of mental health resources and identify potential gaps in support.
- Inform the development of campus initiatives to better assist students in managing their well-being.

By gathering this data, the college hopes to gain insights that will help us develop targeted strategies that ensure students feel supported, heard, and empowered throughout their academic journey.

II. Methodology

Survey Design

To ensure reliability and accuracy in measuring mental health indicators across the campus population, the survey incorporated elements from several well-established and validated mental health scales:

- Flourishing Scale (FS): Measures overall psychological well-being by capturing how individuals perceive themselves in key areas such as relationships and purpose.
- Mindful Self-Care Scale (MSCS): Assesses how often individuals engage in intentional self-care behaviors, such as positive self-talk and exercising. Adapted items reflect core self-care practices relevant to students.
- Resilience Scale for Adults (RSA): Measures protective factors that support resilience, such as perceived competence and social support. These indicators help assess how well students cope with adversity.
- Generalized Anxiety Disorder Scale (GAD-7): Identifies the frequency and severity of anxiety symptoms. Three items were adapted to provide a reliable snapshot of generalized anxiety symptoms during mid-semester.
- Perceived Stress Scale (PSS): Measures how often individuals feel overwhelmed, focusing on subjective stress levels, as opposed to objective stressors.

Three items from each scale were selected or adapted to suit a student population. In addition, the survey included original items that assessed:

- Self-advocacy and help-seeking behaviors
- Mental health concerns and stressors
- Awareness and utilization of campus mental health resources
- Open-ended questions to capture student needs and recommendations

The scoring methodology and alignment of survey items to mental health scales are included in Appendix A.

Distribution and Response Rate

Research consistently shows that college students experience the highest levels of stress and anxiety toward the end of the academic term, particularly during finals week and the weeks leading up to it (Beiter et al., 2015; Conley et al., 2013). For this reason, the survey was fielded 6 weeks into the semester – after students had settled into their courses, but before the most stressful part of the term.

The survey received a total of 569 responses for an overall response rate of 3.65%. The undergraduate response rate was 3.98% (n=496), with a higher response rate among freshmen (4.7%) compared to upper-level students (3.8%). The graduate student response rate was 3.0% (n=72). Since mental health support needs are likely to vary by academic stage, the survey results are reported separately for first-year students (n=111), upper-level undergraduates (n=375), and graduate-level students (n=72). Less than 1% of HS students responded to the survey. This population was excluded from reporting.

Due to the low overall response rate and small Ns within demographic subgroups, disaggregated analysis was not conducted. Breaking down results by race/ethnicity, gender, or other subpopulations would risk misrepresentation. While subgroup perspectives are important for understanding student wellness, additional data collection with higher participation will be needed before such subgroup comparisons can be made.

Demographics

The survey sample closely resembles the student population across most demographic groups. Among undergraduate respondents, there is slight overrepresentation of women and Arts & Humanities majors. Graduate respondents skew older with a high representation of gender non-conforming respondents. These patterns suggest some potential for nonresponse bias along lines that may intersect with mental health experiences.

Table 1. Profile of Spring 2025 Enrolled Students vs. Survey Respondents

	UGRD Students	UGRD Respondents	Δ	GRAD Students	GRAD Respondents	Δ
	N=13160	n=496		N=2418	n=73	
Class Standing						
HS Student	2.4%	1.4%		--	--	
Freshman	22.4%	22.4%		--	--	
Upper-level UGRDs	75.2%	76.2%		--	--	
Age Group						
22 or younger	60.7%	54.2%	-6.5	0.8%	2.7%	
23-29	30.4%	30.6%		61.9%	42.5%	-19.4
30-49	7.9%	11.9%	+4.0	32.2%	43.8%	+11.6
50 or older	1.0%	3.2%		5.1%	11.0%	+5.9
Gender						
Women	51.0%	60.7%	+9.7	66.4%	64.4%	
Men	46.8%	37.3%	-9.5	30.9%	21.9%	-9.0
GNC	2.3%	2.0%		2.7%	13.7%	+11
Race/Ethnicity						
Asian	32.8%	30.2%		17.5%	17.8%	
Black	9.7%	11.5%		6.9%	2.7%	-4.2
Hispanic	30.0%	30.8%		24.4%	19.2%	-5.2
White	15.1%	14.9%		27.9%	32.9%	
Two or More	3.1%	3.2%		3.0%	1.4%	
Pell Ever Received						
Yes	59.0%	55.4%		23.7%	8.2%	-15.5
Program Division						
ARTHU	10.3%	16.1%	+5.8	8.4%	6.8%	
BUS	7.0%	6.0%		4.9%	2.7%	
EDUC	9.0%	9.1%		43.0%	41.1%	
MNS	23.8%	19.8%	-4.0	7.2%	5.5%	
SOCSCI	20.8%	22.6%		31.5%	41.1%	+9.6
Other*	29.0%	26.4%		4.9%	2.7%	

**Includes CUNY Baccalaureate, CUNY Permit, Interdisciplinary BA, Non-Degree, and Undeclared.*

Importantly, two limitations must be emphasized:

- With fewer than 4% responding, the data should be interpreted as indicative of trends rather than representative of all students. Low response raises the risk of self-selection bias, as students with stronger feelings about wellness may have been more likely to participate.
- Results are not weighted by subgroup or demographic characteristics. Findings therefore reflect raw frequencies –not adjusted prevalence estimates. The composition of survey respondents may not reflect the total campus population, especially in ways that relate to mental health.

Results should be interpreted with these limitations in mind. Despite these constraints, the results provide meaningful insights into areas where student wellness may be strengthened through more targeted support.

III. Key Findings

Well-Being and Self-Care Practices

Flourishing offers a holistic measure of mental health, capturing not only the absence of distress but also positive functioning, satisfaction, and meaning. We examine students' psychological well-being first to highlight areas of strength, which can be leveraged to support resilience and reduce risk.

Overall, most respondents report moderate to high flourishing, with graduate students leading the way (65% high flourishing). In contrast, only 40% of upper-level undergraduates fall into this category, and 10% report low flourishing. Item-level means (on a 5-point scale), reinforce this gap: academic and career goal orientation is robust across groups, particularly among graduate students (4.63), suggesting that this group is highly driven. However, the sense of feeling well-supported at Queens College is less robust, averaging 3.23 overall, and dipping to 3.11 among upper-level undergraduates.

Figure 1. Flourishing Levels

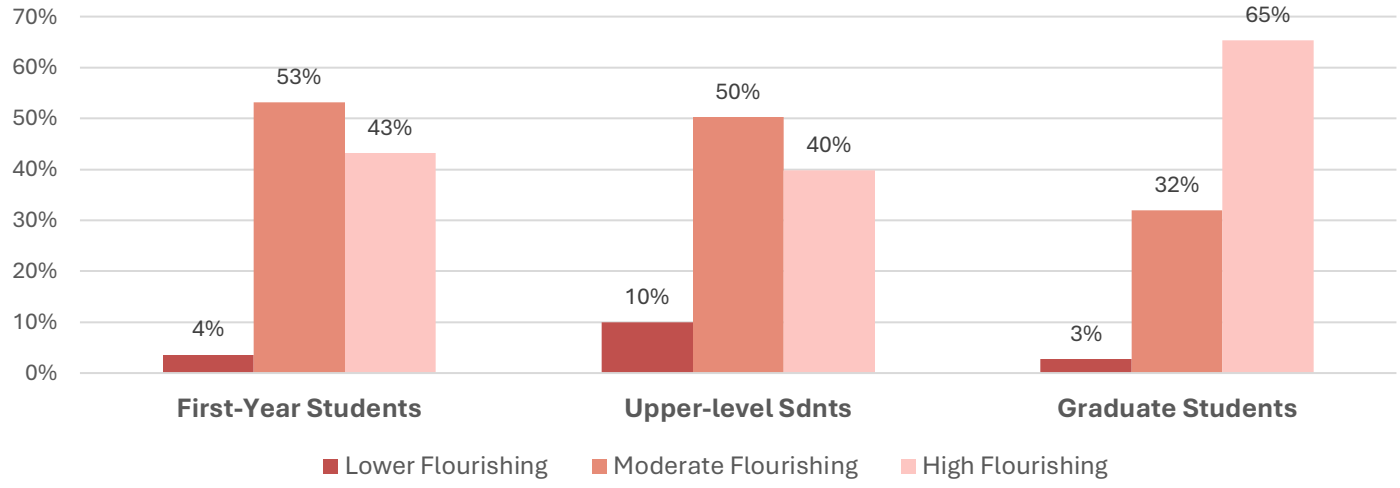


Table 2. Flourishing Items

	Overall	First-Year Students	Upper-level Students	Graduate Students
I feel confident in my abilities as a college student.	3.44	3.47	3.35	3.86
I have academic or career goals that I hope to achieve.	4.12	3.91	4.09	4.63
I feel well-supported here at Queens College.	3.23	3.50	3.11	3.44

Scale: 1 = Not at all like me, 5 = Very much like me

Taken together, these results suggest a tension: students are driven, but many—especially upper-level undergraduates—do not feel adequately supported. A sub-analysis of these students' sense of support by program division shows perceptions vary only modestly across divisions, and standard deviations indicate moderate variability in individual experiences within each division (see Appendix B). Comments reveal that supported students credit approachable faculty and mentorship, while unsupported students describe difficulty accessing advisors or feeling disconnected from the institution. Strengthening visibility and accessibility of advising, faculty mentorship, and proactive outreach may help sustain well-being across all levels.

Self-care behaviors provide another lens into how students sustain wellness in demanding academic environments. Patterns here largely mirror those observed in flourishing: graduate students show the strongest routines (32% high self-care), while upper-level undergraduates report the weakest, particularly in activities that support physical health (2.97) and psychological well-being (2.79). Freshmen demonstrate comparatively stronger habits, suggesting that self-care may erode as academic demands increase.

Figure 2. Self-Care Levels

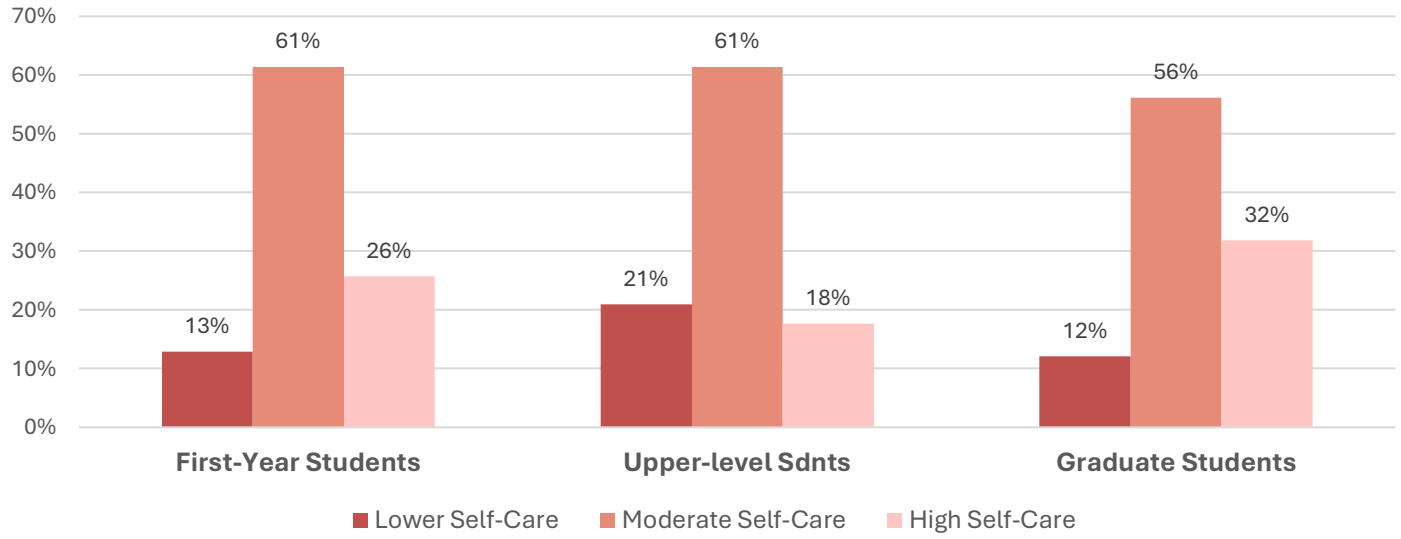


Table 3. Self-Care Engagement

	Overall	First-Year Students	Upper-level Students	Graduate Students
Physical health (*eating well, exercising, sleep*)	3.09	3.31	2.97	3.41
Mental well-being (*socializing, creative activities, sports*)	2.87	2.96	2.79	3.15
Stress management (*music, gratitude, positive self-talk*)	3.13	3.39	3.04	3.18

Scale: 1 = Never, 5 = Consistently

Open-ended responses reinforce these trends. Exercise, hobbies, and socializing dominate students' strategies, though time, financial constraints, and family responsibilities limit consistency. Graduate students describe more sustainable routines, while many undergraduates report defaulting to quick, low-cost strategies. Importantly, both groups indicate that flexibility matters: expanded hours for QC's fitness and wellness services and normalization of "micro self-care" could help students integrate sustainable practices into busy schedules.

Resilience and School–Work–Life Balance

While flourishing and self-care reflect current states, resilience indicates the ability to adapt and recover— making it a crucial factor in students' long-term academic success and mental health.

Most students fall into moderate to high resilience, but again graduate students stand out (51% high resilience) while upper-level undergraduates appear most vulnerable (17% low resilience). Confidence in handling challenges is steady across groups (3.44), but perceptions of having a reliable support system are weaker (3.19). Graduate students report higher access to support (3.68), while upper-level students report the lowest (3.11).

These findings echo earlier sections: as students progress, confidence persists but coping resources and perceived support appear to weaken.

Figure 3. Resilience Levels

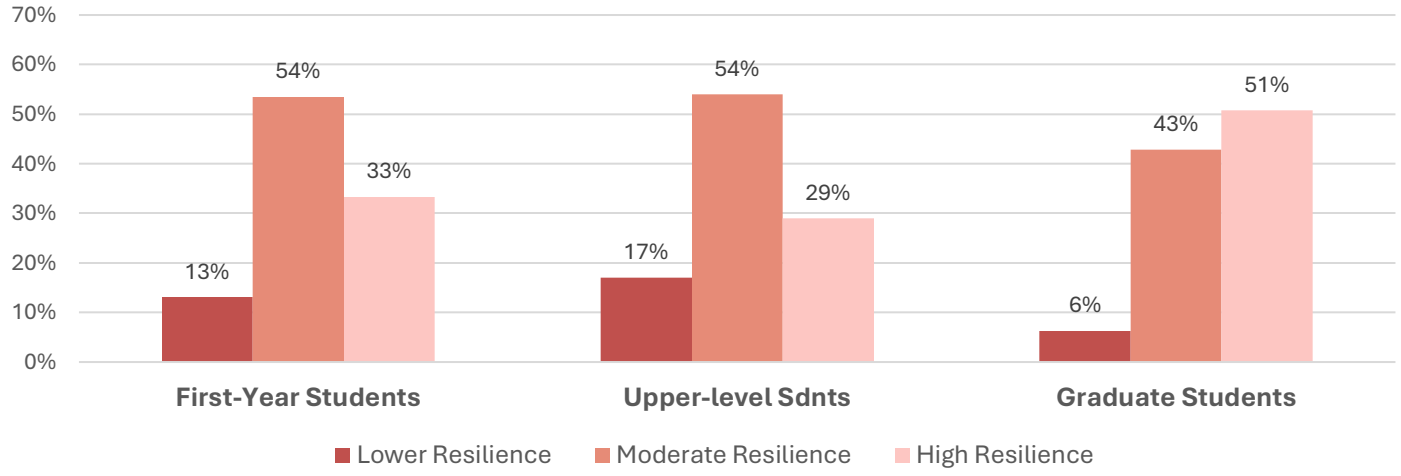


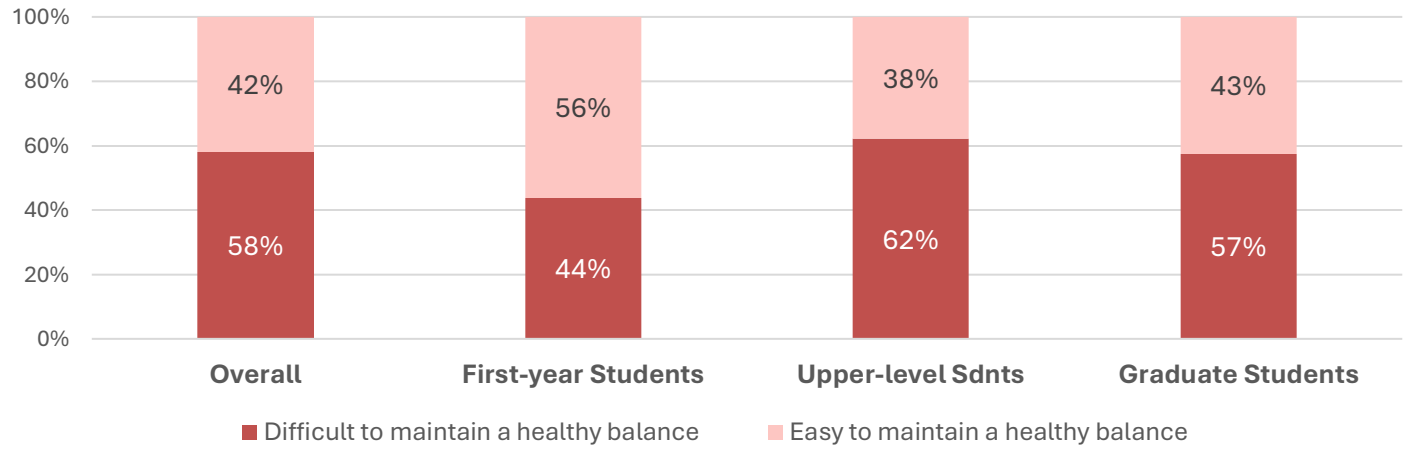
Table 4. Resilience Indicators

	Overall	Freshmen	Upper-level Students	Graduate Students
I can handle most situations, even when things get tough.	3.44	3.47	3.36	3.83
I can maintain a positive outlook, even when facing challenges.	3.25	3.40	3.15	3.59
I have a good support system I can rely on in times of difficulty.	3.19	3.15	3.11	3.68

Scale: 1 = Not at all like me, 5 = Very much like me

The results on student capacity to balance school, work, and personal life echo these challenges. While over half of freshmen (56%) report an easy balance, only 38% of upper-level students do so, and most describe their semester as difficult (62%). Graduate students fall in between, likely reflective of their stronger self-care and resilience levels. Comments reveal a desire for peer encouragement and continuity of support beyond the first year.

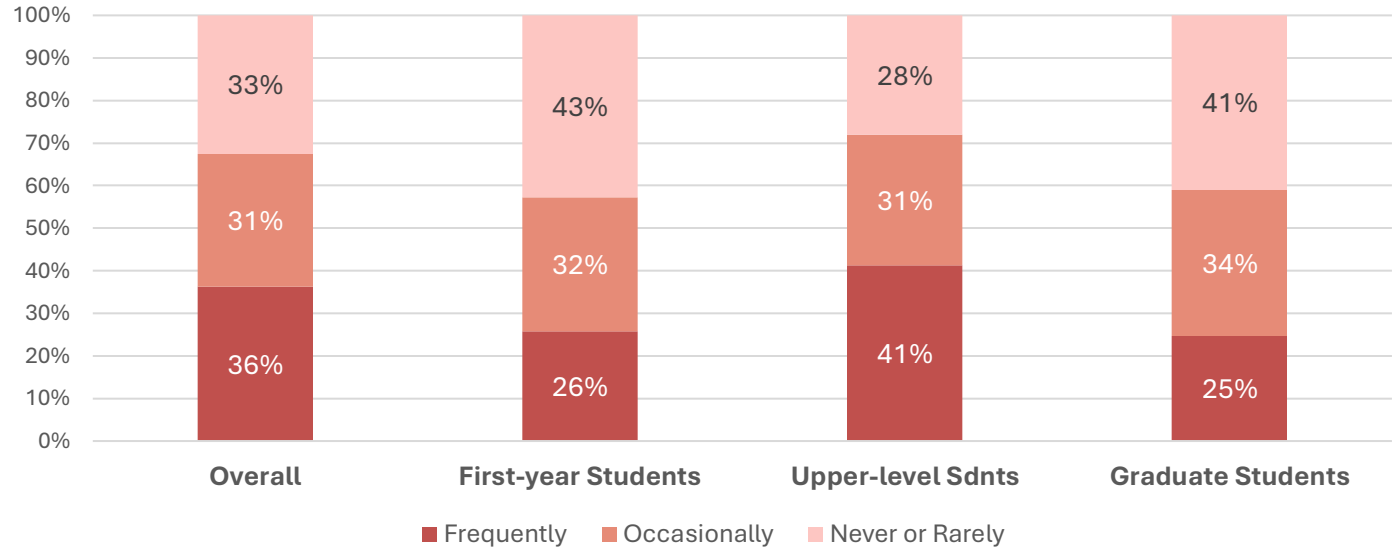
Figure 4. School–Work–Life Balance



Mental Health Concerns and Stressors

When prompted to indicate whether they experienced any mental health concerns during the semester, such as anxiety or stress, over one-third of students (36%) report frequent mental health challenges, with upper-level undergraduates again the most vulnerable (41%). Graduate students report fewer frequent concerns (25%) but still substantial occasional symptoms, suggesting their schedules may buffer frequency but not intensity.

Figure 5. Mental Health Concerns this Term



Connections to Prior OIE Survey Projects

- **Summer 2024 Non-returner Survey:** We surveyed all students who stopped out in Spring 2024 and did not re-enroll in Fall 2024 to learn why some students leave QC. 21% of respondents cited mental health issues as a reason for leaving. Furthermore, non-returning students were more likely to be freshmen (45%) and seniors (29%) than sophomores (14%) or juniors (12%). Comments pointed to the need for improved advising, class availability, and a culture of care.
- **Fall 2022 DEI Survey:** We surveyed the entire campus population to assess the extent to which our community experiences respect for diversity, equitable treatment, and inclusive environments. Among undergraduate survey respondents, 14% reported having a disability. Of those respondents, 38% categorized their disability as related to mental health. The survey results also revealed that students with disabilities are some of the most vulnerable members of our community in terms of equity and inclusion on campus.

  Together, these results demonstrate the complexity of students' mental health experiences and the pivotal role that disability status may play. Understanding these patterns is essential for tailoring mental health and support initiatives to address the nuanced needs of the student population. The full reports may be accessed on the OIE website at https://www.qc.cuny.edu/oie/surveys/.

To learn more about the factors contributing to student mental health challenges, respondents were asked about their experiences and stressors. Academic performance worries dominate across all groups (74%), but especially among upper-level undergraduates, with particularly high rates of time management challenges (65%) and fear of the future (67%). Graduate students report the highest financial, work, and family obligations, while first-years most often cite transitional challenges (e.g., adjusting to college life, 53%). Qualitative comments emphasize long commutes, heavy course loads, and the tradeoffs students make—sleep, social time, and self-care sacrificed in favor of academics or work.

Table 5. Top Reported Stressors

	Overall	First-year Students	Upper-level Students	Graduate Students
Worries about academic performance	74%	74%	78%	53%
Lack of time management	65%	67%	65%	69%
Fear of the future	65%	62%	67%	61%
Financial difficulties	55%	47%	55%	65%
Family obligations	50%	38%	52%	55%
Work obligations	41%	29%	41%	57%
Adjusting to college life	26%	53%	22%	14%

In short, the same stressors that strain balance—academic demands, time, and financial pressures—also drive mental health concerns. For upper-level undergraduates in particular, escalating academic pressures coupled with limited coping routines create a "pinch point" that warrants attention.

Severity and Frequency of Anxiety and Stress

The analysis into anxiety and stress severity highlights the intensity of these pressures. Graduate students are least likely to report moderate or severe anxiety: nearly half (47%) fall in the "little to no anxiety" category, compared with roughly 30% of undergraduates. Severe anxiety affects 24% of upper-level undergraduates, far more than graduates (13%) or first-years (16%). Item-level data confirm that graduate students experience less frequent symptoms of worry and fear.

Figure 6. Severity of Anxiety

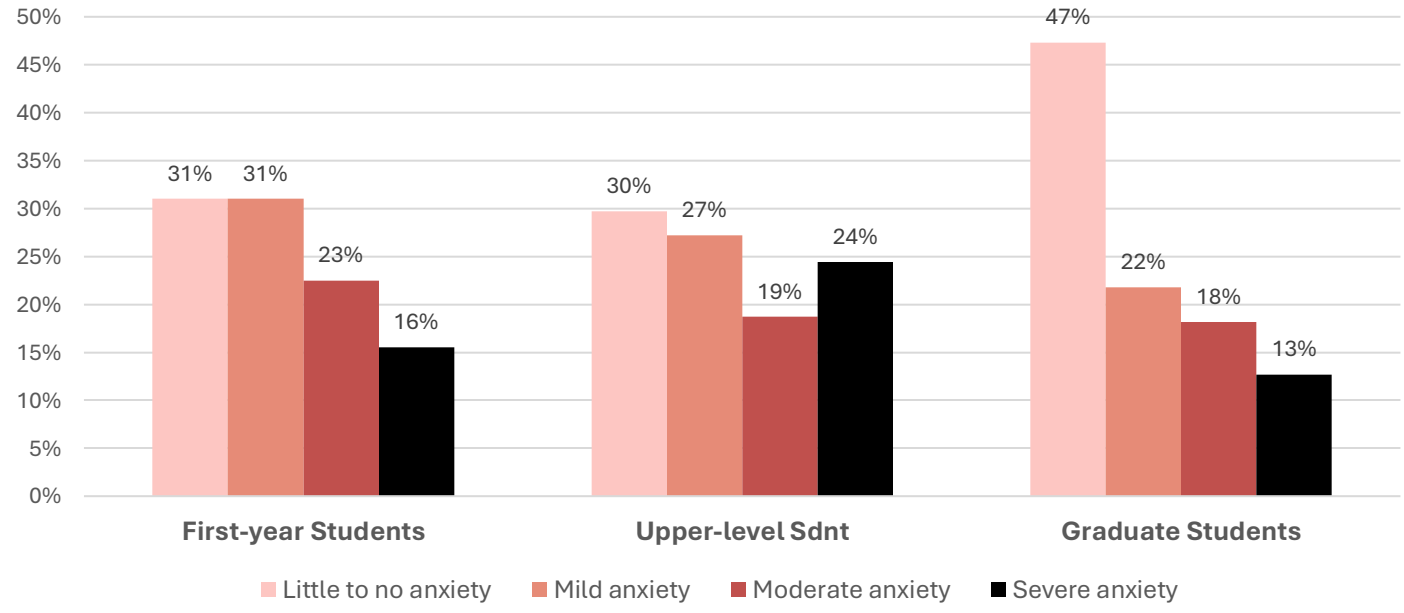


Table 6. Frequency of Anxiety Symptoms

	Overall	First-year Students	Upper-level Students	Graduate Students
Feeling nervous, anxious, or on edge	2.75	2.96	2.63	3.13
Not being able to stop or control worrying	2.96	3.08	2.82	3.53
Feeling afraid as if something awful might happen	3.28	3.20	3.22	3.69

Scale: 1= Nearly every day, 5 = Never

Stress, however, is more widespread. Nearly two-thirds of students (63%) report moderate or severe stress, with upper-level undergraduates reporting the highest rates. Graduate students are more likely to report mild stress (35%), though caregiving and work obligations still weigh heavily.

Overall, stress emerges as the more pervasive challenge, while anxiety is more acute but less widespread. Across both domains, upper-level undergraduates are the higher-risk group: they have the highest prevalence of moderate to severe anxiety and stress (43% and 63%) and report more frequent anxiety and stress experiences.

Figure 7. Severity of Stress

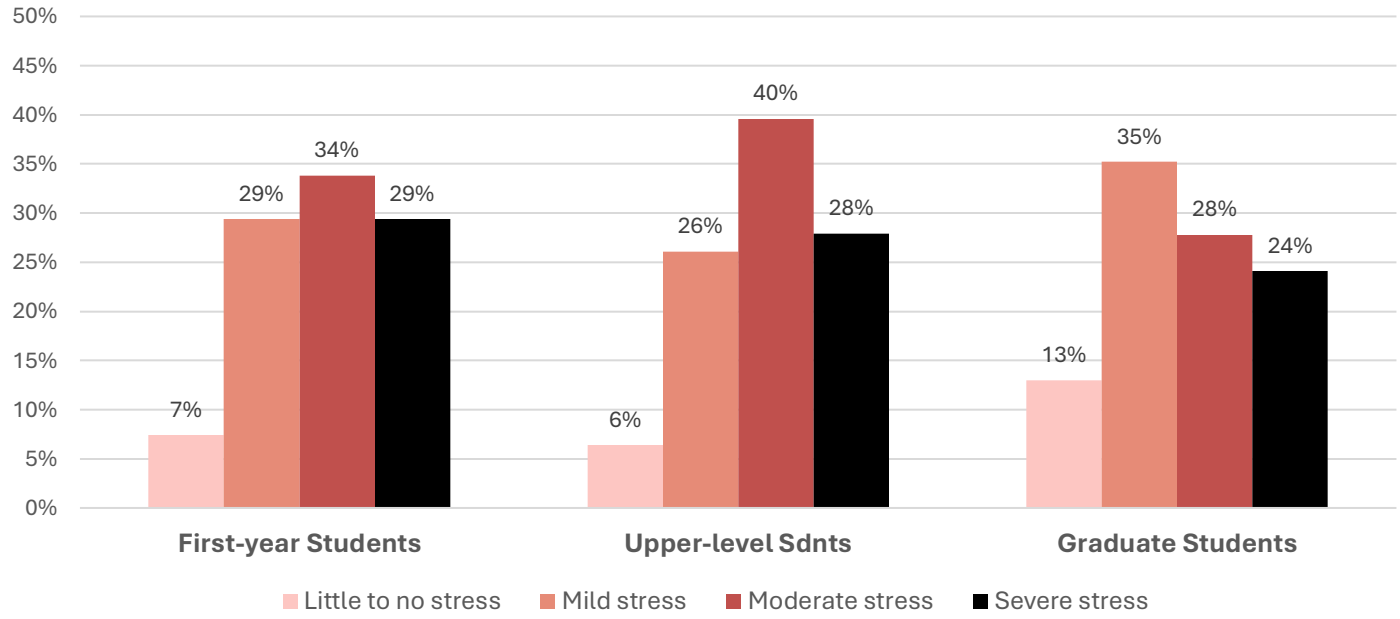


Table 7. Frequency of Perceived Stress

	Overall	First-year Students	Upper-level Students	Graduate Students
Unable to control important things in life	2.84	2.93	2.78	3.06
Stressed about academic performance	2.28	2.28	2.20	2.67
Overwhelmed by responsibilities or tasks	2.25	2.40	2.17	2.48

Scale: 1 = Very Often, 5 = Never

Self-Advocacy and Campus Resources

Confidence in self-advocacy is essential for navigating stress, yet gaps are evident. Students are far more comfortable communicating needs with peers (3.18) than to instructors (3.06) or advisors (3.00). Graduate students report the highest ease overall, especially with instructors (3.52) and therapists (3.44), while upper-level undergraduates—who, again, report the highest levels of severe anxiety—feel the least comfortable with all parties. This hesitancy may limit their ability to seek academic or personal support when needed.

Table 8. Ease of communicating needs

	Overall	First-year Students	Upper-level Students	Graduate Students
Instructors	3.06	3.24	2.92	3.52
Academic/faculty advisor	3.00	3.28	2.84	3.44
Fellow student/peer mentor	3.18	3.45	3.07	3.34
College staff (support office staff, etc.)	2.15	2.98	2.65	2.90
Mental health counselor/therapist	3.05	2.89	3.03	3.44

Scale: 1 = Very difficult, 5 = Very easy

Resource awareness and usage follow similar patterns. While most students have heard of key services such as the Counseling Center (66%) and Health Services (51%), willingness to use the Counseling, Health, and Wellness Center (CHWC) is modest overall (36%), with first-year students least likely to use it (24%). Graduate students are least aware of these resources—perhaps due in part their lower reported levels of stress and anxiety— but most likely to utilize them (42%).

Table 9. Awareness and Use of Campus Resources

	Overall	First-year Students	Upper-level Students	Graduate Students
Aware QC has free Counseling Center	66%	67%	68%	53%
Aware QC offers free Health Services	51%	53%	51%	42%
Would seek support from CHWC	36%	24%	38%	42%

Barriers to resource use align closely with the stressors identified earlier and comments suggest that trust and convenience drive usage: students want services that are integrated into academic life and routines, introduced early, and offered flexibly.

- Time constraints (40%) mirror earlier reports of students sacrificing sleep and self-care.
- Lack of information about services (36%) reflects the broader results on sense of support.
- Difficulty asking for help (37%) echoes the findings on ease of communicating needs.

Table 10. Reasons why students would not utilize CHWC

	Overall	First-year Students	Upper-level Students	Graduate Students
Don't know enough about services	36%	32%	37%	38%
Don't have time	40%	39%	43%	31%
Hard to ask for help	37%	41%	38%	24%
Worried about stigma	10%	9%	11%	7%
Have support elsewhere	24%	18%	23%	38%

These findings point to opportunities for embedding support more visibly and proactively into student life. Given students' relative comfort communicating with peers, ambassador or mentoring models could help bridge gaps—particularly for first-generation students, who make up nearly half of Queens College's population (48% as of January 2024). Research shows that first-generation college students face significant barriers to help-seeking and self-advocacy, often due to cultural stigma and lack of familiarity with institutional resources (Johnson et al., 2024; Ruihua et al., 2025). Faculty and staff training in approachable communication could further reduce barriers, making it easier for students to seek help before crises escalate. Even modest measures—such as including a care statement in course syllabi—have the potential to significantly enhance student engagement.

Implications for Lack of College Support

Perceived support functions as a foundation that influences confidence, communication, coping strategies, and mental health outcomes. A sub-analysis of the survey results reveals a striking divide between students who feel supported and those who do not. Overall, just over half of students (51%) report confidence in their abilities as students, but confidence is much higher among those who feel supported (69%) compared with only one-third (33%) of unsupported students. Similar trends appear across all key measures of wellbeing and resilience.

Supported students are substantially more likely to regularly engage in stress-management activities (49% vs. 25%) and to have a reliable support system in times of difficulty (60% vs. 32%). Communication with instructors also reflects this gap: more than half of supported students (56%) say they can communicate their needs, compared with only one in five unsupported students (20%). Despite awareness of the college's free counseling center being relatively high across both groups, willingness to seek counseling is lower among unsupported students (27%) compared with their supported peers (39%).

Mental health outcomes are particularly divergent as students who report struggling with mental health challenges make up the majority of those who feel unsupported at QC. Only 21% of supported students report frequent mental health concerns compared to 61% of unsupported students. Unsupported students are about twice as likely to feel overwhelmed by responsibilities (78% vs. 42%) and far less likely to feel that maintaining balance is easy (23% vs. 55%). Notably, these differences remain significant even though the prevalence of struggles with academic, family, and work obligations is relatively similar across groups, differing by just 10%.

These results point to institutional support as a critical determinant of whether students thrive or struggle. When students feel supported, they are better equipped not only to manage stress but also to persist and succeed academically. Expanding support beyond counseling access, training faculty and staff on proactive communication, and developing programming shaped directly by student input could have a significant impact.

Table 11. Key Items on Mental Health Challenges by Perceived Support

	Feels Well-Supported	Not Well-Supported
	n=208	n=121
Frequent mental health concerns this term	21%	61%
Bothered by anxiety most days in the last 2 weeks	29%	64%
Often feels overwhelmed by responsibilities/tasks	42%	78%
Troubled by worries about academic performance	69%	78%
Troubled by lack of time management	59%	74%
Troubled by family or work obligations	41%	51%

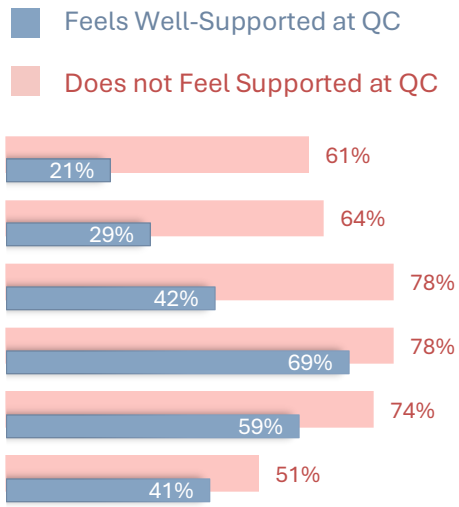
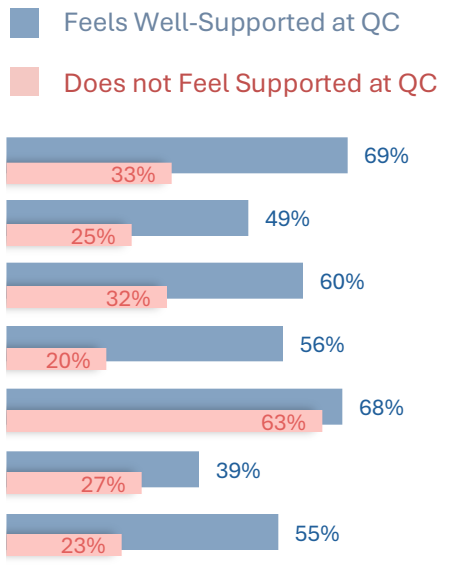


Table 12. Key Items on Protective Factors by Perceived Support

	Feels Well-Supported	Not Well-Supported
	n=229	n=136
Feels confident in abilities as a student	69%	33%
Regularly engages stress management activities	49%	25%
Has a support system to rely on	60%	32%
Can communicate needs to instructors	56%	20%
Aware that QC has a free counseling center	68%	63%
Would seek support from the counseling center	39%	27%
Easy to maintain a school-life-work balance	55%	23%



IV. Open-ended Responses

Student Perspectives on College Support

Survey findings point to important gaps in support that shape students' confidence, wellbeing, and ability to manage responsibilities. To better understand these patterns, students were invited to share—in their own words—what the College could do to help. Their responses reveal several recurring topics adding depth to the quantitative results. The coding framework for this analysis, along with example comments, is provided in Appendix C.

When asked how the College could better support students during high-stress periods, common themes emerged:

- Stress-relieving events and activities focused on community-building (22% of comments)
- A campus culture of care, especially in terms of supportive campus messaging (16%)
- Improved communication and support from instructors (16%)
- More accessible and visible wellness services and events (9%)
    - e.g., expanded hours for the counseling and fitness centers, online wellness services and resources
- Quiet spaces on campus (5%)

Importantly, students also highlighted specific barriers with existing platforms, including the Special Services portal and Brightspace:

- "*The disability support portal is not very self-explanatory. I would like that to be straightened out.*"
- "*Have Brightspace display ungraded work as 'pending' instead of F, which is what it does now.*"

Some students mentioned that stress related to academic performance often felt beyond the College's control, indicating the need for programming around student self-efficacy and resilience:

- "*Most of my stress comes from the fear that I won't perform as well as I should, or don't know enough. The College can't actually do much to help that*."

Students were also asked to describe one new mental health initiative they would create at QC. Their responses echo the previous item on college support, with consistent proposals for non-clinical options, and reinforce the earlier findings that time constraints and difficulty asking for help are major barriers to self-advocacy and self-care.

- Peer-led wellness and mental health support groups (25% of comments)
- Workshops promoting protective skills such as CBT, affirmations, and time-management (17%)
- Positive messaging campaigns with regular check-ins (13%)
- Programs combining exercise and mental health (10%)
- Regular mental health days or mental health fairs (10%)
- Quiet spaces on campus (9%)

These perspectives emphasize that effective support extends beyond clinical services to include community, communication, and culture. Students are asking not only for expanded access to resources but also for visible signals that the College values their well-being. Low-barrier, peer-driven initiatives and proactive messaging stand out as particularly impactful, both for normalizing help-seeking and for making support feel accessible during stressful periods. Embedding these approaches into the student experience could help close the support gap identified in earlier sections by strengthening resilience and reinforcing a campus environment where all students feel seen, supported, and equipped to succeed.

V. Summary and Recommendations

The Spring 2025 Wellness Survey paints a complex but actionable picture. Students begin their academic journey with relatively high self-care, resilience, and balance, but these appear to erode in later years when students face higher stress, greater difficulty balancing roles, and elevated anxiety.

Feeling supported is strongly associated with greater confidence, better communication, stronger coping strategies, and lower levels of mental health distress. In contrast, unsupported students report significantly higher rates of anxiety, overwhelm, and difficulty managing responsibilities, even though both groups share similar concerns about academics and time pressures.

These findings point to both structural and cultural factors that affect student well-being and underscore the importance of sustaining student wellness through a developmental, equity-minded lens. An approach grounded in belonging, flexibility, and access has the potential to foster resilience before students reach a crisis point.

- **Increase Visibility of Support Resources**
  Because many students reported not knowing where to seek help, enhancing communication about wellness services with positive encouragement and check-ins during high-stress periods can reduce barriers, prompt self-care, and normalizing help-seeking.
- **Expand Counseling Access and Flexibility**
  Many students noted scheduling conflicts. Offering extended counseling hours and online resources may help students better balance their multiple roles and increase equitable access to care.
- **Offer Low Barrier, Holistic Wellness Programming**
  Students ask for integrative physical, mental, and academic support programming, especially during peak-stress academic weeks. Stress-relieving activities that also promote physical and mental well-being can foster healthy self-care habits.
- **Foster Peer and Community Connections**
  Students who reported lower flourishing often described disconnection from campus life. Expanding peer-to-peer support, such as student-led belonging circles and mental health support groups, as well as community-building initiatives, such as the suggestion for a campus affirmations wall, could improve sense of belonging.
- **Promote Care and Belonging in the Classroom**
  Including supportive statements in syllabi and expanding training to help faculty design student-centered learning experiences can reinforce a culture of care.
- **Address Basic Needs that Affect Well-being**
  Many respondents, including some who identified as neurodivergent, asked for designated quiet spaces on campus, distinct from recreational areas. Targeted support for students with disabilities must be a priority.
- **Strengthen Resilience and Self-Efficacy**
  Transitions support for the first-time freshmen, stress- and time-management workshops, and self-efficacy interventions promoting growth-mindset, can help students cope with academic and personal pressures, contributing to both student persistence and psychological well-being.
- **Commit to Ongoing Assessment**
  Continued assessment will allow the college to track wellness trends and evaluate the effectiveness of interventions over time. It is recommended that future projects repeat the survey with improved strategies to increase response rates and assess the impact of mental health initiatives on retention and success.

By prioritizing small-scale, non-clinical interventions with clearer pathways to formal support, alongside the development of new resources that reflect students' lived experiences, the college can foster a campus environment where students feel seen, supported, and empowered to seek help without hesitation. This approach is not only a mental health imperative—it is fundamental for equity-minded student success. Through thoughtful collaboration

between student services and academic affairs, the college can better support students' intellectual growth, retention, and well-being throughout their academic journey.

APPENDICES

Appendix A

Survey Alignment and Scoring Methodology

The survey's design incorporated items from several recognized and validated mental health scales to strengthen the reliability and accuracy of measuring mental health indicators:

- Flourishing Scale (FS): Measures overall psychological well-being by capturing how individuals perceive themselves in key areas such as relationships and purpose.
- Mindful Self-Care Scale (MSCS): Assesses how often individuals engage in intentional self-care behaviors, such as positive self-talk and exercising. Adapted items reflect core self-care practices relevant to students.
- Resilience Scale for Adults (RSA): Measures protective factors that support resilience, such as perceived competence and social support. These indicators help assess how well students cope with adversity.
- GAD-7: Generalized Anxiety Disorder Scale: Identifies the frequency and severity of anxiety symptoms. Three items were adapted to provide a reliable snapshot of generalized anxiety symptoms during mid-semester.
- Perceived Stress Scale (PSS): Measures how often individuals feel overwhelmed, focusing on subjective stress levels, as opposed to objective stressors.

Table A1. Survey Item Alignment to Mental Health Scales

AREA	ITEM
Flourishing *(adapted FS)*	I feel confident in my abilities as a college student.
	I have academic or career goals that I hope to achieve.
	I feel well-supported here at Queens College.
Self-Care *(adapted MSCS)*	How often are you prioritizing your physical health (eating well, exercising, getting enough sleep, etc.)
	How often are you engaging in activities that promote well-being (socializing, exercising, playing games/sports, journaling, being creative, etc.).
	How often are you engaging in activities that manage stress (listening to music, stretching, deep-breathing, practicing gratitude, positive self-talk, etc.)
Resilience *(adapted RSA)*	I can handle most situations, even when things get tough.
	I am able to maintain a positive outlook, even when facing challenges.
	I have a support system that I can rely on in times of difficulty.
Self-advocacy	How easy or difficult is it for you to communicate your needs to… your instructors
	an academic or faculty advisor
	a fellow student (such a classmate or peer mentor)
	a college staff member (such as Student Affairs)
	a mental health counselor or therapist
School-Work-Life Balance	Thinking about your semester so far, how easy has it been to maintain a healthy balance between school, work, and personal time?
Mental Health Challenges	This semester, have you experienced any mental health concerns (anxiety, stress, etc.)?
Anxiety *(adapted GAD-7)*	Over the last 2 weeks, how often have you been bothered by the following… Feeling nervous, anxious or on edge
	Not being able to stop or control worrying
	Feeling afraid as if something awful might happen
Stress	Thinking about your semester so far, how often have you felt…

(adapted PSS)	unable to control the important things in your life
	stressed about your academic performance
	overwhelmed by your responsibilities or tasks
Student Concerns	Have you been troubled by any of the following? • Adjusting to college life • Worries about my academic performance • Lack of time management • Work obligations • Family obligations • Changes in my social network • Physical health issues • Financial difficulties • Fear of the future • Traumatic experience • Video game addiction • Substance use (drugs, alcohol) • Other (please specify)
Mental Health Resources	Did you know that Queens College has a free Counseling Center?
	Did you know that Queens College offers free Health Services?
	Would you ever consider seeking support from the Counseling, Health and Wellness Center?
	If no, please share why you would not utilize these services. (Check any that apply) • I don't know enough about their services • I don't have the time • I'm worried about the stigma • It's hard for me to ask for help • I have support elsewhere • Other reasons (please specify)
Open Comments	In what ways do you care for your well-being?
	How do you typically advocate for yourself when facing difficult situations, such as academic challenges?
	In moments of high stress or anxiety, what could the College do to help you feel more supported or less overwhelmed?
	If you could create one new mental health initiative at Queens College, what would it be?
	Is there anything else you would like to say or share?

Appendix A2. Survey Scoring Methodology for GAD-7 and PSS Translations

This assessment utilized selected items from validated mental health and well-being scales to create a brief, proportional measure of key indicators relevant to student well-being. While these abbreviated item sets do not capture the full scope or psychometric rigor of the original instruments, they were chosen for their clarity, relevance, and alignment with core dimensions of student mental health. Given the practical constraints of survey fatigue and the exploratory nature of this project, this approach is appropriate for internal assessments of mental health. Results are intended to inform programming and identify broad areas of need, rather than to diagnose or provide definitive measures of individual mental health constructs.

Composite scores for anxiety and stress were calculated using three core items adapted from the GAD-7 and Perceived Stress Scale (PSS), respectively. Each item was rated on a 5-point Likert scale (range: 1 = Not at all to 5 = Very often), yielding a possible score range of 3 to 15 per measure.

To aid interpretation, severity categories were derived proportionally from validated GAD-7 and PSS cut points:

- Scores of 3-6: Little to no anxiety / stress
- Scores of 7-9: Mild anxiety / stress
- Scores of 10-12: Moderate anxiety / stress

- Scores of 13-15: Severe anxiety / stress

Appendix A3. Survey Scoring Methodology for FS, MSCS, and RSA Translations

Composite scores for the adapted Flourishing Scale (FS) and Resilience Scale for Adults (RSA) were calculated by summing responses to three core items for each construct. Each item was rated on a 5-point Likert scale (range: 1 = Not at all like me to 5 = Very much like me), yielding a possible score range of 3 to 15 per measure. Scores were treated as continuous indicators, with higher scores indicating greater flourishing or resilience. For descriptive clarity, scores were grouped proportionally into:

- Scores of 3–6: Lower flourishing / resilience
- Scores of 7–11: Moderate flourishing / resilience
- Scores of 12–15: Higher flourishing / resilience

Composite scores for the adapted Mindful Self-Care Scale (MSCS) were similarly calculated using three core items rated on a 5-point Likert scale (range: 1 = Never to 5 = Consistently), with a total score range of 3 to 15. Higher scores reflect more frequent engagement in self-care practices. For reporting purposes, scores were grouped proportionally into:

- Scores of 3–6: Low self-care
- Scores of 7–11: Moderate self-care
- Scores of 12–15: High self-care

All adaptations described above are exploratory and intended for use in an internal assessment context. Results should be interpreted with consideration of their preliminary and non-diagnostic nature.

Appendix B

Table Results for Mental Health Constructs

To allow for clearer interpretation and comparison, this appendix presents the full table results for the mental health constructs included in the survey. Other items are summarized in the body of the report and are not reproduced here.

Table B1. Flourishing Items (Overall)

Thinking about your experiences as a Queens College student, how well do the following statements describe you?

	Not at all like me	A bit like me	Somewhat like me	Often like me	Very much like me	N	Mean	SD
I feel confident in my abilities as a student.	8.2%	12.9%	27.1%	30.4%	21.4%	560	3.44	1.19
I have academic or career goals that I hope to achieve.	3.9%	6.6%	12.1%	28.0%	49.3%	560	4.12	1.10
I feel well-supported here at Queens College.	11.3%	15.1%	29.9%	27.1%	16.7%	558	3.23	1.22

Table B2. Flourishing Composite

	Overall	First-Year Students	Upper-level Students	Graduate Students
	N=558	n=111	n=375	n=72
Lower Flourishing	7.7%	3.6%	9.9%	2.8%
Moderate Flourishing	48.5%	53.2%	50.3%	31.9%
High Flourishing	43.8%	43.2%	39.8%	65.3%

Table B3. Upper-Level Undergraduates' Sense of Support by Program Division

I feel well-supported here at Queens College.	N	Mean	SD
Arts and Humanities Majors	85	3.05	1.32
Business Majors	26	3.12	1.05
Education Majors	41	3.37	1.28
Math and Natural Sciences Majors	85	2.91	1.19
Social Science majors	105	3.19	1.20

Table B4. Self-Care Items (Overall)

Thinking about this semester, how often are you…

	Never	Rarely	Occasionally	Regularly	Consistently	N	Mean	SD
prioritizing your physical health	6.7%	21.8%	35.1%	28.1%	8.3%	519	3.09	1.04%
engaging in activities that promote well-being	12.2%	26.6%	30.5%	23.2%	7.5%	518	2.87	1.13%
engaging in activities that manage stress	7.7%	22.8%	29.9%	28.2%	11.4%	518	3.13	1.12%

Table B5. Self-Care Composite

	Overall	First-Year Students	Upper-level Students	Graduate Students
	N=518	n=102	n=350	n=66
Lower Self-Care	18.2%	12.9%	20.9%	12.1%
Moderate Self-Care	60.7%	61.4%	61.4%	56.1%
High Self-Care	21.1%	25.7%	17.7%	31.8%

Table B6. Resilience items (Overall)

How well do the following statements fit with your general experience?

	Not at all like me	A bit like me	Somewhat like me	Often like me	Very much like me	N	Mean	SD
I can handle most situations, even when things get tough.	4.8%	16.9%	25.4%	35.0%	17.9%	497	3.44	1.11
I can maintain a positive outlook, even when facing challenges.	9.3%	17.9%	28.2%	27.6%	17.1%	497	3.25	1.20
I have a good support system that I can rely on in times of difficulty.	12.9%	17.7%	25.7%	24.9%	18.9%	498	3.19	1.29

Table B7. Resilience Composite

	Overall	First-Year Students	Upper-level Students	Graduate Students
	N=497	n=99	n=336	n=63
Lower Resilience	14.9%	13.1%	17.0%	6.3%
Moderate Resilience	52.5%	53.5%	54.0%	42.9%
High Resilience	32.6%	33.3%	29.0%	50.8%

Table B8. Anxiety Items (Overall)

Over the last 2 weeks, how often have you been bothered by the following?

	Never	A few days or less	About half the days	More than half the days	Nearly every day	N	Mean	SD
Feeling nervous, anxious or on edge	3.6%	33.0%	20.6%	20.4%	22.3%	412	2.75	1.23
Not being able to stop or control worrying	12.0%	30.2%	21.2%	15.4%	21.2%	410	2.96	1.33
Feeling afraid something awful might happen	22.0%	32.4%	16.3%	10.2%	19.0%	410	3.28	1.41

Table B9. Anxiety Composite

	Overall	First-year Students	Upper-level Students	Graduate Students
	N=410	n=71	n=284	n=55
Little to no anxiety	32.3%	31.0%	29.7%	47.3%
Mild anxiety	27.1%	31.0%	27.2%	21.8%
Moderate anxiety	19.3%	22.5%	18.7%	18.2%
Severe anxiety	21.3%	15.5%	24.4%	12.7%

Table B10. Stress items (Overall)

Thinking about your semester so far, how often have you felt…

	Never	Rarely	Sometimes	Often	Very often	N	Mean	SD
unable to control the important things in your life	8.2%	22.0%	32.4%	21.0%	16.5%	405	2.84	1.18
stressed about your academic performance	3.7%	9.6%	28.2%	27.7%	30.9%	405	2.28	1.11
overwhelmed by your responsibilities or tasks	2.2%	11.1%	28.6%	25.7%	32.4%	405	2.25	1.09

Table B11. Stress Composite

	Overall	First-year Students	Upper-level Students	Graduate Students
	N=405	n=68	n=283	n=54
Little to no stress	7.4%	7.4%	6.4%	13.0%
Mild stress	27.9%	29.4%	26.1%	35.2%
Moderate stress	37.0%	33.8%	39.6%	27.8%
Severe stress	27.7%	29.4%	27.9%	24.1%

Appendix C

Coding Frameworks for Open-ended Items

Table C1. *"In moments of high stress or anxiety, what could the College do to help you feel more supported or less overwhelmed?"*

Stress relieving events and activities (22% of comments)	*"more frequent de-stressing activities"* *"We're gonna feel stressed but I like the increase in student activities to unwind"* *"Help us connect with others experiencing the same and talk about what helps each other"*
A culture of care with supportive messaging (16% of comments)	*"Advisors can be kinder; professors can be more supportive"* *"Check ins?"* *"Encouraging emails to feel motivated and acknowledged"* *"Honestly, personal outreach to those struggling and encouragement."* *"putting signs that might cheer students up"*
Instructor communication, care and support (16% of comments)	*"Be more flexible with due dates."* *"I wish there wasnt these strict attendance policies. I struggled with mental breakdowns and live two hours away from campus. They are not understanding or make things clear."* *"Professors being understanding about deadlines, offering office hours for extra support, and providing clear guidance on coursework expectations would alleviate some of the pressure during intense periods."*
Visibility of wellness services (9% of comments)	*"Make sure you advertise more about counseling services"* *"Just let me know that I have somewhere to turn to so that I don't feel overwhelmed"* *"advocating more about counseling services"*
Accessibility of wellness services/events (9% of comments)	*"I wish I could participate in the events they have on campus on Wednesdays but I'm not available to be on campus that day. Maybe they could do more dates."* *"mental health services being available within a reasonable time frame"* *"extend the gym hours and hold events in the evening, there is really no reason why the gym cannot be open until 9 or 10 pm."* *"have spaces for mental health mindful meditation and or even via zoom"*
Quiet spaces on campus (5% of comments)	*"A quiet area / Library too noisy"* *"Have (or advertise) spaces to de-stim."* *"offer more quiet places for students"*

Table C2. *"If you could create one new mental health initiative at Queens College, what would it be?"*

Peer-led mental health support groups (25% of comments)	*"A club where the conversation topic is to find the motivation to keep going."* *"An idea would be creating a Slack channel where students can join to talk to each other and also read messages of encouragement and affirmations"* *"counseling groups. like where 10-15 students come together with a counselor and just talk"* *""Neurodivergent Students in Tight Situations" ("NSTS" for short)"*
Workshops on protective skills and techniques (17% of comments)	*"I think introducing effective coping skills to students would be helpful."* *"Positive affirmations in which people, anonymously, would leave positive notes and when you leave, you do the same for someone else."* *"Time management seminar"* *"Meditation club"*
A positive messaging campaign with check-ins (13% of comments)	*"Maybe every once in a while, a reminder that supports on campus do exist"* *"normalizing stress and uncertainty … You are not alone"* *"Reaching out to students rather than them having to do so on their own"* *"We need a sense of caring/belonging"*
Mental health days and awareness fairs (13% of comments)	*"Mental health awareness fair"* *"Wellness days, where there could be relaxing or entertaining things for students to unwind"* *"Maybe a free mental health check in day?"* *"Make a friend day"*
Quiet spaces on campus (12% of comments)	*"I wish they had a time out break room for neurodivergent people"* *"A quiet room"* *"I would create a beautiful mindfulness space with beautiful plants"* *"QC Recharge Lounge – A dedicated relaxation space on campus"* *"I'd create a "Recovery Zone—a dedicated space on campus where students could recharge"*
Exercise programs for mental health (9% of comments)	*"light movement / stretching sessions"* *"Maybe a program with the gym or something"* *"More exercise activities and different schedules"* *"Should be more exercise to reduce the chance of mental issues"* *"Exercise helps with my moments of high stress or anxiety, I think it is ridiculous that the gym is only open and available for students who are on campus during the earlier hours of the day.*
Art therapy (6% of comments)	*"Free art time to paint or color or anything art"* *"Having regular (weekly/biweekly) art therapy sessions"* *"I think the wellness and creative initiative really helps me"*

Appendix D

Complete Survey Instrument

Dear Students,

We invite you to participate in this important college-wide survey to assess the mental health of our college community. Responses will directly inform future wellness initiatives at QC.

This anonymous survey will ask about your general well-being, as well as your experience with anxiety and stress. Your participation is voluntary, and you may choose to skip any question that you are not comfortable answering.

The survey will take 5-10 minutes to complete and all responses are completely anonymous. No identifying information will be collected. Responses will be reported in summary only.

Thank you for taking this opportunity to make a meaningful impact on the mental health of our campus community!

--
Nathalia Holtzman PhD
Associate Provost for Innovation and Student Success
Queens College, CUNY

This project is led by the QC Office for Innovation and Student Success, QC Counseling Services, and the Office of Institutional Effectiveness.

General Well-being

1. Thinking about your experiences as a Queens College student, how well do the following statements describe you?

	Not at all like me	A bit like me	Somewhat like me	Often like me	Very much like me
I feel confident in my abilities as a college student.	○	○	○	○	○
I have academic or career goals that I hope to achieve.	○	○	○	○	○
I feel well-supported here at Queens College.	○	○	○	○	○

Self-Care

2. Thinking about this semester, how often are you...

	Never	Rarely	Occasionally	Regularly	Consistently
prioritizing your physical health (eating well, exercising, getting enough sleep, etc.).	◯	◯	◯	◯	◯
engaging in activities that promote well-being (socializing, exercising, playing games/sports, journaling, being creative, etc.).	◯	◯	◯	◯	◯
engaging in activities that manage stress (listening to music, stretching, deep-breathing, practicing gratitude, positive self-talk, etc.)	◯	◯	◯	◯	◯

3. In what ways do you care for your well-being?

Self-efficacy

4. How well do the following statements fit with your general experience?

	Not at all like me	A bit like me	Somewhat like me	Often like me	Very much like me
I can handle most situations, even when things get tough.	◯	◯	◯	◯	◯
I am able to maintain a positive outlook, even when facing challenges.	◯	◯	◯	◯	◯
I have a good support system that I can rely on in times of difficulty.	◯	◯	◯	◯	◯

Self-advocacy

5. College life presents many challenges. When you find yourself struggling, how easy or difficult is it for you to communicate your needs to...

	Very difficult	Somewhat difficult	Neither easy nor difficult	Somewhat easy	Very easy
your instructors	◯	◯	◯	◯	◯
an academic or faculty advisor	◯	◯	◯	◯	◯
a fellow student (such a classmate or peer mentor)	◯	◯	◯	◯	◯
a college staff member (such as Student Affairs)	◯	◯	◯	◯	◯
a mental health counselor or therapist	◯	◯	◯	◯	◯

6. Did you know that Queens College has a free Counseling Center?

- ◯ Yes
- ◯ No

7. Did you know that Queens College offers free Health Services?

- ◯ Yes
- ◯ No

8. How do you typically advocate for yourself when facing difficult situations, such as academic challenges?

Challenges

9. Thinking about your semester so far, how easy has it been to maintain a healthy balance between school, work, and personal time?

- ◯ Extremely easy
- ◯ Very easy
- ◯ Somewhat easy
- ◯ Not so easy
- ◯ Not at all easy

10. This semester, have you experienced any mental health concerns (anxiety, stress, etc.)?

- ◯ Yes, frequently
- ◯ Yes, occasionally
- ◯ Yes, but rarely
- ◯ No, never
- ◯ I prefer not to answer.

Anxiety

11. Over the last 2 weeks, how often have you been bothered by the following?

	Never	A few days or less	About half the days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	○	○	○	○	○
Not being able to stop or control worrying	○	○	○	○	○
Feeling afraid as if something awful might happen	○	○	○	○	○

Stress

12. Thinking about your semester so far, how often have you felt...

	Never	Rarely	Sometimes	Often	Very often
unable to control the important things in your life	○	○	○	○	○
stressed about your academic performance	○	○	○	○	○
overwhelmed by your responsibilities or tasks	○	○	○	○	○

Concerns

13. Optional: Have you been troubled by any of the following? (Check any that apply)

- ☐ Adjusting to college life
- ☐ Worries about my academic performance
- ☐ Lack of time management
- ☐ Work obligations
- ☐ Family obligations
- ☐ Changes in my social network
- ☐ Physical health issues
- ☐ Financial difficulties
- ☐ Fear of the future
- ☐ Traumatic experience
- ☐ Video game addiction
- ☐ Substance use (drugs, alcohol)
- ☐ Other (please specify)

14. Would you ever consider seeking support from the Counseling, Health and Wellness Center?

- ◯ Yes
- ◯ No
- ◯ I'm not sure

15. If no, please share why you would not utilize these services. (Check any that apply)

- ☐ I don't know enough about their services
- ☐ I don't have the time
- ☐ I'm worried about the stigma
- ☐ It's hard for me to ask for help
- ☐ I have support elsewhere
- ☐ Other reasons (please specify)

Final Thoughts

16. In moments of high stress or anxiety, what could the College do to help you feel more supported or less overwhelmed?

17. If you could create one new mental health initiative at Queens College, what would it be?

18. Is there anything else you would like to say or share?

Thank you for sharing!

Your responses will help us create a more supportive environment for all students.

Please scroll down and **click 'DONE' to submit.**

The Counseling, Health and Wellness Center in Frese Hall is here to support your well-being. At Frese Hall, students can consult a nurse about health, diet, and reproductive concerns or discuss academic and personal issues with licensed mental health professionals. All services are confidential and free of charge. Please reach out any time, or check out our wellness events!

QC Wellness Event Calendar

Counseling Center
Frese Hall, First Floor
CounselingServices@qc.cuny.edu
Instagram: @qc_counseling_services

Health Services
Frese Hall, Room 305
healthquestions@qc.cuny.edu
Instagram: @qcprojectwellness

Students experiencing financial emergencies may apply for a QC Student Emergency Grant. Learn more about Emergency Resources here.

REFERENCES

American College Health Association. (2023). *National College Health Assessment III: Undergraduate student reference group executive summary Spring 2023*. American College Health Association. https://www.acha.org/documents/ncha/NCHA-III_SPRING2023_Undergraduate_ReferenceGroup_ExecutiveSummary.pdf

Beiter, R., Nash, R., McCrady, M., Rhoades, D., Linscomb, M., Clarahan, M., & Sammut, S. (2015). The prevalence and correlates of depression, anxiety, and stress in a sample of college students. *Journal of Affective Disorders, 173*, 90–96. https://doi.org/10.1016/j.jad.2014.10.054

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior, 24*(4), 385–396. https://doi.org/10.2307/2136404

Conley, C. S., Travers, L. V., & Bryant, F. B. (2013). Promoting psychosocial adjustment and stress management in first-year college students: The benefits of engagement in a psychosocial wellness seminar. *Journal of American College Health, 61*(2), 75–86. https://doi.org/10.1080/07448481.2012.754757

Cook-Cottone, C. P., & Guyker, W. M. (2018). The development and validation of the Mindful Self-Care Scale (MSCS): An assessment of practices that support positive embodiment. *Mindfulness, 9*, 161–175. https://doi.org/10.1007/s12671-017-0759-1

Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2010). New well-being measures: Short scales to assess flourishing and positive and negative feelings. *Social Indicators Research, 97*(2), 143–156. https://doi.org/10.1007/s11205-009-9493-y

Friborg, O., Hjemdal, O., Rosenvinge, J. H., & Martinussen, M. (2003). A new rating scale for adult resilience: What are the central protective resources behind healthy adjustment? *International Journal of Methods in Psychiatric Research, 12*(2), 65–76. https://doi.org/10.1002/mpr.143

Jones, S. E., Ethier, K. A., Hertz, M., DeGue, S., Le, V. D., Thornton, J., Jacka, B., Wright, J., Green, R., & Ivey-Stephenson, A. Z. (2022). Mental health, suicidality, and connectedness among high school students during the COVID-19 pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021. *MMWR Supplements, 71*(Suppl-3), 16–21. https://doi.org/10.15585/mmwr.su7103a3

Li, W., Li, Y., Zhang, W., Wang, Z., Wang, Y., Wang, C., … & Wu, J. (2025). *The mental health impact of quarantine on college students during the COVID-19 pandemic*. BMC Public Health, 25(1), Article 22669. https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-025-22669-5

Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton University Press. http://www.jstor.org/stable/j.ctt183pjjh

Johnson, P., Williams, L., & Kim, S. (2024). Promoting help-seeking behaviors among underrepresented college students [Blog post]. *TimelyCare*. https://timelycare.com/blog/promoting-help-seeking-behaviors-among-underrepresented-college-students/

Ruihua, L., Che Hassan, N., & Saharuddin, N. (2025). Understanding academic help-seeking among first-generation college students: A phenomenological approach. *Nature Humanities and Social Sciences Communications, 12*, 56. https://doi.org/10.1057/s41599-024-04165-0

Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine, 166*(10), 1092–1097. https://doi.org/10.1001/archinte.166.10.1092

Tsujimoto, K. C., Cost, K. T., LaForge-MacKenzie, K., Anagnostou, E., Birken, C. S., Charach, A., Monga, S., Kelly, E., Nicolson, R., Georgiadis, S., Lee, N., Osokin, K., Arnold, P., Schachar, R., Burton, C., Crosbie, J., & Korczak, D. J. (2022). School and learning contexts during the COVID-19 pandemic: Implications for child and youth mental health. *Current Psychology*. Advance online publication. https://doi.org/10.1007/s12144-022-03941-y