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College Students' Utilization of Campus Mental Health Services: The Role of Faculty and Staff

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by

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Abstract

College is a stressful transition for many students who are learning to deal with pressures away from their support system. The purpose of this project was to explore the role of faculty and campus staff in referring students to campus mental health resources. This mixed-methods, exploratory study uses a quantitative and qualitative approach. Students and faculty and campus staff were surveyed to examine the role that faculty and campus staff have in students' utilization of campus mental health resources, whether students seek help from or disclose mental health concerns to faculty and campus staff, and what barriers and supports students perceive as preventing or helping students access campus mental health resources. Faculty and staff do play a role in students' utilization of campus mental health resources because students reported that the most common way they learn about on-campus resources is from a faculty or staff member. Students are also disclosing mental health issues to faculty and staff members, especially professors and instructors, resident advisors, and academic advisors. Most students have never sought or received mental health services, and are also not currently receiving services. Students felt that lack of awareness, personal barriers, system barriers, and mental health stigma prevent students from utilizing campus mental health resources. This study has implications for faculty and campus staff training and student outreach methods. Students who are disclosing to faculty or staff members most often choose professors and instructors, resident assistants, and academic advisors. These faculty and staff should have some knowledge about mental health resources and protocol for dealing with students that may be experiencing a crisis or need help. However, most students who could benefit from campus resources are not disclosing mental health issues or seeking treatment. The main

barriers that students felt prevented students who could benefit from campus mental health resources from utilizing the resources available was lack of awareness, and personal barriers. More research is needed to find out how to close the gap between awareness and use of resources.

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Chapter 1: Introduction

College is an inherently stressful transition for many students who are learning to deal with academic pressures and expectations away from their family support system, often for the first time. This period of emerging adulthood includes new stressors like balancing work with school, developing a relationship with a significant other, or dealing with a different living environment. Additionally, many mental health disorders such as bipolar disorder and schizophrenia manifest during young adulthood. Affected students may begin displaying symptoms while at college, or the college transition could exacerbate previously existing issues (Pedrelli et al., 2015). Traditional college students with mental health issues often engage in other high-risk behavior, including unsafe sexual practices, cheating or plagiarizing, binge-drinking, or using psychoactive illegal substances, each of which are associated with reduced academic achievement and retention (Lipson et al., 2015; Manracchia & Pendleton, 2015). Studies have shown that more college students are seeking help for major mental health issues, eating disorders, sexual assault, or treatment for endured trauma than in past decades (Much & Swanson, 2010; Gallager, 2014), yet approximately two-thirds of students who could benefit from counseling services do not seek treatment or help (Blanco, Okuda, Wright, Hasin, Grant, Liu, & Olfson, 2008; Eisenberg, Hunt, Speer, & Zivin, 2011).

Although most college campuses offer counseling services to students, under-usage is a concern (Lipson, et al., 2015). Not all students with mental health problems receive treatment on college campuses, but the students who do often have positive results (Nordberg et al., 2013). Research examining students' under-utilization of campus mental health resources has typically focused on either personal barriers to

seeking help, such as the type and severity of psychological distress, privacy concerns, or personal beliefs about receiving mental health services, or system barriers, including the absence of information or misinformation about the services that are available and how to access them (Eisenberg, Speer, & Hunt, 2012; Marsh & Wilcoxon, 2015). Outreach programs and strategies are needed to reach college students who could benefit from mental health resources, yet the mechanisms in which to best reach college students have not been directly studied. Most notably, the role of faculty and campus staff as referral sources to campus mental health resources is largely unknown. It is important to study the role that faculty and campus staff have in mental health outreach and in referring students to campus resources, specifically if they have direct regular contact with students. The purpose of this project is to explore the role of faculty and campus staff in referring students to campus mental health resources. Specifically, I will examine the extent to which students report receiving referrals from faculty and campus staff to campus mental health services in times of personal distress, as well as the extent to which faculty report referring distressed students to campus mental health services.

Mental Health and College Students

Although emerging adulthood has long been recognized as a vulnerable period for mental health issues, there is evidence that such issues are increasing in both frequency and intensity among college students. The 2014 National Survey of Counseling Directors showed that the number of students seeking mental health treatment, showing more severe symptoms, and taking psychotropic medications such as antidepressants increased from the preceding decade (Gallager, 2014). Survey results found that 94% of counseling directors believed that the number of students with severe psychological problems was

growing. In addition, the 2010 National College Health Assessment Survey found that although 8.3% of students reported that they were being treated for depression, a full 28.4% reported experiencing depressive symptoms to the point of interference with daily functioning (American College Health Association, 2011). Counseling directors in 2014 reported that in the preceding five years the top three mental health issues they saw increasing were anxiety disorders, crises requiring immediate responses, and psychiatric medication issues (Gallager, 2014).

According to Mandracchia and Pendleton (2015), college students engage in risky behaviors that can have negative consequences for students' mental health. Students often experiment or attempt to self-medicate by binge drinking or using psychoactive illegal substances. Traditional college students also engage in risky sexual behavior, such as sleeping with multiple partners without protection or disclosure of sexually transmitted infections, and risky academic behavior such as cheating or plagiarizing. Maladaptive behaviors can lead to reduced academic performance among students, and in some cases lead to dropping out of college (Mandracchia & Pendleton, 2015). Factors affecting college students today like academic pressure, financial burden, accessibility, male to female ratio, technology, and lifestyle have also led to the increase in mental health issues among young adults (Kruisselbrink, 2013).

Barriers to Seeking Treatment and Service Underutilization

Although mental health issues are a concern on college campuses across the United States, many students remain untreated. Effective treatment options are available on college campuses, but many students are not receiving help for mental health problems. The under-usage of available treatment is concerning to campus administrators

and parents because mental health issues relate to negative consequences such as decreased academic performance, decreased social connectedness, and decreased future performance in the workplace (Lipson, Gaddis, Heinze, Beck, & Eisenberg, 2015). According to one study, "over 80% [of students] who die by suicide have never been seen by their campus mental health services" (Lipson, et al., 2015, p. 388).

One reason that students may not be utilizing the campus mental health resources available to them is students' perception of personal or system barriers. Nordberg, Hayes, McAleavey, Castonguay, and Locke (2013) examined the differences between students who do and do not seek treatment from college and university counseling centers. They found that some combinations of symptoms resulted in the student being more or less likely to seek treatment. For example, if a student had social anxiety in addition to generalized anxiety or depression, they were less likely to seek treatment. Seeking treatment exposes students to a distressing interpersonal situation. Consistent with the study showing that the majority of students who die by suicide did not see a mental health professional (Lipson et al., 2015), students with suicidal ideation who also engaged in self-harm were less likely to be in treatment (Nordberg et al., 2013). Some students who did not seek treatment believed that stress is normal in college, or felt that their problem would get better on its own (Nordberg et al., 2013). Marsh and Wilcoxon (2015) took an alternative approach by studying system barriers such as lack of transportation or time that may be preventing students from seeking treatment. They compared two groups of students at a large university; students who had sought professional help for mental health problems, and students who had not. The system barriers that were studied included cost, not knowing about resources, stigma, lack of transportation, and lack of

time. The two system barriers most predictive of not seeking treatment were perceived cost of treatment, and students' lack of knowing about resources.

Faculty and Staff and Student Relationships

Hagenauer and Volet (2014) highlight the importance of studying the teacher-student relationship within higher education because strong interpersonal relationships have positive effects such as better retention rates, and course satisfaction. Their work suggests that teacher-student relationships can also have a positive effect on both people involved and affect the quality of learning and teaching within higher education. More research is needed to evaluate the different interactions between students and teachers and how those interactions influence their relationship. Furthermore, they noted that approachability as a quality in teacher-student relationships helps students feel more connected to their university and prevent alienation in higher education.

According to Lenz (2014), college student adjustment requires academic adjustment, social adjustment, personal/emotional adjustment, and institutional attachment. He studied students' relationships with peers, mentors, and the community as a way to promote relational health. He found that strong, positive mentor relationships had a greater effect on student adjustment than other relationships. The formation of positive relationships for students during college is important because students who are well adjusted to their university have higher retention rates and academic success, and are less likely to engage in risky behavior as a coping mechanism (Lenz, 2014).

Research examining the relationships between faculty, campus staff, and students in the context of mental health is scarce. Winger and Olson (2015) conducted a qualitative study interviewing 20 faculty and staff members at a Midwestern university

about topics such as concerning student behaviors, trends in student behaviors, effective ways to take action, and recommendations for other faculty and staff members. They concluded that faculty, staff, and students benefit from meaningful relationships, and that faculty and staff can help students balance stressors that exacerbate or cause mental health issues.

As already described, some research has examined mental health issues common during college, barriers to seeking treatment, and underutilization of campus mental health resources, but studies examining the relationships between faculty, campus staff, and students in the context of mental health is needed. A previous study by Winger and Olson (2015) interviewed faculty and staff members to gain their perspective on what they can do to help college students dealing with several different mental health issues and stressful factors. However, this study only utilized qualitative methodology, and did not include the student perspective. This study expands on Winger and Olson's (2015) work by including perspectives of students, as well as by including quantitative measures.

Purpose of the Study

The purpose of the current study is to investigate the experiences of students, faculty, and campus staff with campus mental health resources, and the role that faculty and campus staff have in connecting students to resources at the University of Nevada, Reno. This project is exploratory in nature, but shows that faculty and staff fulfill an important role in connecting students to campus mental health resources if faculty and staff are aware of both the signs and symptoms of mental health issues, and the resources that are available to students on campus. This study will identify the type(s) of faculty and campus staff (e.g., teaching faculty, advisors) who students disclose mental health

issues to, thus informing future training needs. The combination of student, faculty, and campus staff perspectives will offer a more comprehensive view of the possible role of faculty and campus staff than in previous research and could impact outreach methods and training for faculty and staff.

Research Questions

This study was designed to address two sets of research questions: one aimed at the student sample and one aimed at the faculty and campus staff sample. Specific questions are as follows:

Students

1. To what extent are students aware of student mental health resources on campus?
2. To what extent do students report that faculty or campus staff have facilitated their use of campus mental health resources?
3. Do students believe that most students who could benefit from campus resources utilize them? If not, what barriers do students report prevent them or others from utilizing campus mental health resources?

Faculty and Campus Staff

4. To what extent are faculty and campus staff aware of student mental health resources on campus?
5. What are the experiences of faculty and campus staff in regards to suspecting or identifying a student who may be in need of mental health services?
6. How do faculty and campus staff respond to students dealing with mental or behavioral health issues?

Definitions

For the purpose of this study, the following definitions of phrases and terms that were created by the researcher apply:

Campus Mental Health Resources – Any on-campus resources that treat mental health issues and that are available to university students.

Campus Staff - Anyone else who works at the university whom students have direct contact with, including academic advisors, resident assistants, athletic coaches or advisors, program mentors, graduate/teaching assistants, research lab supervisors.

Faculty – University professors, course instructors, and campus administrators.

Mental Health Issues – Mental health issues that are not directly related to school, but may or may not affect a student's academic performance. Examples might include a death in the family, substance abuse, a traumatic event, a mental health concern, or relationship issues.

Mental Health Professional – Any mental health professional who is licensed in mental health treatment or in the process of gaining licensure. May include a counselor, therapist, social worker, psychologist, and/or psychiatrist.

Other Mental/Behavioral Health Issues – Other mental or behavioral health issues not specifically categorized in previous sections such as grief and loss.

Significant Personal Non-academic Issue - Issues that are not directly related to school, but may or may not affect a student's academic performance. Examples might include a death in the family, substance abuse, a traumatic event, a mental health concern, or relationship issues.

Chapter 2: Literature Review

This chapter reviews existing literature on the topic of college student use of mental health services and the role that faculty and staff have in facilitating student use of mental health services. Several studies highlight common mental health issues and risk-taking behaviors that affect college students and the reasons why students do not utilize campus resources; however, less research examines how faculty and staff facilitate student use of campus mental health resources from both a student and faculty and staff perspective. The purpose of this project is to explore the role of faculty and campus staff in referring students to campus mental health resources. Specifically, I will examine the extent to which students report receiving referrals from faculty and campus staff to campus mental health services in times of personal distress, as well as the extent to which faculty report referring distressed students to campus mental health services.

The purpose of this chapter is to review relevant literature to provide a foundation and rationale supporting the need for this study. First this chapter includes a review of common mental health issues that college students experience during the transition from high school to college, as well as during college. Second, the utilization factors of college campus mental health resources will be discussed. Third, the personal and system barriers that prevent students from using campus mental health resources are reviewed. Finally, a review of the importance of relationships on college campuses, especially between faculty and staff and students, is provided.

Mental Health and College Students

Factors Affecting College Students. Much and Swanson (2010) highlight several societal changes that have impacted college students and their mental health care

providers. With the lessoning of stigma surrounding psychotropic medications and mental health treatment, students are more likely to seek treatment on college campuses, leading to a perception of symptom severity. College students today are also increasing in background diversity, not only by ethnicity but also by socioeconomic status and family background. Although students are not necessarily increasing in symptom severity, the economic, social, and academic pressures prevalent today causes an increase in college students seeking help (Much & Swanson, 2010).

Kruisselbrink (2013) focuses on why mental health issues are reaching crisis proportions on both United States and Canadian college campuses. Kruisselbrink argues that academic pressure, financial burden, accessibility, male to female ratio, technology, and lifestyle are six factors that lead to the increase in mental health issues among young adults. Millennial university students are expected to achieve more academically than previous generations due to parental pressure and a competitive economic environment, yet many students are unable to cope with failure, which leads to stress, depression, and anxiety. As college tuition and student debt increases, young adults' rising stress levels have led to an increase in mental health issues (Kruisselbrink, 2013). Additionally, as students from more varied backgrounds access higher education, universities treat students with a growing range of mental health issues that were not prevalent when universities were restricted to higher socioeconomic status students. For example, first generation students deal with family achievement guilt when they feel uncomfortable with their academic success (Covarrubias, Romero, & Trivelli, 2015). With women now outnumbering men on college campuses, more students are also seeking treatment from university counseling centers; women are more likely to seek help than men

(Kruisselbrink, 2013). Lifestyle changes during college that can lead to weight gain, binge drinking, and unsafe sexual behavior also put students at risk for increased mental health problems (Kruisselbrink, 2013). Finally, Kruisselbrink argues that an increase in technology has led to a decrease in students' socio-emotional skills and ability to cope with stress. The increase in mental health issues among university students is tied to societal changes that are affecting young adults currently. As college and university cultures change, mental health resources meet the changing treatment needs of students.

Cleary, Walter, and Jackson (2011) study how the transition from high school to college during late adolescence to emerging adulthood has implications for mental health. They highlight increased academic and social expectations like forming new friendships away from their previous support system as triggers that increase students' stress and risk for mental health issues. Cleary and colleagues (2011) emphasize that college students dealing with mental health issues is concerning to all college faculty and staff, rather than just the counseling staff. They also stress that "75% of mental disorders begin before age 25," so college students are likely to experience mental health issues during the developmental period of emerging adulthood (Cleary et al., 2011, p. 253). It is important that colleges and universities have systems in place to help students deal with mental health issues and campus faculty and staff intervene with students when needed.

Another way that mental health issues negatively affect college students is by contributing to college student attrition rates. According to O'Keeffe (2013) the United States has some of the highest college attrition rates compared to other industrialized countries, and nearly five percent of students drop out of college because of mental health issues. O'Keeffe argues that fostering a caring environment that encourages students'

sense of belonging within a university can help improve attrition rates. Students need only one strong relationship to benefit from an increased sense of belonging, so student and faculty relationships can be an important way to encourage student to continue in their education. Additionally, students' utilization of university counseling services can help decrease their likelihood for attrition, especially when students are dealing with mental health issues (O'Keeffe, 2013).

Mental health issues are not rare among college students since nearly half of college students report that they dealt with some type of depression during the college years, and up to 94% of students feel overwhelmed during college (Cook, 2007). The many demands of college life, such as balancing school and work, combined with pressure to succeed, as well as dealing with new stressors like a lack of transportation and confined living spaces, all contribute to the common consequence of college students feeling overwhelmed. It is important for other students as well as faculty to recognize warning signs of mental health issues in students and intervene to get students to seek help when needed. Cook (2007) proposes that normalizing mental health services like counseling by presenting them as services to help all different college stressors may help more students seek help.

Emerging adulthood is an important transitional period that can include the onset of mental health issues as well as new stressors such as moving away from parents or family support systems (Miller, Ringeisen, Munoz, Hedden, Colpe, Rohloff & Embry, 2016). Despite the need for services, this age group (18-26), is less likely than other age groups to seek help (Miller et al., 2016). Miller and colleagues analyzed data from 22,600 young adults from the 2008–2012 National Survey on Drug Use and Health that included

questions on mental health to explore trends in service use for this age group. The survey identified participants who dealt with mental illness in the last year ranging from mild to severe. Miller and colleagues, found that 18.8% of the respondents were dealing with some mental illness, mostly mild or moderate, and of that percentage, 20.4% used outpatient services, 3.6% used inpatient services, and 25.4% used psychotropic medication. They also found that college students or graduates were more likely to receive services, while full time employees were less likely to receive services. Additionally, females were more likely to use services than males, and non-Hispanic whites were more likely to use services than African-Americans, or Latinos. Although this study focused on correlations with service usage, it is important that future research studies why such a significant number of young adults are not using services.

College mental health programs. Since studies have shown that as college students are coming from increasingly diverse backgrounds, and they are also increasing in mental health needs, Raghavan (2014) highlights one possibility for student intervention: resident advisors. He relates the work that resident advisors do with helping students to a method called Mental Health First Aid (MHFA), where people dealing with a mental health issue at a crisis level are given help by non-professionals until the issue subsides or professionals are able to intervene. He reviews one study that attempted to compare students with resident advisors trained in the MHFA method and students whose resident advisors were not trained in the MHFA method. Although the study found no significant differences between conditions, Raghavan argues that this likely has less to do with the efficacy of MHFA, but rather that resident advisors already are able to help students with mental health issues without MHFA training. Instead of attempting to

improve resident advisors' services, it may be more helpful for colleges and universities to work on getting more students to seek help from resident assistants (Raghavan, 2014).

With survey results showing that up to half of college students meet the criteria of at least one psychiatric disorder, it is alarming that most students remain untreated (Shatkin & Diamond, 2015). Shatkin and Diamond (2015) evaluated the effectiveness of The Child and Adolescent Mental Health Studies (CAMS) program, which sought to both increase university students' mental health knowledge, and get students interested in pursuing a career in the mental health field. Shatkin and Diamond explain that although the courses centered on theoretical concepts, some of the curriculum can be applied in students' own lives and may help support college counseling centers by teaching students prevention skills. Overall, the program has increased enrollment numbers, and received positive feedback from students who report that the program has positively impacted their own life.

Because most mental health treatment on college campuses focuses on treatment, Conley, Travers, & Bryant (2013) decided to study the effects of a prevention-based program. They tested a psychosocial wellness seminar for first-year college students against a control group of students who received a different seminar. The seminar was aimed at improving students' ability to cope with college stressors, while the researchers also measured student engagement in the seminar. The intervention group and controls groups did not differ on a baseline psychosocial assessment. Topics included in the intervention ranged from emotional awareness to stress management. The participants in the intervention group reported that they perceived they were better adjusted to college and able to manage stressors. Students that practiced skills outside of the course reported

even more positive benefits, which shows that engagement is an important factor in the prevention program.

With suicide the second leading cause of death among college students, prevention programs are important on college campus (House, Lynch, & Bane, 2013). House and colleagues explored one suicide prevention program that focuses on creating gatekeepers who will be able to recognize students showing warning signs and refer them to the appropriate care. They studied the results of the "Campus Connect" program developed at Syracuse University that trained graduate and resident assistants. They assessed their knowledge of suicide prevention after the trainings by using the Suicide Intervention Training Assessment (SITA). This test included questions designed to assess their knowledge, skills, and emotional connectivity regarding suicide. Participants were also able to evaluate the program and reported that the program helped them feel more comfortable dealing with students who may be struggling (House et al., 2013). House and colleagues (2013) emphasized that one of the important factors of this program is that it focused on building relationships between graduate or resident assistants and students who are struggling or in crisis. However, this training program did not include other faculty or staff such as professors who may benefit from a similar training.

Service Underutilization

Many college and universities have campus mental health resources available for students, but only a third of students with mental health issues receive treatment (Sontag-Padilla et al., 2016). Lipson and colleagues (2015) analyzed the results of a longitudinal study, the Health Minds Study, which studied mental health among students and service utilization rates at 72 colleges and universities. These schools ranged from public to

private, small to large, non-residential to very residential, non-competitive to most competitive, and had very low to very high graduation rates. The mental health symptoms measured included depression, anxiety, suicidal ideation, non-suicidal self-injury, and any mental health problem. The questions on treatment utilization asked whether students had received counseling or therapy, or had taken medication for mental health problems. The results suggest that the treatment gap between students who have mental disorders but are not receiving treatment is as high as 60% to 80% (Lipson et al., 2015). Students who attended non-residential public schools with a large enrollment, and low graduation rates were least likely to receive treatment for their mental health issues. Additionally, students at these schools are less likely to be socially connected to the college community. Limited funding at larger schools may also result in a lack of mental health outreach, which contributes to student underutilization of services.

Factors affecting service utilization. Since there is a need to increase student utilization of mental health services, Sontag-Padilla and colleagues (2016) studied factors that influence student use of services across 39 campuses in California. They studied both student and campus characteristics that influenced student use of mental health services. They found that certain groups of students such as women and older students were more likely to use services than other groups. Another indicator of students who were more likely to use services were those with active coping skills. Students were also more likely to use services if they considered their campus to be supportive of mental health issues, and if the faculty and staff on their campus felt that they had enough resources to be able to help students. They concluded that campus climate has a significant effect on students' use of mental health services.

Despite increasing evidence that barriers like stigma and finances are less prevalent, the treatment gap of people who have mental health issues but do not seek treatment remains around 50% (Eisenberg & Druss, 2015). Eisenberg and Druss studied two possible factors that may still be prevent people from seeking treatment: time preferences and procrastination. They studied these factors by creating a conceptual discussion about the ways in which time preference and procrastination may inhibit help-seeking behavior, and then analyzed data from the Healthy Minds Study of 12 colleges and universities in the United States in 2011. In their conceptual discussion, Eisenberg and Druss conclude that although people's knowledge, attitudes, and financial beliefs about mental health services may be improving, the factor of dealing with a condition like depression is likely to make people present-oriented, which can make people more likely to put off seeking treatment, worsening symptoms. Additionally, people dealing with a mental health condition are less focused on the future; they are less likely to want to expend time on mental health treatment in the present. Eisenberg and Druss's (2015) analyses of the HMS data set generally were consistent with their idea that conditions like depression increase present orientations. They concluded that more research on help-seeking behavior is needed.

Some students do not utilize mental health resources because they do not believe that they need help. Kim, Saw, and Zane (2015) studied the relationship between psychological issues and mental health literacy. They define mental health literacy as awareness of the signs and symptoms of mental health issues and knowledge about how to prevent or treat them. They analyzed how mental health symptoms affected college students ability to recognize disorders and seek help by having students read about a

person dealing with depression or anxiety and then asking questions to identify what disorder they thought the person was dealing with and whether and how they should seek help. Kim and colleagues found that within their two samples, students who were dealing with more serious depression were less likely to identify depression symptoms in the story or to recommend seeing help.

Although researchers have examined many factors that may inhibit students from seeking mental health treatment on college campuses, Lipson, Zhou, Wagner, Beck, & Eisenberg (2016) identified one area that is underexplored. They examined treatment utilization across academic disciplines. Their data is from the 2007-2013 results of the Healthy Minds Study, which is an annual online survey. All students who took the Healthy Minds Study were prompted to select their field of study from 22 options. Participants' responses to questions focused on depression, anxiety, suicidal ideation, non-suicidal self-injury, any mental health problem, and treatment utilization across the field of study answers for bachelors, masters, and doctoral students were then analyzed. Their results indicated that undergraduate students had the highest number of students with at least one mental health issue. They found that students in the humanities and arts and science fields of study were more likely to have at least one mental health issue, while nursing, business, and public health students were less likely to have at least one mental health issue. They also found that social work students were more likely to seek treatment if needed, while business and engineering students were less likely to seek treatment. Their findings show that it may be beneficial for mental health outreach service to target different academic disciplines rather than focusing on other groups in college, such as students living in residence halls or affiliated with Greek Life. It may

also be important to study whether faculty and staff in different academic disciplines differ in how they approach students dealing with mental health issues.

Barriers to Seeking Treatment

Although studies have shown that not all students with mental health problems receive treatment on college campuses, the students who do often have positive results. Nordberg and colleagues (2013) studied the differences between students who do and do not seek treatment from college and university counseling centers. This study focused on treatment seeking behavior among students from 52 colleges across the United States. The survey results found that students dealing with depression, generalized anxiety, academic and family distress were more likely to seek treatment. Some combinations of symptoms resulted in a student being more or less likely to seek treatment. For example, if a student had social anxiety in addition to generalized anxiety or depression, they were less likely to seek treatment because seeking treatment would expose them to a distressing interpersonal situation (Nordberg et al., 2013). Students with suicidal ideation who also engaged in self-harm were also less likely to be in treatment, which is consistent with studies that show that the majority of students who die by suicide did not see a mental health professional (Lipson et al., 2015). Some students who did not seek treatment believed that stress is normal in college, or felt that their problem would get better on its own (Nordberg et al., 2013). Many students not in treatment were also financially strained, and believed that lack of money was a barrier to seeking treatment. This shows that colleges and universities should reach out to students about the free and low-cost services available on campus. Ultimately the study found that students wait to seek treatment until they are overly distressed and are no longer able to cope on their

own. Conducting student outreach to educate students about free or low cost services available and encouraging students to seek counseling before their problems reach a crisis level could help get more students into treatment.

Low rates of treatment utilization on college campuses as a whole are concerning, and ethnic minority students are even less likely than white students to seek treatment for mental health issues (Miranda, Soffer, Polanco-Roman, Wheeler, & Moore, 2015). Different personal and systemic barriers have been identified in previous research, however student samples often include a majority of white students (Eisenberg, Speer, & Hunt 2012; Miranda et al., 2015). Miranda and colleagues (2015) focused on the barriers that racial and ethnic minorities report in comparison to white students. Their sample of 122 students took an intake survey at their university counseling center, and an online survey six months later. The intake assessment included questions on suicide ideation, as well as a measure of depression from a subscale of the Counseling Center Assessment of Psychological Symptoms-62 (CCAPS-62). They also designed a new measure to assess students' history, experiences, interest in, and perceived barriers to seeking treatment. Miranda and colleagues (2015) found that there was no significant difference in the mental health symptoms between minority and white students, but they did vary on seeking treatment and perceived barriers. Racial and ethnic minority students were more likely to report lack of time and fear of what people would think as barriers to seeking treatment compared to white students (Miranda et al., 2015). They were also less likely to have sought treatment in the past or again after their first assessment. Their results can help to guide outreach efforts that address the barriers reported by minority students.

Personal barriers and mental health stigma. Because stigma is one of the barriers present in mental health treatment, research has been conducted on lessening the effects of stigma. Eisenberg, Downs, & Golberstein (2012) attempted to build on research showing that interpersonal relationships with people in treatment for mental health issues may lessen stigma. They studied first year students at a university who were paired with a roommate who had a history of seeking mental health treatment. Participants completed a survey designed to measure their attitudes towards mental health treatment. Some students in the sample studied had a history of seeking mental health treatment, while other students in the sample did not. Eisenberg and colleagues found that in contrast to previous research indicating that exposure to people dealing with mental health issues may decrease stigma, the participants in their sample who were assigned roommates in treatment for a mental health issues actually increased their stigmatizing attitudes towards mental health if they themselves had never sought mental health treatment. Their results show that students may need more than just exposure to other students with mental health issues to lessen the stigma towards mental health treatment.

Armstrong and Young (2015) recognized that there is a lack of research on what students want to learn about mental health and what the best methods are for educating students on mental health. Their study focuses on first year post-secondary students. Results of their study showed that students with inaccurate knowledge about mental health concerns were less likely to support help-seeking behavior. Many post-secondary students, especially men, are not able to recognize warning signs of mental health concerns, and hold negative views about mental health treatment. Armstrong and Young conclude that it is necessary for students to be educated about the symptoms of mental

health concerns so that inaccurate or stigmatized knowledge is corrected. Once students have more information, they may be open to learning about counseling services or mental health resources.

System barriers. Previous studies focus on why students do not seek treatment focus on personal barriers such as personal attitudes, fears, or stigmatized beliefs about seeking mental health services (Eisenberg, Speer, & Hunt 2012; Marsh & Wilcoxon, 2015). Instead of studying personal barriers, Marsh and Wilcoxon (2015) focused on system barriers that may be preventing students from seeking treatment. Their study compared students who had sought professional help for mental health problems, and students who had not. The system barriers studied included cost, not knowing about resources, stigma, lack of transportation, and lack of time. The two most predictive of not seeking treatment were cost and not knowing about resources. Most college counseling centers are free, or only charge a small fee for services, so the identification of cost as a barrier to seeking treatment may be resulting from students' perception that mental health services on college campuses are as expensive as services in the private sector. Outreach that focuses on giving students accurate information about the free or low cost resources that are available to them could help decrease system barriers and increase utilization of mental health services.

Chen, Romero, and Karver (2016) studied the effects of campus culture on students' help seeking behaviors. They defined campus culture as a set of meanings, beliefs, and values that influence perceptions of informal rules, which in turn affect students' behavior. Their study analyzed whether campus attitudes, stigma, and perceived barriers affected students' personal mental health help seeking behaviors. They

considered student and faculty beliefs about the value of mental health treatment as campus attitudes, negative perceptions of people with mental health issues as stigma, and perceived barriers as student perceptions of factors that prevent them from seeking help. They found that campus attitudes influenced help seeking behavior, because personal attitudes was found to mediate perceived campus attitudes and help seeking behavior, while personal stigma and perceived barriers were not found to significantly mediate help seeking behavior.

Relationships and Support in the University Setting

Mentor and peer relationships. Because student retention is influenced by how well students adjust to college, Lenz (2014) conducted a study with 80 undergraduate students in their first semester of college on the influence of different relationships on their adjustment. He studied student relationships with peers, mentors, and the community. Because college demands new interpersonal relationships, often without students' previous support systems, students who socially acclimate to college are less like to engage in harmful coping strategies (Lenz, 2014). Additionally, when students feel a bond with their academic institution they may be more likely to adjust to college. Lenz (2014) used the Relational Health Indices to access whether student relationships with peers, mentors, and the community were growth-fostering. He found that mentor relationships influenced students' academic and overall adjustment to college more than peer or community relationships.

Peer relationships are used in a mentoring capacity on college campuses when peers aid other students in their academics or adjustment to college, sometimes even taking on the role of a counselor or advisor (Colvin & Ashman, 2010). Colvin and

Ashman analyzed different aspects of peer mentoring, focusing on their interactions with students and faculty, the relationships they form, and roles they fulfil. The researchers gathered their data through observation, peer mentors weekly reflection entries, and interviews. They created qualitative themes to analyze their results. Peer mentor roles that ranged from a learning coach to trusted friend were identified. Many positive benefits of peer mentoring were identified, such as their ability to help students feel more comfortable in college. However some risky effects emerged as well, such as students becoming too dependent on mentors. Some benefits were seen as more specific to male or female students, as female students were more likely to appreciate the supportive relationships they had with peer mentors, while males focused more on the peer mentors' academic help (Colvin & Ashman, 2010). Overall, both students and peer mentors benefited from the relationship.

Faculty and staff and student relationships. Since some college students need additional help like therapy or medication to cope with the stressors present during college, Reynolds (2013) studied the role that student affairs practitioners have in helping college students. She targeted student affairs practitioners who were more likely to have a high amount of student contact, which were typically low or mid-level practitioners. The study was conducted in three rounds. During the first round participants were asked what their most frequent and challenging student issues were. The top three most frequent student concerns were found to be stress management, time management, and anxiety. However, other common mental health issues such as depression, addiction and substance abuse, and eating disorders were also reported as frequent student concerns. Suicidal ideation and behavior was reported as the most challenging student concern

among participants. Reynolds (2013) concluded that student affairs practitioners should be well trained to deal with behavioral, psychological, and mental health issues among college students.

Hagenauer and Volet (2014) studied the important relationship between teachers and students within the university setting. After analyzing teacher-student relationship within a higher education context, they identified two dimensions to teacher-student relationships; the affective dimension, defined as the bond between teachers and students, and the support dimension, defined as the support teachers provide that help students to be successful in higher education. They explained that although teacher-student relationships within the university setting are between two adults, rather than an adult and child such as in primary or secondary school, caring behavior is often prevalent in the teacher-student relationship because students are considered a dependent learner. They also highlight that student relationships with teachers can influence whether students continue their studies, thus affecting student retention (Hagenauer & Volet, 2014).

Support for students with mental health issues. With an increasing number of students dealing with mental health issues, more faculty and staff at colleges and universities find themselves providing support to students (Margrove, Gustowska, & Grove, 2014). However, most faculty and staff do not have mental health training, even though their direct contact with students positions them to notice warning signs or symptoms of mental health issues. They also be deal with stress and wellbeing issues themselves. Margrove and colleagues studied faculty and staff from two United Kingdom universities with a survey designed to assess how well they were able to identify mental health issues based on the Diagnostic and Statistical Manual of Mental Disorders, 4th

Edition (DSM-IV). They were also asked about their contact with students and support they have provided. They found that out of the 84.6% that reported giving support to someone, 62.6% had given support to a student, yet only a third of that sample had received any mental health training.

Grief and bereavement is one life stressor that college students may deal with during their university studies, as close to 30% of college students report dealing with a close death during college (Hedman, 2012). With many college students living away from family, they rely on peers or faculty and staff for support while in college, yet not all peers may have experienced death, so faculty and staff may be better able to identify students dealing with grief and provide support or referrals (Hedman, 2012). Hedman studied the role that faculty may have in helping grieving students by assessing how comfortable students feel with taking to faculty or getting referrals, whether they feel faculty provided accommodations, and whether they were empathetic. The researcher's survey of 371 students (including freshman in their first year of college) found that 27% of students dealt with a death since beginning college, and 34% dealt with a death in the past year. Nearly half of the participants responded that they would be very likely to share a recent death with their professor, and 90% of students reported that they were at least somewhat comfortable with a professor or advisor checking in with them to see how they are doing (Hedman, 2012). This shows that faculty like professors or advisors are in a good position to let students know about support services or campus mental health resources.

On at least some occasions, students reveal mental health issues to professors in a non-official manner, such as through a writing assignment or class discussion (Ethan &

Seidel, 2013). Ethan and Seidel investigated how faculty view their role when helping distressed students. They interviewed urban community college professors in three focus groups of seven faculty about their students' problems, how they view their roles, whether they know about protocol and resources for mental health, and their recommendations. They created eleven qualitative themes from the focus groups. Faculty reported a variety of student issues ranging from homelessness to stalking. While most were aware of the college counseling center, they did not know the extent of services and expressed a desire for their own support in helping students deal with issues. Ethan and Seidel also recommended that academic departments have a counselor to help as a liaison, as well as more administrative support. They concluded that faculty need to be better equipped to deal with distressed students, and could use more support to do so. They note that while faculty do not need to be expected to take the place of a trained counselor, they could have more training on how to handle students in crisis or needing help.

McAllister and colleagues (2014) also conducted qualitative interviews with faculty and staff at two Australian universities to get a better idea of how they experience students with mental health issues. They derived four themes from the interview results. These themes included how faculty or staff became aware of the student's mental health issue, what prevented them from giving support, what challenges the faculty and staff themselves faced when providing support to students, and what university support is available for students with mental health issues. McAllister and colleagues found that because faculty and staff frequently interact with students, giving support to those with mental health issues is part of their role. However, they often struggle with not knowing

when to respect a student's privacy or what the proper protocol is for dealing with mental health issues. Giving support to those with mental health issues may cause distress to faculty and staff, which shows a need for student support training.

Winger and Olson (2015) conducted a study with 10 faculty and 10 student affairs staff members at a Midwestern research university in the United States to gain their perspective on college mental health services. They identified types of mental health issues and factors that affect college students including anxiety, depression, bipolar disorder, attention deficit/hyperactive disorder, post-traumatic stress disorder, work, family, and American culture and views of adulthood. Their study analyzes faculty and staff perspectives using a qualitative research method. Responses were grouped into six themes that included findings that faculty and staff felt that listening and emphasizing with students dealing with mental health issues is an effective method for helping, and that student affairs personnel were aware of more types of assistance than faculty. An understanding of mental health issues and the treatment available could help faculty and staff to more effectively help students.

Summary

A combination of different factors has led to a greater need for mental health services on college campuses. College students are coming from increasingly diverse backgrounds that are associated with different stressors than students in previous generations. Additionally, students in the emerging adulthood developmental stage are at risk for developing different mental health issues that can manifest during this stage. Many college students also engage in risky behaviors that can further increase their risk for mental health issues. Several programs aimed to treat or prevent mental health issues

have been attempted on college campuses, yet student utilization rates of campus mental health resources remain low. There are several factors that influence service utilization, including stigma and both personal and system barriers. Forming relationships with a mentor or faculty and staff member can be an important factor in a student's college experience, especially when a student is dealing with stressors or mental health issues. Because college students look to faculty and staff for support, they may play a role in guiding students to campus mental health resources.

Chapter 3: Method

This study, considered exempt by the university institutional review board (IRB), utilized a mixed-method, exploratory design. The purpose of this study was to learn about the role that faculty and campus staff have in helping students utilize campus mental health services. With the guidance of my faculty mentor, undergraduate students and faculty and campus staff, specifically those with direct student contact at the University of Nevada, Reno (UNR) were surveyed. Using both a quantitative and qualitative approach, the surveys consisted of closed- and open-ended questions designed to examine the role that faculty and campus staff have in students' utilization of campus mental health resources, whether students seek help from or disclose mental health concerns to faculty and campus staff, and what barriers and supports that students perceive as preventing or helping them access campus mental health resources. To better interpret the survey results, a brief mental health screening tool was also administrated to student survey respondents.

Participants

Student sample. Undergraduate student participants (n = 146) were recruited through the UNR Psychology Experiment Sign-up System (SONA), email, and flyers. Student groups emailed included Nevada Greeks (students in fraternities or sororities at UNR) and Honors Program students at UNR. Student participants had a chance to enter a drawing to win an Amazon gift card.

The undergraduate student sample self-reported as 71% female, 27.6% male, and 1.4% non-binary, transgender, or other. Table 1 illustrates students' race/ethnicity.

Table 1
Race and/or Ethnicities of Student Sample

	Counts	Percentages
White or Caucasian	91	62.3
South Asian or Indian American	3	2.1
Native Hawaiian or Other Pacific Islander	2	1.4
Middle Eastern or Arab American	2	1.4
Latino or Hispanic American	7	4.8
East Asian or Asian American	11	7.5
Black, Afro-Caribbean, or African American	2	1.4
American Indian or Alaska Native	1	.7
Bi or Multi-racial	26	17.8

Note. Out of the student sample (n = 146), 145 students answered this question

The student sample ages were mainly in the 18-20 range (45.9%) or the 20-22 range (41.8%) with 5.5% 23-25 and 6.8% 26 and above. Their class standing was 24.7% freshman, 17.8% sophomore, 30.8% junior, and 26.7% senior. Most students were full-time (93.2%) with 6.8% part-time. Table 2 illustrates students' campus involvement.

Table 2
Campus Involvement of Student Sample

	Counts	Percentages
Intramural Sports	9	6.2
Intercollegiate Athletics	3	2.1
Greek Life	27	18.5
Residential Hall Living	35	24
Honors Program	65	44.5
First Generation Student Organizations	8	5.5
Associated Students of the University of Nevada	9	6.2
Other Clubs and Organizations	61	41.8

Note. Percentages equal over 100% because students could select more than one option

Out of the sample, 32.6% were first generation students, and 29.5% are Pell Grant recipients. Most of the students resided off-campus (69.2%), followed by 30.1% in residence halls, and 0.7% in fraternity or sorority housing. The largest group of students' field of study was College of Liberal Arts (27.4%), followed by College of Business (24%), College of Science (20.5%), College of Agriculture, Biotechnology and Natural

Resources (9.6%), College of Engineering (6.8%), Division of Health Sciences (7.5%), College of Education (6.8%), and The Reynolds School of Journalism (4.8%).

Faculty and staff sample. Faculty and campus staff (*n* = 107), specifically those with direct student contact (*n* = 88), were recruited through email. To obtain a faculty and campus staff sample that consisted of university personnel who work closely with students, teaching faculty and academic advisors across disciplines, residential supervisors and assistants, athletic advisors, and student group advisors from programs such as ASUN, Greek life, and the Honors Program were targeted. Emails were sent to the deans of each college or school at UNR, faculty who have taught with the Honors Program, and department heads within Academic Advising & Student Achievement, the Writing Center, the Knowledge Center, the Disabilities Resource Center, the Office of International Students and Scholars, Veterans Services, Student Financial Aid & Scholarships, the Associated Students of the University of Nevada, Reno, the Joe Crowley Student Union, Academic & Opportunity Support, New Student Initiatives, Residential Life, Housing, & Food Services, and Athletic Advising.

Of the faculty and campus staff with direct student contact (*n* = 88), 40.9% were academic faculty (including lecturers and LOAs), 48.9% administrative faculty, and 6.8% classified staff. Table 3 illustrates faculty and campus staffs' departmental affiliations.

The largest group of faculty and staffs' primary interaction with students is instructional (43.5%), followed by academic advising (40%), other service provider (29.4%), mentoring (25.9%) and student employment (25.9%), research (18.8%), extracurricular (11.8%), and residential (5.9%).

Table 3
Departmental Affiliations of Faculty and Staff Sample

	Counts	Percentages
College of Agriculture, Biotechnology and Natural Resources	3	3.4
College of Business	1	1.1
College of Education	8	9.1
College of Engineering	12	13.6
College of Liberal Arts	7	8
College of Science	6	6.8
Reynolds School of Journalism	2	2.3
Division of Health Sciences	16	18.2
Intercollegiate Athletics	2	2.3
Student Services	16	18.2
Undergraduate Education	2	2.3
University Libraries	2	2.3
Other	8	9.1

Note. Out of the faculty and staff sample (n = 88), 85 faculty and staff answered this question

Measures

Student measures. The student survey included two different measures, a survey designed specifically for this study and the Counseling Center Assessment of Psychological Symptoms (CCAPS-62; Center for Collegiate Mental Health [CCMH], 2015) mental health measure.

Researcher developed survey. The researcher developed survey included a minimum of 32 questions to a maximum of 36 questions depending on which were applicable to respondents. The survey also included a demographics section designed to learn more about the students taking the survey and any prior experiences with utilization of mental health services. The second section focused on students' experiences with various resources on the UNR campus and was designed to identify both their familiarity level and how they learned about the resource. The third section included questions designed to learn about students' relationships with faculty and campus staff on the UNR campus and how they may help facilitate students' use of campus resources. This section was also designed to learn about potential barriers or supports students perceive as

influencing their use or lack of use of campus resources. A copy of the researcher designed student survey is included in appendix A.

Counseling center assessment of psychological symptoms mental health measure. The CCAPS-62 measure included in the student survey was chosen because it is specifically designed to measure college student mental health across eight subscales including depression, generalized anxiety, social anxiety, academic distress, eating concerns, family distress, hostility, and substance use. The CCAPS-62 measure was originally developed by Counseling and Psychological Services at the University of Michigan in 2001 to create an assessment that college counseling centers could utilize at a low cost for initial and post-treatment assessment of students. (CCMH, 2015). Table 4 illustrates CCAPS-62 definitions of the eight subscales.

The CCAPS-62 takes about 7-10 minutes to complete on average. Each question on the CCAPS-62 measure ranges from zero (not at all like me) to four (extremely like me). Some question scores are reversed during the scoring process. Student's scores for items comprising each subscale were averaged to calculate a mean score for each of the eight subscales. The CCAPS-62 measure has two cut points, a low cut point, meaning that scores above that range should be viewed as potentially problematic, with further assessment needed to determine whether the score is indicative of clinical concern, and an elevated cut score, meaning that scores above this range are consistent with high levels of distress that should be further assessed for a diagnosis (CCMH, 2015). The high cut score was developed using CCAPS and DSM-IV diagnostic data from five large counseling centers for the purpose of defining diagnosis-informed cut points (CCMH,

2015). For the purposes of this study, students were considered to have a clinically significant high score on the CCAPS-62 if they met or exceeded the elevated cut score.

Table 4
CCAPS-62 Subscale Definitions

Subscale	Definition/Description
Depression	Isolation, worthlessness, lack of enjoyment and hope, sadness, suicidal ideation, disassociation
Generalized Anxiety	Racing thoughts, sleep difficulties, tension, racing heart, and panic attacks or fear of panic attacks
Social Anxiety	Shyness, inability to make friends easily, feeling self-conscious, and feeling discomfort around people
Academic Distress	Issues with academic confidence, motivation, enjoyment, and/or concentration
Eating Concerns	Preoccupation with food, worry about eating too much, and feeling a lack of control when eating, extreme weight gain/loss
Family Distress	History of family abuse, negative feelings toward family members, and hope for improved family interaction
Anger/Hostility Issues	Difficulty controlling temper, thoughts of hurting others, fear of acting out violently, frequently getting into arguments, feeling easily angered, and the desire to break things
Substance Use	Using drugs or alcohol more than one should, black-out symptoms due to alcohol use, enjoyment associated with being drunk, and regrets due to events related to drinking

The CCAPS has an internal consistency ranging from 0.82 on the academic distress subscale to 0.92 on the depression subscale (CCMH, 2015). A copy of the CCAPS-62 measure is included in appendix A and begins on page 75. Table 5 illustrates the question numbers on the CCAPS-62 measure for each subscale.

Table 5
CCAPS-62 Question Numbers

Subscale	Question Number on Measure (R=reverse scoring)
Depression	8, 9, 10, 12, 20, 23, 28R, 37, 40, 46, 55R, 58, 62
Generalized Anxiety	3, 4, 14, 17, 18, 27, 30, 33, 39
Social Anxiety	2, 16, 35R, 41, 44, 47, 54R
Academic Distress	6R, 15R, 51, 53, 59
Eating Concerns	5, 13, 19R, 22, 25, 31, 34, 48, 61
Family Distress	1,7R,11, 21R, 38, 42
Anger/Hostility Issues	32, 36, 43, 45, 52, 57, 60
Substance Use	24, 26, 29, 49, 50, 56

Faculty and staff measures. The faculty and campus staff survey was also a researcher developed specifically for this study. This survey included a minimum of 30 questions to a maximum of 111 questions depending on which were applicable to each respondent (most respondents did not need to complete all questions). The survey included a demographics section designed to learn more about the faculty and campus staff taking the survey, including their position and affiliation within the university, and the contexts they typically interact with students. The next section was designed to identify the extent to which faculty and campus staff are familiar with eight campus resources. The last section focused on whether faculty and campus staff have had reason to suspect a student was experiencing depression, generalized anxiety, social anxiety, academic distress, eating concerns, family distress, anger/hostility, substance abuse issues, or other mental/behavioral issues. This section was also designed to assess how

often faculty and campus staff are encountering students whom they suspect may be experiencing each of the previous issues, what circumstances led the faculty or campus staff member to suspect an issue, how they responded, whether they provided a referral to a campus resources, and which campus resource they referred the student to. A sample copy of the faculty and campus staff survey is included in appendix B.

Procedures

Student procedures. Student participants completed the student survey, administered online via Survey Monkey software that included the researcher-developed survey and the CCAPS-62. Students had the option to follow a link to a second survey where they could register for a gift card drawing upon completion of the survey. Student responses were analyzed using quantitative and qualitative techniques.

Faculty and staff procedures. Faculty and campus staff participants completed the faculty and staff survey, administered online via Survey Monkey. Faculty and campus staff responses were analyzed using quantitative and qualitative techniques.

Data Analysis

Student data analysis. The student survey was analyzed using quantitative and qualitative techniques. Closed-ended questions were analyzed using descriptive statistics in the Statistical Package for Social Sciences (SPSS). Within these questions the percentages of students that selected a score of one to four to describe the extent to which they are familiar with each of seven campus resources were calculated. Next, the percentages of which options students selected for how they learned about each resource were calculated. Then, the percentages of students who report that they would feel comfortable disclosing overall and to each type of faculty and campus staff were

calculated. The percentages of students who reported that they have disclosed overall, and to each type of faculty campus staff were also calculated. Next, the average number of times students report that they have disclosed to a faculty and campus staff were calculated. Finally, the average number of times students reported receiving a referral from faculty to a campus resource were calculated.

The qualitative analyses were conducted for the entire student sample, and then repeated on just the subsample of students with CCAPS-62 scores in the clinically significant range, meaning those who are more likely to be actively struggling with mental health issues. To analyze the four open-ended questions, which contained follow-up questions only administered to respondents who reported at least one disclosure to faculty and campus staff, and then one question about perceived barriers or reasons for not utilizing services that everyone answered, inductively developed thematic categories were created (Boyatzis, 1998). This method was used to identify themes across student responses that shed light on whether students feel comfortable disclosing to faculty and campus staff and what barriers they feel prevent them or other students from using campus resources. The process to create inductively developed thematic categories involved inductively identifying patterns within the raw student responses, then using those themes to organize the responses (Boyatzis, 1998).

Faculty and staff data analysis. The faculty and campus staff survey was also analyzed using quantitative and qualitative techniques. Closed-ended questions were analyzed at the descriptive level. The percentages of faculty and campus staff that selected a score of one to four to describe the extent to which they are familiar with each of eight campus resources were calculated. Next, the number of times that faculty and

campus staff have had reason to suspect a student was experiencing each of the following, depression, generalized anxiety, social anxiety, academic distress, eating concerns, family distress, anger/hostility, substance abuse issues, or other mental/behavioral issues was calculated. The number of students faculty and campus staff have suspected may be experiencing each of those issues was also calculated. Inductively developed thematic categories were created to analyze the open-ended questions (Boyatzis, 1998). These questions provided follow-up information on why faculty and campus staff suspected a student was experiencing an issue, what their response was, and if they referred the student to resources. This method was used to identify themes across faculty and campus staff responses that shed light on what faculty and campus staff experiences are regarding interacting with students who have disclosed mental health issues and whether they have facilitated their use of campus resources. The process to create inductively developed thematic categories involved inductively identifying patterns within the raw faculty and staff responses, then using those themes to organize the responses (Boyatzis, 1998).

Chapter 4: Results

Student Mental Health

Overall, 59.9% (*n* = 82) of students presented with one clinically significant score on the CCAPS-62, indicating a potential need for mental health services. Table 6 illustrates the number of students with one clinically significant score on each of the eight subscales.

Table 6
Clinically Significant Scores of Student Sample

	Counts	Percentages
Depression	25	17.1
Generalized Anxiety	31	21.2
Social Anxiety	32	21.9
Academic Distress	7	4.8
Eating Concerns	24	16.4
Family Distress	35	24
Anger/Hostility Issues	16	11
Substance Use	18	12.3

Note. Out of student sample (*n* = 146), 137 students answered these questions

However, 86.3% (*n* = 126) of students are not currently receiving services. Of those who are currently receiving services, 8.2% (*n* = 12) report utilizing on-campus services only, 4.8% (*n* = 7) report utilizing off-campus services, and 0.7% (*n* = 1) are on- and off-campus. In response to the question of whether they had *ever* received mental health services, most students, 58.9%, (*n* = 86) responded that they have never sought or received mental health services. Of those students who have ever received mental health services, 19.9% (*n* = 29), report that they have used off-campus services, 11% (*n* = 16) report that they have used on-campus services, and 9.6% (*n* = 14) have used on and off-campus services.

Student sample with at least one clinically significant CCAPS score. Of the students with at least one high score on the CCAPS-62 measure, 46.3% (*n* = 38) have

never sought or received mental health services, while 25.6% (*n* = 21) have off-campus, 13.4% (*n* = 11) have on-campus, and 14.6% (*n* = 12) have on and off-campus. Most students in this group, 79.3% (*n* = 65) are not currently receiving service from a mental health professional, while 8.5% (*n* = 7) are off-campus, 11% (*n* = 9) are on-campus, and 1.2% (*n* = 1) are on and off-campus.

Student Research Questions

Research question 1: To what extent are students aware of student mental health resources on campus? Most students, 97.2% (*n* = 142), report being familiar with at least one on-campus mental health resource. Within the student sample, 90.4% (*n* = 132) of students have at least heard of the University Counseling Services, 43.8% (*n* = 64) of students have heard about UNR Victim Advocates, 26% (*n* = 38) of students have heard about Nevada Recovery and Prevention (NRAP) Community, 39% (*n* = 57) of students have heard about the Psychological Services Center, 27.4% (*n* = 40) of students have heard about The Downing Counseling Clinic, 80.1% (*n* = 117) of students have heard about the Office of Student Conduct, and 13.7% (*n* = 20) of students have heard about the Student Intervention Team. Figure 1 illustrates students' degree and source of knowledge of various mental health resources on campus.

Students' number one source of knowledge for learning about campus mental health resources is from faculty and staff (e.g., professor, advisor, coach; 57.5%, *n* = 84). The second most common source of knowledge is through outreach (e.g., orientation, tabling, in class-presentation; 56.2, *n* = 82), which is followed by advertisements (e.g., flyer, brochure; 47.9%, *n* = 70), another student (43.2%, *n* = 62), the website (36.3%, *n* = 53), and finally other sources (17.1%, *n* = 25).

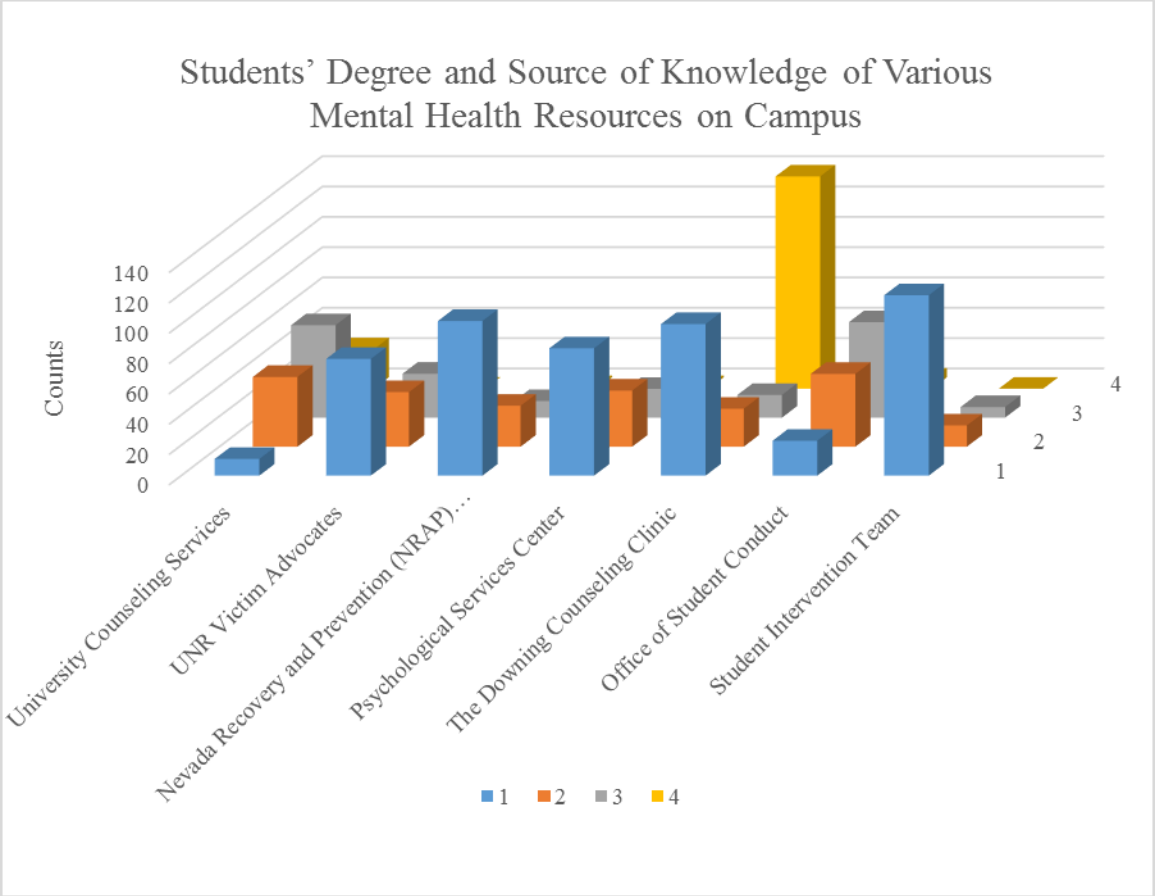

Figure 1. Students' Degree and Source of knowledge of Various Mental Health Resources on Campus. 1 = Have not heard of this resource. 2 = Have heard of this resource, but are not familiar with the services they offer. 3 = Have heard of this resource, and are familiar with the resources they offer, but have not utilized the resource themselves. 4 =Have heard of this resource, are familiar with the services they offer, and have used or are currently using this resource.

Research question 2: To what extent do students report that faculty or campus staff have facilitated their use of campus mental health resources? The students reported that they would feel most comfortable disclosing a significant personal, non-academic issue to a professor or instructor (33.6%, *n* = 49), followed by resident assistant (28.8%, *n* = 42), academic advisor (27.4%, *n* = 40), other faculty or staff (12.3%, *n* = 18), and graduate assistant (4.1%, *n* = 6) or intercollegiate athletics coach or advisor (4.1%, *n* = 6). However, the percentage of students who actually have disclosed to a faculty/staff is small (27.3%, *n* = 40). Of those who have disclosed, 15.1% (*n* = 22)

chose a professor or instructor, 11.6% (*n* = 17) chose a resident advisor, 5.5% (*n* = 8) chose an academic advisor, 4.1% (*n* = 6) chose other faculty and staff, and 0.7% (*n* = 1) chose a graduate assistant. Table 7 illustrates the number of students and times that students have disclosed to faculty and staff members.

Table 7
Student Disclosures to Faculty and Staff

	Counts	Percentages
One Time	19	13
Two Times	11	7.5
Three or more Times	10	6.8

Note. Out of student sample (*n* = 146), 40 students answered this question

Of those 40 students who reported disclosing to a faculty or staff, 40% (*n* = 16) were referred to a campus-based resource for assistance, while 60% (*n* = 24) of those students were not. The students received referrals for University Counseling Services (53%, *n* = 9), the Student Health Center (17.6%, *n* = 3), or other resources (29.4%, *n* = 5).

Student sample with at least one clinically significant CCAPS score. Out of the 82 students with at least one CCAPS high score, 30 students reported disclosing a significant personal, non-academic issue to a faculty or staff member. Table 8 illustrates the number of students and times that students with at least one CCAPS high score have disclosed to faculty and staff members.

Table 8
Students With at Least One CCAPS High Score Disclosures to Faculty and Staff

	Counts	Percentages
One Time	13	15.9
Two Times	10	12.2
Three or more Times	7	8.5

Note. Out of student sample with at least one CCAPS high score (*n* = 82), 30 students answered this question

There were a total of 41 disclosures from those 30 students. Out of those disclosures, 36.6% (*n* = 15) were to a professor or instructor, followed by 31.7% (*n* = 13)

to a resident advisor, 14.6% (*n* = 6) to an academic advisor, 14.6% (*n* = 6) to other faculty and staff, and 2.5% (*n* = 1) to a graduate assistant. Students with at least one high CCAPS score who disclosed (*n* = 30) received referrals to University Counseling Services (26.7%, *n* = 8), the Student Health Center (3.3%, *n* = 1), or other resources (16.7%, *n* = 5), while 16 students (53.3%) did not receive referrals.

Students' open-ended explanations for why they chose to disclose to particular faculty or staff were organized into three general categories: **(1)** ***Understanding and Trustworthy***, when students' felt the faculty or staff member was trustworthy, would understand their situation, and would treat them with respect; **(2)** ***Necessity and Obligation***, when students' felt they needed to disclose to a professor because it would affect their grade, or they were the easiest person to disclose to; and **(3)** ***Close Relationship and Comfortable***, when students' had a close relationship with the faculty or staff member. The counts, percentages, and characteristic responses are presented in Table 9.

Student's open-ended explanations for how faculty or staff member(s) responded to students' disclosure of a significant personal, non-academic issue were organized into four general categories: **(1)** ***Gave Advice or Support***, the faculty or staff member gave the student personal advice or responded in a supportive manner; **(2)** ***Listened***, the faculty or staff member listened to the student's disclosure; **(3)** ***Was Professional***, the faculty or staff member was able to handle the disclosure in a professional manner; and **(4)** ***Referred or Offered Help***, the faculty or staff member gave the student information or a referral to a campus mental health resource. The counts, percentages, and characteristic responses are presented in Table 10.

Table 9
Student Responses on why Students Choose to Disclose to that Faculty or Staff Member

Thematic Category	**Counts and Percentages of Responses**	**Characteristic Responses**
Understanding/Trustworthy	21 (50%)	--"Someone I had a lot of respect for and knew I could trust." --"General feeling of mutual trust and respect." --"They are the ones I trust the most because I see them the most."
Necessity/Obligation	10 (24%)	--"I told my English professor, my RA, and my GA about an incident last semester because I felt it was needed." --"Person of convenience." --"I was having very personal problems with my roommate, and I felt obligated to speak with my resident assistant."
Close Relationship/Comfortable	11 (26%)	--"Extremely close with that instructor. Felt he truly cared about me and helped me significantly in the past." --"I am very close with the professor; she has helped me prepare for my scholarship applications, law school applications, etc." --"I talk to them all the time and I feel comfortable with them."

Table 10
Student Responses on how Faculty or Staff Respond to Student Disclosure of a Significant Personal, Non-Academic Issue

Thematic Category	**Counts and Percentages of Responses**	**Characteristic Responses**
Gave Advice/Support	24 (59%)	--"She offered me personal advice and helped me overcome my personal issue." --"He was supportive and talked to me about the issue like a friend or mentor." --"Offered her office always as a safe talking space."
Listened	6 (15%)	--"Just listened to me and I let them know that I was already getting help to deal with my problems." --"Simply listened, was flexible with assignments, open door policy." --"Listened and only gave advices [sic] when asked."
Was Professional	6 (15%)	--"They were very discrete [sic] and treated me opening up to them very professionally." --"They handled it professionally and gave me advice on how to handle the situation in a professional manner." --"She was very professional and understanding."
Referred/Offered Help	8 (20%)	--"They were as helpful as possible and pointed me in the right direction in order to get more help." --"Noticed my concern and referred me to proper channels." --"One suggested an on-campus program, and the other took me into the walk-in hours of the counseling services."

Note. Percentages equal over 100% because some students' responses were counted in multiple categories

Research question 3: Do students believe that most students who could benefit from campus resources utilize them? If not, what barriers do students report

prevent them or others from utilizing campus mental health resources? Many students, 67.8% (*n* = 99) believe that students who could benefit from campus resources do not utilize them, while 26.7% (*n* = 39) believe students do utilize campus resources.

Students' open-ended explanations for why students believe that students who could benefit from campus resources do not utilize them were organized into four general categories: **(1)** ***Personal Barrier***, Students were embarrassed to use resources or felt they should manage on their own; **(2)** ***System Barrier***, Students did not use resources because of cost or time; **(3)** ***Lack of Awareness***, Students are not aware of resources on campus; and **(4)** ***Stigma***, Students do not seek resources because of mental health stigma. The counts, percentages, and characteristic responses are presented in Table 11.

Faculty and Campus Staff Research Questions

Research question 4: To what extent are faculty and campus staff aware of student mental health resources on campus? Out of the faculty and staff sample analyzed (*n* = 88), all faculty and staff have heard of at least one on-campus mental health resource. Within the faculty and staff sample, 100% (*n* = 83) of faculty and staff (who answered the question) reported knowing about the University Counseling Services, 85.5% (*n* = 71) of faculty and staff know about the Student Health Center, 71.1% (*n* = 59) of faculty and staff know about UNR Victim Advocates, 49.4% *(n* = 41) of faculty and staff know about Nevada Recovery and Prevention (NRAP) Community, 56.6% (*n* = 47) of faculty and staff know about the Psychological Services Center, 63.9% (*n* = 53) of faculty and staff know about The Downing Counseling Clinic, 96.4% (*n* = 80) of faculty and staff know about the Office of Student Conduct, and 67.5% (*n* = 56) of faculty and

staff know about the Student Intervention Team. Figure 2 illustrates the extent that faculty and campus staff are aware of student mental health resources on campus.

Table 11
Student Responses on why Students who could benefit from Campus Resources do not utilize them

Thematic Category	**Counts and Percentages of Responses**	**Characteristic Responses**
Personal Barrier	40 (35%)	--"They believe that they can manage things by themselves without help." --"I think students do know about these resources, but they may be embarrassed to use them" --"They are afraid and hesitant."
System Barrier	13 (11%)	--"Because of the time constraints from some facilities." --"The inability to get scheduled appointments." --"Times are inaccessible."
Lack of Awareness	54 (47%)	--"Most do not know of them so they feel as if they have no help." --"Because they have not heard about them." --"Not enough students are aware of the variety of resources."
Stigma	18 (16%)	--"Stigma attached to mental illness." --"Because we live in a society that views the act of seeking help for mental health issues and struggles as "weakness."" --"Stigma. There's stigma around mental health just like there's stigma against sexual health."

Note. Percentages equal over 100% because some students' responses were counted in multiple categories

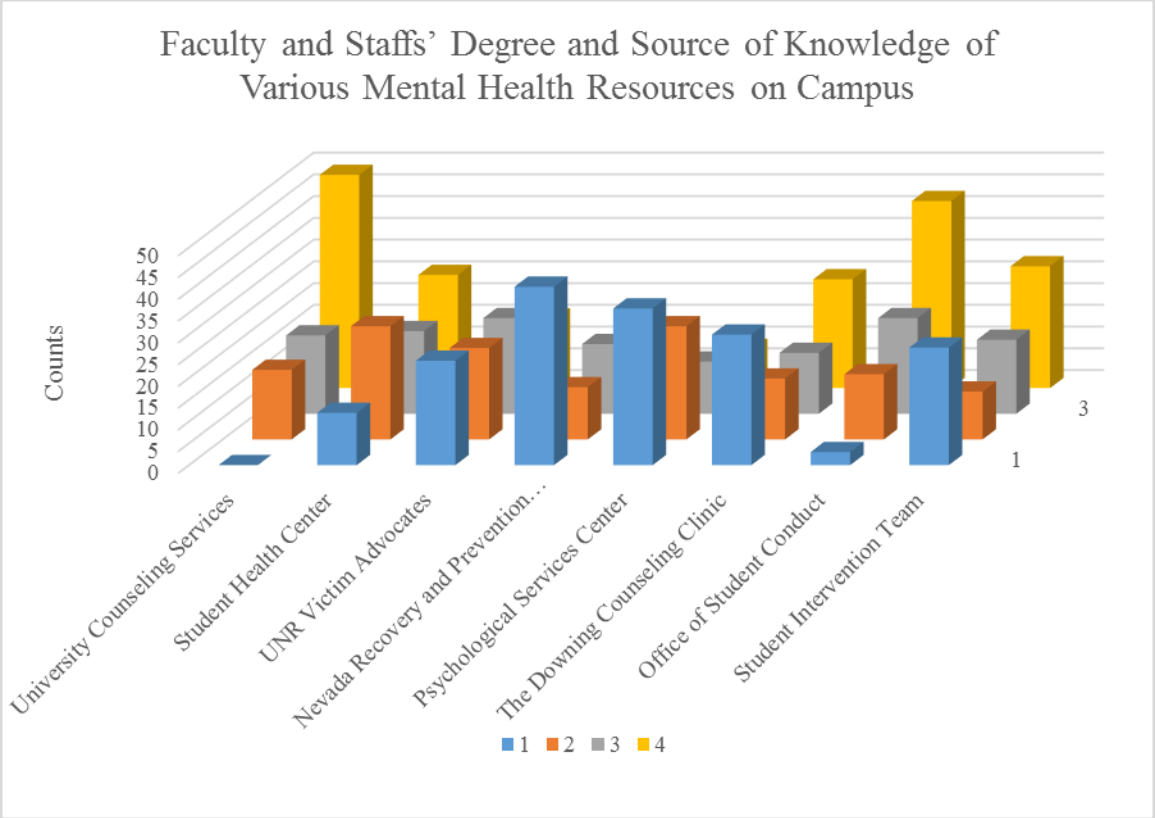

Figure 2. Faculty and Staffs' Degree and Source of knowledge of Various Mental Health Resources on Campus. 1 = Have not heard of this resource. 2 = Have heard of this resource, but are not familiar with the services they offer. 3 = Have heard of this resource, and are familiar with the services they offer, but do not personally know of any students who have utilized this resource. 4 = Have heard of this resource, are familiar with the services they offer, and personally know students who have utilized this resource.

Research question 5: What are the experiences of faculty and campus staff in regards to suspecting or identifying a student who may be in need of mental health services? When asked if faculty or staff have suspected undergraduate students with whom they had direct contact with were in need of professional help for a mental health issue, 56.8% (*n* = 50) have suspected at least one undergraduate student was in need of professional help. Table 12 illustrates the number of times that faculty and staff suspected undergraduate students with whom they had direct contact with were in need of professional help for a mental health issue.

Table 12
Number of Times that Faculty and Staff Suspected Undergraduate Students were in Need of Professional Help for a Mental Health Issue

	Counts	Percentages
Depression	52	59.1
One Time	13	14.8
Two Times	11	12.5
Three or More Times	30	34.1
Generalized Anxiety	38	43.2
One Time	15	17
Two Times	6	6.8
Three or More Times	19	21.6
Social Anxiety	18	20.5
One Time	10	11.4
Two Times	2	2.3
Three or More Times	6	6.8
Academic Distress	35	39.8
One Time	12	13.6
Two Times	4	4.5
Three or More Times	20	22.7
Eating Concerns	5	5.7
One Time	2	2.3
Two Times	0	0
Three or More Times	3	3.4
Family Distress	16	18.2
One Time	7	8
Two Times	5	5.7
Three or More Times	5	5.7
Anger/Hostility Issues	8	9.1
One Time	5	5.7
Two Times	1	1.1
Three or More Times	2	2.3
Substance Use	11	12.5
One Time	5	5.7
Two Times	1	1.1
Three or More Times	5	5.7
Other Issues	19	21.6
One Time	12	13.6
Two Times	4	4.5
Three or More Times	3	3.4

Note. Out of faculty and staff sample (n = 88), 83 to 62 faculty and staff answered this question

Faculty and Staffs' open-ended explanations for why they suspected that students were in need of professional help for a mental health issue were organized into three general categories: **(1)** ***Student Self-reported***, the student disclosed a mental health issue to a faculty or staff member; **(2)** ***Change in Behavior or Displaying Symptoms***, the student was displaying symptoms of a mental health issue, or their behavior changed; and **(3)** ***Academic Performance or Change in Performance***, the student's academic performance was concerning or had changed. The counts, percentages, and characteristic responses are presented in Table 13.

Research question 6: How do faculty and campus staff respond to students dealing with mental or behavioral health issues? Faculty and Staffs' open-ended explanations for how they responded to student concerns, including any actions they took to assist the student were organized into five general categories: **(1)** ***Referred Student to Resource***, the faculty or staff member referred the student to a campus resource; **(2)** ***Walked Student to Resource or Directly Contacted Resource***; **(3)** ***Offered Advice and/or Help***, the faculty or staff member tried to help or give advice to the student; **(4)** ***Modified Academic Requirements***; The faculty or staff member changed the student's academic requirements or course load; and **(5)** ***No Action or Did Not Know How to Respond***, the faculty or staff member did not take action. The counts, percentages, and characteristic responses are presented in Table 14.

Table 13
Faculty and Staff Responses on what Circumstances led Faculty and Staff to Suspect a Student was experiencing a Mental Health Issue

Thematic Category	**Counts and Percentages of Responses**	**Characteristic Responses**
Student Self-reported	138 (51%)	--"Indicated she was over stressed and burdened and could not continue the way she was." --"Crying in my office sharing that her family responsibilities were detracting from her ability to engage in school activities." "The student directly told me that she was taking her friend's prescription meds for anxiety because she was feeling very anxious herself." --"Refection [sic] paper" --"Told me she had a history of her parents abusing her, told me her new stepmom was showing signs of abusive behavior." --"Student explained intense pressure to please a parent with a serious illness." --"Reported issues with boyfriend - abusive relationship." --"Student disclosed using substances on a consistent, if not, every day basis."
Change in Behavior/Displaying Symptoms	72 (27%)	--"Demeanor changed markedly following the illness of his mother and death of a roommate." --"Withdrawn from friends, severe self-harm, roommates and friends were highly concerned." --"A depressed student in hallway unable to move due to overwhelming pressure." --"Anxiety attack during class, student ran out of class" --"Student attends class, is withdrawn, doesn't interact with others." --"Fast weight loss; lack of participation in social eating situations."
Academic Performance/Change in Performance	58 (22%)	--"Failing grades, lack of interest in school." --"They stopped attending classes." --"Student did very well on all aspects of class except exams - they essentially got so nervous that they were unable to perform." --"Student feels very anxious about all academic assignments even though she is very intelligent and consistently scores in the 90th+ percentile."

Note. Percentages equal over 100% because some faculty and staffs' responses were counted in multiple categories

Table 14
Faculty and Staff Responses to Concerns, Including any Actions they took to assist the Student

Thematic Category	**Counts and Percentages of Responses**	**Characteristic Responses**
Referred Student to Resource	125 (47%)	--"Offered resources available on campus. Provided information for services." --"Referred student to University Counseling Services." --"Encouraged student to seeking counseling services, which the student does and had reported that it had helped tremendously." --"I highlighted the counseling services, as well as the DRC, as places the student might receive some assistance."
Walked Student to Resource/Directly Contacted Resource	27 (10%)	--"Contacted campus police and the VP for student services." --"Reported to Title IX, reported to athletic trainer and doctor." --"Called Counseling Center, and walked student to emergency appointment." --"Calling REMSA for immediate response to panic/anxiety attacks."
Offered Advice/ Help	103 (38%)	--"I attempted to engage with the student whenever I saw them, asking them with sincerity how they were doing." --"Regular check in meetings." --"Talked to the student extensively." --"I discussed relaxation and positive visualization techniques that they could do in the time leading up to a test and during a test."
Modified Academic Requirements	24 (9%)	--"Gave student chance to make up work if they sought help." --"Remained in contact with student about ways to help academically." --"I offered some flexibility in course requirements." --"Put in place accommodations to take exams in a quiet place with extended time."
No Action/Did Not Know How to Respond	15 (6%)	--"In large classes, it is difficult to develop any rapport with students, so I have observed, without knowing how to intervene." --"No action taken." --"I did not take action, did not know how to approach." --"Took mental notes to see if problems continued."

Note. Percentages equal over 100% because some faculty and staff' responses were counted in multiple categories

Chapter 5: Discussion

The purpose of this project was to explore the role that faculty and campus staff have in mental health outreach and referring students to campus resources, specifically if they have direct regular contact with students, as well as identifying the barriers that students perceive as preventing students from using campus mental health resources. Over 50% of the student sample presented with at least one clinically significant score on the CCAPS, indicating a potential need for mental health services. However over 80% of students are not currently receiving services, even though over 90% of students know of at least one on-campus mental health resource. These results are consistent with previous literature that shows that despite a need for mental health resources on college campuses, there is a trend of underutilization of services (Blanco, et al., 2011; Eisenberg, et al., 2011; Lipson, et al., 2015; Nordberg et al., 2013). The top three ways students report learning about campus resources include faculty and staff, outreach, or through advertisements. If students chose to disclose to a faculty or staff member, the majority chose to disclose because they felt that person was understanding and trustworthy. This supports previous literature on the importance of students developing interpersonal relationships that can connect them to their university (Colvin & Ashman, 2010; Lenz, 2014; Hagenauer & Volet, 2014). The faculty and staff members that students disclosed to the most were professors or instructors, resident advisors, and academic advisors. The majority of students reported that the faculty or staff member they disclosed to was supportive or gave advice. The main two barriers students perceived as preventing students from utilizing campus mental health resources were lack of awareness or

personal barriers, such as fear of embarrassment or feeling that they could handle the mental health issue on their own.

All faculty and staff have heard of at least one on-campus mental health resource. Over 50% of the faculty or staff sample suspected that at least one undergraduate student with whom they had direct contact with was in need of professional help for a mental health issue. The main reason why faculty and staff suspected that a student was in need of professional help for a mental health issue was because the student self-reported. Faculty and staff reported that the main ways they responded to students dealing with mental or behavioral health issues were by referring the student to a resource or offering advice or support.

Implications

Students reported feeling most comfortable disclosing mental health issues to professors and instructors, followed by residential advisors and academic advisors. This finding shows that it is important that these groups are aware of mental health symptoms and available resources for students, especially professors and instructors. It is especially concerning that many faculty and staff members are not aware of the Student Intervention Team, which can help faculty and staff respond to students who are potentially in distress, can help them make appropriate referrals to campus or community mental health resources, and can provide support to the faculty or staff member.

Qualitative analysis shows that the most common theme for why students chose to disclose to a faculty or staff member is that students felt the faculty or staff member students disclosed to were understanding and trustworthy. This finding aligns with previous research showing that professors and instructors sometimes take on a parental

role within the university system, and students may feel they are a safe person to disclose to (Ethan & Seidel, 2013; Hagenauer & Volet, 2014). Additionally, the most common theme that students reported on how the faculty or staff member responded to their disclosure was that they gave advice or provided support. This response may be because the faculty or staff member was unsure whether to refer the student to a campus resource, or felt that more action would be outside their role, which supports previous research that found that most faculty and staff have not had any mental health training (Ethan & Seidel, 2013; Margrove et al., 2014; McAllister et al., 2014).

The main barriers that students felt prevented students who could benefit from campus mental health resources from utilizing the resources available was lack of awareness, and personal barriers. Although most students were aware of at least one resource, students felt that they have not heard of all the resources available and the extent of service they provide, which is consistent with previous research that shows that lack of awareness prevents students from utilizing campus resources (Armstrong & Young, 2015; Marsh & Wilcoxon, 2015). This finding shows that more outreach could be conducted to better educate students about the variety of help available to them. Personal barriers included feelings of embarrassment or feelings that students should be able to cope with issues themselves. This finding shows that mental health stigma is still prevalent among college students, contradicting previous literature that says mental health stigma is not as prevalent today (Chen, Romero, & Karver, 2016). Some campus resources such as the University Counseling Services are housed in buildings that students frequent, so some students may feel uncomfortable seeking services when they know they may be seen by someone they know. Most students would not neglect to go to

the health center if they had say, a sinus infection, but feelings that they should deal with mental health issues on their own shows that mental health needs to be talked about more, and seeking treatment normalized.

Over half of faculty or staff suspected that at least one undergraduate student with whom they had direct contact with was in need of professional help for a mental health issue, especially depression, general anxiety, and academic distress. This finding shows that faculty and staff should have some knowledge about mental health resources and protocol for dealing with students that may be experiencing a crisis or need help, which is consistent with conclusions of previous research on the role of faculty and staff (Hedman, 2012; Margrove et al., 2014; McAllister et al., 2014; Reynolds, 2013; Winger & Olson, 2015). Although there are services and experienced mental health practitioners available to help students on college campuses, getting students to utilize those resources may be an important part of faculty and staff's role when they are the person that students have regular direct contact with and feel they can trust. The largest percentage of how faculty and staff became aware of a student's mental health issue was through the student's disclosure. This is consistent with previous research showing that some students disclose mental health issues to faculty and staff members (Ethan & Seidel, 2013; Hedman, 2012; Margrove et al., 2014; McAllister et al., 2014). This finding further shows that some students feel comfortable talking to faculty and staff about mental health issues. Developing outreach methods and training for faculty and staff could help increase usage of campus mental health resources, which could have a positive effect on students' mental health, as well as academic progress, and student retention rates.

Limitations

This study has some limitations that potentially impact the generalizability of the findings. The student and faculty and campus staff samples are not representative of the entire university and may not be externally valid. Over 40% of the sample included Honors Program students, over 60% of the sample identified as white or Caucasian, and over 70% of the sample identified as female, so the results may not represent the average college student at UNR. The faculty and staff sample did not include equal numbers of representatives from each affiliation area, with the largest numbers coming from College of Engineering, Division of Health Sciences, and Student Services. Additionally, a significant percentage of faculty and staff respondents did not complete the survey for all nine mental health areas, so some results may not have been reported. The results were specific to UNR, so they may not represent other universities and colleges across the United States.

Future Directions

With over half of the student sample receiving at least one clinically significant high score from the CCAPS measure, a larger study with a more representative sample across campus is needed to determine if UNR students do have high levels of clinically significant mental health scores. If a high percentage of students with at least one clinically significant score is not seen in a larger sample, then further research on sample similar to this study (i.e., honors students) may be needed to see if students with more academic pressure are presenting with more clinically significant scores. Although most students and all faculty and campus staff have heard of at least one mental health resource, many students believe that students who could benefit from resources do not utilize them. More research is needed to find out how to close the gap between awareness

and use of resources. More research can also be done to identify whether faculty and campus staff that are affiliated with departments of the university that house or are connected to campus resources are more aware of the resources available to students or provide more referrals than faculty or campus staff that are not affiliated with campus resources. This study was conducted at a large public university with a significant number of residential students. Future research could be conducted with other university sizes, community colleges, or satellite campuses to see how their students and faculty and staff experience mental health service utilization.

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Appendix A

Study Information

Title: College Students' Utilization of Campus Mental Health Services: The Role of Faculty and Staff

Requirements: In order to complete this study you must 1.) be 18 years or older and 2.) Able to read English fluently.

Purpose: In this study we are investigating the role that faculty and staff may have in helping students utilize campus mental health services. We hope to learn more about the barriers and supports that students perceive as preventing or helping them access campus resources. We also hope to learn whether students seek help from or disclose mental health concerns to faculty and staff. The results of this study might help guide future outreach for students and training for faculty and staff regarding campus mental health services.

Procedures: If you volunteer to be in this study, you will be asked to answer a series of questions in the following online survey. Some of the questions are personal and you will not be able to skip any questions. However, your answers will be completely anonymous. It should take about 30 minutes to complete the study, and you will be awarded 1 SONA credit for your participation if you complete the entire survey with attentive and honest answers.

Discomforts and Risks: This study poses no greater than minimal risk of harm. This means the risks of your participation in the research are similar in type or intensity to what you encounter during your daily activities. You may feel somewhat uncomfortable completing the questionnaires that require sharing of personal information. If for any reason you experience discomfort you may stop the survey at any time. You will also be provided with contact information for various resources on the UNR campus at the end of the survey.

Benefits: There are no known direct benefits to you in this study activity. Participation may contribute to the greater good by providing information that may help us understand more about how to best help college students with mental health concerns.

Statement of Anonymity: In this study, your responses will not be linked to any form of identifying information. It is therefore completely anonymous. You will need to provide your name (in order to be awarded SONA credit) but this information will be collected separately from your survey responses. Therefore, there will be no way to know how you personally responded to any of the survey questions.

Right to ask questions and contact information: You may ask questions of the researcher at any time by emailing sierracpeterson@gmail.com or ldeflorio@unr.edu There is an office that provides oversight called the Office of Human Research Protection at the University of Nevada, Reno. You may call them if you have any concerns about the conduct of the study at 775-327-2367.

Voluntary participation: Your participation in this study is completely voluntary. You may discontinue at any time (including now). To discontinue, simply stop taking the survey. You will not receive any SONA credit if you choose to discontinue, even if you have answered some of the survey questions.

Consent: Continuing with the following survey will be taken as consent.

Thank you for your participation in this study! Your responses will help to better understand the role that faculty and staff may have in college students' utilization of campus mental health services.

Student Survey

1. What is your current class standing?
   - Freshman
   - Sophomore
   - Junior
   - Senior
   - Post-Bac/Graduate
2. What is your enrollment status?
   - Part-time
   - Full-time
3. Which of the following student groups are you affiliated with? (Select all that apply.)
   - Intramural Sports
   - Intercollegiate Athletics
   - Fraternity & Sorority Life
   - Residence Hall Living
   - Honors Program
   - First Generation Student Program (ex: Gear UP, First in the Pack, Trio Scholars etc.)
   - Associated Students of the University of Nevada (ASUN)
   - Other Clubs/Organizations, please specify

_____
_____

4. Which college or school is your major area of study within? (Select all that apply.)
   - College of Agriculture, Biotechnology and Natural Resources
   - College of Business
   - College of Education
   - College of Engineering
   - College of Liberal Arts
   - College of Science
   - Division of Health Sciences
   - The Reynolds School of Journalism
   - Graduate School
5. What is your age group?
   - Under 18
   - 18-20

- 20-22
- 23-25
- 26 and above

6. What is you racial or ethnic identification? (Select all that apply.)
   - American Indian or Alaska Native
   - Black, Afro-Caribbean, or African American
   - East Asian or Asian American
   - Latino or Hispanic American
   - Middle Eastern or Arab American
   - Native Hawaiian or Other Pacific Islander
   - South Asian or Indian American
   - White or Caucasian
   - Other, please specify

     _____
   - I prefer not to respond

7. What is your gender identity?
   - Male
   - Female
   - Non-binary/transgender/other
   - I prefer not to respond

8. Are you a first generation college student?
   - Yes
   - No
   - I prefer not to respond

9. Are you a Federal Pell Grant recipient?
   - Yes
     No
   - I prefer not to respond

10. Which of the following describes your current living situation?
    - Residence hall
    - Fraternity or Sorority housing
    - At home
    - Off-campus

11. Have you ever sought or received services from a licensed mental health professional (e.g., counselor, therapist, psychologist, psychiatrist) for any reason?

    - Yes, on-campus
    - Yes, off-campus
    - Yes, on and off-campus
    - No
    - I prefer not to respond

12. Do you currently receive services from a licensed mental health professional (e.g., counselor, therapist, psychologist, psychiatrist) for any reason?

- ☐ Yes, on-campus
- ☐ Yes, off-campus
- ☐ Yes, on and off-campus
- ☐ No
- ☐ I prefer not to respond

With the following questions we would like to learn more about your experiences with various resources on the UNR campus.

13. To what extent are you familiar with each of the following campus resources?
    1=I have not heard of this resource
    2=I have heard of this resource, but I am not familiar with the services they offer
    3=I have heard of this resource, and I am familiar with the services they offer, but I have not utilized this resource myself.
    4=I have or am currently using this resource

A. University Counseling Services (Pennington Student Achievement Center)
e.g., Individual counseling, Group Counseling, Consultation and Urgent Care, Testing, Take 5 Program
1 2 3 4

(If Students enter 2-4 another box will appear)

How did you learn about this resource? (Select all that apply.)

- ☐ Faculty/Staff (e.g., Professor, advisor, coach)
- ☐ Another student
- ☐ Outreach (e.g., Orientation, tabling, in class-presentation)
- ☐ UNR Website
- ☐ Advertisement (e.g., Flyer, brochure)
- ☐ Other, please specify
  _____
  _____

B. Student Health Services Psychiatry/Counseling Services (Student Health Center)
1 2 3 4

(If Students enter 2-4 another box will appear)

How did you learn about this resource? (Select all that apply.)

- ☐ Faculty/Staff (e.g., Professor, advisor, coach)
- ☐ Another student
- ☐ Outreach (e.g., Orientation, tabling, in class-presentation)

- ☐ UNR Website
- ☐ Advertisement (e.g., Flyer, brochure)
- ☐ Other, please specify

_____

_____

C. UNR Victim Advocates

1 2 3 4

(If Students enter 2-4 another box will appear)

How did you learn about this resource? (Select all that apply.)

- ☐ Faculty/Staff (e.g., Professor, advisor, coach)
- ☐ Another student
- ☐ Outreach (e.g., Orientation, tabling, in class-presentation)
- ☐ UNR Website
- ☐ Advertisement (e.g., Flyer, brochure)
- ☐ Other, please specify

_____

_____

D. Nevada Recovery and Prevention (NRAP) Community

1 2 3 4

(If Students enter 2-4 another box will appear)

How did you learn about this resource? (Select all that apply.)

- ☐ Faculty/Staff (e.g., Professor, advisor, coach)
- ☐ Another student
- ☐ Outreach (e.g., Orientation, tabling, in class-presentation)
- ☐ UNR Website
- ☐ Advertisement (e.g., Flyer, brochure)
- ☐ Other, please specify

_____

_____

E. Psychological Services Center (Edmund J. Cain Hall)

1 2 3 4

(If Students enter 2-4 another box will appear)

How did you learn about this resource? (Select all that apply.)

- ☐ Faculty/Staff (e.g., Professor, advisor, coach)

- ☐ Another student
- ☐ Outreach (e.g., Orientation, tabling, in class-presentation)
- ☐ UNR Website
- ☐ Advertisement (e.g., Flyer, brochure)
- ☐ Other, please specify

_____

_____

F. The Downing Counseling Clinic (William Raggio Building)
e.g., Individual counseling, Couples counseling, Family counseling, Play therapy, Consultations

1 2 3 4

(If Students enter 2-4 another box will appear)

How did you learn about this resource? (Select all that apply.)

- ☐ Faculty/Staff (e.g., Professor, advisor, coach)
- ☐ Another student
- ☐ Outreach (e.g., Orientation, tabling, in class-presentation)
- ☐ UNR Website
- ☐ Advertisement (e.g., Flyer, brochure)
- ☐ Other, please specify

_____

_____

G. Office of Student Conduct
e.g., Alcohol and Other Drug Services

1 2 3 4

(If Students enter 2-4 another box will appear)

How did you learn about this resource? (Select all that apply.)

- ☐ Faculty/Staff (e.g., Professor, advisor, coach)
- ☐ Another student
- ☐ Outreach (e.g., Orientation, tabling, in class-presentation)
- ☐ UNR Website
- ☐ Advertisement (e.g., Flyer, brochure)
- ☐ Other, please specify

_____

_____

H. Student Intervention Team

1 2 3 4

(If Students enter 2-4 another box will appear)

How did you learn about this resource? (Select all that apply.)

- ☐ Faculty/Staff (e.g., Professor, advisor, coach)
- ☐ Another student
- ☐ Outreach (e.g., Orientation, tabling, in class-presentation)
- ☐ UNR Website
- ☐ Advertisement (e.g., Flyer, brochure)
- ☐ Other, please specify

_____

_____

With the following questions we would like to learn more about your relationship with faculty and staff on the UNR campus and how they may help facilitate utilization of campus resources. Please use these definitions when considering your responses:

Faculty: Professors, course instructors, campus administrators.
Staff: Anyone else who works at the university whom you have contact with, including academic advisors, resident assistants, athletic coaches or advisors, program mentors, graduate/teaching assistants, research lab supervisors.
Significant personal non-academic issue: Issues that are not directly related to school, but may or may not affect your academic performance. Examples might include a death in the family, substance abuse, a traumatic event, a mental health concern, or relationship issues.

14. Which of the following faculty or staff would you feel comfortable disclosing a significant personal, non-academic issue to? (Select all that apply.)

- ☐ Professor/Instructor
- ☐ Graduate Assistant (GA)
- ☐ Resident Assistant
- ☐ Academic Advisor
- ☐ Intercollegiate Athletics Coach or Advisor
- ☐ Other, please specify

_____

_____

- ☐ Not Applicable

15. Which of the following faculty or staff have you disclosed a significant personal, non-academic issue to? (Select all that apply.)

- ☐ Professor/ Instructor
- ☐ Graduate Assistant (GA)
- ☐ Resident Assistant
- ☐ Academic Advisor
- ☐ Intercollegiate Athletics Coach or Advisor
- ☐ Other, please specify

_____

_____

- ☐ Not Applicable

16. How many times have you disclosed a significant personal, non-academic issue to faculty or staff?

- 1
- 2
- 3 or more
- Not Applicable

(#16 Text box(s) will appear based on answer)

16 A. Why did you choose that member(s)?

_____

16 B. Did that faculty or staff member(s) refer you to a campus-based resource for assistance with that issue?

- Yes
- No

#17 Will appear if "yes" is selected for each 16B Question

17. Which resource did that faculty or staff member refer you to? (Select all that apply.)

- University Counseling Services (Pennington Student Achievement Center)
  e.g., Individual counseling, Group Counseling, Consultation and Urgent Care, Testing, Take 5 Program
- Student Health Services Psychiatry/Counseling Services (Student Health Center)
- UNR Victim Advocates
- Nevada Recovery and Prevention (NRAP) Community
- Psychological Services Center (Edmund J. Cain Hall)
- The Downing Counseling Clinic (William Raggio Building)
  e.g., Individual counseling, Couples counseling, Family counseling, Play therapy, Consultations
- Office of Student Conduct
  e.g., Alcohol and Other Drug Services
- Student Intervention Team
- Other, please specify

#18 Will appear if "no" is selected for each 16B Question

18. How did that faculty or staff member respond to your disclosure of a significant personal, non-academic issue? What did he/she say or do?

_____

19. Do you believe that most students who could benefit from campus resources utilize them?

- Yes
- No

20. Why or why not?

_____
_____

21. Do you utilize campus resources that could benefit you?
- ☐ Yes
- ☐ No
- ☐ Not Applicable

22. If applicable, why or why not?

_____
_____

This last set of questions will help us to understand and describe characteristics of people responding to this survey. All responses are confidential and cannot be traced back to you.

23. INSTRUCTIONS: The following statements describe thoughts, feelings, and experiences that people may have. Please indicate how well each statement describes you, during the past two weeks, from "not at all like me" (0) to "extremely like me" (4), by marking the correct number. Read each statement carefully, select only one answer per statement, and please do not skip any questions.

Not at all like me.....Extremely like me

1. I get sad or angry when I think of my family
0 1 2 3 4
2. I am shy around others
0 1 2 3 4
3. There are many things I am afraid of
0 1 2 3 4
4. My heart races for no good reason
0 1 2 3 4
5. I feel out of control when I eat
0 1 2 3 4
6. I enjoy my classes
0 1 2 3 4
7. I feel that my family loves me
0 1 2 3 4
8. I feel disconnected from myself
0 1 2 3 4
9. I don't enjoy being around people as much as I used to
0 1 2 3 4
10. I feel isolated and alone
0 1 2 3 4
11. My family gets on my nerves
0 1 2 3 4
12. I lose touch with reality

0 1 2 3 4

13. I think about food more than I would like to

0 1 2 3 4

14. I am anxious that I might have a panic attack while in public

0 1 2 3 4

15. I feel confident that I can succeed academically

0 1 2 3 4

16. I become anxious when I have to speak in front of audiences

0 1 2 3 4

17. I have sleep difficulties

0 1 2 3 4

18. My thoughts are racing

0 1 2 3 4

19. I am satisfied with my body shape

0 1 2 3 4

20. I feel worthless

0 1 2 3 4

21. My family is basically a happy one

0 1 2 3 4

22. I am dissatisfied with my weight

0 1 2 3 4

23. I feel helpless

0 1 2 3 4

24. I use drugs more than I should

0 1 2 3 4

25. I eat too much

0 1 2 3 4

26. I drink alcohol frequently

0 1 2 3 4

27. I have spells of terror or panic

0 1 2 3 4

28. I am enthusiastic about life

0 1 2 3 4

29. When I drink alcohol I can't remember what happened

0 1 2 3 4

30. I feel tense

0 1 2 3 4

31. When I start eating I can't stop

0 1 2 3 4

32. I have difficulty controlling my temper

0 1 2 3 4

33. I am easily frightened or startled

0 1 2 3 4

34. I diet frequently

0 1 2 3 4

35. I make friends easily

0 1 2 3 4
36. I sometimes feel like breaking or smashing things
0 1 2 3 4
37. I have unwanted thoughts I can't control
0 1 2 3 4
38. There is a history of abuse in my family
0 1 2 3 4
39. I experience nightmares or flashbacks
0 1 2 3 4
40. I feel sad all the time
0 1 2 3 4
41. I am concerned that other people do not like me
0 1 2 3 4
42. I wish my family got along better
0 1 2 3 4
43. I get angry easily
0 1 2 3 4
44. I feel uncomfortable around people I don't know
0 1 2 3 4
45. I feel irritable
0 1 2 3 4
46. I have thoughts of ending my life
0 1 2 3 4
47. I feel self conscious around others
0 1 2 3 4
48. I purge to control my weight
0 1 2 3 4
49. I drink more than I should
0 1 2 3 4
50. I enjoy getting drunk
0 1 2 3 4
51. I am not able to concentrate as well as usual
0 1 2 3 4
52. I am afraid I may lose control and act violently
0 1 2 3 4
53. It’s hard to stay motivated for my classes
0 1 2 3 4
54. I feel comfortable around other people
0 1 2 3 4
55. I like myself
0 1 2 3 4
56. I have done something I have regretted because of drinking
0 1 2 3 4
57. I frequently get into arguments
0 1 2 3 4
58. I find that I cry frequently

0 1 2 3 4
59. I am unable to keep up with my schoolwork
0 1 2 3 4
60. I have thoughts of hurting others
0 1 2 3 4
61. The less I eat, the better I feel about myself
0 1 2 3 4
62. I feel that I have no one who understands me
0 1 2 3 4

Thank you for completing this survey! You may enter to win an Amazon gift card by clicking here.

For more information about on-campus resources for students, please visit or call:

University Counseling Services Phone: (775) 784-4648
Website: http://www.unr.edu/counseling
Student Health Services Psychiatry/Counseling Services Phone: 775-784-6598
Website: https://www.unr.edu/shc/services/Psychiatry.html
UNR Victim Advocates Phone: 775-771-8724
Website: http://www.unr.edu/counseling/sexual-assault-procedures
Nevada Recovery and Prevention (NRAP) Community Phone: 775-784-6224
Website: http://nvrap.com/
Psychological Services Center Phone: (775) 784-6668
Website: http://www.unr.edu/psychology/psychological-services
The Downing Counseling Clinic Phone: (775) 682-5515
Website: http://www.unr.edu/education/centers/downing-clinic
Office of Student Conduct Phone: (775) 784-4388
Website: http://www.unr.edu/student-conduct
Student Intervention Team Phone:
Website: http://www.unr.edu/intervention
If you would like to report a concern about a specific student, please contact:
•Marcelo Vazquez, SIT Chair and Associate Dean of Students
(775) 784-4388
•Jerry Marcyznski, Associate Vice President and Dean of Students
(775) 784-1471
marczyns@unr.edu

Appendix B

Study Information

Title: College Students' Utilization of Campus Mental Health Services: The Role of Faculty and Staff

Requirements: In order to complete this study you must 1.) be 18 years or older, 2.) Able to read English fluently, and 3.) Hold a faculty or staff position at UNR.

Purpose: In this study we are investigating the role that faculty and staff may have in helping students utilize campus mental health services. We hope to learn more about the barriers and supports that students perceive as preventing or helping them access campus mental health resources. We also hope to learn whether students seek help from or disclose mental health concerns to faculty and staff. The results of this study might help guide future outreach for students and training for faculty and staff regarding campus mental health services.

Procedures: If you volunteer to be in this study, you will be asked to answer a series of questions in the following online survey. Some of the questions are personal and you will not be able to skip any questions. However, your answers will be completely anonymous. It should take about 30 minutes to complete the study.

Discomforts and Risks: This study poses no greater than minimal risk of harm. This means the risks of your participation in the research are similar in type or intensity to what you encounter during your daily activities.

Benefits: There are no known direct benefits to you in this study activity. Participation may contribute to the greater good by providing information that may help us understand more about how to best help college students with mental health concerns.

Statement of Anonymity: In this study, your responses will not be linked to any form of identifying information. It is therefore completely anonymous.

Right to ask questions and contact information: You may ask questions of the researcher at any time by emailing sierracpeterson@gmail.com or ldeflorio@unr.edu There is an office that provides oversight called the Office of Human Research Protection at the University of Nevada, Reno. You may call them if you have any concerns about the conduct of the study at 775-327-2367.

Voluntary participation: Your participation in this study is completely voluntary. You may discontinue at any time (including now). To discontinue, simply stop taking the survey.

Consent: Continuing with the following survey will be taken as consent.

Thank you for your participation in this study! Your responses will help to better understand

the role that faculty and staff may have in college students' utilization of campus mental health services.

Faculty/Staff Survey

In your role as a UNR employee, do you work directly in some capacity with undergraduate students?

If yes, continue.
If no, thank you for your time.

Please indicate your position

- Academic faculty (including lecturers and LOAs)
- Administrative faculty
- Classified staff
- Student employee
- Other: please specify_____

Please check your primary affiliation:

- College of Agriculture, Biotechnology and Natural Resources
- College of Business
- College of Education
- College of Engineering
- College of Liberal Arts
- College of Science
- Reynolds School of Journalism
- Division of Health Sciences
- Cooperative Extension
- Extended Studies
- Graduate Education (e.g., The Graduate School)
- Intercollegiate Athletics
- School of Medicine (including Nursing, Social Work, and CHS)
- Student Services (e.g., The Center, Office of Student Conduct, Recreation & Wellness, Residential Life, Housing, & Food Services, ASUN, Fraternity & Sorority Life)
- Undergraduate Education (e.g., Honors Program)
- University Libraries
- Other, please specify _____

Please check the primary contexts in which you typically interact with undergraduate students:

- Instructional (e.g., I teach undergraduate courses)
- Research (e.g., I supervise undergraduate research or research assistants)
- Student Employment (e.g., I supervise undergraduate student workers)
- Extracurricular (e.g., I advise or otherwise participate in student clubs or organizations)
- Residential (e.g., I work with students in the residence halls)
- Academic Advising (e.g., I provide academic advising)
- Mentoring (e.g., I work with students in a mentoring capacity)

- ☐ Other Service Provider (e.g., I provide some other service to students)

1. To what extent are you familiar with each of the following campus resources?
   1 = I have not heard of this resource
   2 = I have heard of this resource, but I am not familiar with the services they offer
   3 = I have heard of this resource, and I am familiar with the services they offer, but do not personally know of any students who have utilized this resource.
   4=I have heard of this resource, am familiar with the services they offer, and personally know students who have utilized this resource.

A. University Counseling Services (Pennington Student Achievement Center)
e.g., Individual counseling, Group Counseling, Consultation and Urgent Care, Testing, Take 5 Program
1 2 3 4 5

B. Student Health Services Psychiatry/Counseling Services (Student Health Center)
1 2 3 4 5

C. UNR Victim Advocates
1 2 3 4 5

D. Nevada Recovery and Prevention (NRAP) Community
1 2 3 4 5

E. Psychological Services Center (Edmund J. Cain Hall)
1 2 3 4 5

F. The Downing Counseling Clinic (William Raggio Building)
e.g., Individual counseling, Couples counseling, Family counseling, Play therapy, Consultations
1 2 3 4 5

G. Office of Student Conduct
e.g., Alcohol and Other Drug Services
1 2 3 4 5

H. Student Intervention Team
1 2 3 4 5

2. Over the past 12 months, have you had reason to suspect (e.g., student displayed concerning behavior or disclosed concerning information) that at least one undergraduate student was experiencing one or more of the following:
A. Depression (e.g., isolation, worthlessness, lack of enjoyment and hope, sadness, suicidal ideation, disassociation)

- ☐ Yes
- ☐ No

If yes, another question will appear
In the past 12 months, how many students have you suspected may be experiencing depression.

- ☐ 1
- ☐ 2
- ☐ 3 or more

If 1 is selected, the following questions will appear

1. Without identifying the student, briefly describe the circumstances that led you to suspect the student was experiencing depression.

_____

_____

2. Without identifying the student, briefly describe your response, including any actions you took to assist the student. If no action was taken, briefly explain why not.

_____

_____

3. Did you provide the student with a formal or informal referral to any campus resource to address this issue?

- ☐ Yes
- ☐ No

If yes, the following question will appear

4. Which one(s). Check all that apply.

- ☐ University Counseling Services (Pennington Student Achievement Center)
  e.g., Individual counseling, Group Counseling, Consultation and Urgent Care, Testing, Take 5 Program
- ☐ Student Health Services Psychiatry/Counseling Services (Student Health Center)
- ☐ UNR Victim Advocates
- ☐ Nevada Recovery and Prevention (NRAP) Community
- ☐ Psychological Services Center (Edmund J. Cain Hall)
- ☐ The Downing Counseling Clinic (William Raggio Building)
  e.g., Individual counseling, Couples counseling, Family counseling, Play therapy, Consultations
- ☐ Office of Student Conduct
  e.g., Alcohol and Other Drug Services
- ☐ Student Intervention Team
- ☐ Other, please
  specify_____

If 2 is selected, the following questions will appear

1. Without identifying the **first** student, briefly describe the circumstances that led you to suspect the student was experiencing depression.

_____

_____

2. Without identifying the **first** student, briefly describe your response, including any actions you took to assist the student. If no action was taken, briefly explain why not.

_____

_____

3. Did you provide the **first** student with a formal or informal referral to any campus resource to address this issue?

- ☐ Yes
- ☐ No

If yes, the following question will appear

4. Which one(s). Check all that apply.

- ☐ University Counseling Services (Pennington Student Achievement Center)
  e.g., Individual counseling, Group Counseling, Consultation and Urgent Care, Testing, Take 5 Program
- ☐ Student Health Services Psychiatry/Counseling Services (Student Health Center)
- ☐ UNR Victim Advocates
- ☐ Nevada Recovery and Prevention (NRAP) Community
- ☐ Psychological Services Center (Edmund J. Cain Hall)
- ☐ The Downing Counseling Clinic (William Raggio Building)
  e.g., Individual counseling, Couples counseling, Family counseling, Play therapy, Consultations
- ☐ Office of Student Conduct
  e.g., Alcohol and Other Drug Services
- ☐ Student Intervention Team
- ☐ Other, please
  specify_____

5. Without identifying the **second** student, briefly describe the circumstances that led you to suspect the student was experiencing depression.
   _____
_____

6. Without identifying the **second** student, briefly describe your response, including any actions you took to assist the student. If no action was taken, briefly explain why not.
   _____
_____

7. Did you provide the **second** student with a formal or informal referral to any campus resource to address this issue?

- ☐ Yes
- ☐ No

If yes, the following question will appear

8. Which one(s). Check all that apply.

- ☐ University Counseling Services (Pennington Student Achievement Center)
  e.g., Individual counseling, Group Counseling, Consultation and Urgent Care, Testing, Take 5 Program
- ☐ Student Health Services Psychiatry/Counseling Services (Student Health Center)
- ☐ UNR Victim Advocates
- ☐ Nevada Recovery and Prevention (NRAP) Community
- ☐ Psychological Services Center (Edmund J. Cain Hall)
- ☐ The Downing Counseling Clinic (William Raggio Building)
  e.g., Individual counseling, Couples counseling, Family counseling, Play therapy, Consultations
- ☐ Office of Student Conduct
  e.g., Alcohol and Other Drug Services
- ☐ Student Intervention Team

- ☐ Other, please specify_____

If "3 or more" is selected the following questions will appear

1. How many students?

   _____

2. Choose two students. Without identifying the **first** student, briefly describe the circumstances that led you to suspect the student was experiencing depression.

   _____

3. Without identifying the **first** student, briefly describe your response, including any actions you took to assist the student. If no action was taken, briefly explain why not.

   _____

4. Did you provide the **first** student with a formal or informal referral to any campus resource to address this issue?

   - ☐ Yes
   - ☐ No

If yes, the following question will appear

5. Which one(s). Check all that apply.

   - ☐ University Counseling Services (Pennington Student Achievement Center) e.g., Individual counseling, Group Counseling, Consultation and Urgent Care, Testing, Take 5 Program
   - ☐ Student Health Services Psychiatry/Counseling Services (Student Health Center)
   - ☐ UNR Victim Advocates
   - ☐ Nevada Recovery and Prevention (NRAP) Community
   - ☐ Psychological Services Center (Edmund J. Cain Hall)
   - ☐ The Downing Counseling Clinic (William Raggio Building) e.g., Individual counseling, Couples counseling, Family counseling, Play therapy, Consultations
   - ☐ Office of Student Conduct e.g., Alcohol and Other Drug Services
   - ☐ Student Intervention Team
   - ☐ Other, please specify_____

6. Without identifying the **second** student, briefly describe the circumstances that led you to suspect the student was experiencing depression.

   _____

7. Without identifying the second student, briefly describe your response, including any actions you took to assist the student. If no action was taken, briefly explain why not.

_____

8. Did you provide the second student with a formal or informal referral to any campus resource to address this issue?

- ☐ Yes
- ☐ No

If yes, the following question will appear

9. Which one(s). Check all that apply.

- ☐ University Counseling Services (Pennington Student Achievement Center)
  e.g., Individual counseling, Group Counseling, Consultation and Urgent Care, Testing, Take 5 Program
- ☐ Student Health Services Psychiatry/Counseling Services (Student Health Center)
- ☐ UNR Victim Advocates
- ☐ Nevada Recovery and Prevention (NRAP) Community
- ☐ Psychological Services Center (Edmund J. Cain Hall)
- ☐ The Downing Counseling Clinic (William Raggio Building)
  e.g., Individual counseling, Couples counseling, Family counseling, Play therapy, Consultations
- ☐ Office of Student Conduct
  e.g., Alcohol and Other Drug Services
- ☐ Student Intervention Team
- ☐ Other, please
  specify_____

These questions continue for:
B. Generalized Anxiety (e.g., racing thoughts, sleep difficulties, tension, racing heart, and panic attacks or fear of panic attacks)

C. Social Anxiety (e.g., shyness, inability to make friends easily, feeling self-conscious, and feeling discomfort around people)

D. Academic Distress (e.g., issues with academic confidence, motivation, enjoyment, and/or concentration)

E. Eating Concerns (e.g., preoccupation with food, worry about eating too much, and feeling a lack of control when eating, extreme weight gain/loss)

F. Family Distress (e.g., history of family abuse, negative feelings toward family members, and hope for improved family interaction)

G. Anger/Hostility Issues (e.g., difficulty controlling temper, thoughts of hurting others, fear of acting out violently, frequently getting into arguments, feeling easily angered, and the desire to break things)

H. Substance Abuse Issues (e.g., using drugs or alcohol more than one should, black-out symptoms due to alcohol use, enjoyment associated with being drunk, and regrets due to events related to drinking)

I. Other Mental/Behavioral Health Issues