Examining College Faculty and Staff's Levels of Confidence and Preparedness in Recognizing and Responding to Distressed Students

Rachel L. Chlebanowski
Eastern Illinois University

This research is a product of the graduate program in College Student Affairs at Eastern Illinois University. Find out more about the program.

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Examsining College Faculty and Staff's Levels of Confidence and Preparedness in Recognizing and Responding to Distressed Students

(TITLE)

BY

Rachel L. Chlebanowski

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF Master of Science in College Student Affairs

IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY CHARLESTON, ILLINOIS

2015

YEAR

I HEREBY RECOMMEND THAT THIS THESIS BE ACCEPTED AS FULFILLING THIS PART OF THE GRADUATE DEGREE CITED ABOVE
Examining College Faculty and Staff's Levels of Confidence and Preparedness in Recognizing and Responding to Distressed Students

Graduate Thesis

Rachel Chlebanowski

Eastern Illinois University

Committee Members:
Dr. Dena Kniess
Lynette Drake
Dr. Angela Yoder
COMPETENCY OF STUDENT DISTRESS

Abstract

Mental health on college campuses is a large focus, as students attending college with diagnosed mental illnesses are becoming more prevalent (Hunt & Eisenberg, 2010). While college campuses should be a safe and supportive environment for students, many faculty and staff do not know the resources available to students, nor are faculty and staff able to identify when students are suffering from a mental illness (Bateman, 1997). This study was designed to identify staff and faculty’s ability to work with students with mental illness, including identifying warning signs, as well as recognizes campus resources. The study took place at a mid-size, Midwestern university. Using a qualitative approach, the researcher interviewed six participants, including two residence life professionals, two academic advisors, and two faculty members in regards to their preparedness when addressing mental health with students and staff and faculty’s perceptions of their own competency of mental illness. The data was then analyzed for common themes and trends. Results found that Student Affairs professionals are better able to work with students with mental illness compared to professionals in Academic Affairs.

Key words: mental illness, student distress, faculty, staff, confidence, preparedness
Dedication

This study is dedicated to my parents--the two people who have stood by my side through it all. From pushing me to my fullest potential and motivating me to work hard, to simply supporting me in whatever I decided, my mom and dad have endured this journey just as much as I have. Thank you for all the sacrifices you made and for allowing me to follow my dreams. My successes are yours just as much as they are mine.

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Thank you to my family, for being my biggest support system. Mom, Dad, Sara, and Tom, thank for always believing in me, for being patient and understanding when I put thesis first, and for lifting me up when I needed it the most. You all are the biggest inspirations in my life, and I could have not done this without your support.
COMPETENCY OF STUDENT DISTRESS

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CHAPTER I

Introduction

Mental illness is becoming more prevalent among college campuses (Hunt & Eisenberg, 2010). In 2012, over 25% of college students were treated for a mental illness (National Alliance on Mental Health, 2012). When students suffer from a mental illness such as depression or anxiety, the transition to college can become more difficult (Pritchard, Wilson, & Yamnitz, 2007). Students with a mental illness are also less likely to be engaged in the campus community, which results in lower graduation rates (Salzer, 2010). According to Zivin, Eisenberg, Gollust, and Golberstein (2009), colleges are good environments for students to have their mental illness identified and treated. Universities need to provide resources for students who are suffering from depression or who are at risk of suicide, as well as encourage students to utilize those resources (U.S. Dept of Health and Human Services, 2012).

Suicide is a serious issue among college students, as it is the third most common form of death among people between the ages of 18-24 (Barrios, Everett, Simon, & Brener, 2000). Although depression and suicide are common among college students, it is not common for them to seek treatment (Pritchard et al., 2007). Instead of seeking the proper resources such as a counselor, many students turn to their peers to discuss their problems, even if the students are depressed or are having suicidal thoughts (Sharkin, Plageman, & Mangold, 2003). Tompkins and Witt (2009) reported that Resident Advisors were likely to have peers come to them seeking advice, and the majority of students believed that Resident Advisors should be properly trained to deal with a student having suicidal thoughts. Having resources and support systems for students suffering
from mental illnesses or experiencing distress are important in order for students to academically succeed at a university (Becker, Martin, Wajeeh, Warn, & Shern, 2002). Many students feel that because there a stigma exists surrounding mental illnesses, it is more difficult to seek help on a college campus (Link & Phelan, 2001). If students seek counseling and resources on how to deal with their mental illness, it can increase the likelihood that they will be successful in their academic career (Rickinson, 1998).

Bateman (1997) found that many college professionals and administrators do not know about the resources that are available to students who have a mental illness. Education on the warning signs of mental illness decreases stigmas surrounding mental illness (Eisenberg, Down, Golberstein, & Zivin, 2009). Students are more likely to seek help for their mental illness if they feel that their peers and mentors will not perceive them negatively (Eisenberg, Down, Golberstein, & Zivin, 2009). An online, interactive training called Kognito At-Risk helps faculty and staff learn how to identify warning signs in students who are experiencing mental illness, and where to refer those students after talking with them (Kognito At-Risk, 2009). This training prepares staff and faculty on how to deal with students at risk, and staff and faculty may feel more prepared after training such as one provided by Kognito. The research site sends an email to all faculty and staff with warning signs to watch for when a student may be in distress. Although this email is sent to all faculty and staff, they may not adequately understand how to notice those signs, or what to do if they do notice them. The Counseling Center at the University of Missouri has created training sessions for faculty and staff to help them be able to identify signs when a student is in mental distress, and what steps to take (Allen, 2014).
This study looked at how prepared and confident professionals are in identifying warning signs that a student is suffering from mental distress, so they can be aware of it and provide support where necessary. By being aware of these warning signs, faculty and staff will be able to direct students in the direction of proper resources, such as counseling services, where students can seek help in order to maintain a proper level of mental health while at a university and beyond.

Purpose of the Study

The purpose of the study was to examine university staff and faculty’s confidence and preparedness when working with students with mental illness. By examining the level of confidence and preparedness, the information can be used to determine if staff and faculty are aware of the warning signs that students may display when they are experiencing distress, such as depression or anxiety, and how to work with students with mental illness. Students with a mental illness in college are likely to get low grades on exams, have trouble participating in class, and are likely to have decreased self-efficacy (Brockelman, 2009). If professors and other university staff are trained properly in being able to identify warning signs of mental illness and student distress, they may be able to direct students to resources where support could be provided to them, such as counseling services. While staff and college faculty are not necessarily qualified to diagnose if a student is undergoing distress or has a mental illness, they may be able to refer the student to mental health professionals.

Research Questions

Because of the increasing prevalence of mental illness among college students, the following research questions were created for this study:
1) What are university staff and faculty’s level of confidence in identifying mental illness in college students?

2) How prepared are faculty and staff when addressing mental illness with their students?

The study compared two groups, faculty and staff, to identify how prepared they are at identifying signs of student distress, as well as working with students who are in mental distress. The two groups studied were college faculty and college staff, such as academic advisors and resident directors.

**Significance of the Study**

Mental illnesses among college students are increasing (Hunt & Eisenberg, 2010). Of students diagnosed with a mental illness, 73% of them experienced a mental crisis while they were at their university (National Alliance on Mental Health, 2012). However, 34.2% of these students reported that their school did not know they suffered a crisis (National Alliance on Mental Health, 2012). It is common for students to develop signs of mental distress during the ages of 18-24, the ages of a traditional college student (Kisch, Leino, & Silverman, 2005). Although mental illness is common, many students do not seek help—including going to Counseling Centers or disclosing that information with residence hall directors or professors (Pritchard, Wilson, & Yamnitz, 2007).

According to the National Alliance on Mental Health, 40% of college students do not seek help when they are in a mental crisis (2012). It is becoming more common for students to display warning signs of being in distress on social media, but these signs may go unnoticed (Moreno et al., 2011). By examining the training and professional development that both staff and university faculty receive in the area of mental illness
and student distress, as well as their level of comfort of approaching a student with a mental illness, university administrators can determine if staff and faculty need to receive more training on how to notice a student who is in distress, such as experiencing depression, anxiety, or possibly suicidal ideation, as well as where to direct these students if they notice these warning signs. The more educated faculty and staff are on warning signs of student distress, early intervention can be implemented more often (Gould, Greenberg, Velting, & Shaffer, 2003). In 2007, Seung-Hui Cho opened fire on Virginia Tech’s campus, killing 32 people, as well as himself (Friedman, 2009). Cho had announced threats of suicide two years prior to the shooting, and had several appointments at the school’s counseling center (CNN). Between the two years of visiting the counseling center and the shooting, it was reported that no one had completed follow-ups or reached out to Cho. If the faculty and staff at Virginia Tech were able to identify signs of a student going through depression or suicide ideation, they may have been able to reach out to Cho to ensure he was staying in contact with the counseling center. If staff and faculty are able to direct students to the proper resources, such as the Counseling Center, student organizations including faith-based organizations, or residence hall directors, it may increase the percentage of students who seek help for their mental illness or to cope with mental distress. The earlier a student seeks help for their mental illness, it can prevent the extent to which the illness affects the individual’s life (Eisenberg, Speer, & Hunt, 2012).

Definitions of Terms

The following terms may need further clarification before proceeding:
**College faculty.** For the purpose of this study, the term college faculty will be defined as a full-time professor who teaches classes to undergraduate college students, and is tenured or on the tenure-track.

**College staff.** For the purpose of this study, the term college staff will be defined as a full-time worker who has their Masters degree in an appropriate field, such as College Student Affairs, Counseling, or Psychology. Examples of college staff include academic advisors and resident directors.

**College student.** For the purpose of this study, a college student will be defined as a person between the ages of 18—24 enrolled at a four-year institution, and who is enrolled in a minimum of twelve credit hours per semester.

**College Student Affairs.** For the purpose of this study, College Student Affairs will be defined as the field of study that focuses on the development of students at higher education institutions.

**Competency.** For the purpose of this study, competency will be defined as having the skills needed to intervene and refer students to additional resources when students are in mental distress.

**Distress.** For the purpose of this study, distress will be defined as an extreme mental disturbance affecting an individual’s performance academically and socially (*American Psychological Association*, 2014).

**Mental illness.** For the purpose of this study, the term mental illness will be defined as a condition that affects someone’s daily routine due to physical, mental, or emotional hardships (*National Alliance on Mental Illness*, 2014).
**Vignette.** For the purpose of this study, vignette will be defined as a short scenario used for participants to elaborate on what they believe they would do in the scenario that is presented (Renold, 2002).

**Summary**

The importance of having faculty and staff who understand the effects of mental illness are rising, because the prevalence of college students with mental illnesses is increasing (Hunt & Eisenberg, 2010). The professionals who work with these students are sometimes the main people to interact with the student, and if the professionals are able to notice the warning signs of mental illness or distress such as depression, anxiety, or suicide. Chapter one presented an introduction to the area being studied, the purpose and the significance of the study, as well as limitations and definitions that will be used in the study. Chapter two will present a review of the literature that will aid in studying the research topic.
CHAPTER II
Review of the Literature

This literature review will explore four main themes that will aid in studying the research topic. The literature that will be covered will include students’ transitions to college, training staff and faculty for mental illness, mental illness among college students, resources for college students with mental illness, and Brofenbrenner’s (2005) Theory of Developmental Ecology.

Stressors Students Face While Transitioning to College

College is a unique experience that changes peoples’ lives tremendously. Many students embrace the independence they will gain from moving away from home and living by themselves or with a roommate (Stephens, Fryberg, Markus, Johnson, & Covarrubias, 2012). While young adults view going away to college as an exciting time, it also brings many challenges (Darling, McWey, Howard, & Olmstead, 2007). The adjustment students face when leaving home, move to a new city or state, leaving family and friends, and adjusting to the academic rigor of college are challenges that may lead to stress for students (Ross, Niebling, & Heckert, 1999). The changes that young adults face can be exciting, however they can also lead to high levels of stress that can lead to anxiety in students (Kadison & Digeronimo, 2004). Gerdes and Mallinckrodt (1994) found that the levels of stress students experience during their first year of college led to psychological distress, anxiety, and low self-esteem. Hicks and Heastie (2008) found that one main stressor students have during their first year of college is their roommate, as well as poor housing conditions overall. Many universities require first-time freshmen to live in university housing, which is often a small confined room shared with at least one other person. Having to adapt to a small living space, along with having to share that
space with a stranger, can add to a student’s stress. A major factor in predicting how a student will transition into college is their level of stress (Darling, McWey, Howard, & Olmstead, 2007). While all college students will experience stress due to different factors, students who experience higher levels of stress are less likely to be comfortable and supported while at their university.

The academic rigor students experience during college can lead to high levels of stress. Zajacova, Lynch, and Espenshade (2005) surveyed 107 first-semester freshmen at a large four-year institution on the East coast. Students were asked to rate 27 different situations that they may face while in college, with one being the most stressful and 27 being the least stressful. The top three situations were writing papers, studying for multiple tests in one week, and being successful in their classes. The top three situations were all academic-related, which reflect the majority of college students find academics to be among some of the top stressful situations they may encounter while in college. Academic stress is something that is inevitable, and for students who are predisposed to mental illness, the academic stress may increase their likelihood to experience anxiety or depression while in college. Students also may feel stressed when having to deal with financial concerns of their education (Kadison & Digeronimo, 2004). Students often have to take out loans in order to pay for their education. This can add burdening thoughts of how the money will be paid off post-graduation. The financial burdens college students feel that are placed upon them often lead to high levels of distress, which can make adapting to college difficult.

Students who find themselves in distress find it more difficult to successfully transition and feel a sense of belonging at their institution. Rickinson and Rutherford
(1995) found that students might withdraw from their post-secondary institution within the first semester due to emotional reasons, including depression. Students feel overwhelmed during their first semester from the changes that college brings, and it often leads to the feeling that they cannot be successful. When students have an overwhelming feeling that they cannot succeed, they may opt to leave their university instead of staying and completing their degree. In a study by Pritchard, Gregory, Wilson, and Yamnitz (2007), 242 undergraduate freshmen students were surveyed at the beginning and at the end of their freshmen year, in order to identify the types of distress freshmen students encounter. The students were asked about different coping strategies, including physical health, alcohol consumption, stress levels, socialization, and how they would self-rate their transition to college. Students who were more likely to have high levels of alcohol consumption were less likely to have good levels of physical health. Students with a good level of physical health were more likely to return for a second semester than their peers who were not in good physical health (Pritchard, Gregory, Wilson, & Yamnitz, 2007). The study also found that students with low levels of self-esteem were less likely to return for a second semester of school (Pritchard et al., 2007). Students who consume excess amounts of alcohol were more likely to be attempting to mask symptoms of depression or anxiety (Mason, Zaharakis, & Benotsch, 2014). Students who consume high amounts of alcohol are less likely to be taking care of their mental health, and are therefore more likely to experience symptoms of depression and anxiety.

One predictor that can affect a student’s transition during their first year is their socialization. If students are interacting with others, they are more likely to find ways to cope with their stress (Hicks & Heastie, 2008). Students who are able to find people to
talk to about the stress they are experiencing are more likely going to complete a college
degree than those students who do not. Darling et al. (2007) stated that if students have a
higher sense of coherence, this can influence and ease their transition into college. If
students come into college and are able to build strong bonds with other students and
faculty, they may have decreased levels of stress compared to their peers. These bonds
would help students manage time, as well as help them feel part of the larger community.
Although many students get involved in organizations, clubs, and leadership positions,
these additional responsibilities can lead to added stress for students, especially those
who are predisposed to depression or anxiety (Darling et al., 2007). When students
experience elevated levels of stress, they may feel inadequate which can lead to students
experiencing symptoms of depression and other emotional distress symptoms.

Mental Illness in College Students

During college, students are involved in an environment that develops the holistic
part of them; college focuses on furthering students’ careers, their social lives, and their
emotional health (Hunt & Eisenberg, 2010). Depression is the most common mental
illness among college students, with anxiety the second most common (NAMI, 2012).
According to the National Institute of Mental Health (NIMH), depression is when a
person is overcome by a level of sadness that it affects their ability to perform everyday
activities, such as eating, sleeping, and working (2015). People suffering from depression
cannot escape the feelings of sadness that overtake their minds (NIMH, 2015). Anxiety
disorders can include Panic Disorder, Social Anxiety, Post-Traumatic Stress Disorder,
and Obsessive-Compulsive Disorder (NIMH, 2015). Since students are involved so much
during their college lives, the onset of mental illness emerges during their time at a
university (Hunt & Eisenberg, 2010). Hunt and Eisenberg (2010) also found that mental illness accounts for almost half of the illnesses in young adults ages 24 and younger. College females were more likely to be diagnosed with depression than males, while males were more likely to become suicidal (Hunt & Eisenberg, 2010). Although over 40% of college students have felt stressed to the point they were hopeless, it is uncommon for students to receive treatment (Arehart-Treichel, 2014). Less than 20% of students who suffered from anxiety received treatment and only 24% of students who suffered from depression received treatment (Hunt & Eisenberg, 2010). Faculty and staff who are aware of the signs of depression and anxiety can encourage their students to seek help from college services such as the counseling center.

Eagan, Stolzenberg, Ramirez, Aragon, Suchard, and Hurtado (2014) surveyed 153,000 first-year students at 227 four-year institutions. Of the students surveyed, 50% rated their emotional health as being average or above average compared to their peers. In 30 years of collecting information on college student mental health, this is the lowest percentage the results have yielded. Gallagher (2014) conducted a survey that included 275 college counseling centers. Out of the 275 counseling centers, 93.7% reported that there was an increase of students on campus who had serious psychological problems. It is important for college faculty and staff to understand what mental illness is and what support systems are available for students who suffer from a mental illness due to a higher prevalence of mental illness on college campuses. Zivin et al. (2009) found that students who displayed signs of depression, anxiety, suicidal thoughts, or non-prescribed medication use were not likely to seek help from professionals on a college campus. Resources on a college campus for treating mental illness were a necessity because of the
typical onset of a mental illness. It is important for universities to provide resources for students so they can learn to cope and manage their mental illness (Becker et al., 2002).

Almost 40% of people between ages 15-24 display symptoms that could be diagnosed as a mental illness, such as depression or anxiety (Kessler, Olfson, & Berglund, 1998). Becker et al. (2002) found that about two-thirds of college professionals were able to distinguish if a student had a diagnosable mental illness or if they were temporarily distressed. College students may display symptoms of depression or suicide, and college professionals may be able to refer students to university counseling centers or other health professionals if they are able to recognize these symptoms. College students who are not referred to seek help may never get treatment for depression or anxiety, which would make it difficult to complete a degree.

Brener, Hassan, and Barrios (1999) reported that it is common for college students to display signs of depression and suicide. The U.S. Department of Health and Human Services (2001) found that if colleges provide suicide prevention efforts on college campuses, the prevalence of suicide among college students might be reduced. A suicide among a college campus often causes cluster suicides, where multiple student suicides occur within a short amount of time (New, 2015). At Tulane University in Louisiana, four students committed suicide within one year. Students who seek help for suicide ideation may be able to see that there are alternative options to suicide and seeking help may increase their ability to continue their education at their university. Reducing one student suicide not only saves one student, but may also decrease other student suicides among that community.

Training on Mental Illness for Faculty and Staff
When attempting to identify if a student is in distress, one must first look at how qualified they are to make those assumptions. If a faculty or staff member has had little to no training on mental illness and identifying signs of mental illness, it will make it more difficult for that person to reach out to a student. This section will look at the training of Resident Directors, Academic Advisors, and Professors in regards to mental health for their students.

Reingle, Thombs, Osborn, Saffian, and Oltersdorf (2014) conducted a study with 50 resident advisors (RAs), and participants were asked to discuss training they received in regards to mental illness, as well as how often they encountered students who were dealing with mental illness. The study found that the majority of the resident advisors’ trainings included a session dedicated to mental illness, however these presentations were typically given by campus mental health professionals, and often encouraged the resident advisors to reach out to Resident Directors if they were concerned about a student’s mental health. Of the 50 resident advisors, six RAs made referrals regarding a student’s mental health. Situations the RAs encountered regarding mental illness included discovering a resident cutting him or herself, residents disclosing thoughts of suicide to the RAs, and residents struggling with gender identity. Resident advisors may not be adequately trained when dealing with students who are severely mentally distressed. While the current study looked at Resident Directors, the training that RAs receive may reflect the training that is offered to professionals working with RAs.

The role of an academic advisor is to help students set and reach goals, complete academic requirements, and to guide students to grow into active community members (NACADA, 2006). Academic advisors are also expected to maintain relationships with
their students, with trust and respect key components of these relationships (NACADA, 2006). Students generally look to their academic advisor for guidance on academics, but also view them as a support system when going through college. The National Academic Advising Association (2006) provides academic advisors with signs a student is in a mental crisis. Harper and Peterson (2005) stated that academic advisors who observe these symptoms should listen and communicate to the student, and refer them to another professional when necessary. Academic advisors should also be encouraged to communicate with faculty and other staff members when they are concerned for a student’s mental state (Harper & Peterson, 2005). King (2000) believed there are six steps that should be included in the training of academic advisors. These steps included the ability to express academic expectations and institutional goals to students, but also the awareness of student resources the university offers. While it is a goal of academic advisor training to include learning about campus resources, it is important to assess whether academic advisors know about these resources and understand when to utilize them.

Professors spend a great amount of time interacting with their students on a weekly basis. While the primary role of a professor is to teach students, it is also important for professors to assist in a student’s personal successes. The majority of professors are not prepared to notice warning signs of student distress, nor did professors feel comfortable approaching a student in regards to their mental health (Shaughnessy, 2009). College students wanted their professors to have information on warning signs, treatment, and effects of mental illnesses, as well as how to communicate with students who have mental illnesses (NAMI, 2012). Only 45% of students on college campuses
believed their professors had enough knowledge in regards to mental illness to support them during a time of crisis (NAMI, 2012). Students’ perceptions of their professors’ knowledge on mental illness hinders them from seeking help (NAMI, 2012). Students who feel that their professors are more supportive of mental illnesses will encourage more students to seek their professors out when they need care. Professors cannot intervene if they cannot notice when a student’s behaviors are unusual. If professors receive training on mental health, they may be able to more easily identify students at risk for mental illness.

Many faculty are unsure of how to respond if they are placed in a situation dealing with a student who is in mental distress (Howard, 2015). Howard (2015) found that only 58.5 percent of colleges offer either formal or informal training for faculty members on mental illness. David Reetz, Director of Counseling Services at Aurora University, stated that many institutions do not offer training because they do not see the value in it (Howard, 2015). When training is offered, it is typically optional and in presentation-form, through emails sent to faculty, or by free brochures that were set out (Howard, 2015). While sending a list of warning signs of student distress via email allows faculty to have it available, faculty often get a flood of emails daily. When a faculty member needs the information, they may no longer remember it is available to them (Howard, 2015). Columbia University offers optional faculty training on recognizing the warning signs of a student in distress if they teach an undergraduate course that is required for graduation (Howard, 2015). The Director of Counseling and Psychological services at Columbia discusses that it is important for college counseling centers to create strong relationships with other staff members, including Residence Life
professionals and Academic Advisors (Howard, 2015). While there is no required training for faculty at the University of Maryland at College Park, departments can request training through the Counseling Center (Howard, 2015).

**Theoretical Framework**

This study was guided by Bronfenbrenner’s (2005) Theory of Developmental Ecology. Within this theory, there are four components: process, person, context, and time (Evans, Forney, Guido, Patton, & Renn, 2010). Within the context component, there are four systems, each that include a separate part of a person’s life. The first, and smallest, system is the microsystem. This system includes what is closest to the person, including family, close friends, and where the person lives—where a person finds themselves most often. The next system is the mesosystem, which is the link between the person and the world around them. The next system is the exosystem, which includes the influences that others have on a person. The interactions that the individual has with others within the exosystem may influence the student’s experiences and decisions (Bronfenbrenner, 1993). The final part is the macrosystem, which encompasses society and the individual’s culture. The interactions a student has with a professor, resident director, or academic advisor may influence how a student deals with their mental illness. These interactions are part of the exosystem. This theory will be used to guide how the knowledge of those in the exosystem—faculty and staff—affects the student in the microsystem. According to Bronfenbrenner (2005), students who encounter faculty and staff who do not have a lot of knowledge regarding mental illness will struggle more than if they encountered a faculty or staff member who was well-educated in mental illness. If a student interacted with a faculty or staff member who was able to identify signs of a
student having a mental illness, the student’s interactions with society may be different. This theory will guide the creation of questions by focusing on how faculty and staff interact with their students, which incorporates the macrosystem. The exosystem component will also help guide the creation of questions for participants to answer by asking faculty and staff their perceptions of knowledge of mental illness, and asking how they believe that affects their students with a mental illness. The macrosystem and exosystem will also support the analysis of data. Faculty and staff who respond to having low competence in the area of mental illness and who also do not feel comfortable approaching students regarding their mental health would be supported by Bronfenbrenner’s (2005) theory.

Summary

While mental illnesses are becoming more prevalent on college campuses, students are not seeking help for their mental illnesses at a corresponding rate (Zivin, Eisenberg, Gollust, & Golberstein, 2009). College professionals may not be able to identify signs of distress that a student is displaying when suffering from depression or anxiety (Becker, Martin, Wajeeh, Ward, & Shem, 2002). By discovering if university faculty and staff are able to identify warning signs of distress in students, students may be able to be directed towards the proper resources. Chapter two discussed literature in the areas of transitioning to college, faculty and staff training, mental illness among college students, and Brofenbrenner’s (2005) Theory of Developmental Ecology. Chapter three will discuss the methods that will be used for the proposed study.
CHAPTER III
Methodology

In order to determine how competent college faculty and staff are when working with students with mental distress, interviews were used, which included open-ended questions and vignettes. In a study by Phelan and Basow (2007), college professors were presented with three vignettes and were asked to identify if they believed the students in the scenario had a mental illness. The college professors in this study had difficulties identifying the students who had a mental illness. Participants received a vignette of a scenario of a student who is displaying signs of mental distress. Participants were asked to analyze the situation and identify what they would do in that situation.

Design of the study

A phenomenological approach was used to guide the study. A phenomenological approach allows a researcher to find key points based off a participant’s reactions to the presented situation (Fraenkel, Wallen, & Hyun, 2011). The researcher then draws conclusions based off of similarities found among the participants. In this study, conclusions were drawn from how participants react to the vignettes presented to them. In order to assess the level of competency of warning signs of mental illness among college faculty and staff, in-person interviews were conducted. Participants received a vignette to read at the beginning of their interview. A vignette was given to the participants because it allows participants to engage in the research, as well as provide participants with a “greater level of control over the research interaction” (Barter & Renold, 2000, p. 313). The participants were asked to identify if they felt there was anything alarming in the situation, and what they would do with the student in that situation. A qualified psychologist serving on the thesis committee assisted in the creation of the vignettes, as
well as a licensed clinical counselor who works at the university’s counseling center. The participants were allowed to take notes while reading the vignette, if needed.

Participants

For this study, six interviews were completed. Two faculty interviews, two academic advisors, and two housing professionals were interviewed. Faculty members, academic advisors, and resident directors work with students and typically see the same students on a regular basis, and thus would have the opportunity to notice warning signs of mental distress in students. For resident directors, recommendations from the director and associate directors were taken into consideration to help select participants. Housing participants were full-time staff who live in a residence hall as part of their position and had been in their position for at least one year. For academic advisors, participants must have been in their position for at least one year. Recommendations from the director of advising were taken into consideration when selecting participants. Faculty were either tenured or on the tenure-track. No faculty members who also serve as academic advisors were selected to participate in the study. Each participant was given a pseudonym to protect their personal identity, and their identity will remain confidential.

Blair is a female, Caucasian, Residence Director. At the time of the interview, Blair had been in the field of Student Affairs for four years. Blair is between the ages of 25 to 39.

Vanessa is a female, Caucasian, Area Director. At the time of the interview, Vanessa had been in the field of Student Affairs for five years. Vanessa is between the ages of 25 to 39.
Lilly is a female, Caucasian, Academic Advisor. At the time of the interview, Lilly had been related to the field of Academic Affairs for 20 years. Lilly is between the ages of 40 to 60.

Chuck is a male, Caucasian, Academic Advisor. At the time of the interview, Chuck had been related to the field of Academic Affairs for thirteen years. Chuck is between the ages of 25 to 39.

Dan is a male, Caucasian, Associate Professor. At the time of the interview, Chuck had worked in Academic Affairs for 31 years. Dan is over 60 years old.

Nate is a male, Caucasian, Assistant Professor. At the time of the interview, Nate worked in Academic Affairs for six years. Nate is between the ages of 25 to 39.

Research site

The study took place at a Midwestern, mid-size, rural, public institution located in Illinois with an enrollment of around 9,000 students, including undergraduate and graduate students. In fall 2014, there were 526 full-time faculty members, with a 14:1 student-to-teacher ratio. The institution had 270 staff members in fall of 2014, including six full-time counselors at the institution.

Instruments

For this study, the instrument included the vignette given to the participants at the beginning of the interview, as well as the questions asked during the interview (see Appendix D). These questions were open-ended questions, which allowed for the researcher to add follow-up questions based on the participants’ response. The vignette is included as an instrument because it allowed the researcher to see how each participant would respond to a student who is in mental distress. A licensed psychologist and a
licensed clinical professional counselor assisted in the creation of the vignettes in order to ensure validity. The researcher is also considered an instrument. In order to account for bias, the committee approved the questions before the interviews. The interviews were transcribed and coded by the researchers, and were reviewed by the thesis committee chair in order to reduce bias.

**Role of the Researcher**

Within qualitative research, it is meaningful that the researcher expresses characteristics of their identity, as well as experiences that may influence the results of the study (Miles, Huberman, & Saldana, 2014). Through qualitative research, it is important to be mindful of personal bias. Personal bias is the researcher’s own past experiences or relation to the topic may skew the data analysis (Miles et al., 2014). As the researcher, I have revealed my role as it is related to this research.

In my role as a Student Affairs professional, I have worked with many students suffering from anxiety, depression, and other mental illnesses. In regards to my racial and ethnic background, I am a White, middle-class female and a college graduate. Through working with students suffering from mental illness, as well as my racial and ethnic background, it was important to take steps in order to reduce bias. To reduce personal bias while collecting and analyzing data, I made a conscious effort to avoid making assumptions from the responses of the participants. While interviewing participants, I asked for clarification when necessary and paraphrased participants’ responses to ensure I understood their response in order to reduce bias.
Demographics

Demographics regarding the participants’ position at the institution were collected (see Appendix E). Information regarding how long the participant has held their position and has worked in a similar position was also collected. Information regarding the participants’ age, gender, and race was also collected, as this may play in to how they approached the vignette. This information was collected on a demographics sheet before the start of the interview. Demographics of the participants are described in the participants section.

Data Collection

Data was collected through face-to-face interviews. The interviews were recorded on an audio recorder, which was stored in a locked cabinet behind a locked door. All recordings will be erased within three years after the study concludes per the institution’s IRB policy.

Data Analysis

The responses to the questions and vignette were coded using First Cycle coding methods, specifically In Vivo coding and Magnitude coding (Miles, Huberman, & Saldana, 2014). In Vivo coding utilizes words and short phrases from the participant’s own language to find common themes (Miles et al., 2014). This was used as the primary method when coding responses. Magnitude coding was used after primary codes were made in order to separate responses into high, medium, and low levels. After being coded, common themes emerged that were specific to each research question (Saldana, 2013).
Treatment of Data

Results were sorted on an Excel data sheet by specific job position, in order to find common themes amongst the groups. The Excel data sheets and any other results are stored on a password protected USB drive that only the researcher has access to. The results will be destroyed within three years after the study concludes per the institution’s IRB policy.

Summary

By having individual interviews, the researcher was able to ask follow-up questions that were generated by participants’ responses during the interview. Reading the vignette at the beginning of the interview ensures all participants had the same time to review the vignette to ensure accurate results. The goal of this study is to determine if staff and faculty are prepared in identifying mental illness in students, and if staff and faculty know where to direct those students if they need additional resources.
CHAPTER IV
Results

The purpose of the study was to examine university staff and faculty’s ability to identify warning signs of mental illness at a mid-sized Midwestern university. The secondary purpose was to investigate faculty and staff’s level of preparedness faculty and staff have when dealing with students with a mental illness. After conducting six one-on-one interviews for this qualitative study, various themes emerged and are presented throughout this chapter. The themes presented in this chapter are organized by research question.

Research Question #1: What are university staff and faculty’s level of confidence in identifying mental illness in college students?

Three different themes emerged due to the participants’ responses in the semi-structured interviews from the six participants. The themes included the following:

- *Initiating conversation with students*, which explain how the participants would approach a student if they notice signs of mental illness.

- *Role in Working with Students with Mental Illness*, which explores the responsibility that faculty and staff believe they have when working with students with mental illness.

- *Personal belief between mental health and academic and social experiences*, which explains how the participants believe mental health impacts a student’s academics and the student’s interactions with their peers.

Initiating Conversation with Students

Participants were asked to identify how they would approach students whom they believe are struggling with mental health. Participants responded specifically to how they
would approach the student in the vignette that was given at the beginning of the interview. Participants also responded in a general sense, and were asked about their level of comfort when handling those situations. When discussing the student in the vignette, Vanessa, a Residence Life professional, said that because she has had a relationship with the student for several weeks, she would be able to confront the student. Vanessa mentioned she would bring up the behaviors that she has noticed from the student and start the conversation out as a check-in to see where it leads. Blair, also a Residence Life professional, discussed that she would begin the conversation with the student by addressing the behaviors she has noticed in the student. Blair said that because she has worked with the student frequently, she would feel comfortable talking with the student. She expressed she would bring up what they “have noticed and how [the student’s] opinions and activity in the hall used to be very visible and positive.” Lilly, an academic advisor, also discussed that because she already had a relationship with the student, she would have no trouble initiating a conversation about the behaviors they have observed. Lilly said she would ease into the conversation by telling the student “things seem to be different.” Lilly also said they would never be direct about what she believes is going on. For example, Lilly said she would not directly ask the student if they are depressed. Lilly then stated she “would let the student share what they were comfortable sharing and encourage them to keep having these meetings with [the participant.] Maybe if I could get enough out of him, I would be able to refer him.” Chuck, an academic advisor, responded similarly and mentioned that after bringing up the behaviors they have noticed, the conversation would move forward based on the student’s responses. Chuck said that they would not “want to express alarm” but to “ask some open-ended questions where
maybe [the student] can express a little more about what is going on.” Chuck also mentioned that it is beneficial when a student self-discloses their mental illness, because otherwise it may be difficult for Chuck to continue having conversations with the student about their mental health.

Differently than Lilly’s approach, Dan, a faculty member, stated he would use a more direct approach. He said they would “intercept the person, ask them how they are doing.” Dan then went on to say, “I would mention potentially that their behavior seemed to be a little different and be concerned that everything is alright. Their reaction to my initial interaction would prompt what I would do next.” Dan then said that if the initial conversation did not reveal much information, he would have the student make an appointment with them within the next few days.

Nate, a faculty member, discussed they would approach a student as they were leaving class and would not be too serious or detailed, and mentioned they do not believe a student would “even bother getting into detail with me. I would think he would probably just say that things have been tough and just walk away.” When Nate was asked if he would attempt to have a future conversation with the student, he reported he would “just leave it alone.” Nate then elaborated by saying that he has had students approach him and express that things for them have been difficult, but Nate thinks they are just trying to get an extended assignment deadline. Nate said that if a student came in asking for “extra or different kind of treatment,” he would “keep the standards.”

Role in Working with Students with Mental Illness

Multiple participants discussed their role when working with students with mental illness. While some participants were able to express clearly what they believed their role
is when working with students with mental illness, a few participants expressed the concern of not knowing what interactions are allowed. While resident directors expressed a clear role, academic advisors and faculty noted they do not know their role. Blair expressed they understand they are not a licensed counselor, but can still support the student. She stated, “I can be here as a soundboard and as someone to listen, and to be there for that student.” Similarly, Vanessa recognized her role is supporting the student, even if that means directing them to a campus resource. She stated:

You want to be a person for them that is there that can listen, support, and refer them to resources when needed. And sometimes that is what it is: listening and then referring. Because often times, you are not the person that can solve all their problems or fix all their issues.

Vanessa and Blair, both Residence Life professionals, expressed they knew when it was their place to work with the student, and when it was time to get the student connected to a different resource.

Lilly, an academic advisor, expressed being unsure of what she is able to do in her role as an academic advisor when she identifies signs of mental illness. She said, “I don’t know what I can and can’t do. I don’t think I can even bring it up if they don’t.”

Dan and Nate, two faculty members, struggled greatly to understand their role when working with students with mental illness. Dan said “you don’t want to overreact” when noticing a student’s questionable behaviors. Dan also expressed the boundaries for student-faculty relationships are unclear. Dan said, “I think there is a fine line of how much I can and cannot do. As faculty, I’m expected to make relationships, but it isn’t encouraged.” Dan went on to say:
I’m not here to be their friend; I’m here to be there professor. I have a job to do. I’m not here for relationships. It is very unclear of how much I can do for a student. I’m here to teach but I’m not their teacher. It has never been made clear to me what my role is outside of the classroom. So is it better to overreact or underreact...I don’t know.

Nate responded similarly to Dan, and expressed he is unsure of his role as a faculty member. Nate expressed he does not “feel I am at a position to intervene or interject or give them some advice. We don’t have that kind of relationship with students.” Nate expanded on his role and said that “faculty members: we are not their boss and we are not their parents; we are something in between. We want to be professional and we want to be caring, so our job is in between.”

**Personal Belief Between Mental Health and Academic and Social Experiences**

Participants were asked to express about the relationship between mental health and a student’s academic and social experiences. All participants expressed they believe mental health can affect a student’s academics. However, not all participants believed mental health would affect a student’s social experience.

When discussing the relationship between mental health and academics, the majority of the participants shared similar responses. Vanessa expressed that students may not be fully engaged if they have a mental illness, and therefore would be less successful academically. Vanessa discussed experiences where they have seen how a student’s mental health can affect a student. She stated:

I have seen that in my own community. I have a student who is experiencing some mental health issues, and on top of that, they are having some financial
issues, and all of it seems to be intertwined, and they can't seem to dig themselves out of this hole. School is the least of their worries because they are worried about other things.

Blair responded similarly in that there is a strong correlation between academics and mental health, and was able to see the holistic part of the student. Blair expressed that “if you are not physically or mentally stable, it is going to affect your academics.”

Dan also expressed that they believe there is a causal relationship between mental health and a student’s academics. Nate also believed there is a strong relationship between the two. Nate said that it is difficult to keep academics and one’s mental health separate.

Chuck recognized the relationship between a student’s mental health and their academics, and expressed the experiences he has dealt with when working with students who struggled during an academic semester. Chuck stated:

I know certainly I have had students who will tell me either when we meet during a semester that they are having a tough time, and it is impacting their classes, or unfortunately sometimes more often, after the semester when I will ask them what happened with their classes the previous semester they will tell me they had a really tough time and explain why for one reason or another, but it often comes back to mental health—just experiencing depression or just being in a difficult spot at any given point in time.

Chuck also discussed that while mental health can play a role in a student’s academics, academics can also play a role in a student’s mental health. Chuck expressed that if a
student is not “doing well in classes, that can sometimes lead to symptoms of depression because things are not playing out the way they expected them to.”

When discussing the relationship between a student’s mental health and their social experiences, the majority of the participants expressed that it would depend on the mental illness. Blair and Vanessa responded similarly. Vanessa expressed that while she believes the effect on their social experience depends on their mental illness, “students suffering from mental health issues are the ones that I see most disconnected from the social experience that is college, in a negative way.” Vanessa believes that students with mental illness will remove themselves from being active in their residence hall communities or other positive social experiences, and may replace those with negative behaviors. Blair also described the relationship between mental health and a student’s social experience can depend on the mental illness. Blair also stated that if a student’s “mental health is not where it should be, then [the student’s] social life is not going to be where it should be.” Dan also acknowledged that the relationship between mental health and social experience is dependent on the mental illness as well as the student’s coping skills. Dan stated he “thinks there are a lot of people who have mental health challenges who socially, unless they are serious challenges, have a tendency to cope and other people may not know anything about it.” Dan expressed that if the student’s mental illness is not severe, it may not affect their social experience.

Chuck expressed that mental health can affect a student’s social experience, but had a difficult time determining the extent because students do not share that part of their life with him often. Chuck did identify that students may turn to “alcohol abuse and drug abuse as a way of dealing with some of those mental health situations, and that can
certainly affect the social side of things as well.” Nate also expressed uncertainty if there was a relationship between mental health and social experiences. He mentioned “He does not know a lot about social experiences among college students, but from his understanding “they mostly consider partying as their social life, and I don’t know if their mental health affects it that much.” Nate then mentioned that “the bigger concern would be the affects of their academics, and maybe a little bit of their social life.”

Lilly expressed that “whether it is academics, socially, relationships, or emotionally,” they should be stabilized. This would help the student ensure that their academics and social experience can be affected as little as possible.

**Research Question #2: How prepared are faculty and staff when addressing mental illness with their students?**

Different factors influenced the participants in their approach to working with students who exhibited signs of mental illness. The themes that emerged from this included the following:

- *Ability to identify behaviors/warning signs of mental illness*, which looks at signs that were identified by participants after receiving a vignette. From their responses, the participants were sorted into three levels of preparedness. Participants who showed an extensive range of knowledge regarding preparedness are ranked as high.

- *Campus resources*, which explains offices located on the university’s campus where faculty and staff would direct students to when they are suffering from a mental illness.
• *Referrals*, which describes the participant’s method to ensuring a student utilizes the campus resources mentioned.

• *Personal/work background*, which explains the participants’ previous work history as well as personal relationships that have impacted their level of preparedness when dealing with students with mental illness.

• *Training in current position*, which explains training the participant received through the position they held at the time of the interview that affected their level of preparedness when dealing with students with mental illness.

**Ability to Identify Warning Signs of Mental Illness**

All six participants were given a vignette to read at the beginning of the interview. There were three different vignettes, focusing on the participant’s specific job position. All three vignettes included similar warning signs (see Appendix E). After reading the vignette at the beginning of the interview, the participant was asked to discuss their initial reactions about the student. If the participant identified they were concerned about a student, they were asked a follow-up question to identify what specific behaviors created those concerns.

Blair, a Residence Life professional, noted that the student in the vignette had a drastic change in behavior, which created a “red flag that something is going on that’s probably deeper than what I am seeing.” When asked a follow-up about what specific behaviors or changes were noted, Blair identified several components. Blair identified the student’s change from an upbeat attitude to being more closed off. Blair also identified the student’s lack of socialization with the rest of the community, including not eating
with the rest of the group and keeping their residence hall room door closed. Blair also noted that the student's behaviors conveyed aggression.

Similarly to Blair, Vanessa, also a Residence Life professional, noted the student's shift of being an active member of the community. She stated “it was a complete spin in a different direction from the student that we had seen at the beginning.” When asked to identify specific behaviors that caused Vanessa to see the student in a different light, Vanessa identified aggression as a concern. Vanessa also stated:

If all of a sudden his door is always closed and I’m not able to see him doing his schoolwork, do I know that he is still doing his schoolwork if I am not able to see that anymore? And then he hasn’t been coming to hall council and he is not coming to the hall dinners anymore. Then people say they haven’t seen him, so is he not eating anymore? Is he eating in his room?

Chuck, an academic advisor, also noted a change in behavior from the student. Chuck indicated that “there may be something going on there that would be helpful to find out what may be causing some of the changes that he has shown.” Chuck was able to identify several behaviors that caused concern. Chuck identified the student’s consistency of showing up late, the lack of eating lunch during the meetings, and not bringing the assigned work with drew concerns. Chuck also identified his appearance as a warning sign, specifically the student looking tired and distracted. To Chuck, the biggest red flag was the student’s comment that their “future does not matter.” Chuck said that “any comment like that is something that we would want to find out what would lead him to say that.”
Lilly, an academic advisor, was also able to identify a change in the student. Lilly expressed she believed the student seemed to be taking care of himself, until Lilly noticed behaviors that were different from the student in the beginning of the vignette. Lilly identified the student “showing up late, not eating, distracted, [and] tired” as signs that “seemingly something is going on.”

Dan, a faculty member, identified there was a change happening with the student, but did not identify many specific behaviors. Dan also expressed that while he may notice change, he would not assume it is correlated to a mental illness. One behavior Dan mentioned was the student’s constant yawning in class, however he believed it would be “a situational thing that needed to be addressed.” Dan continued to explain that he would correlate the yawning to the student “working an extra job.”

Dan also admitted to struggling with self-assurance when working with student behavior. He stated:

Because we are in the middle of a classroom, it is very difficult for a professor to, I think anyway, to have much confidence in some sort of diagnostic process that goes on by watching students.

Nate, also a faculty member, struggled to identify a change in the student. Nate stated:

What I was thinking was it is hard for me to understand what someone is going through. I’ve probably had students like that, but that was my first reaction—it is something that is hard to identify.

Nate was asked if there were any behaviors that may be concerning. Nate expressed that he “would probably be a little concerned that [the student] has gotten disengaged in class and not turning in homework, but I would probably just chalk it up to him just being a
college student.” Nate was asked to expand on what they meant by his statement, and he stated, “that he just isn’t turning in homework because sometimes college students get lazy.” These were the only behaviors expressed by Nate, and he did not seem concerned about the behaviors.

Campus Resources

All six participants referenced campus resources they would utilize when working with a student with a mental illness. While almost all participants referenced the Counseling Center as a resource they know of on campus, participants referenced a variety of other campus resources that they would contact when dealing with a student with a mental illness. Based on the participants’ responses and knowledge of the resources, they were categorized into three different levels regarding their knowledge: high, medium, and low.

High Level of Knowledge Regarding Campus Resources

Blair and Vanessa are full-time Residence Life professionals, and were able to identify various campus resources. Due to the amount of knowledge Blair and Vanessa had surrounding campus resources, as well as what the resources provide, they would have a high level of knowledge in this area. Blair stated: “There are lots of different resources on campus. You just have to know what all of them are and do your research and find out what that particular student needs.” Blair referenced the university Counseling Center, and mentioned that “knowing the different resources within the Counseling Center as well [is important]. There’s individual therapy but there is also group therapy.” Blair also mentioned utilizing the Student Success Center if the student suffers from anxiety during tests, as well as their academic advisors. If a student needs a
mentor, Blair discussed they would utilize the office of Minority Affairs. Blair also mentioned Health Services, Student Standards, and Veteran’s Affairs as services she would utilize when working with students suffering from mental illness.

Vanessa mentioned several campus resources, including the Counseling Center. Vanessa also mentioned that they might utilize student organizations, stating, “a student may just want to meet people.” When asked further about campus resources, Vanessa stated:

I think sometimes getting a student to do intramural sports or working out can relieve stress or anxiety. We have Campus Ministry liaisons, so sometimes a faith-based connection can be a positive thing for a student. It depends on how severe it is, because sometimes you are getting police involved or getting medical attention. For me, there is a reporting structure of who finds out when these things happen. Sometimes it is Student Standards, because there is a behavioral concern that is concerning the whole community. Maybe if they are struggling or realizing a part of their identity, so it could be connecting them with people from a shared identity group. Maybe it is connecting them with the LGBTQ Resource Center. Sometimes it is directing them to people like them—someone who can relate to a shared experience. That might not be the Counseling Center all the time.

Medium Level of Knowledge Regarding Campus Resources

Chuck and Lilly, who are academic advisors, were able to identify a few campus resources to utilize when working with students with mental illness. Although they were able to identify campus resources, the lack of understanding of what is provided at those resources place them in the middle level. Lilly mentioned the Counseling Center as a
campus resource to utilize when dealing with students with mental illness, as well as the Sexual Assault Counseling Center and Health Services, although she has not had to utilize those services in their referrals. Lilly also mentioned referring students to the police station, “to consider talking about getting sort of order of protection or reporting.”

Chuck identified the Counseling Center as a campus resource they would utilize, as well as Resident Assistants. He stated “I would certainly also let them know their Resident Assistant, if they live in a residence hall, is a good resource, since they are right there with them on a regular basis.”

Low Level of Knowledge Regarding Campus Resources

Both faculty participants were able to identify one to two campus resources, and both identified the academic advisors as the primary resource they would utilize on campus when dealing with a student with mental illness. Due to the limited amount of campus resources stated, both faculty participants were placed in the low level of campus resources. Dan said:

Normally, I would find out who the person’s academic counselor is first, and talk to that person. That is what I have done in the past. I talk to the academic counselor and see what the academic counselor knows of the student. Next I would arrange for counseling at the Counseling Center.

Nate admitted to not knowing the campus resources very well. He stated they would refer them to the Student Services. If it is something very serious, I would talk to senior faculty members like our area coordinator or our chair or someone who is more experienced than I am. The student services might be one option.”
When Nate was asked to expand, he showed little knowledge on what is offered at the campus resources they described. He stated:

I don’t know what it is called, but where they have people there to assist students. I think they have a lot of different services there. But the senior faculty would be my other option.

Referrals

When addressing campus resources, participants identified their procedure to ensure students utilize the campus resources that are provided to them. Several participants identified that it is important to follow-up with the campus resource they identified in order to ensure the student is seeking assistance. In order to do that, almost all the participants stated they would walk the student to that resource, as well as take additional steps including calling the campus resource. Several participants also addressed breaking down the barriers that come with using certain campus resources, such as the Counseling Center.

*High Level of Preparedness Regarding Referrals*

Both full-time Residence Hall professionals addressed their procedure to ensure a student utilizes different campus resources, including the Counseling Center. For Blair, this included making the student feel comfortable about a campus resource, including the Counseling Center. Blair’s first step was to break down stigmas many students have surrounding the Counseling Center. Blair stated:

When I meet with a student that maybe is having a hard time or I just feel the need to refer a student, I always just talk to them about what the Counseling Center is or what the resources is and what they offer. If I get any kind of
backlash or ‘Oh, I don’t need that’ or anything like that, I just talk with them. A lot of people think going and getting help, whether that be mental health, physical health, anything, is a sign of weakness. That’s something I try and break down and say it is not a sign of weakness, it is a sign of strength that you are going to get that assistance you need.

Blair then discussed their procedure for referring students, and stated:

I will offer, and I encourage my [Resident Assistants], to walk students to the Counseling Center or to the service that they need. I am happy to walk them there if maybe they are nervous. What I have done a lot of time is I have sat there when they call and they have made the appointment for the Counseling Center. So I think a lot of times, it is just being there as someone as almost just a comfort. Not doing it for them, but being there as a support for them.

Vanessa acknowledged that part of their job is to be a referral agent. When asked about their procedure to refer students to campus resources, Vanessa said they offer to walk with the student. They stated they will ask the student ‘How can I make this [process] more comfortable for you?’ When referring students to campus resources, they stated it is picking up on students’ hesitancies in utilizing that resource. They stated:

I’m like ‘Okay, so you have thought about it, what is stopping you? Would it help if someone were to go with you, or if we called right now and made an appointment?’ So it is giving them options. I think that is a big thing—you want them to feel like they are in control of what they are doing, because they may not feel in control.
Vanessa stated they will always offer to go with the student, “to make sure they know where it is at.” Vanessa also addressed stigmas surrounding campus resources such as the Counseling Center. They stated:

There is a stigma around going to the Counseling Center sometimes that I don’t want to be on that side of it, trying to beg people to come see me. I would rather be on the side where it is like ‘Can I walk with you? Can we go together?’

Vanessa went on to discuss the stigma surrounding counseling may hinder a student from utilizing that resource. They stated:

I have been part of students’ covers of where they are at. I tell them ‘We can just tell them we are going to lunch. Nobody needs to know that we are walking to the Counseling Center instead of the [dining hall]. I try to help them see, but then with my resident assistants, too, I try to help them see how utilizing counseling and talking about it with their students can help remove some of that stigma too.

If you are going to counseling because you are dealing with x, y, or z, why are we ashamed to talk about that?

Medium Level of Preparedness Regarding Referrals

Lilly mentioned they “have even driven a student to the Counseling Center who said they were going to hurt themselves. Lilly then stated:

If I haven’t taken the student there, I then call the student later to see if they followed up with that appointment and that kind of thing. I took that student because that student said they were going to do something. But in the other instances, I didn’t get that kind of direct answer, so I called the Counseling Center
and they advised me on what I should do, and then they set up an appointment and actually talked to the student on the phone and then set up the appointment. Chuck discussed they would encourage the student to make an appointment with the Counseling Center. When asked to discuss their referral procedure, they stated:

If they express some concern about going to the Counseling Center I would potentially be willing to head over there with them to make an appointment or whatever the case may be. If they express that they think it is a good idea to talk to the Counseling Center, as long as they are not showing symptoms of suicidal tendencies, I’m going to probably let them make the appointment on their own. Obviously, if they are talking about self-harm in any fashion or showing symptoms of being in a very depressed state, then I would probably walk over with them.

Low Level of Preparedness Regarding Referrals

Dan and Nate showed the minimum level of preparedness when dealing with referrals. Dan stated

I don’t walk them over. Normally what I will do is call over and I follow up. My follow up is primarily having them call me back when that person gets to them. If there is an urgent problem, it puts a professor in a very bad spot because there is no 911 for students, really.

Nate mentioned getting the student to the Counseling Center. They stated:

I would be happy to direct them to the Counseling Center or take them there.

Then I would probably ask them what is going on. If it is anything that requires
urgent or immediate attention, my first reaction would be to see if I could get them somewhere safe.

Personal/Work Background

Throughout the interviews, all six participants discussed their work backgrounds prior to their current position, as well as personal relationships that have influenced their preparedness when dealing with students with mental illness. All six of the participants believed that their backgrounds has helped developed their preparedness for dealing with a student with mental illness. Based on how on the participants’ believe their background has helped them work with students with mental illness in their current positions, they were sorted into three levels.

Three of the six participants have a Master’s Degree in College Student Affairs, and two of them work as Housing Administration. All three participants believe their background has helped them when dealing with students with a mental illness. Vanessa has worked in Student Affairs for nine years, at several institutions. They expressed that their previous positions before coming to their current institution provided at least one session regarding mental health each year. For the duration of their experience, they have worked in Residence Life, as a full-time professional. They expressed that their background prior to coming to their current position provided them with an opportunity to engage with a panel of students who were dealing with mental illness. Vanessa believed that experience helped them gain a level of knowledge regarding mental illness. They expressed that:

[The panel] allowed students to talk about what it was like to be a college student, walking around campus every day experiencing a mental illness. That was more
informative because you were hearing it directly from someone who lives it, and not from a counselor who explains what they think it is like for a student to be in college and be struggling with those issues.

Blair, a full-time Residence Life professional, expressed that their Bachelor’s degree in Psychology and their Master’s degree in College Student Affairs is what deepened their level of preparedness in regards to mental illness. They expressed that because they received a degree in Psychology, they were already “aware of a lot of mental health issues coming in to my graduate work,” and when they became a graduate assistant, they “received training from the Counseling Center.”

Lilly, an Academic Advisor, has two Master’s degrees, one in Social Work and one in College Student Affairs. From their education, they stated:

I did take some counseling courses that were very enlightening [in College Student Affairs] but my Social Work program specifically used the diagnostic manual, the DSM. We learned a lot about mental disorders and I already have some kind of clue, but definitely not anywhere near an expert of any kind, but just a clue.

One faculty participant, Dan, described their personal and work backgrounds in detail, and described situations that have impacted the way they treat situations regarding students with mental illness. They explained a situation they encountered in a position that has impacted them.

I have had one student who committed suicide 20 years ago. He came in, turned in an assignment, acted very peculiar, getting ready to graduate, engaged, had a job with an accounting firm, but acted odd. He went home, broke into a
neighbor’s apartment, stole a gun and blew his brains out. Since then, anytime I see behavior, even if it is yawning or if it is alcohol or lack of attention, I normally will find a way to talk to that student after class.

Dan went on to explain how losing a student to suicide impacted how they have handled situations since that occurrence. Dan explains a time they had a student turn in a midterm too quickly to do well on the exam. Dan explained they demanded to know the student’s GPA because they felt their GPA could explain the student’s performance on the exam or if it was related to something personal going on. Dan explained, “it is all because of that one gentleman I just told you about. I could just picture him walking in to my office and handing in a semester project and me not taking appropriate action.”

Outside of working with students, Dan has previous work experience that influenced their preparedness in regards to mental illness. They were a community mental health administrator for thirteen years, and served as an Associate Director of the Inpatient and Outpatient units for alcohol and drugs. Through that position, Dan was exposed to working with people with mental illness, and they believed that provided with a base with working with students with mental illness.

Chuck, an Academic Advisor, expressed that they had minimal training regarding mental illness prior to becoming an academic advisor. They stated:

As far as any training prior to the position, I did not. I’m in a different situation because my degree...There’s a lot of folks who go into College Student Affairs for their Master’s degree. My Master’s degree was actually in history, so it was not in that Student Affairs realm.
Nate, a faculty, described the knowledge they have regarding mental health is due to their spouse. They state:

My [spouse] is a mental health professional, so I learn a lot from them. They are in clinical mental health—school counseling as a clinical mental health counselor.

So that’s my personal relationship—things that I learn from them.

While Nate's spouse works as a mental health counselor, Nate was unable to provide specific examples on how this has benefitted them in their role as a faculty member.

**Training**

Participants were asked to discuss any type of training they received about mental illness in their current positions. The two full-time Resident Life professionals discussed the formal and required training they have received pertaining to mental health, while other participants discussed optional training that they completed independently. Based on the training described by the participants, they were grouped in to three different categories: high, medium, and low.

*High Level of Training Regarding Mental Illness*

Blair and Vanessa, both Residence Life staff, discussed they have received formal training regarding mental health each year they have worked in Student Affairs. Both participants described simulations—whether in person or through online programs—that benefitted them when working with students with mental illness. Blair described participating in a training session known as “Behind Closed Doors,” which is a simulation of experiencing possible situations including suicide ideation. Blair also mentioned that they have “received training from the Counseling Center during professional staff training.” Blair also takes personal strides to read articles and
participate in webinars, because “mental health is definitely something that is on the rise and we as Student Affairs professionals have to be aware of.”

Similarly, Vanessa they have received “some sort of training regarding mental health” every year. Vanessa’s training included completing Kognito, an online simulation regarding mental health. Vanessa described Kognito as:

A student is showing signs and then you are prompted with different questions and following up with different things and seeing how you move forward, but then also being able to see how the student feels while you are having these conversations, so those are nice because you don’t always think about what is going on in the student’s head when you are talking to them, you know, how do they feel when you bring up different resources.

Medium Level of Training Regarding Mental Illness

Chuck and Lilly, both academic advisors, struggled to recall required training regarding mental illness that they had to complete for the position. However, both participants discussed optional training they have completed while being in the position. Chuck stated that they do not know of any that is required, but has participated in optional trainings. They completed Kognito, but they emphasized, “it wasn’t required, but something that was available to us.” Chuck also discussed attending workshops and conferences that were held at the university, although these were optional.

Lilly also discussed optional steps they take to become knowledgeable about mental illnesses, although no formal information was presented to them. They discussed attending Brown Bags put on by the Counseling Center and reading articles about mental illness. Lilly also stated they completed Ally Training, even though it was not required.
Lilly believes that academic advisors need more training regarding mental illness, even though it is not their job to be helping students with mental illness. They stated:

I don’t think that is the expectation really of our job...I mean it is listed in our job responsibilities that we refer. It is our responsibility, I believe, to know where to refer and have some understanding. But no training. Honestly, I think we need more training. Really any kind of training would be helpful.

*Low Level of Training Regarding Mental Illness*

Both faculty members struggled with identifying training provided to them as faculty members. Dan does not believe he received any type of training regarding mental illness. Dan pointed out that they have completed training on sexual harassment and ethics, but not on mental illness. Dan mentioned the only information they receive on mental illness is passive. They stated:

We get special notices and bulletins as to how to handle a student who comes in and tells you they can’t read or they can’t sit in a class or they have to have a seeing eye dog or they have to have someone else take their notes. But as far as training, I don’t think I have had a lot.

Nate stated they have not received any education regarding mental health. Nate also was not aware of any training available to faculty members. Nate did state, however, that he believes the university “needs to make a stronger emphasis on [student mental health.]”

*Summary*

Themes found during individual one-on-one interviews concerning university staff and faculty’s ability to identify warning signs of mental illness were explored in Chapter IV. Different themes were formed from each research questions. These themes
included initiating conversation with students, role in working with students with mental illness, personal belief between mental health and academic and social experiences from research question one, and campus resources, referrals, personal/work background, training in current position, and ability to identify warning signs of mental illness in research question two. Chapter V will include a summary of previous chapters, provide recommendations for staff, faculty, and university administrators, provide recommendations for Student Affairs professionals, and include suggestions for future researchers on the topic of preparing faculty and staff to work with students with mental illness.
CHAPTER V
Discussion, Recommendations, Conclusions

This study was designed to examine university staff and faculty’s preparedness and level of confidence in working with students with mental illness at a mid-sized Midwestern university. The following research questions guided the study: 1) What are university staff and faculty’s level of confidence in identifying mental illness in college students? and 2) How prepared are faculty and staff when addressing mental illness with their students? This chapter will discuss how the findings of this study relate to prior literature on mental illness on college campuses and faculty and staff preparedness. In addition, this chapter will provide recommendations for university administrators and Student Affairs professionals, as well as suggestions for future research.

Discussion

Research Question #1: What are university staff and faculty’s level of confidence in identifying mental illness in college students?

The participants discussed their perceptions of mental illness as it relates to initiating conversations with students, personal roles when working with students with mental illness, and their belief on how a student’s mental health affects their social and academic experience. The results from the participants reflect that the role that faculty and staff play when working with students with mental illness is unclear. While residence life professionals were able to identify when it was appropriate to reach out to the student as well as to refer a student to a campus resource, faculty members and academic advisors struggled to identify their role. The National Academic Advising Association (2006) expects academic advisors will serve as a support system to students. Lilly, an academic advisor, stated she does not know what she can or cannot do when working
with a student with a mental illness in terms of discussing the student’s mental illness. While the National Academic Advising Association (2006) has guidelines for the academic advisors, the results show that these guidelines have not made it clear to the academic advisors what their role is when working with students with mental illness. Both participants work in the same academic department, so that specific department may not have reviewed these guidelines with the employees, which affected the participants’ understanding of their role when working with students with mental illness, as well as what they are allowed to do in their position.

Zajacova, Lynch, and Espenshade (2005) found that the major stressors for college students are related to academics. If a student is predisposed to a mental illness, the stress of a student’s academics will affect the student on an even deeper level than a student who does not have depression or anxiety. All six participants disclosed they believe a student’s mental health can affect their academics. The results from the participants reflect that they do realize a student’s academics and their mental illness are connected to one another. While all the participants identified that a student’s mental illness could impact their academics, one participant did note that academics could impact a student’s mental health, which is supported by Zajacova, Lynch, and Espenshade (2005). Chuck, an academic advisor, stated that if a student is not doing well academically, they may suffer from depression as a cause of their poor academics. The study by Zajacova, Lynch, and Espenshade (2005) supports Chuck’s belief on the relationship of academics and mental health.

Participants were also asked on the relationship between mental health and a student’s social experience. Three of the participants were able to identify that they
believe a student’s social experience would be impacted if they are suffering from a mental illness. Dan, a faculty member, stated that the effect a student’s mental illness has on their social experience depends on their coping strategies. Hicks and Heastie, (2008) found that students who have strong social bonds among peers during college are more likely to be able to deal with stress. If students are able to use coping strategies amongst their peers in order to deal with stress, their mental illness may not affect that aspect of their college experience. Gerdes and Mallinckrodt (1994) found that high levels of stress brought on by factors including financial burden and a new environment for first-time students can lead students to become depressed, or develop anxiety or low self-esteem. Both residential life participants identified how stress on students can affect them. Vanessa identified that there may be many things influencing a student’s stress level, including their academics and financial situation, which confirms the research from Gerdes and Mallinckrodt (1994).

The study was guided by Bronfenbrenner’s (2005) Theory of Developmental Ecology. The interactions a student has with a faculty or staff member falls into the exosystem, which focuses how interactions an individual has with others can influence their behavior or experiences. Several participants expressed they would interact with a student with the hope that the student would be influenced by their interaction with the staff or faculty member. Dan, a faculty member, discussed how the suicide of a student has affected him and how he addresses students with mental illness. Dan stated that because of that incident, he finds a way to talk to a student if he notices any signs of distress in a student. This supports Bronfenbrenner’s (2005) Theory of Development Ecology, as Dan reflected that if he intervenes with a student, he could divert the
student’s path if they are suffering from mental distress or mental illness. While Vanessa understands she may not be able to fix the student’s problems, but being there for the student and listening to the student can be beneficial. This supports Bronfenbrenner’s (2005) Theory of Development Ecology, as Vanessa identifies that even listening to a student can influence a student’s experience when dealing with a mental illness.

**Research Question #2: How prepared are faculty and staff when addressing mental illness with their students?**

Participants discussed their ability to identify warning signs of mental illness, campus resources and referrals, personal and work background, and current job training in regards to mental illness. The results found that residence life professionals are prepared to deal with students with mental illness, and faculty members are not prepared. Academic advisors are able to identify certain signs and have received some informal training, but nowhere near enough to be fully prepared to work with students with mental illness.

Howard (2015) found that only 58.5 percent of college faculty members received any sort of training regarding mental illness. It was also found that many faculty members do not know what to do when working with a student with a mental illness. Howard (2015) identified schools, including Columbia University, that provide optional training regarding signs of mental distress to faculty who teach common courses for first-year students. Although research exists demonstrating that some schools may be providing training, the faculty participants in this study stated they have not had any training regarding mental illness. The research site does not offer training regarding mental illness for faculty. Faculty members interact with students on a daily basis, and if
properly trained can be one of the first resources a student could utilize. In this study, academic advisors had no required training, but completed optional training throughout their time in their current position. Of the six participants, only the residence life professionals received formal and required training surrounding mental health. According to King (2000), there are six steps that should be included when training academic advisors, which includes campus resources and having the ability to refer students to those campus resources. Participants were asked to identify the campus resources they would utilize when working with students with mental illness. Lilly mentioned the Counseling Center, the Sexual Assault Counseling Center, Health Services, and the police station as campus resources. Chuck, another academic advisor, mentioned the Counseling Center and residence hall professionals. Participants were also asked about their process when referring students to these campus resources. Lilly had no problem with driving a student to the Counseling Center or would call the Counseling Center, and Chuck stated he would let the student make the appointment. Both faculty participants stated they would use resources within the academic department, such as the department chair, when working with a student with a mental illness. This shows the lack of knowledge and resources faculty have when they need to utilize campus resources outside of their academic department. The faculty participants did not identify resources such as the Counseling Center, and while this may show their lack of knowledge it also represents the lack of information regarding resources that are provided to faculty.

Both residence life professionals had formal training surrounding mental health, and they both discussed their role when working with students with mental health. Faculty members, however, received little to no training and struggled with identify what
their role was when working with students with a mental illness. Nate, a faculty member, received no formal or informal training regarding mental illness, and could not clearly identify his role when working with students with mental illness. Lilly, an academic advisor, also received no required training and struggled with understanding what her role was when working with students with mental illness. Lilly mentioned she does not know what she is allowed to discuss with a student. This shows that professionals with training surrounding mental health are more likely to be able to identify their role when working with students with mental health.

Shaughnessy (2009) identified that the majority of college professors are not able to identify signs of a student in mental distress. While 73% of college students experienced a mental crisis, only 45% of college students felt confident that their professors would be able to assist them in the time of a crisis (NAMI, 2012). Participants were given a vignette and were asked to identify any signs of mental distress. Both faculty participants struggled to identify specific symptoms. Dan stated that while he may notice the signs, he would not necessarily assume they are related to student distress. Nate stated he would "just chalk it up to him just being a college student" and assumes there is nothing going on with the student. These results show that faculty indeed struggle with identifying signs of mental distress among students.

**Recommendations for University Administrators**

*Require training for all university employees regarding mental illness.* This study found that four of the six participants were unclear on their role when addressing mental health. In 2014, only 58.5 percent of faculty received training regarding mental health. Formal training regarding mental health should be required for all employees,
implemented by the Vice President of Student Affairs and the Vice President of Academic Affairs. The Vice Presidents can ensure a formal training is created through the Counseling Center, and directors of each office under the Student Affairs division and Department Chairs under the Academic division can implement the training with their current employees. New employees should receive the training during new faculty/staff orientation.

*Implement more funding to aid in faculty and staff development regarding mental health.* With more funding devoted to this specific area, faculty and staff would have the ability to attend conferences that may have registration fees associated with them. The additional funding would also provide more opportunity to hold conferences regarding mental health, bring guests speakers to campuses to raise awareness on mental health, and implement trainings that may require the university to purchase.

*Require each department within Academic Affairs and Student Affairs to receive yearly training on mental health.* Training for faculty and staff can include conferences, attending sessions held by the Counseling Center, or brown bag sessions. Implementing sessions for faculty and staff to talk with professionals from the Counseling Center on signs they have witnessed from students, or if faculty and staff need guidance on resources to direct a student could also count as training. A telephone service for faculty and staff to call regarding student issues could also be implemented and count as training.

**Recommendations for Student Affairs Professionals**

*Student Affairs departments provide outreach to faculty.* This study reflected that student affairs professionals are more prepared to work with students with mental illness than faculty. The Student Affairs division can collaborate with Academic Affairs in a
variety of ways. The Counseling Center could provide information regarding mental health to faculty throughout each academic year through panels, weekly informational sessions, and simulation sessions, such as the “Behind Closed Doors” training sessions the Residence Life participants described. Harper and Peterson (2005) recommend for staff to communicate with faculty members if a change in a student’s behavior is observed, and refer the student when necessary. Housing professionals and academic advisors, along with other staff members in the Student Affairs division, should connect with faculty when they are concerned about a student. If housing professionals and faculty are connecting on students they are concerned about, it would be possible to reach out to the student and provide help as early as possible.

*Attend conferences and conference sessions focusing on mental health.* Many conferences for Student Affairs professionals will offer sessions on topics including mental health, including the Association for Orientation, Transition, and Retention (NODA) national and regional conferences, and the Association of College and University Housing Officers—International (ACUHO-I) national and regional conferences. Student Affairs professionals should take advantage of these conferences, and attend sessions that are offered in regards to mental health. Student Affairs professionals should also attend conferences focused on mental health specifically. Conference suggestions include Mental Health American Annual Conference, American College Health Association Conference (ACHA), and NASPA Mental Health Annual Conference. These conferences would benefit Student Affairs professionals, as the professionals would take away new knowledge focusing on mental health.
Limitations of the Study

One limitation is that the sample was not a random sample, but rather a convenience sampling (Fraenkel, Wallen, & Hyun, 2011). This is a limitation because the population sample was from a group who has received similar training in their positions, so the results were focused on training related to identifying signs of mental health at the institution being identified.

Another limitation is the researcher as the instrument. Because I, the researcher, created the open-ended questions provided to participants (see Appendix C), this may be a limitation because the questions may have been presented in a biased manner (Fraenkel et al., 2011). My experiences may have also affected how responses were interpreted and assigned meaning. In order to reduce bias, participants reviewed their transcript of their interview before it was finalized, as well as members from the thesis committee. Members of the thesis committee reviewed the interview protocol before beginning interviews. The thesis committee chair also coded themes in order to reduce bias. Based on the participants' responses, the researcher sorted the participants into high, medium, and low levels. While efforts were made to reduce bias, the researcher judged the responses and sorted into different categories.

Suggestions for Future Research

The current study focused on the competency and preparedness of working with students with mental illness, and involved two faculty members, two Residence Life professionals, and two Academic Advisors at a mid-sized Midwestern university. The following bullets are recommendations for future research in this particular area of study:
Interview more faculty and staff members from a wider variety of departments to provide diversity within the study.

Conduct this study at different universities to increase diversity within the study. This would allow the researcher to examine the training and preparedness of faculty and staff on a broader scale.

Summary

This qualitative study was conducted to examine faculty and staff's competency when dealing with students with mental illness. Chapter V discussed the results from the current study. Results found that professionals who identify themselves as working in Academic Affairs, including faculty members and academic advisors, struggle when working with students with mental health, while those working in Student Affairs, including residence life professionals, are able to work with students with mental health, due to their training in their position and confidence when working with students. Recommendations for Student Affairs professionals and university administrators were provided, as well as suggestions for future research.
REFERENCES


Appendix A

Institutional Review Board Approval

May 20, 2015

Rachel Chlebanowski
Counseling and Student Development

Thank you for submitting the research protocol titled, “Examining the Competency of Student Distress of College Faculty and Staff” for review by the Eastern Illinois University Institutional Review Board (IRB). The IRB has approved this research protocol following an expedited review procedure. IRB review has determined that the protocol involves no more than minimal risk to subjects and satisfies all of the criteria for approval of research.

This protocol has been given the IRB number 15-066. You may proceed with this study from 5/20/2015 to 5/19/2016. You must submit Form E, Continuation Request, to the IRB by 4/19/2016 if you wish to continue the project beyond the approval expiration date. Upon completion of your research project, please submit Form G, Completion of Research Activities, to the IRB, c/o the Office of Research and Sponsored Programs.

This approval is valid only for the research activities, timeline, and subjects described in the above named protocol. IRB policy requires that any changes to this protocol be reported to, and approved by, the IRB before being implemented. You are also required to inform the IRB immediately of any problems encountered that could adversely affect the health or welfare of the subjects in this study. Please contact me, or the Compliance Coordinator at 581-8576, in the event of an emergency. All correspondence should be sent to:

Institutional Review Board
C/o Office of Research and Sponsored Programs
Telephone: 581-8576
Fax: 217-581-7181
Email: eiuirb@www.eiu.edu

Thank you for your assistance, and the best of success with your research.

Richard Cavanaugh, Chairperson
Institutional Review Board
Telephone: 581-6205
Email: recavanaugh@eiu.edu
Appendix B

E-mail Template for Potential Participants

Dear potential interviewee,

You are invited to participate in a research study conducted by Rachel Chlebanowski at Eastern Illinois University. The purpose of the proposed study is to examine university staff and faculty’s ability to identify warning signs of mental illness.

The amount of time required for your participation will be 30 minutes to 45 minutes for one interview. You will receive a vignette to read at the beginning of the interview. This interview will take place between May 25, 2015 and August 1, 2015. These interviews will be taped recorded, and will be deleted by May 15, 2018.

There are no known risks associated with this research.

There are no known benefits to you that would result from your participation in this research.

Your privacy and confidentiality are fully protected, as no identifiers will be included in the analysis of the data. Your identity will not be revealed in any publication that might result from this study.

Your participation in this research study is voluntary. You may choose not to participate and you may withdraw your consent to participate at any time. You will not be penalized in any way should you decide not to participate or to withdraw from this study.

If you have any questions or concerns about this study or if any problems arise, please contact Rachel Chlebanowski at 630.303.1061 or Dr. Dena Kniess at Eastern Illinois University at 217.581.7240. 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.
Appendix C

Informed Consent Form for Participants

You are invited to participate in a research study of the competency of student distress by Rachel Chlebanowski at Eastern Illinois University. The purpose of this research is to interview faculty and staff members at Eastern Illinois University to examine university staff and faculty’s ability to identify warning signs of mental illness. By examining the level of knowledge, the information can be used to determine if staff and faculty are aware of the warning signs that students may display when they are experiencing distress, such as depression or anxiety.

The amount of time required for your participation will be 45 minutes to an hour for an interview. You will receive a short vignette to read at the beginning of the interview. The interviews will take place between May and September. The interviews will be tape recorded, and will be erased by May 2, 2019.

There are no known risks greater than minimal risk associated with this research.

There are no known benefits to you that would result from your participation in this research.

Your privacy and confidentiality are fully protected, as pseudonyms will be used. Your identity will not be revealed in any publication that might result from this study.

Your participation in this research study is voluntary. You may choose to not participate and you may withdraw your consent to participate at any time. You will not be penalized in anyway should you decide not to participate or to withdraw from this study.

If you have any questions or concerns about this study or if any problems arise, place contact Rachel Chlebanowski at (630) 303-1061 or Dr. Dena Kniess at (217) 581-7240. If you have any questions or concerns about the treatment of human participants in this study, you may call or write to:
Institutional Review Board
Eastern Illinois University
600 Lincoln Ave., Charleston, IL, 61920
(217) 581-8576

The IRB has reviewed and approved this study.

Participant Signature

 Principal Investigator Signature

 Date

 Date
Appendix D

Interview Protocol – Level of Competency Regarding Mental Health

When studying the vignette, what were your initial reactions regarding the student?

How would you approach the student, if at all?

What behaviors about the student concerned you?

How would you respond if a student who was suffering from mental illness or distress approached you seeking for help?

What resources would you direct a student to who was displaying early signs of mental illness or mental distress?

What type of training have you received regarding mental health in your current position?

How do you think mental illness impacts a student’s academic experience?

How do you think mental illness impacts a student’s social experiences?
Appendix E

Demographic Sheet

What is your age?

18-24
25-39
40-60
60 and up

What is your gender?

Male
Female
Other

Which of the following best describes your racial or ethnic background?

Asian/Pacific Islander
Black or African-American
Caucasian or White
Hispanic or Latino/a
Native American or American Indian
Other (please specify) _______________________

What is your employment status?

Work full-time
Work part-time
Other

Do you work in Academic Affairs or Student Affairs?

What is your campus position/title?
How long have you held this position at Eastern Illinois University?

How long have you worked in the field related to Academic Affairs and Student Affairs?
Appendix F

Vignettes for Participants

Faculty
Stephen is a 19-year old Caucasian male. He is in his sophomore year, and lives on-campus in a residence hall. Stephen is a student in your lecture that has fifty students in it. The class meets for one hour three times a week. It is nine weeks in to the semester, and you have only known him for the duration of the course. For the first five weeks of the semester, Stephen attended every class, frequently participated, and turned in all of his homework assignments. For the past three weeks, you have noticed Stephen missing one to two classes a week, and he has been forgetting to turn in homework assignments. When Stephen does come to class, you notice him yawning throughout most of the lecture and staring at the wall instead of paying attention. While working on a group project, you observe Stephen lose his temper towards another classmate, shouting, “That idea won’t work, why isn’t anyone listening to my idea!”

Resident Director
Stephen is a 19-year old Caucasian male. He is in his sophomore year, and lives in your residence hall. This is the first time Stephen has lived in your building, and it is nine weeks into the semester. For the first five weeks of the semester, you would see Stephen at your Hall Council and throughout the building. During Hall Council, he always had an upbeat attitude and was always open to others’ ideas. Stephen also attended weekly hall dinners you hosted. When you would walk past Stephen’s room, his door was usually open and he was frequently sitting at his desk doing homework. About three weeks ago at Hall Council, Stephen didn’t contribute any ideas. When another student suggested an idea, Stephen lost his temper and shouted, “That idea won’t work. Everyone in Hall Council suggests stupid ideas!” and stormed out. Stephen hasn’t shown up to Hall Council for the past two weeks. When you walk past Stephen’s door now, it is always closed. Stephen also hasn’t been coming to the weekly dinners, and one of your residents tells you they haven’t seen him in the dining hall for the past three weeks.

Academic Advisor
Stephen is a 19-year old Caucasian male. He is in his sophomore year, and lives on-campus in a residence hall. It is nine weeks into the semester, and you have been advising Stephen since the first week of this semester. Stephen is unsure about picking a major, so you set up weekly hour-long appointments. The appointment took place during the lunch hour, so you would meet with Stephen in the food court for lunch. For the first five weeks, Stephen showed up on time to every appointment and would eat a nutritious lunch each time you met with him. He seemed invested in finding the major that was right for him, and always completed the career exploration homework that you gave him. For the past three weeks, Stephen has been showing up to the appointments late, and he hasn’t been eating lunch while you meet with him. Stephen has been looking tired and seems distracted during the appointments. During the last meeting, Stephen didn’t bring his career exploration homework with him. When you asked where the homework was, Stephen expressed he didn’t feel the need to complete the homework because his future didn’t matter.