

Predictors of Depressive Symptomatology Among Hispanic First-Year College Students

Joshua C. Watson and Elizabeth Hernandez

The authors examined whether perceptions of self-esteem, coping self-efficacy, and emotional intelligence could significantly predict the presence of depressive symptomatology among a sample of 146 Hispanic first-year college students (53 men, 93 women). The results of a sequential multiple linear regression analysis indicated the 3 predictor variables contributed 43.3% of the variance noted in students' reporting of depression symptoms through their Patient Health Questionnaire–9 (Spitzer et al., 1999) scores. The authors discuss implications for future research and provide recommendations for college counseling practice.

Keywords: depression, Hispanic students, first-year college students, emotional intelligence, hierarchical regression

Serious mental illness is a growing issue on college and university campuses. Researchers have been reporting marked increases in the number of college students presenting with mental health issues for the better part of the last decade (Daddona, 2011; Lattie, Lipson, & Eisenberg, 2019; MacKean, 2011). In a recent international survey of nearly 14,000 full-time students enrolled in 19 colleges across eight countries, researchers found 31% of students surveyed had screened positive for at least one 12-month disorder, and 35% had screened positive for at least one lifetime disorder among the anxiety, mood, and substance disorders assessed (Auerbach et al., 2018). Of concern is the rate at which college students are becoming increasingly more depressed (D'Amico, Mechling, Kempainen, Ahern, & Lee, 2016).

In an archival study examining results of the annual American College Health Association–National College Health Assessment II survey, researchers noted that of the more than 450,000 students who participated in the study between 2009 and 2015, the percentage of students diagnosed with and treated for depression rose from 9% in 2009 to more than 12% in 2015 (Oswalt et al., 2020). Additionally, results from a recent American College Health Association–National College Health Assessment II survey revealed that 18% of students surveyed had reported either being diagnosed or being treated by a health care professional for depression-related issues in the past 12 months. In this same report, 34% of male respondents and 44% of female respondents who participated in the survey expressed feeling so depressed that at some point in the last 12 months they found it challenging to function in daily life (American College Health Association, 2018). This increase in

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the prevalence of depression among college-age students is alarming because depression can have a deleterious effect on many aspects of college students' lives, including academic performance, social relationships, physical health, and personal safety (Bell, Barclay, & Stoltz, 2014; Buchanan, 2012).

Although anxiety has surpassed depression as the most common mental health concern on college campuses (Center for Collegiate Mental Health, 2015), the high rate of comorbidity among students experiencing symptoms of depression suggests that depression remains a top concern among college counseling professionals (Marcotte, 2013; Thomas, 2019). Consequently, if left untreated, depressive symptoms can lead to additional mental health crises among college students up to and including suicide (Gruttadaro & Crudo, 2012). Therefore, it is essential for college counselors to recognize not only the signs and symptoms of depression but also the potential factors associated with depression to facilitate students' access to effective treatment (Watson & Faucher, 2020).

Depression Among Hispanic College Students

Although several aspects of the college experience may contribute to students' increased vulnerability to depression (e.g., interpersonal, academic, career, family), Hispanic students may face additional challenges unique to their status as members of an ethnic minority group (Arbona, Burrridge, & Olvera, 2017; Arbona & Jimenez, 2014). According to researchers (Badiee & Andrade, 2019; Vela, Lu, Lenz, Savage, & Guardiola, 2016), internal as well as micro- and macrosystemic cultural stressors may exacerbate the mental health concerns of Hispanic students. Although not all students will experience their harmful effects, evidence exists indicating it is a concern for Hispanic students. A review of the literature indicates that researchers have been finding disparities in depression prevalence rates between Hispanic students and students from other ethnic backgrounds for years (Granillo, 2012; Kearney, Draper, & Barón, 2005).

Despite researchers examining predictors and correlates of depression among college students for some time (Eisenberg, Golberstein, & Hunt, 2009; Reyes-Rodriguez, Bulik, Hamer, & Baucom, 2013), a lack of diversity in research participants remains. Although there is a recognition of existing mental health disparities on college campuses and an understanding of the numerous negative consequences associated with psychological distress among racial/ethnic minority students, the relative lack of research scholars conducting studies to identify useful predictors of depressive symptoms among Hispanic students (e.g., Chang et al., 2016; Gomez, Miranda, & Polanco, 2011) remains problematic. As such, further research investigating and identifying factors that might predispose Hispanic students to increased psychological distress resulting in the onset or exacerbation of serious mental illnesses, including depression, is needed (Holliday, Pedersen, & Leventhal, 2016; Vela et al.,

2016). In this study, we explored relationships between self-esteem, coping self-efficacy, emotional intelligence, and depressive symptomatology to inform college counselors working with Hispanic students who might be at risk for experiencing depression.

Self-Esteem

Self-esteem is a multidimensional term used fluidly to describe a combination of influencing factors a person can experience within social-relational dynamics. Throughout the literature, researchers have described the concept of self-esteem as a combination of (a) how one views one's sense of self-worth or efficacy about values and standards of self and others and (b) the self-assessment of one's abilities, competencies, and merit status (Lew & Harklau, 2018). An example of an individual displaying high self-esteem would be someone carrying himself or herself with a visible presence of confidence in his or her abilities, embodying a positive outlook when faced with adversity, and having a fundamental belief of self-efficacy.

Among college students, researchers have suggested that facilitative factors, such as self-esteem and social support, help to nurture students' positive self-concepts and promote higher levels of self-esteem and more frequent displays of optimism (Nguyen & Hale, 2017; Peteet, Montgomery, & Weekes, 2015). In contrast, individuals who displayed lower levels of self-esteem shared characteristics of an uncertain or inconsistent evaluation of self, thereby increasing the instances of mental health problems and poor identity development (Masselink, Van Roekel, & Oldehinkel, 2018). Masselink et al.'s (2018) findings suggested that adolescents who identified as having low self-esteem had an increased risk of developing depressive symptoms due to a host of vulnerability factors, including an absence of social support and lack of social and emotional connectedness. Additionally, Sowislo and Orth's (2013) meta-analysis conducted using 77 depression-related studies found that low self-esteem was a strong correlate of depression symptomatology with individuals expressing feelings of low self-esteem having a higher probability of experiencing depressive symptoms. On the basis of these findings, we decided to include self-esteem as a potential predictor variable in our study.

Coping Self-Efficacy

Self-efficacy beliefs represent one's ability to perceive and have confidence in one's capabilities with respect to executing task-specific activities (Bandura, 1986). These cognitive appraisals serve as active regulators of human functioning through a variety of interconnected motivational, affective, and decisional processes (Bandura, 1986). Consequently, individuals expressing a greater sense of self-efficacy are likely to be more determined, persistent, and willing to put in considerable effort to achieve the desired outcome (Bandura,

2002). Because self-efficacy beliefs are task-specific, research in this area has spanned several domains, including the ability to cope with challenges and adversity. As a construct, coping self-efficacy encapsulates the confidence individuals have in their ability to manage external stressors by deploying coping mechanisms effectively (Watson & Watson, 2016). In terms of coping self-efficacy, individuals with stronger beliefs about their ability to cope with challenges are less likely to become rattled by external stressors and more likely to execute positive strategies and effectively adapt to extreme stress or trauma (Mahoney & Benight, 2019).

Researchers have identified college students' coping self-efficacy beliefs to be a strong predictor of academic success for Hispanic students (Barrows, Dunn, & Lloyd, 2013; Watson & Watson, 2016). Nevertheless, coping self-efficacy may help buffer challenges in other domains. Individuals who display resilience and can use active coping strategies to successfully work through challenging or threatening situations often find themselves at a reduced risk for developing depressive symptoms (Gummadam, Pittman, & Ioffe, 2016). Within the Hispanic community, researchers have shown active coping to differentiate high from low depression (Terrazas & McCormick, 2018; Torres, 2010). On college campuses, the ability to positively cope with acculturative stress appears to mitigate the onset of anxiety/depressive symptoms (Jardin et al., 2018). Given that coping self-efficacy beliefs play a pivotal role in the decision-making, goal-setting, and task engagement strategies individuals use to overcome academic, social, and emotional challenges, we found it prudent to include this construct as a predictor variable in our study.

Emotional Intelligence

As a construct, emotional intelligence has been conceptualized by researchers in many ways since its introduction in the 1990s (Salovey & Mayer, 1990). Today, scholars identify emotional intelligence as a set of skills or general abilities individuals use to recognize, assess, and control their emotions; develop an awareness of others' emotions; and adjust themselves accordingly in social situations (Garg, Levin, & Tremblay, 2016). This research examined the simultaneous influences of emotional intelligence, adjustment to university, authoritative versus other parenting style, and high school average on first year university students' grade point average (GPA). In general, emotional intelligence improves an individual's social effectiveness, meaning individuals with higher emotional intelligence tend to have stronger and more positive social relationships. According to Goleman (1995), emotional intelligence comprises five primary components: self-awareness, self-regulation, motivation, empathy, and social skills. Within each of these components, a set of core emotional competencies that can be enhanced through practice and training reside. Once they are enhanced, individuals are more likely to assess a situation, mobilize available resources, and proactively address pending challenges (Watson & Watson, 2016).

Research on emotional intelligence posits that having awareness allows for mental flexibility, enabling individuals to address difficult emotions and circumstances with a more balanced approach, thereby reinforcing their strengths with coping self-efficacy and self-esteem (Enns, Eldridge, Montgomery, & Gonzalez, 2018). Among a college student population, Chapin (2015) found that individuals possessing higher emotional intelligence tended to be better at managing the myriad added pressures and demands associated with higher education and the campus environment. Additionally, individuals with high emotional intelligence are more likely to engage in positive behaviors commonly associated with managing mental health disorders, such as depression. On the basis of these findings, we included emotional intelligence as a predictor variable in the current study.

Purpose of the Current Study

We conducted the present study to determine whether intrinsic variables such as self-esteem, coping self-efficacy, and emotional intelligence are significant predictors of depressive symptoms among Hispanic students. We hypothesized that these variables would explain a significant portion of the variance in depression symptoms experienced by the Hispanic students participating in our study. Therefore, the following three research questions guided our study:

Research Question 1: What are the levels of self-esteem, coping self-efficacy, emotional intelligence, and depressive symptomatology among Hispanic first-year college students?

Research Question 2: What is the relationship between self-esteem, coping self-efficacy, emotional intelligence, and depressive symptomatology?

Research Question 3: To what extent can the variance in depressive symptomatology be accounted for by Hispanic first-year college students' perceptions regarding their self-esteem, coping self-efficacy, and emotional intelligence?

Method

Participants

We recruited participants for this study from a southern Hispanic-serving institution with an enrollment of slightly over 11,500 students at the time of data collection. To qualify for participation, students were required to be enrolled full-time in their first year of postsecondary education and to be at least 18 years of age. Although we allowed all students to participate, we included only those students self-identifying as a member of a Hispanic-origin group in this study. Using these inclusion criteria, 159 Hispanic first-year college students chose to participate in this study. However, we removed data collected from 13 participants from further analysis because of incomplete surveys. This action resulted in our using a final

sample of 146 participants. Overall, the sample consisted of 53 men (36.3%) and 93 women (63.7%), and the mean age of participants was 18.77 years ($SD = 2.75$). Most participants ($n = 63$, 43.2%) self-identified as being first-generation college students. Additionally, 54.8% ($n = 80$) of the participants surveyed reported living on campus in student housing, and 37% ($n = 54$) reported working an average of 20.14 hours ($SD = 12.09$) per week to support themselves and their education.

Measures

We asked participants to complete a total of four survey questionnaires and a demographic data sheet. The demographic data sheet asked students to indicate their age; their gender; whether they were a first-generation college student; whether they were currently living on or off campus; and whether they were currently working or not, and, if working, how many hours per week on average. Survey questionnaires used included the following.

Depressive symptomatology. The Patient Health Questionnaire-9 (PHQ-9; Spitzer, Kroenke, Williams, & the Patient Health Questionnaire Primary Care Study Group, 1999) is the nine-item depression scale of the Patient Health Questionnaire. Each item is based directly on one of the nine diagnostic criteria for a major depressive disorder found in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; American Psychiatric Association, 1994). The instructions ask respondents to rate the frequency with which they experience each criterion using a 4-point scale ranging from 0 (*not at all*) to 4 (*nearly every day*). Item scores are summed to produce a total score. The higher the total score, the greater the severity of the depressive symptoms experienced. Manea, Gilbody, and McMillan (2012) found the instrument to have acceptable diagnostic properties when performing a meta-analysis of the available literature in which researchers used the PHQ-9 as part of their instrumentation.

Self-esteem. The Rosenberg Self-Esteem Scale (Rosenberg, 1965) is a 10-item self-report instrument used to assess perceptions of global self-esteem. The directions ask participants to rate their level of agreement with several statements related to their feelings about themselves (e.g., “On the whole, I am satisfied with myself”) using a 4-point Likert scale with values ranging from 0 (*strongly disagree*) to 3 (*strongly agree*). Because of a negative valence expressed in their wording, five of the items are reverse scored. Individual item scores are then totaled to produce a composite measure of self-esteem with scores ranging between 0 and 30, with higher scores meaning higher self-esteem. During initial validation studies, Rosenberg (1979) noted strong internal reliability for the instrument, as evidenced by a computed Cronbach’s alpha coefficient of .92.

Coping self-efficacy. The Coping Self-Efficacy Scale (Chesney, Neilands, Chambers, Taylor, & Folkman, 2006) is a 26-item instrument used to assess individuals’ confidence in their ability to perform coping behaviors when confronted with challenges and adversity. Presented with the question stem “when things aren’t going well for you, or when you’re having problems, how confident or certain are you that you can do the following,” the instructions

ask participants to rate the extent to which they can perform different adaptive behaviors using a 10-point scale. An overall Coping Self-Efficacy Scale score is computed by summing the ratings across individual items, with higher scores indicating a greater degree of confidence in one's ability to cope. According to Chesney et al. (2006), they found an internal consistency for the full-scale score of .95, indicating a high degree of reliability.

Emotional intelligence. The Assessing Emotions Scale (AES; Schutte, Malouff, & Bhullar, 2009) is a 33-item self-report instrument designed to assess trait emotional intelligence. The instructions ask respondents to rate their level of agreement with each item using a 5-point Likert scale with values ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Individual item scores are then summed to produce a total score ranging between 33 and 165, with higher scores indicating more innate emotional intelligence. Although four subscales compose the AES, its authors recommended using total scores. In the development sample of 346 participants, Schutte et al. (1998) found the internal consistency of the AES, as measured by Cronbach's alpha, to be .90. Across multiple studies reporting on the AES's internal consistency, researchers have noted a mean alpha value of .87.

Procedure

After receiving institutional review board approval to conduct this study, we solicited potential participants from the rosters of randomly selected First-Year Experience (FYE) classes. At the university where we conducted this study, all students must register for and attend an FYE class during their first year. We visited a total of 12 FYE classes, each with an enrollment of between 22 and 26 students, to deliver a brief introduction to the study and ask students to consider participating. In addition to informing students that participation was voluntary, we also conveyed that their decision regarding participation would have no bearing on their grades or negatively affect their academic standing in any way. Students agreeing to participate were asked to sign a consent form before receiving copies of the survey instruments used in this study. Once we distributed all surveys, we asked participants to respond to each item honestly and to the best of their ability. When finished, we instructed students to place their surveys in the envelope provided and to drop their envelopes in the collection box on their way out of the classroom. Most students were able to complete the surveys in under 20 minutes. We gave students who chose not to participate in the study the opportunity to use the remaining class time to complete other assignments.

Data Analysis

Statistical power analysis. Using the G*Power, Version 3.1, statistical power analysis program (Faul, Erdfelder, Lang, & Buchner, 2007), we conducted an a priori power analysis to determine an appropriate number of participants needed to establish statistical power for this research design at the .80 level based on an alpha level of .05. Results of this power analysis suggested a minimum sample size of 77 participants

was necessary to detect a moderate effect ($f^2 = 0.15$) between predictor variables for estimating change among scores on the criterion variable. On the basis of this finding, we considered the sample of 146 Hispanic first-year college students used in the current study sufficient to explain relationships between predictor and criterion variables.

Preliminary analyses. Before addressing our research questions, we inspected the data set for missing values. A total of 61 missing values were noted among item responses for the four scales used, resulting in a missing value percentage of .005% (61 of 11,388). Given this small percentage, we imputed missing values using the series mean function found in the SPSS statistical software program (Version 23.0). On the basis of this revised data set, we addressed the model assumptions associated with a sequential multiple linear regression design. To assess for normality, we examined skewness and kurtosis values. To assess for linearity and homoscedasticity, we constructed and inspected standardized residual plots. Our collective findings, based on these preliminary analyses, indicated no evidence suggesting a violation of any of the model assumptions. As a result, we determined the data to be appropriate for analysis using a sequential multiple linear regression design.

Primary analyses. First, we computed descriptive statistics and alpha coefficients for each scale used in the study. Next, we conducted a series of Pearson product-moment correlations to examine relationships among the study variables and assess for the presence of multicollinearity. Finally, we performed a sequential multiple linear regression analysis to assess the predictive ability of the predictor variables on our identified criterion variable.

Results

Research Question 1

To address the first research question, we examined the overall levels of self-esteem, coping self-efficacy, emotional intelligence, and depressive symptomatology among Hispanic first-year college students. We computed means, standard deviations, score ranges, and alpha coefficients for all scales and included them in Table 1. Overall, the range of scores closely approximated the full range of scores possible for each scale. Mean scores on the Coping Self-Efficacy Scale, Rosenberg Self-Esteem Scale, AES, and PHQ-9 were consistent with scores reported for the norm groups used by the authors of each instrument (Chesney et al., 2006; Rosenberg, 1965; Schutte et al., 1998; Spitzer et al., 1999).

TABLE 1

Descriptive Statistics and Alpha Coefficients for All Study Variables

Measure	<i>M</i>	<i>SD</i>	Range	α
Patient Health Questionnaire–9	7.53	5.98	0–23	.88
Rosenberg Self-Esteem Scale	10.72	5.79	0–28	.89
Coping Self-Efficacy Scale	180.96	41.92	85–260	.96
Assessing Emotions Scale	114.19	15.66	30–150	.93

Research Question 2

To address our second research question, we computed a series of Pearson product-moment correlations to assess the relationships between the four variables included in this study. The correlation coefficients we computed ranged between $-.68$ and $.48$, with a mean correlation of $-.34$. A statistically significant positive correlation was between emotional intelligence and coping self-efficacy ($r = .48, p < .01$). Statistically significant negative correlations were found between depressive symptomatology and emotional intelligence ($r = -.21, p < .01$), depressive symptomatology and coping self-efficacy ($r = -.57, p < .01$), emotional intelligence and self-esteem ($r = -.45, p < .05$), depressive symptomatology and self-esteem ($r = -.61, p < .01$), and coping self-efficacy and self-esteem ($r = -.68, p < .01$). Using Cohen's (1988) suggested conventions for interpreting effect size across bivariate correlations, we observed a small effect for the relationship between depressive symptomatology and emotional intelligence ($r = -.21$) and medium to large effects for the other significant relationships identified.

Research Question 3

To address our third research question, we conducted a sequential multiple linear regression analysis to assess the predictive ability of the predictor variables on our identified criterion variable, depressive symptomatology. We added predictor variables into the equation in three stages (see Table 2). In the first stage, self-esteem was loaded as the lone criterion and found to significantly predict 36.6% of the variance in depressive symptomatology, $F(1, 144) = 84.93, p < .01$. In the second stage, coping self-efficacy was added to self-esteem, with the combination significantly predicting 40.7% of the variance in depressive symptomatology, $F(2, 143) = 50.83, p < .01$. Finally, in the third stage, emotional intelligence was added to the set of predictor

TABLE 2

**Summary of Sequential Multiple Linear Regression Analysis
Results for Variables Predicting Depressive Symptomatology
Among Hispanic First-Year College Students**

Step and Variable	β	t	sr^2	R	R^2	ΔR^2
Step 1				.37	.37	.37
Self-esteem	.63	9.22*	.37			
Step 2				.42	.41	.04
Self-esteem	.43	4.75*	.09			
Coping self-efficacy	-.04	-3.30*	.04			
Step 3				.45	.43	.03
Self-esteem	.46	5.13*	.10			
Coping self-efficacy	-.05	-3.78*	.06			
Emotional intelligence	.06	2.12*	.02			

Note. $N = 146$.

* $p < .05$.

variables. In this stage, the combination of self-esteem, coping self-efficacy, and emotional intelligence significantly predicted 43.3% of the variance in depressive symptomatology, $F(3, 142) = 36.21, p < .01$. Following Cohen's (1992) recommendation that unique contributions to the overall variance of a model are indicated by ΔR^2 values $\geq .02$, the computed ΔR^2 values of .041 and .026 noted for the second and third stages of the sequential analysis, respectively, indicate that each predictor significantly added to the model.

Discussion

In this study, we assessed a sample of 146 Hispanic first-year college students to determine how their perceptions of self-esteem, coping self-efficacy, and emotional intelligence predicted positive screening for depression. Our findings empirically support that counselors can predict depressive symptomatology by understanding students' beliefs about themselves, their ability to manage challenges, and their ability to manage interactions with others. In total, the three predictors included in this study accounted for 43.3% of the variance in PHQ-9 depression scores. We believe these findings foster awareness of the increasing challenges related to the onset of depressive symptomatology among Hispanic first-year students and encourage campus-based mental health professionals to be mindful of these factors when addressing mental health disparities, college adjustment, and academic success.

In the first stage of our model, we added self-esteem as a predictor. The decision to add self-esteem first was made based on the extant literature, demonstrating a clear link between self-esteem and mental health (Hiçdurmaz, İnci, & Karahan, 2017). We found self-esteem to contribute to 36.6% of the variance in depressive symptomatology. Hispanic students who reported higher perceptions of self-esteem were less likely to report experiencing multiple depressive symptoms. This directional relationship was consistent with previous research findings (Schöne, Tandler, & Stiensmeier-Pelster, 2015; Sowislo & Orth, 2013). Individuals with low self-esteem tend to have more negative feelings about themselves and often see themselves as someone unworthy of love, respect, and success. These negative feelings could place the individual in a downward spiral that leads to feeling sad and depressed. For individuals already diagnosed with a mental illness, low self-esteem might lead to having feelings of self-doubt, or worse, making self-destructive decisions that exacerbate their condition or put them at a higher risk for self-harm (Venzin, 2018).

In the second and third stages of the model, coping self-efficacy and emotional intelligence were added to the model sequentially. Although the percentage of variance in PHQ-9 depression scores was lower for these two predictors, 4.1% and 2.6%, respectively, they still were determined to be significant predictors on the basis of Cohen's (1992) benchmarks. The research on both variables supports a relationship between these constructs. However, little research has been conducted with a Hispanic student population in a college setting. Identifying these constructs as potential predictors of depression is helpful to college counselors.

Among Hispanic students, healthy coping skills could buffer some of the unique challenges associated with acculturating and adjusting to college that minority students often report experiencing (Jardin et al., 2018; Watson & Watson, 2016).

Similarly, emotional intelligence may shed new light on the mental health issues faced by Hispanic students. As previous researchers (Enns et al., 2018) concluded, individuals with higher emotional intelligence exhibited a notable increase in self-efficacious behaviors, thereby regulating emotional affectivity and supporting positive perceptions of self. As a result, they were more likely to report positive mental health and well-being.

Implications for College Counselors

The results of this study provide value to college counselors who might work with this population. Specifically, the noted relationships between predictor variables and the reporting of depressive symptoms may assist in proactively identifying students at risk for mental health issues and linking them to resources before symptoms become unmanageable. Specifically, college counselors could focus their counseling sessions on exploring how these noncognitive variables play out in students' lives. Understanding Hispanic students' cultural backgrounds, family dynamics, and previous academic experiences can shed light on how they feel about themselves and their current academic activities. Strategies aimed at increasing self-esteem and coping skills can help students address the inevitable struggles and stressors they will face in their time as students. Bolstering emotional intelligence can help students more confidently engage in social interactions, making it likely they will reach out for help in the future rather than choosing to keep to themselves and struggle in silence.

In addition to one-on-one services counselors can offer, college counselors might explore more campus-wide prevention initiatives to reach a broader audience. Cooperating with student services and residence life staff to participate in back-to-school activities and campus move-in times would alert students to the availability of services they may need in the future. Counselors also could conduct brief screenings at these early semester activities to identify students already struggling with depression or at risk for further issues. When addressed early in the process, the services offered could provide students with valuable tools and resources to use when times get tough.

Limitations

This study was not without its limitations. Consequently, we encourage readers to be mindful of these limitations when interpreting the results of our inquiry. First, it should be noted that all the participants we recruited in this study were from the same university. As a Hispanic-serving institution, this university's percentage of Hispanic students enrolled is higher than would be found at many other colleges and universities; thus, the opportunity to attend an institution with a large number of students from similar back-

grounds might have had a positive influence on the overall mental health of the students surveyed. Second, we used self-report questionnaires for each variable measured, so the data collected could not be independently verified. As a result, the possibility exists that responses might have been biased by participants' attempts to mask their true feelings. Finally, readers should note that students voluntarily agreed to participate in this study after being read a description detailing the purpose of the study and what we would be asking them to do. Their willingness to participate could be interpreted as a sign that these students were not experiencing any depression-related symptoms and we did not capture the experiences of those students truly depressed in this study.

Directions for Future Research

We identified self-esteem, coping self-efficacy, and emotional intelligence as predictors of depressive symptomatology among the sample of 146 Hispanic first-year college students. This information clarifies the experiences of Hispanic first-year students, with a focus on their mental health needs. Future research is needed to expand our understanding of the relationship between and among these variables. Specifically, a mixed-methods research design or a qualitative approach in which researchers identify themes, patterns, and insight into the impact that mental health disparities have on Hispanic first-year students' academic success, adjustment, and mental health patterns would be useful. These applications can provide new terminology that adds to the current knowledge base concerning the context of the variables explored. Furthermore, implementing a mixed-methods or a qualitative approach would provide depth, richness, and a new perspective to the lived experiences and descriptions of Hispanic first-year students' needs that current researchers have not identified with respect to these issues among this population.

Conclusion

College counselors have noted an increase in the number of students reporting symptoms of depression, anxiety, eating disorders, and other mental illnesses on campuses nationwide. As a result of these upward trends, there has been a steady rise in the demand for counseling services (Lattie et al., 2019), with current students utilizing campus mental health services more than any generation before them (Kwai, 2016). Unfortunately, these utilization rates do not appear to be consistent across all student demographic groups (Hurley & Coles, 2015), and because Hispanic students traditionally underutilize campus support services, college counselors are tasked with proactively identifying those individuals most in need of services. The results of this study provide additional support for the protective factors mitigating experiences with depression and other serious mental illnesses among Hispanic students.

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