2013

A Phenomenological Analysis of the Perceptions of Housing Staff's Current Practices and Aspirational Desires of Managing Mental Health Needs on a College Campus

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A Phenomenological Analysis of the Perceptions of Housing Staff's Current Practices and Aspirational Desires of Managing Mental Health Needs on a College Campus

(TITLE)

BY

Rebecca Maday

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF

College Student Affairs

IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY
CHARLESTON, ILLINOIS

2013

YEAR

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A Phenomenological Analysis of the Perceptions of Housing Staff's Current Practices and Aspirational Desires of Managing Mental Health Needs on College Campuses

Beckie Maday

Eastern Illinois University

DEDICATION

This study is dedicated to all those who are serving as mental health advocates and educators, as well as those who work in the medical field, especially my mother and my brother. This is also dedicated to all of the people working in student affairs, so that they benefit from the knowledge.

"I'm not telling you it's going to be easy; I'm telling you it's going to be worth it." – Art Williams

ACKNOWLEDGEMENTS

A special thank you to my family including my mother and father who have allowed me to purse my dreams and goals and always believed in me. To my brother, who I know will be successful in whatever he decides to do. To my grandma, who helped me with the process of writing my thesis. To one of my closest friends, Kelsey, for being one-step ahead of me in the process and for allowing me to admire her dedication and work and pushed me to finish. To my other closest friend, Zachary, who constantly reminded and pushed me to finish the work that needed to be done on my thesis.

Another special thank you to Dr. Kniess, my thesis advisor. It was both our first times as a writer and advisor, and I could not thank you enough for giving me advice and listening to me in the meetings in your office every week. Thank you to Dr. Roberts, for getting me started and always correcting my grammar. To Dr. Eckert Mr. and Mark Hudson for agreeing to be on my committee and providing me with feedback in order to make my work the best it could be.

Thank you!

ABSTRACT

Housing staff's perceptions were analyzed concerning current practices for identifying and managing mental health needs in residence halls. Six participants were interviewed, including undergraduate resident assistants and graduate hall directors. The results showed that there are four major themes when dealing with mental health training at a large four-year, primarily residential public school. Themes included Training Information, Improvements for Training, Interpersonal Feelings, and Barriers for Referral. Themes and implications for student affairs professionals were discussed.

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CHAPTER ONE

Introduction

Recent trends indicate a growing need to identify and manage mental health needs. Sharpe, Bruininks, Blacklock, Benson, and Johnson (2004) noted that approximately 20% of the United States population is suffering from a psychiatric disorder. Mental health problems include depression, bipolar disorder, and schizophrenia (Kitzrow, 2009). Moffitt, Caspi, Taylor, Kokua, Milne, Polanczyk, and Poulton (2010) stated that depression, anxiety, alcohol and cannabis use are the most common in the population. "Even with one of ten Americans taking an antidepressant, levels of anxiety and other mental health issues are still much higher now than they were in the 1960s and before, when few Americans took medication to treat mental health illness" (Twenge, 2011, pg. 471). Because of the increase in mental health issues within the current population, four out of the ten leading causes of disability are mental illnesses (Zipple, 2010).

Twenge (2011) reported a large increase in the mental health issues among younger age groups in the Western nations. Issues for this group of students include serious psychological problems (Archer & Cooper, 1998). "Modern life is causing more people, particularly young people, to feel more anxious and depressed" (Twenge, 2011, pg. 469). Gallagher, Gill, and Sysco (2000) stated that 85% of center directors reported an increase in 'severe' psychological problems. Gallagher, Gill, and Zhang (2001) stated directors of the counseling center reported 89% of centers had to hospitalize a student for psychological reasons and 10% reported a student suicide. Twenty-four percent of counseling centers also gave a Tarasoff warning to a third party regarding a potentially

dangerous client (Gallagher, Gill, & Zhang, 2001). A Tarasoff warning can be described as the duty to warn a potential victim of harm from an individual with a mental illness (Tarsoff v. Regents of the University of California, 1974). Many of the young people who are being diagnosed with mental health issues are now entering colleges and universities across the nation.

The National Institute of Health (NIH) studied the prevalence of mental disorders in US adolescents. Of the 10,123 adolescents between the ages of thirteen and eighteen years that were surveyed, 14.3% were affected by mood disorders, 31.9% met the criteria for an anxiety disorder, 8.7% were affected by ADHD, and11.4% were affected substance use disorder. Out of all of the participants surveyed, 49.5% were affected by at least one disorder. Of the seventeen to eighteen year olds that were surveyed, 56.7% were affected by at least one disorder.

Universities have been experiencing an increase in the demand for counseling services and 60% of senior student affairs professionals have seen an increase of students not only using counseling services but also for an extended period of time (Levine & Cureton, 1998). The onset of many psychological disorders emerges during the collegiate years. Blanco, Okuda, Wright, Hasin, Grant, Liu and Olsen (2008) stated that many of the psychological problems that college students face also appear when they are between the traditional ages of college attendance. Ninety-one percent of directors believe there are more students with severe psychological problems coming to campus (Gallagher, 2011). Student affairs administrators reported they are spending more time dedicated to dealing with student mental health problems (Levine & Cureton, 1998).

Mental health issues impact college student's lives in a variety of ways. Physical, emotional, cognitive, and interpersonal functioning is at risk when a mental health issue is present (Kitzrow, 2009). Mental health has effects on retention of students at universities and colleges. Kessler, Foster, Saunders, and Stang (1995) stated that five percent of college students would drop out of college because of a mental health issue. It is also estimated that 4.29 million more people would graduate from college if they were not experiencing mental health issues (Kessler et. al., 1995). Students have the potential to negatively affect others on campus, including roommates, classmates, faculty, and staff, in terms of disruptive, disturbing, or even dangerous behavior if they have emotional and behavioral problems (Kitzrow, 2009). Preparing residence life staff for these types of situations in essential to help students with mental health issues (Sandeen & Rhatigan, 1990).

Alcohol use disorders were also one of the most prevalent disorders among college students. In fact, more than 20% of respondents to a survey admitted having an alcohol use disorder (Blanco et. al., 2008). Sheidow, McCart, Zajac, and Davis, (2012) stated that although experimenting with substances during the ages of 18 to 25 years is normal, 41% of the people within this age group admitted to binge drinking in the past month. Of that 41%, 31% had mental illness. Sheidow et. al (2012) stated that substance abuse and serious mental health comorbidity is high among adolescents, although there is little information known about the comorbidity between mental health disorders and substance use disorders. Data does suggest that rates are higher among the adolescent group (Armstrong and Costello, 2002).

Attention Deficit Hyperactivity Disorder (ADHD) has been diagnosed more than any other generation entering college (Soet & Sevig, 2006). Weyandt, Barry, Mroczek and MacDermid Wadsworth (2013) stated that now the theory that children are able to outgrow the disorder now is challenged, more attention is needed to assist the two to four percent of the students in the college population.

The research on the effects of Post-Traumatic Stress Disorder (PTSD) is limited, but it is known that there has been an increase in this disorder after the terrorist attacks in 2001 (Soet & Sevig, 2006). Due to the Post-9/11 Veterans Education Assistance Act of 2008, or the New GI Bill, nearly half a million veterans, active-duty personnel, reservists, and National Guardsmen use military education benefits to attend college (Whiteman et. al. 2013). According to Bonar and Domenici (2011), veterans are less likely to go to a counseling center when compared to their civilian peers. "Campuses will be faced with an influx of student service members/veterans," (pg. 13) therefore counseling centers on campuses will face the task of dealing with these students and their unique experiences that may have occurred before college and during their time at college (Whiteman et. al. 2013). Brak, Bagby, Jones, and Sulak, (2011) stated the Post-9/11 Veterans Educational Assistance Act of 2008 would impact the students entering institutions due to the amount of funding the students will receive from the government. "The enrollment of these post-9/11 student-veterans into higher education is expected to reach record numbers within the next few years," (Brak, Bagby, Jones, and Sulak, (2011) pg. 30).

PTSD can also be a repercussion to sexual assault. One study shows that between thirteen percent and eighteen percent of women in the United States are affected by rape, with collegiate women being an important group due to the high risk of sexual assault

between the ages of 18 to 34 (Zinzow, et. al., 2011). Barnard-Brak, Bagby, Jones, and Sulak (2011) concluded that higher education professionals must be prepared in order to serve this population of students most effectively.

One of the largest populations of people who experience the onset of mental health disorders are college students. Eisenberg, Downs, Golberstein, and Zivin (2009) indicated students have significant impact on policies universities implement because if not treated properly, the disorder can have lasting effects. There have been positive impacts on personal well being, academic success, and retention when students receive help for their mental health issue with the counseling center (Kitzrow, 2009). For example, recent studies have shown high success rates pertaining to the number of counseling sessions attended and the retention rate of students. Of all the respondents, 90% reported that counseling helped them reach goals during their time at the university (University of Idaho, 2000). The students also reported reduced stress levels when receiving treatment (University of Idaho, 2000). However, students are still reluctant to use the resources on campus (Kitzrow, 2009).

Residence hall directors are facing increased responsibility to identify and perhaps inform students with mental health needs to the proper resources. However, there is little information on how resident hall directors are managing these issues and how confident they feel about having this responsibility. The *Professional Standards for Higher Education*, developed by the Council for the Advancement of Standards in Higher Education, was last updated in 2012 and provides some direction as to what professionals should be doing with mental health issues as well as other issues that may be related to mental health issues such as alcohol, drug, and tobacco programming, clinical health

services, counseling services, sexual assault and relationship violence prevention programs, and veterans and military programs and services (CAS Professional Standards, 2012).

Purpose of the Study

Research Questions

The research will examine the perceptions of residence hall staff and current practices for identifying and managing mental health needs on campus, including the training that is received. These participants include resident assistants, graduate assistants, and professional staff members.

Research questions include (a) what are the housing staff's perceptions of their ability to recognize mental health issues? (b) what are the housing staff's perception in negotiating a discussion with those they have identified with a mental health issues?, (c) what are the housing staff's perceptions concerning barriers with the referral process?, and (d) what are the perceptions of how mental health is managed on campus?

Significance of the Study

Sharkin, Plagemean, and Mangold (2003) identified that Resident Assistants are expected to be the "eyes and ears" of housing on campuses. Reingle, Thombs, Osborn, Saffian, and Oltersdorf (2010) identified Residents Assistants as the ones that are managing the many issues that happen on campus, including mental health issues. By further understanding the current conditions, institutions can better adapt to the need for mental health care on campus and by obtaining the future desires of the mental health services on campus, the services can be better implemented at the institution.

Limitations

Each type of campus creates their unique environment. The students in the study in which the university attracts are unique to the campus. The housing staff will not be inclusive of every campus population. Participants will be collected by convenience sampling. Not all of the staff in the department will be surveyed and this can affect the results of the study. The staff members of the office can either conceal or overly report in that they "brag" or "boast" about the work being done with the students, meaning that they are saying they did more to help the situation and what actions were actually taken.

Definitions of Terms

The following is a list of definitions of terms and concepts important to understanding the present study.

Associate Resident Director. For the purpose of this study, Associate Resident Director will be defined as a graduate level student who resides in a residence hall. An Associate Resident Director shares the responsibility of supervising resident assistants and conduct meetings with the Resident Director.

College Student. For the purpose of this study, college student will be defined as an 18 to 20 year old that is typically classified as a freshman or sophomore.

Counselor. For the purpose of this study, counselors will be defined as an employee of an institution who has direct contact with students to provide them with counseling treatments and therapy in regards to a mental illness.

Housing Staff. For the purpose of this study, housing staff will be defined as the resident assistant, associate resident director, and resident director.

Mental Health. For the purpose of this study, mental health will be defined as cognitive or emotional illness that has effects on either or both of the physical and mental stability of a person. The word mental illness can also be used.

Mental Health Literacy. Mental health literacy can be defined as the knowledge and beliefs about mental disorders (Jorm, 2012).

Mental Health Services. For the purpose of this study, mental health services will be defined as any service that is offered to a student on their college campus that pertains to mental health.

Mental Illness. For the purpose of this study, mental health will be defined as cognitive or emotional illness that has effects on either or both of the physical and mental stability of a person. The word mental health can also be used.

Resident Assistant. For the purpose of this study, a resident assistant will be defined as an undergraduate member of the residence life staff who lives on the residence hall on the floor with the other undergraduate students. The Associate Resident Director and the Resident Director oversee the Resident Assistant.

Resident Director. For the purpose of this study, a resident director will be defined as a post-master's and full-time staff member who reside in a residence hall. A residence director shares the responsibilities of supervising resident assistants and conduct meetings with the associate resident director. The resident director directly oversees the associate resident director.

Large Four-Year, Primarily Residential Public School. For the purposes of this study, a large four-year, primarily residential public school will be defined as a state-funded institution where there are at least 10,000 full-time degree-seeking students. The

admission is selective and the highest degrees attainable for an undergraduate student are a bachelor's degree. The course work typically takes four years http://classifications.carnegiefoundation.org/descriptions/size_setting.php, 2010).

Summary

To further understand the perceptions of mental health management within the housing staff, the study explored a large college and interviewed the housing staff that works with the collegiate students. Housing staff were interviewed from the research site for their insight for the current and future of mental health as related to the on-campus population. By learning what is important to the housing staff, institutions will be better able to address the needs of their students before they arrive and while on campus. This study is important to the growth and development of students and retention of students within the collegiate world.

CHAPTER TWO

Review of Literature

Introduction

This literature review explores three dominant themes of the proposed research dealing with students with mental health issues. Literature concerning psychiatric disabilities, mental health within the collegiate student population, and using Resident Assistants as the front line for helping those with mental health, will be discussed.

Mental health in the western region

Mental health issues can be traced back to the 1950s as they began to be part of society as rates of alcoholism and delinquency began to rise. The beginning signs of anxiety were also seen during this time period (Dworkin, 2010). Psychologists and psychiatrists were important people to the society, especially because one third of military veterans came back from war with mental health issues. In the 1980s, mental health issues began to take a different focus as there was a change with mental health and clinical psychologists became important figures (Dworkin, 2010). Dworkin (2010) reported an estimated three to six million children having clinical depression. Today, one third of the American population has undergone a form of psychotherapy. Twenty percent of the population exhibits a form of anxiety and depression (Dworkin, 2010).

Jorm (2012) reported that surveys have shown mental disorders prevalence rates are high, but people are not seeing the help they need. Mental health literacy can be defined as the knowledge and beliefs about mental disorders. "Mental health literacy represents a Western scientific conceptualization" (Jorm, 2012, p. 238). Mental health literacy has a fifteen-year history, which is relatively recent (Jorm, 2012).

An Epidemiological Catchment Area (ECA) study indicated higher mental health rates than what mental health professionals expected. There was a 46% lifetime prevalence of mental health issues according to the National Cormorbidity Survey Replication (NCS-R). "Some researchers perceive a large unmet need for mental health care" (Moffitt et. al., 2009, p. 900). Depression, anxiety disorders, alcohol dependence, and cannabis are the most common in the population (Moffitt et al., 2009).

Mental health among collegiate students

Becker, Martin, Wajeen, Ward, and Shern (2002) said traditionally aged collegiate students, aged 18-24, are at a higher risk for having a psychiatric disorder, especially when mental disorders such as schizophrenia and bipolar disorder have onsets in the early adult years. The stigma of a psychiatric disorder is much higher than any other disability (Garske & Stewart, 1999). The stigma placed on psychological issues is harder to adapt to rather than the psychological issue itself (McReynolds & Garske 2003). Due to this stigma, students are reluctant to disclose the disability to others in their community, even mental health professionals (Kadison & DiGeronimo, 2004).

Belch and Marshak (2006) examined institutions that were having interactions with students with psychiatric illness to better train for interventions and expand on relevant needs of the students. A questionnaire was designed and distributed to senior student affairs officers to ask them about their perspectives of students with psychiatric illnesses. Senior student affairs officers were asked to identify critical situations and interactions with student who possess psychiatric illnesses (Belch & Marshak, 2006). The findings found four major themes: policy issues, campus mental health resources, privacy and legal concerns, and working with parents.

Seniors student affairs officers commented on the need for policies, both for the students and for themselves. Existing policies either posed limitations or not enough direction. The second concern that senior student affairs officers had noted was mental health resources. Many of the officers had concerns about the availability and services the counselors had to offer. Medications and health insurance affordability was another major concern. Senior student affairs officers are greatly concerned about the privacy of students and HIPPA policies, which prevents notifying other staff and residents on the floor of the status of a student. Finally, parental contact is a trouble area when it comes to mental health care. Parents were either unaware of the severity of the situation or they were too far away from their student, such as the case with international students (Belch and Marshak, 2006).

The results of the study show the need for an approach to dealing with mental health on campus from policy to services. Training for both professional and counseling staff needs to be more effective and cover mental health in much more detail. A legal counsel may also be beneficial when it comes to following HIPPA, ADA, and FERPA laws. Parental participation should also be noted due to the fact that, although staff is not allowed to discuss the status of a student with parents, the parents should still be able to be involved. Finally, campus officials need to have better preparations for when parents are not available to take a student home or provide them a place to go (Belch and Marshak, 2006).

The American College Health Association (ACHA) helped to identify the most common health problems among college students. These health concerns included: substance abuse, risky sexual practices, injury and violence, physical inactivity,

disordered eating, and mental health issues (ACHA, 2002). There are about 44% of students that binge drink. Undergraduate students consumed half of all the alcohol (Wechsler, 2001).

Physical inactivity is another health concern for collegiate students. One solution to help students become more active is to be involved with sports because of the positive impacts on women's self-confidence, self-esteem, and positive body images (Miller et al., 2000).

Baker, Boland and Laffey (2006) conducted a study based on health and wellness initiatives that improved the experience of the students at the university called Healthy Connection and programming with Healthy U. A pre-test was given to the students where they noted their physical activity and education on healthy living for two semesters. After the two semesters, Baker, Boland and Laffey (2006) noted that because of both academic classes and physical activity, there were positive psychological benefits. Around 50% of the students agreed with items of the test that indicated positive health and wellness when it comes to dealing with social aspects after being more physically active. More than 30% of the students agreed with statements that indicate positive psychological factors after the completion of the program. Physical activity is one way that students can decrease or manage their mental health illnesses (Baker, Boland & Laffey, 2006).

Housing staff and mental health

Resident assistants are the first people to help in any situation pertaining to residents. Resident assistants are the first ones to see roommate conflicts, date rape, interpersonal violence, academic problems, depression and substance abuse (Sharkin, Plageman, & Mangold, 2003). Resident assistants have close contact with students, and

should be able to recognize mental health problems. Mental health issues occur in 12% to 18% of the student population (Reingle et al., 2010). The most common disorders are major depression, bipolar disorder, schizophrenia, anxiety disorders, and eating disorders. As for substance abuse, both alcohol and drug use are seen as problem behavior among college students. Around 34% of college students reported having five or more drinks the last time they "partied" in a study by the American College Health Association in 2009. However, rates of illegal drug use were considerably lower than the use of alcohol and the most commonly used drug is marijuana (Reingle et al. 2010).

Studies have shown that college students that need mental health or substance abuse help do not get the treatment they need because the intervention was not done early enough (Blanco et al., 2008). Those with mood disorders are the patients that will seek out treatment the most compared to the patients with alcohol or substance abuse problems. Resident assistants are the ones who have the ability to recognize the problems as they are interacting with the residents on their floors. If a resident shows signs including those in distress or crisis, it is the resident assistant's responsibility to refer the student for professional help (Reingle et al., 2010). It has been brought to the attention of many that the recognition for referrals to professionals for mental health and alcohol and substance abuse has not been something consistently dealt with by resident assistants and staff (Ness, 1985).

Training is crucial to the development of the resident assistants and residents within the college campus. Although standards do not currently existfor resident assistant training, there are best practices set by the *Professional Standards for Higher Education* published by the Council for the Advancement of Standards in Higher Education. The

statement set forth by the council includes a message to "train on how and when to refer those in need of assistance to qualified staff members and have access to a supervisor for assistance in making these judgments" (Reingle et al., 2010, p. 215). Studies on resident assistant's recognition and referral practices for mental health issues are limited (Reingle et al., 2010).

A study was conducted by Reingle et al. (2010) to better understand the attitudes toward residents with mental illness and substance abuse problems and how the resident assistants refer them to the professional counselors. The Theory of Planned Behavior (TPB) was used as framework for the interviews of the resident assistants because it helps to explain the required preparation and planning of future actions (Azjen, 1991). This theory says that the individual's behavioral intention will directly impact their behavior (Montano & Kasprzyk, 2002). Behavioral intention is produced by three factors. These factors include the attitude towards performing the behavior; the norms associated with the behavior, and perceived behavioral control in executing the task (Montano & Kasprzyk, 2002).

Resident Assistants from different institutions in the United States were interviewed on either mental health issues or substance abuse issues, but not both. Resident Assistants were asked about their training and experience with residents who were suspected to have mental health or substance abuse issues. The results of the study showed the training received by the resident assistants were similar on all campuses in regards to the training on mental health and substance abuse issues (Reingle et al., 2010).

The professional staff on campus, either counseling staff or substance abuse staff, did the training. Resident assistants were advised to seek the advice of the hall directors.

Resident assistants reported learning the most from role-play scenarios where mental health issues were the topic of discussion (Reingle et al., 2010). The experience with mental health issues outside of training was limited. Forty-eight percent of the resident assistants reported they never had to refer a resident for a mental health problem, while only 32% reported having a conversation with a resident about a mental health issue (Reingle et al., 2010).

Reasons to consider why there was a small amount of referrals and a large amount of non-reported issues can be based on the Theory of Planned Behavior or the TRB model. The first part of the model relates to the attitude the resident assistants have towards the referrals. Resident assistants commented that there would be positive outcomes from the students and even ranked helping residents with mental health issues in the top three, but the resident assistants were concerned that the talk pertaining to the mental health or substance use problem could result in negative attitudes towards the resident assistant, creating further separation between the resident assistant and the resident (Reingle et al., 2010).

The second part of the TRB model indicates there are subjective norms to referring students to receive treatment for mental health or substance use and all were willing to report the issues to their hall director. The TRB model also takes into account perceived behavioral control. Resident assistants indicated that there is an emotional piece to approaching a resident about a mental health or substance use issue. There were resident assistants that said because of the emotional piece, it is harder for them to report mental health cases and substance use, while others resident assistants reported they would feel emotionally responsible for not reporting the mental health and substance use

issues. Finally, the TRB also looked at behavioral intention where behavioral intentions are influenced by the attitude of the behavior. Resident assistants reported a positive attitude about helping other students with mental health issues, but because of the challenging nature of the task, making a referral would be hard to complete (Reingle et al., 2010).

The results of the study show that training of resident assistants on recognizing and the importance of mental health issues is important. Findings also show resident assistants are not responding to the needs of residents properly and training can be important in helping with the behavior (Reingle et al., 2010). Resident assistants also reported a social taboo to talk about mental health and substance abuse with residents. Resident assistants are forced to rely on either their experience or common sense when making a decision about a referral and therefore the need for training resident assistants appropriately is greatly needed. A major concern with the resident assistants not reporting the mental health issues is there are more residents experiencing mental health issues on campus and the number of referrals stays low (Reingle et al., 2010). Many campuses are still struggling to find additional resources for students needs (Frey, 2007).

Resident Assistant Training

Resident Assistant training is necessary (Sandeen & Rhatigan, 1990). Elleven, Allen, and Wircenski (2001) stated Resident Assistants are typically the first person a student will talk to if they are in need of emotional support. There are typical problems that resident assistants will encounter with their residents, including: interpersonal relationships, sexual issues, substance abuse, alternative life styles, suicide, date rape, diversity, discipline, and eating disorders. Resident Assistants need to have specialized

training for these situations (Bellucci, 1976; Bowman & Bowman, 1995; Shipton & Schuh, 1982; Twale & Burrell, 1994; Winston & Fitch, 1993).

In a study by Twale and Muse (1996), sixteen percent of resident assistants found their training helpful. Thirty-six percent found the training to be somewhat helpful. Training for the resident assistants included crisis intervention, conflict resolution, confrontation skills, safety and security issues, team building, rules, regulations, policies, procedures, and protocols, administrative duties and role responsibilities, emergency response, first aid and CPR training, various health topics, interpersonal relations, communication, programming, maintenance, knowledge of campus resources, and time and stress management. The data from this study showed, "there is no standard format for RA training..." (Twale and Muse (1996) p. 409). The training of resident assistants has to continuously adapt and change so that the students living in the residential college communities are better served (Elleven, Allen, & Wircenski, 2001).

A study by Elleven, Allen, & Wircenski (2001), looked to find the most important training topics for resident assistants through the lens of public and private chief housing officers in the Southwest Association of College and University Housing Officers in higher education. In 1993, Winston and Fitch identified what topics should be presented within resident assistant training. These topics include: role modeling, community development, system maintenance and control, leadership and governance, helping/facilitating, educational programming, and general skills. These topics were used as an instrument in the study. "Both types of institutions believed the organizer, rule enforcement, conflict mediator, referral agent, basic helping skills, crisis intervention,

provision of accurate information, and dealing with difficult circumstances and conflicts areas to be most important" (Winston & Fitch, 1993, p. 611).

Resident assistants must be able to communicate concerns about certain behaviors or changes in behaviors observed in students to their supervisors in order for better trained professionals to take over the situation and give the student the help they need. Taube and Servaty-Sieb (2011) suggested resident assistants "are in a position to serve as part of the campus mental health safety net through daily interactions with their residents" (p. 13). Resident assistants are only able to do this if they know their residents well, have participated in training and know how to identify residents that seem to be struggling and know how to properly make a referral to their supervisor (Taube & Servaty-Sieb, 2011). According to Boswinkel (1986), the referral process might be harder to make than identifying a resident that is struggling. Therefore, it is important that RAs receive training that will help them understand how to make a referral most effectively (Taube & Servaty-Sieb, 2011). In order to do this, RAs need to obtain knowledge about how the counseling process happens, including details on confidentiality and counseling resources, as well as counseling-related offices on campus. It is important that RAs recognize that counseling can offer an opportunity for residents to discuss the struggles they are facing with a trained professional by allowing the resident to reflect and problem-solve through their situation rather than give advice to serve as a quick fix. It is also important for RAs to understand the process the housing system uses to deal with crisis situations with students including when to inform their supervisor and how involved they should be with the process (Taube & Servaty-Sieb, 2011).

There are two major areas that affect the referral process between the resident assistant and the counseling center: attitudes and skills. Both of these areas affect how the referral is made to the counseling center. Attitudes about the counseling center are important because negative attitudes due to stigma and effectiveness may result in a referral not being made. Interpersonal skills and skills specific to the referral process are also important in order to make effective referrals because RAs need to build relationships with their residents in order to know if they are struggling with some issue. Also, RAs need to know what the proper process is when making a referral, especially in a residential or housing facility setting (Taube & Servaty-Sieb, 2011).

Summary

Looking at the research about students and mental health issues, there seems to be a trend among student affairs professionals about the need for more mental health training and resources offered to students. Both professional staff and resident assistants need more training on the specifics of mental illness and how to respond due to the increase of students on campus and the increase of mental illness among young adults. When a student affairs professional understands how to better deal with mental health issues, they can better inform resident assistants and work more closely with counseling services.

CHAPTER THREE

Methodology

In order to collect data pertaining to the need of resources for mental health services, interviews were conducted with residence life staff, including undergraduate resident assistants, graduate staff, and senior staff administrators within a large midwestern school. "Observing can be an invaluable way of collecting data because what you see with your own eyes and perceive with your own senses is not filtered by what others might have documented" (Yin, 2011, pg. 141). The interview contained questions that helped answer the following questions: (a) What are the housing staff's perceptions of their ability to identify mental health issues? (b) What are the housing staff's perception in negotiating a discussion with those they have identified with a mental health issues?, (c) What are the housing staff's perceptions concerning barriers with the referral process?, and (d) What are the perceptions of how mental health is managed on campus?

Design of the study

To examine the need for resources and training to housing staff with mental health issues, a research interview based on the research questions was administered. There was one standard interview (see Appendix 1) administered to the housing staff, including resident assistants and Associate Resident Directors in person. The interview was video and audio recorded. The data collected was through a qualitative process. The use of qualitative methodology, "opens a window to greater understanding of these phenomena with an in-depth richness that otherwise may not be possible" (Cody & Mills, 2006, pg. 22)

Participants

The study interviewed six housing staff members, including resident assistants and Associate Resident Directors from a large midwestern public institution located in the state of Illinois. The goal was to interview six housing staff members in total, surveying at least three from each type of position. Housing staff members are able to see the mental health need for students, as they are the ones working most closely with students on collegiate campuses. Interviews were conducted in person and lasted no longer than one hour.

Participant 1 is a 23-year-old female, graduate student, Associate Resident Director. At the time of the interview, it was her first year in the position.

Participant 2 is a 23-year-old male, graduate student, Associate Resident Director. At the time of the interview, it was his first year in the position.

Participant 3 is a male, junior undergraduate Resident Assistant. At the time of the interview, it was his fourth semester in the position.

Participant 4 is a female, junior undergraduate Resident Assistant. At the time of the interview, it was her fourth semester in the position.

Participant 5 is a 23-year-old male graduate student, Associate Resident Director. At the time of the interview, it was his first year in the position.

Participant 6 is a female, sophomore undergraduate Resident Assistant. At the time of the interview, it was her second semester in the position.

Research site

The interviews were conducted in person after collecting information about the Resident Assistants and Associate Resident Director. The interviewees were first

contacted through email (see Appendix 2) once contact information had been obtained. A letter of consent (see Appendix 3) and a proposed time to interview was provided. When no response had been collected, a second email was sent.

Instruments

The researcher was the primary instrument for the study. The limitation to the instrument was the chance of not responding to the initial email or answering the questions to the fullest extent. Demographics obtained in the interview were also limited.

Demographics

Demographic information was collected about the institution the interviewee works for and the status of their position as a housing staff member at the institution, including the length of time in the field. Demographics of the participants are described in the participants section.

Data collection

Data was collected manually through notes and video and voice recorded. Data collection occurred until at least three participants from each position, including resident assistants and Associate Resident Director, had completed an interview. The data was sufficient due to questions answered and surveys being answered, so additional interviews were not conducted to increase the sample size.

Data analysis

The initial surveys were left able to complete until three housing staff members per position had completed the survey, making a total of six. The data was analyzed manually. The questions answered were coded to find a common theme. The themes were then presented in the results section. In order to find common themes, readings of

transcriptions of the interviews were completed. Ideas were noted based on what the participants described their experience of the training were then placed into three different themes. Many themes were found within the reading and analysis of the transcriptions, but only the prevalent ones are reported. All the themes in this chapter are organized by the three major categories that emerged from the participants' answers to the research questions.

Summary

In conducting interviews to measure the need for mental health resources on a college campus, colleges are able to meet the mental health needs of students on campus when interviews are explored using qualitative data. These interviews provided further insight into the common themes of mental health emerging on campus as well as resources for mental health that is needed among campuses. The goal is to use this data to help campuses recognize the specific mental health issues and need for resources to be offered to collegiate students.

CHAPTER FOUR

Results

This chapter presents the findings from the data collected from the Associate Resident Director and the Resident Assistants on the Residence Life staff at a large four-year, primarily residential public school in the Midwest. Interviews were conducted with three Associate Resident Directors and three Resident Assistants. The primary focus of the study was to investigate the perceptions of the Associate Resident Directors and the Resident Assistants on the mental health training received by both parties prior to the fall semester. The secondary purpose was to find information from the Associate Resident Directors and Resident Assistants in order to improve the effectiveness of the mental health training received in the fall semester.

Emerging Themes

Four (4) main research questions were asked in order to find themes. These questions were (a) What are the housing staff's perceptions of their ability to identify mental health issues? (b) What are the housing staff's perception in negotiating a discussion with those they have identified with a mental health issues?, (c) What are the housing staff's perceptions concerning barriers with the referral process?, and (d) What are the perceptions of how mental health is managed on campus?

Through the process of the analysis, eighteen (18) statements were identified as relevant to the study. The four (4) themes that emerged were: Training Information, Improvements for Training, Interpersonal Feelings, and Barriers for Referral (See Table 1 for a full list of all coded clusters of meaning and the themes that emerged from grouping related clusters of meaning together.)

Table 1

Explanation of Coded Clusters of Meaning and Related Themes from Data

Coded Clusters	Themes
Behind Closed Doors	Training
Sociogram Model	
Protocol	
Referrals	
Training Item from Fall	
Counseling Center Visibility/Friendliness	Improvements
How to Follow Up	
Interactive Training	
More Details	
Remembering from Training	
Stigma	
Confidence in Dealing with a Mental Illness	Interpersonal
Confidence in Resident Assistants	
Heartless Referral	
Relationship Building	
Self-Awareness	
Friend or Loose Connection	Barrier
Not Severe Enough	
Stigma	
Unnoticed Mental Health Issues	

Note. Coded clusters are categorized by themes.

There were fourteen (14) questions that were asked in each interview (see Appendix 1). Participants answered question allowing four (4) significant themes to emerge from the interviews. The interviews conducted during the spring semester of 2013 were designed to allow participants to recall what they learned and remembered from training and to reflect upon what they could benefit from after the year was almost complete. The first theme was training. This theme focused on what was learned and

practiced during training. The second theme was improvements. This theme focused on what Associate Resident Directors and Resident Assistants thought would be beneficial to change to the training that already exists. The third theme is interpersonal. This theme focused on interpersonal skills that the Associate Resident Directors and the Resident Assistants have acquired and used to help them identify and manage mental health issues in their hall. The final theme is barriers. This theme relays what barriers the Associate Resident Directors and the Resident Assistants have with referring residents to the Counseling Center after a mental health illness has been identified.

Training

Participants were asked to recall the information they received about the mental illness training in the fall semester. Throughout the interview, participants remembered items from training, but they may not have remembered all at once. Different questions triggered different recollections of training. Participant 6, a female Resident Assistant, mentioned towards the end of the interview that, "... now that this is all flowing back to me." Participant's memory was triggered about the mental health training while they talked about their experiences. The memory did not come at once while answering the research question, but rather during different parts of the interview. The details of the training, therefore, did not seem to resonate with the Associate Resident Directors and the Resident Assistants.

Protocol

All participants were able to recall the specific protocol pertaining to mental health illnesses. Participant 2, a male Associate Resident Director, describes the protocol as, "very standard but it's a very necessary protocol. It works." Part of the protocol is the

referral process. All participants indicated some sort of knowledge about the referral process. Participant 6, a female Resident Assistant stated, "I just feel like the only thing I learned or could take away from training was the fact that I was supposed to refer them and report it, basically." Participant 6 also said that after a resident has been identified with a mental health issues, "you don't do anything, you refer them to the Counseling Center." Participant 2, a male Associate Resident Director, described the referral process as, "I just feel like its natural instinct, the fight or flight instinct that just kicks in."

Referrals

The importance of the referral was made clear during training because Participant 3, a female Resident Assistant answered, "I always refer them to the Counseling Center, first of all." and to, "always call the Counseling Center and that's like the biggest thing." The Counseling Center is the main component in the referral process. However, one participant talked about how she tried to talk with the residents as well. Participant 6, a female Resident Assistant, stated that she does this by, "really listening to them and what is going on in their life."

Behind Closed Doors

Behind Closed Doors was also mentioned in every interview as one of the most beneficial parts of training. Behind Closed Doors is an exercise used by housing professionals to train Resident Assistants by using mock situations Resident Assistants could encounter during their job. "I thought that was actually a lot more helpful than sitting in a room and listening to people talk…" Another Participant 4, a male Resident Assistant, said,

> I remember mostly the stuff, the open and closed doors... Like Behind Closed Doors I think was great for it because it gave us a situation. And although not every situation is going to be cookie cutter or just like that, it gave me a little bit of what to go on, and then at the same time just kind of have to play it out and feel around.

Participant 2, a male Associate Resident Director, while talking about the Behind Closed Doors component of training, indicated that he thought, "it was very beneficial."

Sociogram Model

A sociogram model was deemed helpful in the process of identifying and managing a mental health need in a resident. When one of the Associate Resident Directors was asked about how well mental health was managed, Participant 1, a female Associate Resident Director answered,

> I think it's actually our [sociogram model] that helps with that because then I'm asking the RAs, 'Ok, how's this person doing, how's this person doing?' So if there is a red alert on this person, 'Yeah, they were trying to go out, you know, they're a little depressed today or something like that.' That helps me know which students to alert in the back of my mind and say to myself, 'Ok, maybe I need to follow up with this student' and say, 'Ok what's going on?' The next step would be maybe they are on the D/F list so then that's another red flag."

The D/F list that is being referenced is sent out to the residential housing personnel during the midterm if a student has one or more D's or F's currently in a class.

Training Items from Fall

Participants were also able to recall different items from the training that were completed prior to the fall of the 2012 academic school year. Participants remembered signs for depression, anxiety, and suicide the most compared to other mental health illnesses recalled. Participant 5, a male Associate Resident Director, described remembering the training as, "I remember signals for like depression, signals for anxiety, and they said those are the most likely ones and suicide ideation." Activities that were completed by the participants were also remembered including Behind Closed Doors and a presentation on a specific mental health topic that was assigned. Most participants remember the Counseling Center coming to the training to talk about different mental health issues and topic.

Barriers

Participants were asked about what they believed a barrier to referral for a mental health illness would consist of once it has been identified. All of the participants were able to identify a barrier to why they would not refer a resident to the Counseling Center. Resident Assistants play an important role in identifying and managing mental health needs as they are often the first responders and have close contact with students (Sharkin, Plageman, & Mangold, 2003).

Friend or Loose Connection

One of the reasons for not referring a resident to the Counseling Center would be the person being refereed could be considered as a friend. Participant 4, a male Resident Assistant said that, "Especially if I were to think one of my best friends, not necessarily a resident but one of my best friends, it would be really hard to make that decision because

you don't want to be that person." Another reason to not refer a resident to the Counseling Center would be because the relationship with the resident would suffer after the referral. Participant 2, a male Associate Resident Director said that,

> In my opinion, as first, it would feel very awkward because, I think, the student may not look at you as a friend or someone you look up to... I don't feel like they would want to come to me as much because I, maybe they don't, maybe I feel like I've lost their trust because I couldn't help them. So for me that would be a little intimidating at my end.

Finally, Participant 2 also stated, "I feel like they're not going to come to me as much and I still want to be that connection to them." Resident Assistants seemed as if they were afraid of losing a connection or breaking trust that the Resident Assistant worked very hard to establish with a resident if they referred a resident to the Counseling Center.

Not Severe Enough to Recommend

A second reason that both Associate Resident Directors and Resident Assistants felt like they did not need to refer someone to the Counseling Center was because their mental health was not severe enough to go to the Counseling Center for treatment. Some of the participants talked about how they would not refer students to the Counseling Center because the resident might be having a few bad days and it might not be depression. In fact, Participant 1, a female Associate Resident Director stated that, "Some of our lower grade depression mental health issues are just dealing with it on their own a little bit." An example of lower grade was defined as a resident being unmotivated or having a bad day compared to a significant amount of days where a resident can be

suspected to have depression. Participant 2, a male Associate Resident Director, said, "I was talking to people I was working with and I did not feel like they need it; they just needed someone to talk to, not really counsel."

Stigma

The Counseling Center also seemed to have a stigma that Associate Resident Directors and Resident Assistants also referred to when talking about why they would not refer their residents to the Counseling Center. "There is that stigma around mental health issues today," said Participant 5, a male Associate Resident Director. Participant 3, a female Resident Assistant, said that a resident "had a bad experience with the Counseling Center and so when things arise, she doesn't necessarily want to go there." Participant 3 also stated that, "It's just people have that stereotype of a Counseling Center and be like, 'No. I'm going to be viewed as crazy if I go,' and I think that will be hard to shake." Counseling Centers have so much of a stereotype that Participant 1, a female Associate Resident Director, indicated that, "A lot of students here don't trust the Counseling Center." Participant 2, a male Associate Resident Director, says the Counseling Center can also be "intimidating for a lot of students," Associate Resident Directors and Resident Assistants feel that "it is even more intimidating to encourage it, but at the same time, it's necessary," says Participant 2, It seems that Associate Resident Directors and Resident Assistants are afraid of the judgment that will be passed on them because of the referral to the Counseling Center that was made.

Unnoticed Mental Health Issue

The final reason Associate Resident Directors and Resident Assistants do not refer some of their residents is because they simply do not recognize the signs of a mental

health illness in their resident or are unable to connect with a resident to identify the signs of a mental health illness. Participant 2, a male Associate Resident Director, stated, "I do notice that there are a lot of mental health disorders out there that go unnoticed." Participant 5, a male Associate Resident Director, said,

> If a student continues to go out and drink every weekend, follow up with them and say, 'What is it that's making you do that?' because maybe it is just pressure to go do it or it is anxiety, depression, things like that.

This type of behavior can relate to the coping or self-medicating that residents might partake in while suffering from a mental health illness. While talking about the identification process Participant 5 mentioned, "You might have a student who just seems to have lost her appetite. She isn't eating as much … I think it's really important to get hall staff thinking about: how do you observe that?" Participant 1, a female Associate Resident Director said,

> I think that some of the students don't get the help they need, especially freshman students as soon as they get here. They fight off a lot of things, like depression, and they are not quick to tell you about it and so they do not know what that looks like or what it is and so they don't tell anyone and so that's really hard for some of the students here and then the RAs say, 'Well, I didn't know that student was struggling with this because they did not make it evident in any of their signs and symptoms.'

Participant 4, a female Resident Assistant, said, "I feel like people can easily cover [mental health illness] up. This is one of those things you might not physically see and if you are not aware of [the resident's] day-to-day operations you will not see it."

When asked about identifying mental health issues, Participant 3, a female RA, went so far as to say, "Sometimes it is harder to pick up on that stuff and I understand that is part of our job, but we also are not trained professionals." This relates back to what is communicated in training to the Associate Resident Directors and Resident Assistants as they were trained to always refer any type of mental health illness suspicion or notification to the Counseling Center as they are the trained professionals.

Interpersonal

Confidence in Dealing with a Mental Illness

Participants were also asked about their confidence in being able to identify and manage mental health issues within the residence halls. All participants were able to make a connection to an illness due to a relationship with someone who had been diagnosed. Both Associate Resident Directors and Resident Assistants were asked about how comfortable they were in identifying and having a conversation with those who have a mental health issue. All of the participants seemed to have confidence when it comes to identifying and having conversations with residents that showed signs of an issue. A male Associate Resident Director, participant 5, said,

> I would feel comfortable communicating with them about that and identifying their issues and getting them where they need to go and getting them to understand it is ok thing and it is something that is good for their health.

Confidence in Resident Assistants

The Associate Resident Directors also voiced about how confident they were in the Resident Assistants they were directly or indirectly supervising. Participant 1, a

female Associate Resident Director indicated that there was more confidence in some Resident Assistants than others.

> Do I trust some of my staff members with those issues more than others? Definitely, yes. There are some of my staff members that I would not want handling that issue and so they would either immediately contact me or someone else to help them.

Heartless Referral

Another part of the interpersonal skills that were found was categorized into a "heartless referral." Both Associate Resident Directors and Resident Assistants acknowledged the need to refer a student with a possible mental health illness to the Counseling Center, but it may not always be the most caring way to do so. Participant 6, a female Resident Assistant describes the process as, "It's always like refer, refer, refer. Never deal with it on your own." Participant 5, a male Associate Resident Director said, "I think that you have to have that compassion and really show the student that you care and them buy into the process too before you make that call." Participant 3, a female Resident Assistant, mentioned, "I don't know if people are prepared enough if they do not have that empathy in mind when they are talking with their resident."

Relationship Building

Throughout the interview Associate Resident Directors and Resident Assistants discussed the amount of time and effort it takes to build relationships, not only with residents in their building, but also residents in other buildings where they may have to cover duty rounds or know from an outside source. When asked about how participant 4, a female Resident Assistant, recognized that a resident had a mental health issue, she

responded, "It is just the relationship I have with the residents who have come forward to me and then trusted me with information." To build the relationship, Participant 1, a female Associate Resident Director said, "It's just really about a conversation." Participant 2, a male Associate Resident Director, stated,

> I might be working in a large building and I will not be able to have those tight-knit relationships with everyone in the building … I need to be able to space off the time that I spend with my students and make more of a presence on the communities."

Participant 3, a male Resident Assistant, made a comment about having a good relationship with their residents helps them to identify if there is a mental health illness. "I feel like I have a really good relationship with a majority of my residents so that if something was going wrong and I did start talking to them about something, eventually it would start to show up." Even after a student has been recommended to go to the Counseling Center, it is still important for staff members to continue to build the relationship with the student. As Participant 5, a male Associate Resident Director, describes it,

> I think there are two things that you absolutely have to do in order for the student to continue being be successful. One is to continue speaking to them every time you see them, just like a regular student and not making a giant display of being concerned … Two, I think follow-up and support is important.

Self-Awareness

Finally as far as the interpersonal skills staffs have, self-awareness seemed to play an important role when identifying mental health illness. One of the female Associate Resident Directors, participant 1, said,

> I have RA's and staff members who are self-aware and more linked into what students needs are than some of my other staff member where they are maybe more about themselves and not about others and so they do not catch on to the student's needs as well.

Some of the participants had family members that had mental health issues which, in turn, helped them recognize and identify signs of a mental health illness in their residents. Participant 2 said, "I went to counseling once with my mother and my brother were going through some personal issues." Participant 6 said, "My dad was clinically depressed so I have seen it and been around it quite a bit, so I feel really confident in [identifying a mental health issue]."

Improvements

Participants were asked to make suggestions for improvements for the mental health training received during the fall semester of their employment. During parts of the interviews, suggestions were made on how to improve the effectiveness of the mental health training. All participants were able to give an idea in order to improve the mental health training.

Counseling Center Visibility/Friendliness

Participants talked about the need for the Counseling Center to be more friendly and visible. Participant 1, a female Associate Resident Director talked about how it

would be nice to see the Counseling Center present in the residence hall buildings more. Participant 1, said,

> I do not see them. I see them in their office or in their buildings, but I do not see them even out and about within the communities and in the residence halls … They are missing those student in my building that may need help and so there needs to be communication there with the directors and the Counseling Center.

Participant 2, a male Associate Resident Director said, "It would be really cool to get faculty like counseling members involvement, like the Faculty Fellow Program, and getting them out there." The Faculty Fellow's mission at the institution where the interviews took place "is to achieve a better integration of learning and living in the undergraduate students' residential environment by promoting the personal growth and development of students through contact with members of the faculty." Participant 3, a female Resident Assistant, suggested, "I think they need to think of a way to become more creative to talk about the Counseling Center and instead of making it this place where people are scared to go to want more open and exciting." Participant 6, a female Resident Assistant suggested, "Instead of having Counseling Center there … have them do a program on counseling … Make that a requirement for hall councils." Participant 4, a male Resident Assistant noted that there "just haven't any interactions enough to say, 'Okay, they can do better over here or I do not like what they are doing here.'"

How to Follow-Up

All of the participants indicated a need for follow-up. Senior student affairs officers stated the need for polices for the student and themselves. Most of the policies had limitations or did not have enough information (Belsh & Marshak, 2006). Some of

the Associate Resident Directors and Resident Assistants needed guidance on how to follow up with students that the Counseling Center has been suggested to them or have used the services at the Counseling Center because as participant 3, a male Resident Assistant, stated, "the next time you see them after the situation comes up, it is a little awkward to start." When asked about what could be done for an improvement to training, Participant 5, a male Associate Resident Director, indicated,

> Following up and letting that student know that when you said you cared and you sent them to the Counseling Center, you really did care, but that care component for what they are going through should be more one-on-one… I think that it is just making sure that everyone has an understanding of what care component looks like … here are some things that you should probably do before the student is referred to the Counseling Center. Here are some things that you can do while the student is undergoing counseling and there are some ways that you can make sure you are following-up appropriately after the student goes through that process.

Participant, 1, a female Associate Resident Director, stated that it might be a good idea at "looking at the conversations with RAs and how to follow-up with residents throughout the semester." Participant 2, a male Associate Resident Director also stated,

> I feel like there should be more follow-up … I think that there should be more requirement saying you need to follow-up with a student maybe once or twice a month to follow-up with him at the end of the semester.

A different participant, Participant 4, a female Resident Assistant, stated that a missed connection is the follow-up with the resident because, "you need to keep checking up on them to make sure the do not get into that depression or become bulimic or

anorexic and different things like that." Other Associate Resident Directors and Resident Assistants wanted the Counseling Center to follow-up with them so they knew how to continue to follow-up with their residents. Participant 1, a female Associate Resident Director, stated,

> I would just like to know for the Counseling Center, I know it might be a breach of confidentiality, just maybe, 'One of your students came to see me at the Counseling Center.' They do not have to give a name, just say, 'One of your students was at the Counseling Center and we would like for you to be on alert.'

Participant 1 also said that she had questioned the supervisor saying, "What kind of follow-up needs to happen here?" Participant 2, a male Associate Resident Director indicated, "I just do not see the final result of things … you want to worry about the student's safety and then focus on helping them grow and recover."

Interactive Training

One of the suggestions the Associate Resident Directors and Resident Assistants suggested as an improvement was the implementation of more interactive training. Participant 5, a male Associate Resident Director, said, "I think training might be really beneficial to move to something a little more interactive." Participant 1, a female Associate Resident Director, "I think that we need some type of interactive training to get students involved and all of the students within the community involved." When Participant 6, a female Resident Assistant, was asked about if the interactive training was beneficial, the response was, "I loved that part of training. I thought that was actually a lot more helpful than sitting in a room and listening to people talk, like actually have that hands-on training." Associate Resident Directors and Resident Assistants are looking for

interactive training that includes activities that make Associate Resident Directors and Resident Assistants to participate in activities. A presentation other than a lecture style would be considered interactive.

As for a reason why interactive training should be added, Participant 5, a male Associate Resident Director stated,

> Discussion is really beneficial because some people are just really verbal and they want to talk it out and then you get to hands-on aspect and you are getting all those kinesthetic learners and the people that kind of have to be in the process to learn and I think it is really key that you, for you and your staff alike, to kind of have to cover all those learning styles.

Participants agreed that they liked the interactive training. Participant 3, a male Resident Assistant, comment was, "I really enjoy the process and the programs we do and especially with the role-playing." When asked what a participant would like to improve for the next training, Participant 6, a female Resident Assistant, responded, "I think doing the more hands-on for the mental health [training]."

More Details

Participants in the study mentioned the need for more details during the training of mental health issues. Participant 5, a male Associate Resident Director, noted, "I am not sure if the mental health training is as extensive as it needs to be." Participant 4, a female Resident Assistant said that, "There definitely needs to be more awareness on in it because a lot of people don't even know all of the different mental health illnesses that come about." Participants also wanted to see more information on other mental health illnesses. "I think that when it comes to things like that with bipolar, schizophrenia, other

bigger mental health issues, the ones that seem bigger, that is something that we could probably have training on identifying," said Participant 5, a male Associate Resident Director. Along the same lines, Participant 1, a female Associate Resident Director said,

> I think having that preparedness to help hall staff identify what it looks like when depression might be an issue or anxiety might be an issue, and suicide ideation; what does that look like? As well as, "I would like to seem more training along the lines of … working with students with autism or Asperger's or other mental disabilities.

Participant 4, a female Resident Assistant, believed, "There is a lot of different mental illness that I have not even touched on that are prevalent in the residence halls like schizophrenia, bipolar, and other things like that." Participant 1, a female Associate Resident Director, also stated that,

> There are warning signs that we were given a brief overview of what those warning signs might be, but nothing in-depth. There are a lot of other issues that we did not cover in the training that could arise in the position that we might have to take care of.

For more of an improvement to what can be done, Participant 1, a female Associate Resident Director said, "It might be nice to give a uniformed training for professionals staff members to say, 'Okay, this is how we deal with it here and this is how you should train your RAs.'" Participant 1 also said,

> I think it's continuous training to keep up with what's going on in the community so if it is a student that having a bigger problem you know what types of training so my RAs need to make sure that this student is ok.

Participant 2, a male Associate Resident Director, said, "If there is more consistency among standardized protocols and conversations with [faculty members]."

Remembering from Training

A trend from training was that both Associate Resident Directors and Resident Assistants were not able to remember training items. Participant 5, a male Associate Resident Director, said, "It is kind of hard to think back to August now and think about the training on this." Participant 2, a male Associate Resident Director, commented, "I think it was difficult for me to really remember what we did as far as mental health issues." Participant 4, a female Resident Assistant, said, "I am not 100% sure because I do not remember." Even Participant 3, a male Resident Assistant, stated, "I cannot really think of very much about training." Finally Participant 3 also said, "It's been a while since the training and I do not really exactly remember what has been taught about it." When talking about a presentation Participant 4 stated, "It is not the more memorable one." As for an improvement to training, Participant 4 also suggested,

> I think one thing with training; they need to do more sections throughout the semester and school year instead of just having it all thrown at you all at once. There needs to be some follow up with it besides just within your hall. Maybe having a one Saturday a month.

In regards to training, Participant 3, a male Resident Assistant, said,

> It does not have to be all day or anything like that, but just throughout the year have a weekend set aside where all the RAs have to go to training and then they sign up for a different workshop.

Stigma

The stigma of the Counseling Center also seemed to be an item for improvement with the Counseling Center. Both Associate Resident Directors and Resident Assistants mentioned the stigma of mental health issues and the Counseling Center. Participant 5, a male Associate Resident Director summed it up as, "The word Counseling Center can be scary because there is that stigma around mental health issues today." Participant 5 also acknowledged, for an improvement, "There is a that stigma about mental health issues and the students need to have the buy-in." Participant 2, a male Associate Resident Director, while trying to be positive, "I'm sure they know all the benefits of counseling, it is intimidating for a lot of students." Participant 2, a male Associate Resident Director, mentioned that even as a staff member, there is still a stigma to counseling and the Counseling Center. Participant 2, stated, "I do not know why, but I have a stereotype. Once I take them to counseling it is out of my control. I know that is a bad feeling to have." Participant 3, a female Resident Assistant, mentioned that there is a trust factor the Counseling Center needs to work on. "A lot of people do not like medication or they do not trust the Counseling Center." The participants did not elaborate on the stigma of the Counseling Center; however, the stigma is perceived and will need to be addressed to ensure students are comfortable using the Counseling Center and Associate Resident Directors and Resident Assistants are comfortable making referrals there.

Summary

Themes found during individual one-on-one interviews concerning the training of Associate Resident Directors and Resident Assistants were explored in Chapter Four. Different themes were formed from each research question. These themes include

training, improvements, interpersonal, and barriers. Different subcategories were identified and explored under these themes. Recommendations for the mental health training and the Counseling Center will be discussed in Chapter 5.

CHAPTER FIVE

Summary and Conclusion

Introduction

The purpose of this chapter is to summarize the thesis research and suggest research and policy recommendations for further analysis. The first section of the chapter will discuss the objectives of the research and the methodology used to accomplish the analysis. A summary of the major results will be described. The second part of the chapter will propose recommendations for further research both on the mental health training residence life staff receives.

Discussion

The purpose of this study was to determine how the Associate Resident Directors and the Resident Assistants perceived mental health training. This was done by examining the following research questions: (1) What are the housing staff's perceptions of their ability to recognize mental health issues within the residence hall? (2) What are the housing staff's perceptions in negotiating a discussion with those they have identified with mental health issues within the residence halls? (3) What are the housing staff's perceptions concerning barriers with the referral process? (4) What are the perceptions of how mental health is managed in residence halls?

The study explored a large public college and interviewed the housing staff that works with the collegiate students, which was limited to Associate Resident Directors and Resident Assistants. Associate Resident Directors and Resident Assistants were interviewed from the research site for their insight for the current and future of mental health as related to the on-campus population.

The conclusion of the study resulted in four emerging major themes. These themes include training, improvements, interpersonal, and barriers. Different subcategories were identified and explored under these themes.

There were three main parts to the research that was explored. The first part of the research explored mental health among the typical college-aged student. Becker et al., 2002 indicated that typical college-aged students are at a higher risk for being diagnosed with a mental health illness while attending college since many disorders have the onset of a typical college- aged student. Belch and Marshak (2006) asked senior student affairs professionals about what they identified to be a critical interaction with a student who has a psychiatric illness. These administrators identified the need for policy, availability and service the counselors had to offer, privacy of students, and parental contact. The research conducted in this study concluded that there was a need for policy, specifically, how to follow-up with a student once they have been referred to the Counseling Center. All of the participants were able to clearly define what the policy was for a referral when there is a mental health illness issue, however there was indication for a need of more specific protocol in each situations. The second part of the research that was explored was a study done by Reingle et. al (2010) that was based off the Theory of Planned Behavior (TPB). This theory states that the individual's thought outcome of a situation will directly impact the behavior that happens before and during the situation. TPB played a significant role in this research because both Associate Resident Directors and Resident Assistants talked about how it would be awkward to start a conversation with the resident after there was either thought to be a mental health illness or a resident was referred for a mental health illness. The findings here are similar to the research done by

Reingle et. al (2010) in that the referral process is the most difficult for Resident Assistants.

The final part of the research focused on the training of Resident Assistants. This research concluded that certain topics, according to chief housing officers, are important to Resident Assistant training. Some of these topics, including community development and helping/facilitating are also important when thinking about mental health training for the Resident Assistants. The Associate Resident Directors and Resident Assistants commented on how in order to help refer someone for a mental health illness, they must first get to know the residents and build community. The Associate Resident Directors and Resident Assistants also need to be trained on helping and facilitating in order to better help the residents with a conversation and to the right resources. The findings here also align with Reingle et. al (2010) research where it was found that Resident Assistants would prefer more interactive training.

Participants were able to remember some items from training the protocol for when a mental health issues has been identified, the referral process, and an interactive piece from training called Behind Closed Doors. Participants were also able to give suggestions on how to make the mental health training better for the future, including items such as more details and interactive training. Reducing the stigma and having the Counseling Center more visible were also suggested. It is interesting that there is still a stigma to the Counseling Center with the participants that were interviewed since many of these students have been exposed to counseling their whole lives and there has been decrease in the stigma of the use of a counseling center. Interpersonal issues and skill were also examined. Staff members' confidence in identifying and managing mental

health came from not only the training, but also the experience of dealing with a mental health issue before. Barriers to the referral for a mental health issue were also discussed. Participants indicated that if it was a close friend or the relationship was strong with a resident, it would be harder to refer someone to counseling. Also, participants indicated that if the mental health illness did not seem severe enough, they would not refer. Participants qualified the severity based on the perceptions of the residents' behavior. Residents that displayed the behavior of being unmotivated or having a bad day were not sent to the Counseling Center. There is also a stigma that plays into mental health illness and might make residents afraid to express their need for counseling and this may also lead into a mental health issue that is not noticed by the residence life staff.

Associate Resident Director answers to the research questions during the interviews varied slightly than the answers from the Resident Assistants although the themes that emerged remained the same. Associate Resident Directors held more responsibility for the Resident Assistants they supervise in that during the interviews, the Associate Resident Directors would talk not only about their experiences but also the experiences of the Resident Assistants. The Associate Resident Directors, when asked about confidence levels and improvements, looked at the confidence level they had in the Resident Assistants as well as what would the Resident Assistants would benefit from during a training.

Recommendations

Recommendations for the training of the Associate Resident Directors and Resident Assistants are discussed, including recommendations for the Counseling Center

as training for Resident Assistants on mental health issues is needed (Sandeen & Rhatigan, 1990).

Training for Associate Resident Directors and Resident Assistants

Training for Associate Resident Directors and Resident Assistants would include a more interactive training with a more "hands-on" component. Activities during the presentation could include ways to better interact with the Counseling Center staff and how to decrease the stigma of mental health issues and receiving treatment at the Counseling Center. To better prepare Associate Resident Directors and Resident Assistants to help assist with mental health issues, providing them with examples on how to initiate a conversation with a resident that might be experiencing a mental health issue would be beneficial. Another conversation example that would be beneficial to the Associate Resident Directors and the Resident Assistants would be a follow-up conversation for those who have been referred to the Counseling Center and/or are receiving treatment from the Counseling Center. Associate Resident Directors and Resident Assistants mentioned the need for more details, including warning and red flag signs for the more common mental health illnesses, such as depression, anxiety, and suicidal ideation. More details could also be included on the more upcoming mental health illnesses such as schizophrenia, Asperger's, and autism. Associate Resident Directors and Resident Assistants also thought that information on behaviors that could lead to mental health issues would also be beneficial. This would include items like sexual assault and eating disorders. Associate Resident Directors and Resident Assistants also struggled to remember all of the information that was presented during the mental health training. A suggestion would be to have follow-up training with the Associate

Resident Directors and Resident Assistants. Training in the spring or monthly newsletters could be beneficial in the retention of information being presented and learned. It was made clear through the interviews that there is a need for continuous training due to the lack of items remembered from the training in the fall.

Contradictions in what the Resident Assistants and the Associate Resident Directors were also found in part of the study. An example of this can be seen early on in the interview where the participants talked about how much information was presented to them and then later on in the interview talked about how there was a need for more information. As part of a recommendation, it would be a good idea to stagger the sessions over time so Resident Assistants and Associate Resident Directors do not feel overwhelmed with the information they are receiving during training.

Research suggests that there are more mental health issues among the younger population (Twenge 2011). More college campuses are reporting issues with severe psychological problems (Archer & Cooper, 1998). Universities are also seeing the need for more counseling services (Levine & Cureton, 1998). In a study by Twale and Muse (1996), thirty-six percent of Resident Assistants found their training to be somewhat helpful, while sixteen percent said the training was helpful. This research proves that there is a need to train housing staff about mental health illness and the training that is presented must be informative for all those being trained.

Future Research

Future research on this topic would include researching the perceptions of senior level administrators and faculty on the mental health training they receive. Research could also be done on the training of different mental health issues. Research could also

be done on the prevalence of mental health issues within the college setting. The college environment could be compared to the same aged individuals who are not attending college to see if mental health issues are more prevalent on a college campus or in the society at large.

Conclusion

This study was designed to explore the current effectiveness of the mental health training for the residence life staff at a large public university. Associate Resident Directors and Resident Assistants from the school were interviewed. Four major themes emerged from the research questions and interviews. The four themes that emerged were: training, improvements, interpersonal, and barriers were all evaluated in order to make recommendations to improve the training for the Associate Resident Directors and Resident Assistants. Improvements for the training were given in chapter five. Future research would be to include more staff members as well as more research on mental health issues that present themselves around a college campus.

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APPENDIX A

Interview Questions

1. What do you remember from fall training?
2. What mental health situations have you encountered while being in your position?
3. How confident are you in your abilities to recognize mental health issues in your residence hall?
4. Do you feel adequately trained to recognize mental health issues in the residence hall?
5. How confident are you in your ability to negotiate a discussion with those that have identified with mental health issues within the residence halls?
6. You have a close relationship with some of the students; do you feel as is the relationship would change when you make a referral?
7. What do you know about the mental health protocol and do you feel comfortable using it?
8. Do you feel adequately trained to negotiate a discussion with those they have identified with mental health issues within the residence halls?
9. What are some of the barriers to adequately refer a student with a mental health issue in the residence hall?
10. Do you feel you are adequately trained to refer a student with mental health issue in the residence hall?
11. Are you satisfied with how mental health is managed within the residence hall?
12. What advice would you offer to improve how mental health is managed within the residence hall?

13. Thinking about next year, what specifically would you like to see implemented into the training?
14. What can the Counseling Center do to help you be more successful when it comes to managing mental health issues?

APPENDIX B

Informed Consent

Dear Resident Assistant/Associate Resident Director,

You are invited to participate in a research study that focuses on the perceptions of current practices for identifying and managing mental health needs in residence halls. This survey is being conducted as part of an assignment for the course CSD 5950, Thesis and Research, as a requirement for the Master's of Science program in College Student Affairs here at Eastern Illinois University. Dr. Richard Roberts is the course instructor and I, Beckie Maday, am the Principle Investigator on the project.

This survey should take approximately 5-10 minutes to complete. Your decision to participate is completely voluntary. Should you choose to participate in the study, you will be asked to interview with the primary investigator of the study for approximately one hour on the topic of the perceptions of current practices for identifying and managing mental health needs in residence halls. The interview will be audio and video recorded, however the researcher will not place your name on any documents resulting from the interview. You have the right to terminate your participation at any time without penalty.

Your participation in this research will be kept confidential. The data from this survey will be used to select participants to partake in a one-on-one interview session with the Principle Investigator. Information from this research project will be shared with administrators in residence halls.

If you have questions about this project, you may contact the course instructor, Dr. Richard Roberts at 217-581-2400, or at rlroberts@eiu.edu.

Your decision to participate, decline, or withdraw from participation will not effect your current status or future relations with Eastern Illinois University.

Here is the link to the survey: http://www.surveymonkey.com/s/BMVFLL6

Thank you for your consideration,

Beckie Maday

APPENDIX C

CONSENT TO PARTICIPATE IN RESEARCH

A Phenomenological Analysis of the Perceptions of Housing Staff's Current Practices and Aspirational Desires of Managing Mental Health Needs on College Campuses

You are invited to participate in a research study conducted by Beckie Maday and Dr. Rick Roberts, from the Counseling and Student Development department at Eastern Illinois University.

Your participation in this study is entirely voluntary. Please ask questions about anything you do not understand, before deciding whether or not to participate.

You have been asked to participate in this study because you are either a Resident Assistant or an Associate Resident Director on Eastern Illinois campus.

- **PURPOSE OF THE STUDY**

The research study focuses on the perceptions of current practices for identifying and managing mental health needs in residence halls. This survey is being conducted as part of an assignment for the course CSD 5950, Thesis and Research, as a requirement for the Master's of Science program in College Student Affairs here at Eastern Illinois University.

- **PROCEDURES**

If you volunteer to participate in this study, you will be asked to:

- You will be asked to interview with the primary investigator of the study for approximately one hour on the topic of the perceptions of current practices for identifying and managing mental health needs in residence halls.
- The interview will be audio and video recorded, however the researcher will not place your name on any documents resulting from the interview.
- You have the right to terminate your participation at any time without penalty.
- Your participation in this research will be kept confidential.
- Information from this research project will be shared with administrators in residence halls
- Your decision to participate, decline, or withdraw from participation will not effect your current status or future relations with Eastern Illinois University.
-

- **POTENTIAL RISKS AND DISCOMFORTS**

There are no foreseen risks or discomforts

- **POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY**

Better training and management of mental health could be a potential benefit to the subject an Eastern Illinois University.

- **CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of pseudonyms of names and storing data on a password protected computer.

Data will be released to administrators within the Housing and Dining in order to better the training and preparation of Resident Assistants and Associate Resident Directors for mental health issues on campus.

All interviews will be audio and video recorded. Only the Primary Investigator will have access to these files, which will be stored on a password protected computer. Files will be destroyed after 3 years, in accordance with Eastern Illinois University's IRB procedures.

- **PARTICIPATION AND WITHDRAWAL**

Participation in this research study is voluntary and not a requirement or a condition for being the recipient of benefits or services from Eastern Illinois University or any other organization sponsoring the research project. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind or loss of benefits or services to which you are otherwise entitled.

There is no penalty if you withdraw from the study and you will not lose any benefits to which you are otherwise entitled. You may also refuse to answer any questions you do not want to answer.

- **IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about this research, please contact:

Dr. Rick Roberts

(217) 581-2400

rlroberts@eiu.edu

- **RIGHTS OF RESEARCH SUBJECTS**

If you have any questions or concerns about the treatment of human participants in this study, you may call or write:

Institutional Review Board

Eastern Illinois University

600 Lincoln Ave.

Charleston, IL 61920

Telephone: (217) 581-8576

E-mail: eiuirb@www.eiu.edu

You will be given the opportunity to discuss any questions about your rights as a research subject with a member of the IRB. The IRB is an independent committee composed of members of the University community, as well as lay members of the community not connected with EIU. The IRB has reviewed and approved this study.

I voluntarily agree to participate in this study. I understand that I am free to withdraw my consent and discontinue my participation at any time. I have been given a copy of this form.

_____

Printed Name of Participant

_____ _____

Signature of Participant Date

I, the undersigned, have defined and fully explained the investigation to the above subject.

_____ _____

Signature of Investigator Date