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College Students' Mental Health Well-Being and Their Knowledge and Use of Self-Care

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ABSTRACT

There is a growing mental health crisis on U.S. college campuses. Because of stigma, costs, and limited college counseling services, this study seeks to understand how self-care can promote a college student's mental health. This mixed-methods survey took place at a public university in the Southwestern region of the U.S. Correlational and regression analyses found that self-care was a predictor of overall mental health well-being. The findings also suggest that students believe that their culture does not support self-care. The following themes emerged: physical wellness and maintenance, emotional and mental wellness, mindfulness and spirituality, connection and relational support, creativity, expression, and enjoyment, and barriers to self-care. The researchers encourage promoting self-care and educating students about these types of practices.

Keywords: college students, mental health, and self-care

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INTRODUCTION

Nationally, students across college campuses are suffering from a mental health epidemic (Ebert et al., 2019; Lipson et al., 2021; Stern, 2024). Over the last decade, mental health issues have almost doubled for students at universities, creating a crisis for administrators, counselors, and staff (Lipson et al., 2021). A contributing factor to this epidemic included the COVID pandemic (Jayaraj et al., 2025; Li, 2022; Xie, 2022). Protocols that involved remote learning, social distancing, and wearing a mask influenced social development, resulting in isolation and mental health disorders in many college students (Pandya & Lodha, 2022). It has been estimated that six in ten college students reported a psychological issue during the COVID pandemic (Abrams, 2022). While there has been a slight decline in the number of mental health issues reported by college students post-pandemic, eating disorders, suicidal ideation, and substance abuse have remained constant (United Health Care, 2025).

Depression and anxiety seem to be paramount in college students (Ting, 2011). Approximately 44% of students experience depression, and 11.9% suffer from at least one anxiety disorder (Heinze, 2023; Pedrelli et al., 2015). Many factors raise someone's mental health risk such as gender identity, race/ethnicity, sexual orientation, and income status, all of which contribute to a student's ability to participate fully within the college environment (Riolo et al., 2005; Ting, 2011). Furthermore, attending college may present additional intellectual, social, and environmental challenges, which may increase the risk of developing a mental health disorder and lead to a variety of emotional, physical, social, and educational hardships (Barnett et al., 2021; Ennis et al., 2019).

In addition to academic responsibilities, students may also need to manage the demands of cultural/familial obligations and work responsibilities (Pedrelli et al., 2015). Students may be expected to provide care and support to their family members and may also need to work to pay for their tuition and/or life expenses. These various roles can exacerbate stress levels and result in a possible mental health challenge (American Psychological Association, 2019).

When students experience burnout and exhaustion, they may seek out mental health care. However, students can experience abandonment because families can often have stigma towards mental health treatment (Barnett et al., 2021). Another barrier can be accessibility. Mental health services can be limited on college campuses and unaffordable for college students, who desire to seek care within the community. Because of these experiences, students with an ongoing mental health challenge may feel discouraged and give up on treatment. With the questions of availability,

accessibility, and levels of internalized stigma arising, university mental health professionals are seeking to create innovative ways to help address these issues and assist students in gaining access to better mental health services (Abrams, 2022).

LITERATURE REVIEW

College Students Vulnerable to Mental Health Disorders

Some college students are particularly susceptible to mental health disorders. This includes students of color and students who identify within the Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, + (LGBTQIA+) population. In 2022, 45.23% of college students were persons of color and 17% identified with the LGBTQIA+ community (Gallagher, 2023). Mental health challenges are high within these populations due to prejudice, discrimination, and marginalization within society (Adeyeba et al., 2025).

American Indian/Alaska Native students have an increased risk of mental health challenges (Lipson et al., 2022). Although American Indian populations view education as important and valuable to their communities, American Indian/Alaska Native students have an increased risk of depression, anxiety, suicidal ideation, and other mental health problems (Lipson et al., 2022). While American Indian populations view education as important and valuable to their communities, they have some of the lowest rates of college enrollment and employment post-graduation (Philpot, 2024). These rates are correlated with historical trauma and ongoing oppression in society (Fetter & Thompson, 2023). Studies have shown that incorporating cultural education and practices into the college curriculum and services for students can help to mitigate some of the detrimental effects of historical trauma they have experienced due to American colonization (Fetter & Thompson, 2023).

Latino/e and Hispanic college students also have increased rates of stress and anxiety when compared to Caucasian college students (Fernandez et al., 2022). Research indicates that 65% of Latino/e and Hispanic college students have a mental health challenge that has never been treated (Buglione, 2022). Additionally, cultural and societal stigma towards mental health treatment is common in Latino/e and Hispanic families, and this stigma may discourage a family member from seeking treatment (Grieb et al., 2023).

At Historically Black Colleges and Universities (HBCUs), Black students tend to thrive because they feel accepted and supported by HBCUs; however, at other colleges and universities, it is estimated that

40% of Black college students experience a mental health challenge (McDill, 2023; PsychCentral, 2025). Research has indicated that systemic racism is linked to mental health challenges in Black college students. Similar to Latino/e and Hispanic students, Black students may not seek mental health care because of the stigma associated with mental health treatment in Black families (DeFreitas et al., 2018; PsychCentral, 2025).

The LGBTQIA+ college student population experiences an increased risk of mental health challenges and suicide. During the COVID pandemic, 60% of LGBTQIA+ students experienced a mental health challenge; a third of LGBTQIA+ students contemplated suicide; and 7% reported attempting suicide (The Trevor Project, 2022). Research indicates that social exclusion and discrimination are predictors of mental health challenges and suicide in the LGBTQIA+ population (NYC Health, 2025).

College Students and Self-Care

Because of accessibility issues related to mental health care, administrators and educators are encouraging students to engage in self-care and are educating about its importance (Bickham, 2022). While self-care is a Westernized idea, the practice of self-care seems to permeate in cultures throughout the world. The Global Self-Care Federation (2025) believes that “self-care is the practice of individuals looking after their own health using the knowledge and information available to them” (para. 1). Prior research has found that when self-care is practiced, mortality rates decrease, and overall well-being is enhanced (Riegel, 2021). Research has also found that when students engage in self-care practices, they experience great benefits (Bickham, 2022). This includes improved self-compassion, life satisfaction, confidence, stress management skills, psychological resilience, adaptability, academic success, and overall well-being, along with reduced academic and psychological stress (Colman et al., 2016; Fawcett et al., 2019; Frame et al., 2016; Ghatpande & Anand, 2025; Li, 2025; Martin, 2021; Moses et al., 2016; O’Neill et al., 2019; Stern, 2024; Tang, 2023; Tyson et al., 2010). Mental and physical health wellness are essential to college student success, and half of college students report that a lack of self-care negatively impacts their academic success (Flaherty, 2023).

Despite the positive effects of self-care on mental health disorders and academic success, many students find it difficult to engage in self-care practices and have untreated mental health issues due to barriers such as societal stigma, lack of perceived need, lack of money, issues with access to care, or lack of mental health education (Corrigan et al., 2014; Ebert et al., 2019; Shim et al., 2022; Vidourek et al., 2014).

Previous research also emphasized the urgent need in the post-COVID-19 era for academic institutions and federal policies to support, promote, and provide inclusive and accessible psychological health education focused on self-care practices (Ennis et al., 2019; Ghatpande & Anand, 2025; Lee et al., 2021; O'Neill et al., 2019; Stern, 2024). These efforts aim to reduce negative mental health impacts and foster the development of a positive self-image, self-awareness, and overall mental well-being among students (Barankevich & Loebach, 2022; Tang, 2023). Shim et al. (2022) suggests that mental health education can increase awareness, enhance understanding, and reduce stigma around mental illness in the general population and providing students with such education can positively influence their attitudes toward mental health and improve their overall educational experience.

Because of the college student mental health crisis, the purpose of this study is to investigate students' knowledge of self-care, how often they practice self-care, and to determine if there are differences in the overall well-being of those who do and do not practice self-care.

RESEARCH METHODOLOGY

This study took place at a rural public university in the Southwestern United States. At this university, a student can earn either their undergraduate or graduate degree in a wide array of liberal arts fields, business, social work, counseling, education, and nursing. A majority of the students identify as Latino/e, Hispanic, or American Indian and the institution is committed to serving first generation college students within a diverse community.

The researchers obtained Institutional Review Board approval for the study, and student participation was completely voluntary, and participants were required to acknowledge their participation through an informed consent. All students were notified about the study through email.

This study consisted of a convergent mixed methods parallel design collecting quantitative and qualitative data simultaneously through a survey design (See Appendix A). One hundred and three students participated in the study. Demographic data such as age, gender, race and/or ethnicity, major, and degree level were obtained.

The mean age of participants was 36 (SD=11.3). Eighty-three percent of participants were female; 11% were male; and 6% identified as non-binary. Forty-three percent were White/Caucasian; 36% were Latino/e or Hispanic; 10% were multiracial; 7% were American Indian/Alaska Native; and 3% were Asian/Pacific Islander, biracial, and

“other”. Forty-eight percent majored in social work; 19% were counseling majors; 9% were education majors; 8% were business majors; 8% were psychology, nursing, English; and university studies majors; 5% were exercise science, computer science, computer science, fine arts, history and Spanish majors; and 3% were forestry majors. Sixty percent identified as undergraduate students, and 40% were graduate students.

Other questions in the survey asked participants about how frequently participants engaged in self-care, their knowledge of self-care, the importance of self-care within their life, barriers to practicing self-care, their overall mental health well-being, the influence of self-care on the participants’ overall well-being, and whether the participant’s culture advocates for self-care. The continuous variables for this study were created on a 0 to 10 scale with 0 being the least favorable and 10 being the most favorable.

Data Analysis

For the continuous variables in this study, correlation and linear regression were chosen for statistical testing. All skewness scores were within the range of -2 to +2, and all kurtosis scores were within -7 to +7 for these variables. Hair et al. (2009) and Bryne (2010) believe that data from continuous variables is considered within the normal range if the skew scores are within -2 to +2 and kurtosis scores are within -7 to +7.

Chi-square analysis was chosen for the categorical variables. Qualitative data was coded, categorized, and analyzed using thematic analysis. The researchers utilized a constructivist approach to better understand the activities that students engage in to promote their self-care (Braun & Clarke, 2006). Furthermore, a member of the research team chose to use a manifest level of analysis analyzing the data solely based on the responses from the participants and not based on underlying meanings and/or interpretations (Braun & Clarke, 2006).

RESULTS

Table 1 provides descriptive data for the following continuous variables: knowledge of self-care, frequency of self-care, the importance of self-care, the positive impact of self-care, and overall mental health well-being. Moreover, the data for the categorical variables, “difficulty finding time to practice self-care” and “my culture advocates for self-care” are also included.

Table 1: Descriptive Data for Continuous and Categorical Variables (N=103)

	<i>M</i>	<i>SD</i>	%Yes	%No
Knowledge of self-care	8.04	2.11		
Frequency of self-care	6.16	2.46		
Self-care is important to me	8.31	2.05		
Positive impact of self-care	8.32	2.25		
Overall mental health well-being	6.51	1.89		
Difficulty finding time to practice self-care			74.8%	25.2%
Culture advocates for self-care			31.1%	68.9%

Note. *M* = Mean, *SD* = Standard Deviation

While students were knowledgeable about self-care, valued self-care, and experienced therapeutic benefits from practicing it, a majority of students felt that it was difficult to engage in self-care and that their culture does not advocate for it.

As indicated in Table 2, all continuous variables had moderate, strong, and very strong correlations and were statistically significant. It seems that frequency and knowledge of self-care were predictors of overall mental health well-being, and the importance of self-care within someone's life was positively correlated with mental health well-being.

Table 2: Correlation Table of Continuous Variables (N=103)

	Self-care is important	Frequency of self-care	Overall mental health well-being	Knowledge of self-care	Positive impact of self-care
Self-care is important					
Frequency of self-care	.64*				
Overall mental health well-being	.46*	.49*			
Knowledge of self-care	.55*	.57*	.39*		
Positive impact of self-care	.74*	.59*	.38*	.54*	

Note. * $p < .001$

In Table 3, linear regression analysis found that there was an increase in the predictor variables (self-care knowledge, frequency of self-care, positive impact of self-care, and importance of self-care) when compared with the dependent variable of overall mental health well-being. However, the analysis determined that self-care knowledge and overall mental health well-being were not statistically significant.

In the chi-square analysis, the association between race and/or ethnicity and “my culture advocates for self-care” was statistically significant ($\chi^2=15.8$, $df=7$, $p=.03$). It was indicated that 68.9% of students believed that their culture does not advocate for self-care, and 81.1% of Latino/e and Hispanic students, 70% of multiracial students, and 68.2% of Caucasian students stated their culture does not advocate for self-care. However, 85.7% of American Indian/Alaska Native students stated that their culture does advocate for self-care.

Table 3: Linear Regression of Predictor Variables and Overall Mental Health Well-Being (N=103)

Predictor Variables	<i>B</i>	SE	<i>t</i>	<i>p</i> value
Self-care knowledge	.15	.08	1.59	$p = .11$
Frequency of self-care	.30	.06	3.80	$p < .001$
Positive impact of self-care	.32	.08	4.18	$p < .001$
Importance of self-care	.42	.08	5.23	$p < .001$

Note. *B* = Base, SE = Standard Error

Although race/ethnicity and difficulty finding time to practice self-care were not statistically significant ($\chi^2=8.75$, $df=7$, $p=.27$), 75.7% of Latino/e and Hispanic students, 71.4% of American Indian/Alaska Native students, and 81.8% of Caucasian students found it difficult to practice self-care.

In the thematic analysis of the qualitative data seeking to investigate what self-care looks like for students, the following themes emerged: a.) Physical Wellness and Maintenance; b.) Emotional and Mental Wellness; c.) Mindfulness and Spirituality; d.) Connection and Relational Support; e.) Creativity, Expression, and Enjoyment; and f.) Barriers to Self-Care.

Physical Wellness and Maintenance

A very large portion of participants indicated the importance of prioritizing their physical well-being in their self-care regimen. A total of 52% of students engaged in walking, running, yoga, stretching, hiking,

dancing, swimming, and biking in their self-care practices. A total of 39% of students incorporated rest and relaxation into their self-care practices, and 31% of students engaged in healthy eating and hydration. Additionally, 18% of students valued hygienic practices such as showering, bathing, skincare, nailcare, haircare, and grooming in their self-care regimen. Finally, 10% of students stated the importance of incorporating pampering practices such as massage, sauna, acupuncture, and going to the spa.

Several students discussed how they prioritized physical wellness. One stated, “The baselines of self-care for me are eating nourishing food consistently, drinking water, getting enough sleep, and moving my body in a joyful manner. I seem to be able to manage about 2-3 of those at any given time and often feel that I need to remind myself every day that these are actions that contribute greatly to my well-being and sometimes need to be centered in my days rather than my schoolwork or life responsibilities taking over.” Another student stated the benefits of “taking a walk around the block for 10-20 minutes when I start to feel suffocated by homework and trapped at my desk” and another echoed these benefits stating the necessity of “finding time to exercise alone, often hiking or walking by myself.” Furthermore, another student stated the necessity of “taking the time to do my full skincare routine or going for a run or walk” and another similarly stated the necessity of “face masks and nail days at home.”

Emotional and Mental Wellness

A large portion of participants also indicated the importance of prioritizing their emotional and mental well-being in their self-care regimen. A total of 26% of students stated the importance of advocating for their needs through setting boundaries and being able to say “no” to others, engaging in stress-reducing practices, disconnecting from technology when necessary, and practicing time-management strategies. A total of 23% of students found that alone time and prioritizing oneself was essential to their self-care. Additionally, 17% of students stated they participated in psychotherapy, regularly took prescribed medications for anxiety and depression, and had a safe space to vent feelings and process emotions. Finally, 13% of students reported incorporating self-reflection practices through journaling and learning into their self-care regimens.

Several students discussed how emotional and mental care was vital to their wellness. One stated the necessity of “going to therapy and processing difficult emotions” and another added “talking about what’s bothering me with other people or journaling.” Another student expressed

the necessity of “being better at setting boundaries and saying ‘no’ when I know I would be overextending myself” and another echoed this sentiment stating they had to “care for themselves mentally, physically, and emotionally by setting boundaries with other people.” Another student reiterated the importance of prioritizing emotional and mental health by describing their self-care regimen as including “having alone time... attempting to reduce stress by planning and organizing tasks... knowing [when] to say no (setting limits) ... reflecting on my values and [having] purpose in life and attending therapy with my psychologist monthly to have professional support.”

Mindfulness and Spirituality

Most participants indicated the importance of prioritizing mindfulness, spirituality, and inner peace in their self-care regimen. A total of 45% of participants engaged in prayer, mindful breathing, meditation, cultural practices, and sought to be gentle with oneself through acts of self-compassion and self-awareness. Moreover, 26% of students participated in nature-based activities, highlighting the benefits of outdoor exposure.

Several students prioritized mindfulness and spirituality in their self-care practices. One stated the necessity of including “spirituality, prayer, mindfulness, breathing, meditation, self-compassion, listening to my body, and being present in the moment/feeling”. Another discussed the importance of “moments of silence like breathing, sitting outside, and connecting with my ancestors (tapping into my spirituality is grounding)” and another echoed this by stating the necessity of “being outside... breathing exercises, meditation... and listening to my body and understanding what it needs.” One student stated, “The highest quality time with God is spent in Eucharistic Adoration just being quiet and listening for that still small voice and taking breaks in nature using all five senses and being in the present moment and practicing and being aware of the Divine Presence of God and seeing each person as a beloved child of God. Self-care for me is mostly spiritual.”

Connection and Relational Support

A large portion of participants indicated the importance of prioritizing relationships in their self-care regimen. Students felt strongly about socializing practices such as spending quality time with family and friends, being with pets or other animals, leaning on support networks, and being with community, volunteering time, giving back to those in need, or caring for others.

Several students discussed the importance of prioritizing interpersonal connections in their self-care practices. One stated the necessity of “being part of community organization to feel connected” as part of their self-care practices, and another felt that “volunteering at local animal shelters” was important to them. Several students added that they value “prioritizing time with friends and supportive family and giving back to my community,” “quality time with loved ones,” “connecting with friends and family,” “having a support network,” “going to lunch with my sister on the weekend,” and “petting and kissing my animals.”

Creativity, Expression, and Enjoyment

A large portion of participants highlighted that creative outlets, hobbies, and travel were part of their self-care regimen. Almost half (49%) reported creative outlets of expression such as music, art, reading, poetry, crafts, and cleaning or decorating/renovating their personal home space into their self-care practices. A total of 27% of students also stated that hobbies and activities enriched their lives. Some of the reported hobbies in this study include cooking, watching shows or movies, fishing, gardening, and playing games. Moreover, 8% of students reported that traveling and taking vacations/trips were essential to their overall well-being.

Several students discussed the importance of prioritizing creativity and expression, hobbies and activities that bring enjoyment, or traveling in their self-care practices. Students reported that “live music,” “listening to music,” “playing an instrument,” “reading,” “creating something with my hands,” “projects”, “friendship bracelets as a creative outlet,” “karaoke,” “writing poetry,” “doodling,” “cleaning my home or space I am in,” and “planning house renovations or decorating” all promoted self-care. Another student commented, “I put on some good music for ambience and then I do some form of art, whether it be painting, drawing, coloring, jewelry making, or collage.” In terms of incorporating hobbies and enjoyment into self-care, students reported prioritizing things such as “doing things I enjoy,” “engaging in a hobby,” “taking TV or game breaks,” “enjoying my house plants,” “cooking and learning new recipes,” and “watching my favorite show for at least an hour.” In terms of incorporating travel into self-care, students reported prioritizing such things as “taking short trips” and “planning vacations.”

Barriers to Self-Care

In the qualitative data of this study, 4% of students reported barriers to self-care, including time constraints, other responsibilities, and feelings of guilt. Although only a small percentage of participants in this study indicated barriers to self-care in this section, the researchers felt it relevant enough to identify as a theme due to prior research mirroring similar findings as well as 75% of participants in this study stating within the quantitative data that they had difficulty finding time to practice self-care.

Of the students who discussed barriers to self-care, one student stated, “I can practice self-care all day but the part that inhibits me is the guilt I feel from doing self-care, taking time off from responsibilities.” Another student similarly shared, “I enjoy doing a lot of things but due to college life and personal circumstances, I do find it hard to take that time to do the things I love.” Yet another student shared, “I have no time for self-care due to working full-time and having to do an internship and attend classes... The education system promotes self-care, going on and on about it, yet there is no time to do it. I fail to see the reasoning behind the promotion of self-care, other than to remind us of how little time we actually have.”

DISCUSSION

This study suggests that self-care knowledge, practicing self-care, and valuing self-care have a positive relationship with overall mental health well-being. Furthermore, this research study found that self-care knowledge, practicing self-care, valuing self-care, and frequent use of self-care increase overall mental health well-being. Other research indicates that knowledge of self-care and routine self-care do result in positive outcomes for a person’s psychological and physical wellness and overall quality of life (Colman et al., 2016; Fawcett et al., 2019; Frame et al., 2016; Ghatpande & Anand, 2025; Martin, 2021; Moses et al., 2016; O’Neill et al., 2019; Riegel, 2021; Stern, 2024; Tang, 2023; Tyson et al., 2010).

The findings also suggest that college students do not believe that their culture advocates for self-care. Prior studies found that students believe there is a lack of mental health education or promotion of self-care, and this can affect academic performance and have adverse psychological effects (Vidourek et al., 2014). Interestingly, this study does suggest that American Indian/Alaska Native college students felt supported by their culture in their self-care practices, and this may be due to the promotion of healing practices within Indigenous cultures.

It is also evident that college students find it difficult to practice self-care. Because of college students’ varying responsibilities with their

academic course work, families, and jobs, finding time to engage in self-care may be difficult (Ebert et al., 2019; Shim et al., 2022; Vidourek et al., 2014). However, past research has indicated that self-care should be a priority because it fosters wellness and academic success in the college environment (Flaherty, 2023).

Finally, individuals have their own unique ideas for taking care of themselves, and strategies for self-care vary for the college student population (The Global Self-Care Federation, 2025). Although self-care practices are based on personal preferences, the findings do indicate commonalities in the outcomes. College students seek to nourish their physical and mental wellness, spirit, relationships, and creativity with the purpose of enhancing their quality of life.

IMPLICATIONS OF FINDINGS AND RECOMMENDATIONS FOR THE EDUCATION SYSTEM

The findings of this study support previous research that has found that self-care practices have benefits for students who are struggling with their mental health (Bickham, 2022). Since the COVID-19 pandemic, many institutions have begun implementing policies that support and promote psychological health education as well as providing access to care for students to help them address their mental health concerns (Ennis et al., 2019; Ghatpande & Anand, 2025; Lee et al., 2021; O'Neill et al., 2019; Stern, 2024). The researchers found it important to note that over half of the participants in this study self-reported as social work majors and mental health counseling majors, two fields in which self-care education is a central part of the curriculum, while other degree fields may not emphasize the importance of self-care as much. Because of the results of this study and previous research conducted on the college student population and self-care, higher education should continue to expand and promote inclusive and accessible psychological health education and resources for all students.

Furthermore, this study indicates that some of the participants have experienced difficulties and cultural barriers in implementing self-care practices. While having access to psychological health education and resources may be helping to address the mental health needs of student populations, most participants indicated that time is a barrier in implementing self-care practices. Students may find it difficult to maintain a healthy work-life balance as they manage their courseloads, family obligations, jobs, internships, and other life stressors. More research is needed to explore the barriers that college students face when trying to

care for their mental health and alternative ways that universities can support the diverse needs of this population.

LIMITATIONS

This study does have several limitations. First, the continuous variables were measured on a scale of 1 to 10 and are considered to be neither reliable nor valid. Second, the sample size consisted of 103 college students, and the total student population of this university is approximately 2,814 students. A power analysis found that a sample of 339 college students is needed for generalizability purposes at the 95% confidence level; therefore, the results should be interpreted with caution. Third, this study took place at a single college/university in the Southwest region of the U.S.; thus, the findings may not align with other colleges in other regions in the U.S.

CONCLUSION

As depression and anxiety have become more prevalent amongst college students over the last decade, it has become a priority for universities to respond to the growing mental health crisis. The COVID-19 pandemic exacerbated pre-existing mental health challenges that students face, making it apparent that there was an urgent need for psychological health education focused on self-care practices and improved access to inclusive mental health services for students. The results of this study suggest that self-care knowledge, practicing self-care, valuing self-care, and frequent use of self-care increase overall mental health well-being, supporting findings from previous research. However, students still face barriers, including cultural and societal stigma, time constraints, and feelings of guilt. The inclusion and promotion of self-care practices in higher education curriculum should be a priority because it can foster wellness and academic success in the college environment.

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APPENDIX A

1. What is your age?:
2. What is your gender?
 - a. Female
 - b. Male
 - c. Non-binary
 - d. Other
 - e. Prefer not to say
3. What is your race and/or ethnicity?
 - a. Latino/e or Hispanic
 - b. African American
 - c. American Indian/Alaska Native
 - d. Asian/Pacific Islander
 - e. White/Caucasian
 - f. Biracial
 - g. Multiracial
 - h. Other
4. I am a/an _____ student.
 - a. Undergraduate
 - b. Graduate
5. What is your current major in school?: _____
6. What year are you in your degree path (i.e. 1st, 2nd, 3rd, etc.)?:
7. I am currently engaged in self-care practices.
 - a. Yes
 - b. No
8. I know how to engage in self-care practices.
 - a. Yes
 - b. No
 - c. Unsure
9. With 0 being not important at all and 10 being extremely important, please respond to the statement: Self-care is important to me.
0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10
10. On a scale of 0 to 10 with 0 being never and 10 being very often, how would you rate your overall frequency of practicing self-care?
0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10

11. On a scale of 0 to 10 with 0 being very unhealthy and 10 being extremely healthy, how would you rate your overall mental health well-being?
0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10
12. On a scale of 0-10 (with 0 being uninformed and 10 being well-informed), how would you rate your knowledge of self-care?
0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10
13. I find it difficult to find time to practice self-care.
 - a. Yes
 - b. No
14. On a scale of 0 to 10 with 0 being not at all impactful and 10 being extremely impactful, how would you rate the positive impact of self-care on your overall wellbeing?
0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10
15. My culture advocates for and promotes the practice of self-care.
 - a. Yes
 - b. No
16. Self-care for me looks like:

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