

FACTORS INFLUENCING FACULTY MEMBERS' WILLINGNESS TO INTERVENE AND
REFER STUDENTS IMPACTED BY MENTAL HEALTH CONCERNS

A Thesis
Submitted to the Graduate Faculty
of the
North Dakota State University
of Agriculture and Applied Science

By

Melissa Jo Johnson

In Partial Fulfillment of the Requirements
for the Degree of
MASTER OF SCIENCE

Major Program:
Educational Leadership

April 2020

Fargo, North Dakota

North Dakota State University
Graduate School

Title

FACTORS INFLUENCING FACULTY MEMBERS' WILLINGNESS TO
INTERVENE AND REFER STUDENTS IMPACTED BY MENTAL
HEALTH CONCERNS

By

Melissa Jo Johnson

The Supervisory Committee certifies that this *disquisition* complies with
North Dakota State University's regulations and meets the accepted
standards for the degree of

MASTER OF SCIENCE

SUPERVISORY COMMITTEE:

Erika Beseler Thompson

Chair

Kevin Thompson

Laura Oster-Aaland

Approved:

4/12/2020

Date

Chris Ray

Department Chair

ABSTRACT

This study examined whether faculty members' mental health literacy and perceptions of their role in communicating with college students influenced willingness to intervene and refer students impacted by mental health concerns to available services and support. Study participants (N=246) included faculty members from a four-year research university and a two-year community and technical college. Participants completed an online survey assessing their mental health literacy, perception of their role in communicating with students about mental health concerns, and willingness to intervene and refer students.

Results indicated an overall willingness to assist students with mental health concerns, but also showed the continued existence of mental health-related stigma and a lack of training and direction for faculty. Results further revealed that faculty members' view of their role directly impacts their confidence and willingness to intervene and refer students to help. Practical implications for institutions, as well as recommendations for future research, are discussed.

ACKNOWLEDGEMENTS

The process of writing this thesis has been the most rewarding experience of my academic career. In addition to the expansion of knowledge around my research topic, this process has taught me a great deal about who I am and what I value about myself, which has nothing to do with what you see from the outside.

I would like to thank my advisor, Dr. Erika Beseler Thompson, for her guidance and neverending support through this process. I was inspired by her attention to detail and positivity, and greatly respected her standard for excellence. These traits, among others, make her a remarkable advisor and professional that I am fortunate to know. In addition, I want to acknowledge the other members of my committee, Dr. Laura Oster Aaland and Dr. Kevin Thompson, both of whom I know are well respected in their fields. Thank you for supporting and challenging me and dedicating the precious resource of time to the work of this graduate student.

Secondly, I must recognize the influence and support of my supervisor and someone I also consider a good friend, Dr. Jane Vangsness Frisch. Her impact on my professional and academic career has been immeasurable. I admire her drive, intellect and grit more than anyone I know. I would not have achieved this goal without her support.

Lastly, and most importantly, I thank my husband, Ryan, and my children for their patience and support. I cannot adequately express my gratitude for the grace and understanding they extended to me through this process. I hope seeing me fulfill this goal serves as an example of persistence, strength and accomplishment to them all.

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGEMENTS	iv
LIST OF TABLES	vii
CHAPTER ONE. INTRODUCTION	1
Statement of the Problem	3
Purpose of the Study.....	4
Research Questions	4
Significance of the Study.....	4
Organization of Study.....	6
CHAPTER TWO: REVIEW OF RELATED LITERATURE	7
Contextual Overview	8
Transitioning into Higher Education	10
Prevalence of Mental Health Concerns in Higher Education.....	12
Mental Health Impact and Treatment Challenges	13
Barriers to Mental Health Help-Seeking Intentions	15
A Call to Action for Higher Education.....	17
Faculty Members' Mental Health Literacy	18
Belonging and Connection	19
Student-Faculty Interactions.....	20
Student and Faculty Perceptions of Mental Health Concerns	22
Conceptual Framework	28
Summary.....	37
CHAPTER THREE: METHODS.....	38
Research Questions	38

Research Design	38
Participants	39
Data Collection	40
Instrumentation	41
Analysis	43
Delimitations	44
CHAPTER FOUR: RESULTS	46
Research Questions	46
Population and Sample	46
Data Analysis.....	50
Summary.....	59
CHAPTER FIVE: DISCUSSION	60
Summary and Discussion of Findings.....	61
Implications	70
Limitations and Recommendations for Future Research	77
Final Conclusion.....	78
REFERENCES	80
APPENDIX A. FACULTY MEMBERS’ MENTAL HEALTH LITERACY AND COMMUNICATION SURVEY	89
APPENDIX B. FACULTY NOTIFICATION LETTER	93

LIST OF TABLES

<u>Table</u>	<u>Page</u>
1. Socio-Demographic/Professional Characteristics of Participating Faculty Members	49
2. Descriptive Statistics for Faculty Member's Mental Health Literacy (N = 246)	52
3. Descriptive Statistics for Faculty Members' Role View in Communicating with Students (N=237).....	54
4. Means, Standard Deviations, and Intercorrelations for Faculty Members' Willingness to Intervene and Refer Students with Mental Health Concerns to Help (CWI) and Predictor Variables	58
5. Regression Analysis Summary for Variables Predicting Faculty Members' Willingness to Intervene and Refer Students with Mental Health Concerns to Help (CWI).....	58

CHAPTER ONE. INTRODUCTION

Institutions of higher education continue to maintain focus on improving student success outcomes. Increased accountability connected to student success measures, including retention and graduation rates, has been influenced by state and federal policymakers, the public at large, as well as students and parents (Complete College America, 2013; McKeown-Moak, 2013). However, students face many barriers and challenges that often prevent them from achieving their educational goals, thereby negatively impacting institutional achievement measures.

Among the myriad of challenges college students face, mental health concerns are recognized as a significant barrier to college student success (Cvetkovski, Jorm, & Mackinnon, 2017; Kalkbrenner & Sink, 2018; Moss, 2017). The American Council on Education (2019) reported that data from studies conducted by the Healthy Minds Network showed that regardless of institution type, students with mental health problems were twice as likely to leave an institution without graduating. Additionally, a 2009 longitudinal study conducted by Eisenburg, Golberstein, and Hunt, found that among students with low grade point averages, 25% of students with mental health concerns dropped out of college, compared to 9% of students without mental health concerns. This warrants institutional attention due to the pervasiveness of mental health concerns and research showing that diminished mental health translates into a poor educational experience and contributes to higher non-completion rates, difficulties in completing coursework, and lower grades (Brunner, Wallace, Reymann, Sellers, & McCabe, 2014; Cvetkovski et al., 2017).

This high incidence of mental health concerns among college students would raise fewer concerns if most students were seeking appropriate treatment; however, Kalkbrenner and Sink (2018) recognized a concerning trend in the disparity between the relative high frequency of

students living with mental health disorders and the small number of students who seek treatment. Numerous barriers to mental health help-seeking intentions have been identified in the literature with stigma being noted as the most impactful barrier on help-seeking intentions (Downs & Eisenberg, 2012; Gulliver, Griffiths, & Christensen, 2010; Mowbray et al., 2006; Shea, Nguyen, Wong, & Gonzalez, 2019). These barriers decrease the likelihood that students will seek help on their own, necessitating an institutional response to help alleviate these barriers.

As institutions examine varied opportunities to provide access to mental health intervention and support, attention should be accorded to the formal and informal relationships students develop with faculty members. Developing a sense of belonging is imperative to the success and retention of students who are at risk for non-completion, including students impacted by mental health concerns (O’Keeffe, 2013). Manokore, Mah, and Ali (2019) maintained that simple and attainable efforts like informal student-faculty interactions contributed to positive retention outcomes. This research emphasizes that faculty members play a pivotal role in student success due to the sense of belonging and connection that may develop through student-faculty interactions. These interactions also provide a venue to increase awareness of students’ needs. Arguably, faculty members are in a unique position to assist and refer at-risk students; however, faculty members often express a lack of knowledge about mental health disorders, concern about accurately identifying mental health concerns, and mixed perceptions about their role in intervening and referring students to seek help for mental health concerns (Becker, Martin, Wajeer, Ward, & Shern, 2002; Sniatecki, Perry, & Snell, 2015; Sylvara & Madracchia, 2019).

As institutions work to develop a comprehensive approach to supporting students with mental health concerns, including relying on the relationships faculty members build with students through intentional interactions, understanding the dynamics of communication between

students and faculty members may provide valuable insight into addressing students' mental health. Further research is needed to contribute to the literature on student-faculty interactions related to mental health concerns. Understanding the dynamics and associated impact of faculty members' mental health literacy, training for faculty members and how faculty members view their role in communicating with students regarding mental health concerns are critical factors in determining faculty members' likelihood and willingness to intervene related to students' mental health concerns. Faculty members' intentions to intervene and refer students to services are dependent on several factors on which this research focused. The conceptual framework for this study was based on Role Theory, including the component concepts of role conflict and role ambiguity as outlined by Biddle (1986), along with a study conducted by Gulliver, Farrer, Bennett, and Griffiths (2017) examining the influence of stigma and faculty members' mental health literacy on faculty members' experiences assisting students with mental health concerns, and White and Labelle's (2019) study investigating the role of faculty members' communication in managing student mental health concerns.

Statement of the Problem

While research has shown that faculty members are in a unique position to assist and refer at-risk students, faculty members often report a lack of knowledge in this area and feeling under prepared to properly identify, manage, and assist students with mental health concerns. In addition to the impact of limited knowledge, faculty members' attitudes and perceptions can impact the likelihood of intervention and provision of accommodations. Little research is available on how faculty members view their role in communicating with students regarding mental health concerns and how faculty members' mental health literacy and view of their role impacts their willingness to intervene and refer students impacted by mental health concerns.

Limited existing research, along with the need for institutions to develop strategies to support students with mental health concerns, and the potential for student-faculty interactions to offset the negative impacts of mental health concerns provide a basis for this study.

Purpose of the Study

This study examined whether faculty members' mental health literacy (level of knowledge and attitude toward mental health) and their perceptions of their role in communicating with students (role view) influences their willingness to intervene (engage in interpersonal dialogue) and refer students impacted by mental health concerns to available services and support.

Research Questions

To achieve the intended purpose of the study, the following research questions were explored:

1. What is the level of mental health literacy reported by faculty members?
2. How do faculty members view their role in communicating with students with mental health concerns?
3. To what degree does the level of faculty members' mental health literacy and their perception of their role in communicating with students impact their willingness to intervene and refer students with mental health concerns?

Significance of the Study

Institutions of higher education face continual scrutiny and calls for accountability related to student success outcomes and degree attainment. Mental health concerns have a disproportionately negative impact on student attrition as they impact "all aspects of the students' physical, emotional, cognitive and interpersonal functioning" (Kitzrow, 2009, p.650);

thereby impeding students' ability to successfully integrate into campus life. Due to these concerns, institutions must understand and explore strategies to effectively support students' mental health. In addition to putting vital mental health services and support in place, institutions must have methods of identifying and connecting students to mental health services through awareness, intervention and referral.

Philosophically, institutions need to view mental health as an important and legitimate concern and impart that it is the responsibility of *all* employees to support students' mental health needs. Of all employees at an institution, faculty members play a key role in supporting students with mental health concerns due to the frequency and impact of their interactions with students. Expecting and empowering faculty members to play an active role in campus-wide efforts to address students' mental health concerns necessitates the need to explore factors that influence their intentions to participate in this role. Notably, there must be recognition of and investigation into, the implicit assumption that *all* faculty members are *motivated* and *able* to address students' mental health concerns. Faculty members' mental health literacy and their perceptions of their role in communicating with students regarding mental health concerns are important factors influencing the likelihood faculty members will intervene and assist a student with mental health concerns. Understanding these influences on student-faculty communications is vital to assessing the value of student-faculty communication as an effective institutional strategy to support students' mental health needs.

This research will provide institutional administrators and faculty members insight into the factors impacting the likelihood and willingness of faculty members to intervene and refer students impacted by mental health concerns to available services and support. Further, in assessing the value of relying on student-faculty interactions as a specific strategy to support

students' mental health needs, this research will benefit institutional administrators in understanding the professional development needs of faculty members to ensure this is an effective practice.

Organization of Study

Chapter one provided a general overview of the study, including the background of the study, statement of the problem, purpose of the research, research questions, and significance of the study. Chapter two includes a comprehensive review of the body of literature regarding the prevalence and impact of mental health concerns in college aged students and the known benefits of student-faculty interactions. Additionally, Chapter two includes a discussion of the conceptual framework of the study. Chapter three provides a description of the research design and methodology. An overview of the surveyed population is included, along with a discussion of the survey instrument and the procedures used to collect and analyze the data. Chapter four provides a description of the analysis of the collected data and a summary of findings. Finally, Chapter five offers a discussion of the findings and limitations of the study, along with implications for theory and practice, and recommendations for future.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

Students exhibiting concerning, disruptive, or dangerous behavior related to significant mental illness, who may pose a risk of harming themselves or others, present considerable challenges for institutions of higher education (Jed Foundation, 2006; Hollingsworth, Dunkle, & Douce, 2009). Institutional responses to addressing these concerns requires a campus-wide, comprehensive, strategic approach involving all members of the campus community, including faculty members (Albright, Schwartz, & Kognito, 2017; Chen, Romero, & Karver, 2016). This necessitates the need to explore ways that institutions can empower faculty members to prioritize and participate in institutional mental health promotion efforts. By identifying and understanding the factors that influence faculty members' willingness to intervene, institutions can develop strategies that empower faculty members to recognize symptoms, approach students and offer assistance, and refer students who appear to be in distress.

The literature review is presented in four parts. First, the increasing demand for educated individuals to fill workforce needs and challenges is highlighted. Second, the scope of the problem of mental health concerns, including prevalence and the impact of mental health concerns on both student outcomes and more broadly, institutions, is reviewed. Third, an examination of the influences on the mental health of students throughout their college experience is assessed. Fourth, an overview of the conceptual framework that guided this study is outlined. The theoretical implications of Role Theory, including the component concepts of role conflict and role ambiguity as outlined by Biddle (1986) are described, as well as the findings of a study conducted by Gulliver, et al. (2017) examining the influence of stigma and faculty members' mental health literacy on faculty members' experiences assisting students with mental health concerns, and White and Labelle's (2019) study investigating the role of faculty members'

communication in managing student mental health concerns. Lastly, a synthesis of the literature review is presented to highlight the gap this study intends to fill.

Contextual Overview

The demand for educated individuals who have successfully completed post-secondary education has grown in recent years and remains strong. According to Bradley (2013), “research shows that by 2020 some 65 percent of American jobs will require some kind of post-secondary credential” (p. 6). However, the demand for post-secondary graduates is not matched by the rate of degree attainment. Bradley (2013) offered that if the rate of degree attainment does not improve, many jobs requiring a credentialed employee will remain unfilled. According to Carnevale, Smith, and Strohl (2013), there will be 55 million job openings by 2020. The most recent report from the National Student Clearinghouse (2018) revealed encouraging results showing that the overall national six-year completion rate (regardless of starting institution type) for the fall 2012 cohort increased by 1.5%. Institutions of higher education must continue to devise and implement comprehensive strategies to continue to improve and maintain this positive trend in order to meet workforce needs.

Despite these encouraging results, higher education in the United States (U.S.) is still faced with many challenges including, political issues, tough economic times, higher expectations, and changing student demographics. The increasing need for higher education to meet workforce demands, as well as demonstrate a return on investment for students, has elicited skepticism and calls for accountability from the public and policymakers. In July 2009, President Barack Obama created the American Graduation Initiative calling for five million additional college graduates by 2020, aimed at bringing the U.S. back to being the leader in educational attainment (Brandon, 2015). However, as McKeown-Moak (2013) indicated, it is not just the

White House calling for changes, “public higher education has increasingly been required to explain, defend, and validate its performance and value to a wide variety of constituents, including governors, legislators, students, parents, employers and tax payers” (p. 3).

Several factors have contributed to the trend of increased accountability including significant reductions in state funding for higher education and the belief that funding levels will never recover in a way that is sufficient. This has resulted in calls for accountability from students and parents who are increasingly bearing the burden of the cost for higher education through rises in tuition costs meant to offset reductions in state funding. Amplified competition between various agencies for limited amounts of state funding, increased societal need for adequate preparation, access and attainment to higher education, and increased skepticism and scrutiny of all social institutions have also been identified as notable factors relating to increased accountability (McKeown-Moak, 2013).

Public concern regarding access, affordability, and sub-par completion rates have also contributed to scrutiny of student success outcomes. This type of scrutiny of public higher education provides incentive for the prioritization of efforts to increase performance. Institutional performance is often based on outcomes in such areas as student retention and graduation rates, undergraduate access, measures of institutional efficiency, student scores on licensure exams, job placement rates, faculty productivity, campus diversity, and, increasingly, outcomes measuring student learning inside and outside the classroom. (McLendon & Hearn, 2013). As a result of increased scrutiny and performance measures, institutions of higher education have become astutely aware of the need to improve these outcomes which has resulted in the implementation of various policies and interventions to augment student success academically and socially.

Among the myriad of challenges college students face, mental health concerns are recognized as a significant barrier to college student success (Cvetkovski et al., 2017; Kalkbrenner & Sink, 2018; Moss, 2017). National attention toward student suicides and the expectation that institutions can somehow prevent them, along with tragic events such as the active shooter incidents at Virginia Polytechnic Institute and State University in 2007 and in 2008 at Northern Illinois University put a spotlight on the mental health concerns impacting college students (Blanco et al., 2008). Other factors motivating campuses to address mental health concerns may include fear of related lawsuits and the predicted return of in loco parentis. Increasing attention toward mental health concerns coupled with the need to improve the rate of attainment of post-secondary education, has prompted colleges and universities to initiate or enhance efforts to intervene and support impacted students. Higher education professionals should be cognizant of the additional layers of complexity students face when navigating mental health concerns during their college experience.

Transitioning into Higher Education

Entering college can be a time of tremendous anticipation and excitement; it can also be immensely overwhelming and stressful. Homesickness, roommate conflicts, rising standards for admission, financial pressures, developmental issues, and competing life circumstances are just some of the challenges students face as they transition from high school to institutions of higher education. These transition issues, coupled with academic demands, result in many college students experiencing a decline in their mental or emotional health (Hollingsworth et al., 2009; Mowbray et al., 2006; Silverman, 2008).

The myriad of challenges, hardships, and concerns are particularly impactful for students struggling with mental health concerns. Belch (2011) purported that barriers to success for

students affected by mental health concerns include developmental and functional limitations, stigma and social limitations, academic and social integration difficulties, financial concerns, and willingness to openly acknowledge and seek treatment, ultimately impacting student success.

Kitzrow (2009) asserted that, “at the individual level, mental health concerns can affect all aspects of the student’s physical, emotional, cognitive, and interpersonal functioning” (p. 650).

Shea et al. (2019) purported:

College age can be a vulnerable life stage when many mental health problems – including anxiety disorders, mood disorders, substance use, and psychosis – first begin and recur. Recent surveys on U.S. college students reported that between 30 and 50% of students were diagnosed or treated for at least one psychiatric disorder in the last 12 months. (p. 626)

Additionally, college students impacted by mental health concerns may not have developed self-advocacy skills during their high school years, as do many students with physical limitations, due to the onset of mental health concerns happening later in life. Kadison and DiGeronimo (2004) noted that transitioning to college often requires students to distance themselves from established and familiar social and familial support networks, increasing feelings of isolation. Additionally, White and LaBelle (2019) highlighted that “the college context is one in which lifelong habits and attitudes toward mental health management are formed” (p. 135). Given that many students often first acknowledge or are impacted by mental health issues during their college years, institutions of higher education are urged to put programs and interventions in place to identify, prevent, and treat students’ mental health needs (White & LaBelle, 2019).

In order for institutions of higher education to effectively address the mental health concerns of students, understanding of the prevalence and impact of the issue, barriers to mental health help-seeking intentions, as well as the various influences on impacted individuals must be researched and understood.

Prevalence of Mental Health Concerns in Higher Education

Insight into the national landscape of student mental health can be gained through the most recent data from the Healthy Minds Study (HMS) conducted by the Healthy Minds Network. HMS is a national web-based survey to assess mental health, service utilization, and related issues among undergraduate and graduate students. Since its inception in 2005, the study has been conducted at over 180 colleges and universities, with over 200,000 respondents (Healthy Minds Network, 2019). A random sample of 4,000 currently enrolled students over the age of 18 at sixty participating schools were included in the 2017-2018 academic year iteration. Study results showed that 37% of student respondents reported moderate or severe depression. Thirty-one percent reported evidence of an anxiety disorder, 25% reported non-suicidal self-injury during the past year, and 37% reported having been diagnosed with a mental disorder at some point in their lifetime.

Bi-annually, the American College Health Association (ACHA) conducts the National College Health Assessment (NCHA) to identify the mental and physical health needs of the college student population. This study provides the largest sample and most comprehensive data available on the mental health of college students (ACHA, 2019). In spring 2019, the ACHA surveyed a random sample of 67,972 college students at 98 schools. The ACHA's (2019) report indicated that students ranked stress as the most impactful health barrier to academic performance (34.2%), with sleep difficulties (22.4%), anxiety (27.8%), and depression (20.2%)

ranking high on the list as well. Related to these factors, the findings of the 2018 study showed an increase in the percentage of students (48.2%) reporting negative impacts on academic performance compared to study results in 2017 (46.8%) and 2016 (47.3%) (ACHA, 2018; ACHA, 2017; ACHA, 2016).

Additionally, Locke, Wallace, and Brunner (2016) noted research conducted at a large public Midwestern university, garnering a 57% response rate that found that:

One third of students had some form of mental health problems. Two years later, 60% of the students who originally reported mental health problems still had those problems and less than half had received treatment during the past 2 years. (p. 20)

This study was limited due to the involvement of only one institution, however, coupled with other national data sets, it further underscores the prevalence and conceivable unmet need for mental health treatment in higher education. The prevalence of mental health concerns within the college age student population warrants taking note of the impact mental illness has on the affected individual, other students, and the institution.

Mental Health Impact and Treatment Challenges

The pervasiveness of mental health concerns and the recognized impact on student learning and success have elicited the need for continued research and awareness of college student mental health. A review of the literature highlights the prominence of the negative impacts mental health concerns can have on academic performance, personal development, social integration, and retention (Becker et al., 2002; Kadison & DiGeronimo, 2004; Schwartz, 2006). A framework developed by The Jed Foundation (2006) which focused on comprehensive, campus-wide approaches to managing acutely distressed and suicidal students stated that mental health concerns “can impact all areas of a student’s life, including academics, interpersonal

relationships, and participation in campus activities” (p. 4). Research has shown that diminished mental health translates into a poor educational experience and contributes to higher non-completion rates, difficulties in completing coursework, and lower grades (Brunner et al., 2014; Cvetkovski et al., 2017; Kitzrow, 2009; VanderLind, 2017). Kitzrow (2009) specifically noted:

students with higher levels of psychological distress were characterized by higher test anxiety, lower academic self-efficacy, and less effective time management and use of study resources. They were also less likely to persist when faced with distraction or difficulty and less likely to use effective learning strategies such as seeking academic assistance. (p. 650)

The American Psychological Association (American Psychological Association, 2011) suggested that without proper treatment, students with emotional or behavioral problems have the potential to affect many other populations and communities on campus including roommates, classmates, faculty, and staff with disruptive and sometimes dangerous behavior. Despite the prevalence of mental health concerns, the debilitating nature, and the recognized negative impacts, few students seek treatment.

The high incidence of mental health concerns among college students would raise fewer concerns if most students were seeking appropriate treatment. However, research shows that is not often the case. Kalkbrenner and Sink (2018) asserted:

The prevalence and complexity of mental health disorders remain a serious concern for mental health professionals working in university and college settings in the United States and internationally. Another distressing trend is the incongruity between the relative high frequency of students living with mental health disorders and the small number of students who receive needed treatment. (p. 175)

Hunt, Eisenberg, and Kilbourne (2010) underscored that the prevalence of untreated mental health concerns in student populations has been a concern for more than a decade. The authors highlighted that the 2008 National College Health Assessment (NCHA), sponsored by the American College Health Association (ACHA), found that only 24% of college students diagnosed with depression, a prominent mental health concern for college age students, received treatment. The spring 2019 NCHA found the percentage of students seeking treatment for diagnosed depression had fallen to 20%. Similarly, Hunt et al., (2010) found "...low treatment rates across all psychiatric disorders, with fewer than half of those with mood disorders and less than 20% of those with anxiety disorders receiving treatment" (p. 6).

The aforementioned research demonstrates the need to enhance access to quality mental health support and treatment and to understand the barriers that affect students' mental health help-seeking intentions.

Barriers to Mental Health Help-Seeking Intentions

Numerous barriers to mental health help-seeking intentions have been identified in the literature. While barriers may include a lack of awareness and understanding of mental health concerns, worries about confidentiality and cost, individuals feeling pressure to cope *on their own* while in college in preparation for the working domain, and lack of confidence that treatment will help, stigma (negative individual and public perceptions of mental health) is noted as being the most impactful barrier on help-seeking intentions (Downs & Eisenberg, 2012; Gulliver et al., 2010; Mowbray et al., 2006; Shea et al., 2019).

Stigma

The stigmatization of mental health issues continues to be prevalent and presents a significant barrier to students' help-seeking intentions. Mowbray et al. (2006) highlighted that

the stigma that accompanies awareness or the diagnosis of a mental health concern can be as debilitating as the disorder itself. Stigma is perhaps the greatest barrier related to mental health as it can lead to social alienation, personal isolation, and feelings of inferiority. These feelings are likely to negatively impact a student's integration into the campus community and connection to vital support resources putting them at greater risk for leaving college (Belch, 2011). The effects of stigma cause students to refrain from seeking support services or accommodations, despite their goal to complete their education.

Carmack, Nelson, Hocke-Mirzashvili, and Fife (2018) characterized stigma as a social construct which socializes individuals into selectively identifying "traits, characteristics, or physical attributes" that identify someone as different. "Stigma relies on identifying differences and using communication to devalue and segregate others, which reinforces what is considered unacceptable in society" (p. 70). According to Carmack et al. (2018), stigma manifests in two ways, personal stigma and perceived stigma. "Personal stigma is concerned with an individual's personal attitude toward the stigmatized person" (p. 70). This type of stigma may be exhibited by someone not validating or accepting the existence of a mental health concern or believing that the issue is under their control. "Perceived stigma, also known as public stigma, focuses on the perceived beliefs about others' negative attitudes" (p. 70). Students' perceived stigma about others' negative attitudes could focus on groups such as family, peers, or faculty and staff. The most salient point is the belief that a majority of the people in these groups feels negatively about the issue. Carmack et al. (2018) found that students believed perceived stigma was more prevalent than personal stigma.

Stigma not only prevents students from seeking professional help for mental health concerns, Mowbray et al. (2006) purported that stigma may prevent students from seeking out

advocacy and support from family and friends, further compounding the impact of not seeking formal treatment and resulting in isolation. Barriers to mental health help seeking behavior, such as stigma, decrease the likelihood that students will seek help on their own.

Institutions of higher education need to understand and examine how to intervene and support students navigating mental health concerns. Institutions should examine what opportunities exist to assess what is happening in the lives of students to provide insight into needed intervention and support. One often recognized facet of the college student experience is the formal and informal relationships students develop with faculty members. Research into faculty members' understanding and perceptions of mental health concerns could inform institutions about the value of this connection as an intervention and support strategy for students impacted by mental health concerns.

A Call to Action for Higher Education

From an institutional viewpoint, mental health concerns can have a profound impact on academic performance, retention, and graduation rates (Kitzrow, 2009). Addressing the mental health needs of students has practical and altruistic motivations for faculty members as well as students. Students impacted by mental health concerns often perform poorly academically, participate less in the classroom, struggle with social integration, and are at risk for suicidal ideation (Goldman, 2018; Turner and Berry, 2000). VanderLind (2017) identified that due to the impact mental health concerns can have on positive student outcomes, many institutions have increased their focus and resources toward supporting the mental health needs of students. Moss (2017) claimed "it is only when students are able to receive help that positive outcomes can be seen on many levels inclusive of the student's well-being and on the institution as a community" (p. 444). Given the increasing focus on mental health at the national, institutional and individual

levels, it is imperative that institutions invest in understanding how to provide support to this population to help them learn and succeed.

Institutions must implement effective policies; robust professional development; and access to resources, education, and support for faculty, staff, and students. In response, college leaders must value and prioritize supporting the mental health of college students. Kitzrow (2009) asserted that active support from upper administration is vital to effectively supporting college student mental health concerns. Philosophically, institutions need to view mental health as an important and legitimate concern and impart that it is the responsibility of *all* employees to support students' mental health needs. Of all employees at an institution, faculty play a key role in supporting students with mental health concerns due to the frequency and impact of their interactions with students. This call for action warrants an institutional examination of the dynamics of student-faculty interactions and the opportunity these interactions present to address barriers to student success including mental health concerns.

Faculty Members' Mental Health Literacy

In the mid 1990s, Jorm et al. (1997) recognized a lack of research on public knowledge and beliefs about mental health concerns. To address this gap in the research, they coined the term "*mental health literacy*," which they defined as "knowledge and beliefs about mental disorders which aid their recognition, management or prevention" (p. 182). Jorm (2012) noted that:

Mental health literacy is not simply a matter of having knowledge, rather it is knowledge that is linked to the possibility of action to benefit one's own mental health or that of others. Mental health literacy has many components, including: (a) knowledge of how to prevent mental disorders, (b) recognition of when a disorder is developing, (c) knowledge

of help-seeking options and treatments available, (d) knowledge of effective self-help strategies for milder problems, and (e) first aid skills to support others who are developing a mental disorder or are in a mental health crisis. (p. 231)

According to O'Connor and Casey (2015), increased knowledge and positive attitudes are related to improved mental health literacy and higher levels of mental health literacy are related to greater intentions for individuals to seek help, as well as to assist others to seek help. Thus, understanding and addressing efforts to further the mental health literacy of faculty members are key components of an institutional effort involving faculty support of students with mental health concerns.

Belonging and Connection

Developing a sense of belonging is imperative to the success and retention of students who are at risk for non-completion, including students impacted by mental health concerns (O'Keeffe, 2013; Pascarella & Terenzini, 1978; Tinto, 1993). However, due to stigma and other barriers such as difficulty with social interaction, students with mental health concerns may find a sense of belonging to be elusive in the higher education environment.

A sense of belonging may be fostered by developing a sense of connection. O'Keeffe (2013) stated that "a sense of connection can emerge if the student has a relationship with just one key person within the institution and this relationship can significantly impact a student's decision to remain in college" (p. 608). Kitzrow (2009) asserted that faculty members have a critical role to play in creating an environment in which students feel safe to voice their struggles and reach out for help. Manokore et al. (2019) maintained that simple and attainable efforts like informal student-faculty interactions (in collaboration with other factors influencing student success such as peer connections, financial aid, and motivation to obtain a credential) contributed

to positive retention outcomes. As argued by Graham-Smith and Lafayette (2004) in their discussion of students with disabilities, the sense of isolation and separateness often felt by students impacted by mental health concerns can be overcome by knowing others care; allowing the student to “give him/herself the permission to nevertheless belong and succeed in a frightening and challenging college environment” (p. 90).

This research emphasizes that faculty members play a pivotal role in student success due to the sense of belonging and connection that may develop through student-faculty interactions. These interactions also provide a venue to increase awareness of students’ needs. Arguably, faculty members are well poised to assist and support students’ mental health concerns, warranting further research into the dynamics of student-faculty interactions.

Student-Faculty Interactions

Student-faculty interactions play an important role in student success and can be formal or informal, occurring inside or outside the classroom. Although most interactions occur during class time, informal interactions tend to actively motivate and engage students in the learning process (Meera, Sergey, & Gargi, 2010). The strong interpersonal relationships that often develop between faculty members and students could increase the likelihood that conversation will carry over to personal issues and that conversations will happen inside and outside the classroom. Informal interaction between students and faculty members has been found to have a notable impact on the attitudes, interests, and ideals of college students, impacting their academic and personal development. (Kalkbrenner & Sink, 2018; Komarraju, Musulkin, & Bhattacharya, 2010; Meera et al., 2010).

Schreiner and Tobolowsky (2018) acknowledged that faculty members serve not only as learning facilitators, but also socialization agents, role models, mentors, sources of motivation

and support, and social capital. The authors further stated that student-faculty interactions contribute to numerous student success outcomes including intellectual skills, personal development, *psychological well-being*, and satisfaction with the college experience. Schreiner and Tobolowsky (2018) identified four beneficial elements of mentoring:

(a) educational and career goal setting and appraisal, (b) *emotional* and *psychological support*, (c) academic subject knowledge support focused on the teaching-learning relationship and the student's academic success and (d) *existence of a role model* who serves as an exemplar and guide. (p. 62)

Schreiner and Tobolowsky (2018) asserted that “in this capacity, they provide social capital to students...and assist students in their personal and social development, playing a major role in their success” (p. 61). Contributing to the argument of the importance of these interactions, Meera et al. (2010) highlighted that students highly regard the personal connections that emerge through faculty advisory and mentorship roles.

Institutions should note the inherent potential that strong interpersonal relationships between students and faculty members, inside and outside the classroom, have to offset the negative impact of mental health concerns that often serve as barriers to student success. Hong and Himmel (2009) cited multiple studies that “identified faculty attitudes as the key contributor to the success of students with disabilities,” including mental health disorders (p. 6). Hartman-Hall and Haaga (2002) reported that the reactions of faculty members toward students' requests for accommodations was shown to effect students' decisions to seek future assistance. The authors found that students who had a negative experience seeking assistance from a faculty member were more reluctant to seek future help. Conversely, if the faculty member's response was positive, students were more likely to seek assistance in the future. Negative stereotypes

held by faculty members were diminished as they became more familiar with information related to mental health concerns, resulting in more positive perceptions of people with mental health concerns. This research highlights the impact of faculty members' attitudes on students' help-seeking intentions and behaviors and the crucial role faculty members play in students' initial and ongoing willingness to obtain help.

In addition to the value brought to the student experience, Meera et al. (2010) maintained institutions also realize benefits from supporting initiatives that cultivate meaningful and frequent interaction between students and faculty members. Past research has shown that the frequency of informal student-faculty interaction is positively associated with persistence indicating that informal student-faculty interaction increases students' degree of academic and social integration into an institution, thereby improving his or her likelihood of remaining (Pascarella & Terenzini, 1978; Tinto, 1993).

Arguably, frequent and favorable student-faculty interactions have an impact on students' successful academic and social integration, as well as institutional persistence, retention and graduation outcomes. Thus, it is vital that institutions enhance faculty members' mental health literacy, perceptions, confidence, and willingness to identify and intervene in support of students with mental health concerns.

Student and Faculty Perceptions of Mental Health Concerns

While it is clear that faculty members are in a unique position to assist and refer at-risk students, faculty members report feeling under prepared to properly identify, manage, and assist students with mental health concerns. Furthermore, faculty members' attitudes and perceptions can impact the effectiveness of intervention and provision of accommodations (Akin & Huang, 2019; Gulliver et al., 2017; Hong & Himmel, 2009). Hong and Himmel (2009) maintained there

are a number of variables that may impact faculty members' perceptions including: constraints on time, student performance expectations, believability of students' mental health concerns, willingness to provide accommodations, and familiarity with identification of symptoms, as well as available resources and support. An additional constraint may be the existence of a perception or concern among faculty members that impacted students are enabled too much through external intervention and provision of accommodations (versus identifying and addressing these concerns on their own), thereby impeding students' coping mechanisms in preparation for entering the work world where similar levels of support and intervention may be unavailable.

Akin and Huang (2019) asserted that stigma related to mental health concerns influences faculty members' perceptions and contributes to students with mental health concerns being viewed as "difficult to talk to, lazy, responsible for their condition, and dangerous" (p. 22). Moss (2017) highlighted that faculty members are less likely than other students or staff to refer students for mental health services. When faculty members are confronted with disruptive or disturbing behavior in the classroom, they may worry about intervening or referring a student for help because they fear losing that student's trust or confidence. Additionally, faculty members fear they may be overreacting or will make a student's experience or behavior worse by intervening (McNaughton-Cassill, 2013).

Gulliver et al. (2017) conducted a study investigating faculty members' mental health literacy regarding depression; and the stigma faculty members attach to mental health concerns. The authors then assessed the influence of these factors on faculty members' experiences assisting students with mental health concerns. Participants included 224 faculty members from a moderate-sized university comprised of 15,821 students and approximately 1,370 total faculty, resulting in a 16.4% response rate. Limitations of this study included assessment of only one

mental health concern (depression), the self-selection of participants and the fact that the researchers were unable to obtain a full list of faculty members from the university. The approximation of faculty employed was arrived at by assessing university records at the time of the study.

Gulliver et al. (2017) developed a series of questions that assessed faculty members' previous experiences with student mental health. Participants were asked if they:

- (a) feel sufficiently informed to respond appropriately to a student with a mental health problem, and whether they have ever (b) taught a student with a mental health problem, (c) initiated a conversation with a student about their mental health problem(s), (d) been approached or confided in by a student about their mental health problem(s), or (e) been told by a student that they were having suicidal thoughts. (p.437)

The mental health literacy of faculty members specific to depression was assessed using the Depression Literacy questionnaire comprised of 22 items measuring the participant's knowledge of depression (Gulliver et al., 2017). Faculty members' stigmatizing attitude toward depression was assessed using the Personal Stigma subscale of the Depression Stigma Scale comprised of nine items measuring the participants' attitudes toward depression.

Gulliver et al. (2017) found that faculty members with greater mental health literacy regarding depression were more likely to engage students with mental health concerns. Given that faculty members with greater mental health literacy regarding depression were more likely to assist students, the findings suggest that increasing the mental health literacy of faculty would translate into greater willingness of faculty members to intervene and assist students impacted by mental health concerns. Findings also indicated that students were more likely to approach faculty members who demonstrated greater mental health literacy regarding depression. Students

may perceive these faculty members as having a better understanding of mental health concerns or due to a greater level of knowledge, the faculty members may communicate with students in a way that encourages further conversation about the topic.

Faculty members with greater mental health literacy regarding depression also tended to have less stigmatizing attitudes toward depression, which would indicate that educational interventions for faculty members are effective at reducing personal stigma. Notably, Gulliver et al. (2017) found that stigmatizing attitudes toward depression were not independently predictive of whether faculty members would assist students impacted by mental health concerns. This is a key finding as it indicates that faculty members may view their personal beliefs as incongruent with their professional role. Professional and altruistic responsibilities to support students and student achievement may serve as stronger motivators than their personal beliefs.

Earlier research conducted by Becker et al. (2002) involved a survey distributed at the University of Southern Florida to all 1,482 faculty members, and a 15% randomized sample of 4,924 students to gain insight into faculty member and student beliefs, knowledge, and experiences with mental health concerns. A cover letter from the president of the college and the Office of Institutional Research and Planning was sent to each faculty member to explain the purpose of the study, which was to advance the understanding of faculty member and student perceptions of mental illnesses, knowledge, and use of student services. Three hundred and fifteen faculty members responded for a response rate of 21.2%. The student sample was stratified by academic college and by undergraduate and graduate divisions, with an oversampling of the graduate students. A total of 1,901 students completed the questionnaire for a response rate of 38.6%. The institution planned to utilize this information to enhance student support and services to assist students with mental health concerns in reaching their educational

goals. It is important to note that the survey results may not be generalizable as the study was limited to one large urban university.

The questionnaires, which were pilot tested on a convenience sample of faculty members and students, were designed based on a review of the literature, as well as the authors' teaching and clinical experience (Becker et al., 2002). The resulting two page survey instrument included six sections that assessed (a) socio-demographic and teaching characteristics; (b) perception of exposure to student behaviors that may be symptoms of mental illness; (c) referral of students believed to have a mental illness to mental health services or offering classroom accommodations; (d) familiarity with various mental illnesses; (e) a series of questions about attitudes, knowledge, and beliefs about mental illness; and (f) a series of questions about identification of mental illnesses among students, perceived ability to cope with students with a mental illness, and confidence in the adequacy of services to meet students' needs. (Becker et al., 2002). Only faculty members were asked questions about whether they had referred students they felt needed mental health services to support.

According to the survey results, Becker et al. (2002) found that 84% of students consider mental health concerns serious and in need of clinical attention. A large majority of students, 85%, believe that students with mental health concerns are able to be academically successful. Less than half, specifically 40%, of the student respondents reported feeling comfortable talking with their peers about mental health concerns. However, 66% of students said they would try to convince a peer to seek support, leaving one-third of student respondents saying they would not feel comfortable intervening.

The faculty member survey results showed that 96% of faculty viewed mental health concerns as serious and requiring intervention, and 81% of faculty believed that students can be

successful despite the presence of mental health concerns. The researchers also looked at faculty members' recognition of mental health concerns and comfort level intervening with students displaying concerning behaviors. A series of questions included in the survey addressed individual capacity to discern behavior as either due to mental health concerns or just momentary distress. Only 67% of the faculty reported they felt comfortable deciphering behaviors as due to mental health concerns versus momentary distress. Thirteen percent of faculty reported that students with mental health concerns made them feel unsafe, and 8% felt these students were dangerous. Half of the faculty reported apprehension in dealing with a student presenting indicators of mental health concerns. One-third of the faculty reported they would not feel confident in persuading a student with a mental health concern to seek help. Additionally, Becker et al. (2002) found that over one third of faculty felt they were not knowledgeable about services and support available for students with mental health concerns. Becker et al. (2002) summarized these concerns by stating:

Given the reported lack of knowledge about mental illness, the comfort and experience of faculty and student survey respondents dealing with students identified as having a mental illness, and the perceived stigma that may be associated with mental illnesses; new supported education programs need to incorporate systematic efforts to educate the university community about the problem and the services available. (p. 367)

These research studies highlight the impact of mental health literacy and stigma on faculty members' perceptions of mental health concerns, as well as challenges presented by faculty members' reported inability to discern the difference between the presence of mental health concerns and momentary stress, a lack of confidence and knowledge, and the existence of

fear and safety concerns. These factors warrant institutional attention if faculty are to be relied upon to intervene and support students impacted by mental health concerns.

Recognizing the prevalence of and challenges created by mental health concerns, coupled with individual barriers to mental health help-seeking behaviors and increased accountability related to institutional student success outcomes, colleges and universities must examine how to effectively support students impacted by mental health concerns. It has been argued that comprehensive institutional approaches aimed at supporting the mental health of college students should involve the participation of all campus community members, including faculty, in the identification and referral of students to appropriate mental health services. Thus, further research examining the factors that have been shown to influence student-faculty interactions related to mental health concerns is warranted to ensure the effectiveness of this practice.

Conceptual Framework

Faculty members' willingness to intervene and refer students to services are dependent on several factors on which this research focused. Component concepts of Role Theory, Gulliver et al.'s (2017) study examining the influence of stigma and faculty members' mental health literacy on faculty members' experiences assisting students with mental health concerns, and White and Labelle's (2019) study investigating the role of faculty communication in managing student mental health concerns provided a conceptual framework to examine how faculty members' mental health literacy and their perceptions of their role in communicating with students influences their willingness to intervene and refer students impacted by mental health concerns to available services and support.

Role Theory

Biddle (1986) asserted that role theory explains roles by presuming that people hold certain roles and therefore, have specific expectations for their behavior in that role and the behavior of others. Biddle (1986) stated that “role theory concerns one of the most important characteristics of social behavior – the fact that human beings behave in ways that are different and predictable depending on their respective social identities and the situation” (p. 68). Biddle and Thomas (1966) described the origins of role theory as emerging from the theatrical stage and the scripts memorized by actors. Using the stage analogy, Biddle and Thomas explained role theory as it applied to everyday life:

Individuals in a society occupy positions, and their role performance in these positions is determined by social norms, demands, and rules; by the role performances of others in their respective positions; by those who observe and react to the performance; and by the individual’s particular capabilities and personality. (p. 4)

Biddle (1986) described role theory as a “triad of concepts: patterned and characteristic social behaviors, parts or identities that are assumed by social participants, and scripts or expectations for behavior that are understood by all and adhered to by performers” (p. 68).

The use of role theory has been criticized due to conflicts between varying interpretations and views of role. Biddle (1986) outlined the disagreement among role theorists over the interpretation of expectations responsible for roles. Many role theorists view expectations as *norms*, which are rigid in nature; others view them as *beliefs*, which are subjective in nature; and others view them as *preferences* or attitudes. Varied interpretations of how roles are generated, result in different versions of role theory. Biddle (1986) maintained that although role theorists’ views differ, “most versions of role theory presume that expectations are the major generators of

roles, that expectations are learned through experience, and that persons are aware of the expectations they hold” (p. 69). Biddle (1986) contended that this collective view of role theory implies that there is an internal (personal) and external (as viewed by others) aspect to role performance. Conformance to roles is judged as either positive or negative. People often demonstrate strong opinions about how they and others should perform and conduct themselves in a certain role. Therefore, defining role has involved the conceptualization of behavior and the rules for behavior within certain positions or roles. Role theory is utilized as part of the conceptual framework for this study to examine the role of faculty within the larger organization and specifically, how faculty members’ view their role in communicating with students about mental health concerns.

Applicability of Role Theory

Role theory provides a framework for conceptualizing how the expectations associated with faculty member roles are influenced by the viewpoint of the institution, the viewpoint of the individual faculty member, and the viewpoints of others including other faculty members and students.

This research will examine faculty roles from three specific role theory contexts: (a) role conflict, (b) role ambiguity, and (c) knowledge and skill. Individuals working within an organization, such as faculty within an institution of higher education, may experience a concept known as *role conflict*. Biddle (1986) defined role conflict as two or more concurrent and incompatible expectations for behavior within a role and noted that experiencing role conflict can contribute to stress and strain and must be resolved to maintain an individual’s happiness and prosperity of the organization. Faculty members may view their role as strictly contributing to the *academic* development and interests of students, resulting in their view of supporting a

student's *non-academic or personal* development and needs as outside, or in conflict, with their role as a faculty member.

Biddle (1986) defined role ambiguity as an unpredictability in outcome or response or a lack of clarity in expectations. When incomplete or insufficient expectations are given to guide behavior, role ambiguity results. Without clear direction from administration, faculty members may be unsure of the institution's expectation for them to support students academically *and* personally in their role as faculty members. Rizzo, House, and Lirtzman (1970) stated that role ambiguity, or a lack of certainty about the requirements of the role, would increase the probability of dissatisfaction, anxiety, and poor performance.

Additionally, challenges in performing a role may arise from a lack of skill or incongruence of skill with expectations and personal characteristics. DiPlacito-DeRango (2016) noted there is little evidence demonstrating that institutions of higher education regularly provide progressive opportunities for mental health training and professional development. In a study conducted by Becker et. al (2002), faculty members reported not having adequate knowledge and training to confidently identify mental health concerns, arguably impacting their willingness to intervene and refer students with mental health concerns to support and resources. While research exists on the role of faculty and on role conflict and role ambiguity, little research is available on how faculty members' view their role related to students' mental health concerns and how faculty members' view of their role impacts their willingness to intervene and refer students impacted by mental health concerns.

Similarly, limited research has been conducted on the role of faculty members' *communication* regarding students' mental health. Understanding the role of communication in student-faculty interactions could provide insight into understanding the likelihood and

willingness that faculty members will intervene and refer students with mental health concerns to support and resources.

Student-Faculty Communication

As institutions work to develop a comprehensive approach to supporting students' mental health concerns, including relying on the relationships faculty members build with students through intentional interactions; understanding the dynamics of communication between students and faculty members may provide valuable insight into addressing students' mental health concerns. It is worth noting that faculty members who are encouraged to intervene and address the mental health concerns of students may struggle with this expectation and be impacted by the resulting interactions as much as the students.

Frisby, Goodby, and Buckner (2015) purported that it is essential to keep in mind the impact that student-faculty interactions can have on both the faculty member and the student. Intervening regarding a mental health concern may be a stressful and challenging undertaking for the faculty member as well as the student. Faculty members must navigate their own emotions as well as those of the student. The theoretical concept of emotional labor provides a framework to examine the impact of these interactions on faculty members.

Emotional labor. The concept of emotional labor was developed by sociologist Arlie Hochschild in 1983. (Steinberg & Figart, 1999). As described by Hochschild (2012):

emotional labor requires one to induce or suppress feelings in order to sustain the outward countenance that produces the appropriate state of mind in others – the sense of being cared for in a convivial and safe place. This kind of labor calls for a coordination of mind and feeling, and it sometimes draws on a source of self that we honor as deep and integral to our individuality. (p. 7)

White and LaBelle (2019) characterized emotional labor as “the regulation of emotional responses that comply with occupational norms in order to maintain relationships and to manage the feelings of others” (p. 135).

When addressing student mental health concerns in their roles as faculty members, faculty members must navigate the emotional labor involved in reconciling their knowledge, confidence and willingness to intervene. White and LaBelle (2019) purported the faculty members’ perspective is often overlooked, due to an implicit assumption that all faculty members are motivated and able to handle the various communication challenges that arise in student-faculty interactions. The authors further stated, “it is important that research begin to examine instructor’s beliefs, experiences, and perceptions, as they likely have inadequacies, insecurities, and challenges that can profoundly affect instructor-student communication, and by extension students’ experiences” (p. 137).

Steinberg and Figart (1999) described a definition of emotional labor that emphasized the effect of emotional labor on *others*. This definition of emotional labor involves “efforts made to understand others, to have empathy with their situation, and to feel their feelings as a part of one’s own” (p. 91). As described by Steinberg and Figart (1999), emotional labor emphasizes the relational rather than the task-based aspect of work. The concept of emotional labor as it relates to the relational aspect of student-faculty interactions provides a basis to examine individual aspects of student-faculty interactions, such as how faculty members communicate with students.

Faculty communication roles. Understanding faculty members’ knowledge, perceptions and views on communication related to mental health concerns is a vital step if faculty members are to be included in a comprehensive institutional approach to address student mental health

concerns. However, little research has been conducted on the role of communication between faculty members and students regarding mental health concerns.

Considering the benefits of student-faculty interactions and the lack of empirical knowledge related to communication within these interactions, White and LaBelle (2019) conducted a study to “identify the perceived communicative role instructors play in their students’ mental health management” (p. 137). White and LaBelle’s (2019) study investigated three research questions:

- a) What do faculty perceive their communicative role to be in managing students’ mental health,
- b) Which communicative techniques (if any) do faculty currently employ to manage students’ mental health, and
- c) What concerns do faculty have in addressing the mental health of students (p. 137)?

The qualitative study included 17 faculty members (4 males, 13 female) employed in a small private Southern California school. Demographics collected in the study included: age, gender, ethnicity, highest degree earned, rank and tenure. Participants were recruited from a database compiled of faculty members who had completed a brief initial survey that addressed their experiences dealing with students’ mental health concerns and their reflection of those experiences and who had indicated their willingness to participate in a follow up qualitative survey (White & LaBelle, 2019).

The research questions were addressed through semi structured interviews that were conducted by the same member of the research team to ensure consistency. To provide a shared understanding of mental health, participants were presented with the World Health Organization’s definition. Participants were then asked if this definition was different than their own. All faculty agreed with the given definition but noted a component of the World Health

Organization's (2014) definition which included "contribution to his or her community," which most faculty did not reference in their own definition. The facilitator of the interviews utilized a semi structured interview guide to understand faculty's perceptions and experiences related to students' mental health. Participants were asked to provide a pseudonym to ensure confidentiality in the resulting report (White & LaBelle, 2019).

White and LaBelle (2019) first analyzed the data using open coding to identify similarities and differences in the data. Next, the researchers conducted an ongoing comparison of the data against itself using the constant comparative method, response themes were generated based on three criteria: recurrence, repetition, and forcefulness. Third, the researchers created a code book "which outlined mutually exclusive and exhaustive subthemes of the specific and repetitive ideas within the categories" (p. 139). The codebook was then used to categorize themes and subthemes. Researchers then looked for associations across the themes to identify universal patterns in the data across the research questions (White & LaBelle, 2019).

White and LaBelle's (2019) study provided valuable insight into how faculty members perceive the interface of communication with their role as a faculty member when managing students' mental health concerns. The study identified four communication roles assumed by faculty when interacting with students regarding mental health: a) to act as an *empathetic listener* (faculty felt capable and confident in their ability to empathize, openly discuss, and provide emotional support to students related to mental health concerns), b) serve as a *referral source* (faculty engaged in interpersonal communication but were quick to direct students to professional mental health resources feeling that the topic of mental health was beyond their area of expertise and reporting some discomfort with discussing the topic), c) to be a *first responder* (view communication in their role in terms of their responsibility to report concerns to

administration rather than to engage with students themselves), and d) or a *bystander* (believe they have no direct role in students' mental health). Faculty adopting the bystander communication role reported their approach was either based on concern that students would misinterpret their guidance, assessing consequences related to unknown legal ramifications, feeling constrained by the student-faculty relationship, or a lack of formal training on mental health. Some faculty stated they were most concerned about the student's potential reaction to the conversation, fearing students would become "defensive, aggressive, or even violent...if faculty were to imply a deficiency in the student's mental health" (p.142).

Faculty reported utilizing varied communication techniques to manage student mental health concerns including mentioning mental health resources and support services in the course syllabus, encouraging open communication with students inside and outside the classroom, and offering in-class reminders and check-ins related to self-care, particularly during high stress times. Some faculty reported using class time to meditate or conduct activities to help students find perspective related to their mental health and coursework. The study showed that the faculty member's communication role was connected to their level of confidence and comfort with engaging in conversations with students about mental health issues (White & LaBelle, 2019).

White and LaBelle (2019) asserted:

The field of communication and instruction has built an understanding of the various ways in which instructors influence student learning while largely overlooking the insecurities, idiosyncrasies, and emotional labor of instructors as they approach various communicative situations in and outside the classroom. (p. 146)

Further research is needed to contribute to the literature on student-faculty communication related to mental health concerns, specifically related to how faculty members' knowledge

related to mental health concerns and their perception of their role as a faculty member influences their willingness to intervene and refer students with mental health concerns to relevant services and support.

Summary

This review of the literature establishes a need and context for further examination of student-faculty interactions as an institutional means to support students with mental health concerns. This study explored faculty members' mental health literacy, how faculty members view their role in communicating with students about mental health concerns, and faculty members' willingness to intervene and refer students needing assistance and support. The following chapter provides an outline of the methodology utilized in this study.

CHAPTER THREE: METHODS

The purpose of this study was to examine whether faculty members' mental health literacy (level of knowledge and attitude toward mental health) and their perceptions of their role in communicating with students with mental health concerns influences their willingness to intervene (engage in interpersonal dialogue) and refer students impacted by mental health concerns to available services and support.

Research Questions

This study was guided by the following research questions:

1. What is the level of mental health literacy reported by faculty members?
2. How do faculty members view their role in communicating with students with mental health concerns?
3. To what degree does the level of faculty members' mental health literacy and their perception of their role in communicating with students impact their willingness to intervene and refer students with mental health concerns?

Research Design

This correlational research study explored the relationship between the dependent variable of faculty members' willingness to intervene and refer students impacted by mental health concerns and independent variables including faculty members' mental health literacy and faculty members' perceptions of their role in communicating with students about mental health concerns, among other independent socio-demographic variables. A cross-sectional quantitative survey research design was chosen to enable low cost gathering of statistically manipulable, large-scale data, allowing the researcher to identify trends in perceptions, behaviors, or characteristics that can be generalized to the wider population (Cohen, Manion, & Morrison,

2011; Groves et al., 2009). Socio-demographics and professional data, including gender, institution type, highest level of education, position, years of experience, primary student audience served (graduate/undergraduate), and frequency of interaction with students, was collected to allow for study related items to be accounted for in the regression model and to collect additional data that may be useful in future studies. These socio-demographic and professional variables have been identified as factors influencing faculty members' attitudes towards students with disabilities, including mental health concerns (Becker et al., 2002; Belch, 2011).

Participants

All full-time and part-time faculty members who held a teaching role at two institutions in the upper Midwest; a four-year research university and a two-year community and technical college were chosen as the sample group for this study. Faculty teaching non-credit courses to corporate clients at the two-year community and technical college were excluded from this study as they fall outside the scope of interest. This population was chosen to collect data from multiple institution types and to capture greater diversity in faculty roles. Studying a broader population enables consideration of the different roles of faculty members at a two-year, associate degree granting institution and a four-year, baccalaureate and graduate degree granting institution. The two-year community and technical college had approximately 245 faculty members and the four-year research university had approximately 850 faculty members at the time of this study. Due to the potential for employment changes for possible participants from the time the lists were requested through the completion of the survey, the final size of the population was an approximation.

Data Collection

Approval for the study was received from the Institutional Review Board. Upon receipt of written approval, the online survey titled *Mental Health Literacy and Communication Survey* was distributed to all eligible faculty members at both institutions.

All faculty members teaching in bachelor's, master's, and doctoral degree programs at the four-year research university and all associate degree, diploma, or certificate programs at the two-year community and technical college were sent an email requesting participation and introducing the study as a requirement for completion of a master's thesis, and included the purpose of the study, method of participant selection, assurance of anonymity, explanations of procedures for follow-up, importance of response, time estimates for completing the survey, deadline for completion of the survey, and appreciation for completion of the survey.

Additionally, the email included a consent statement and a link to the internet location (URL) of the online survey questions via Qualtrics®, an automated, online survey program. Before gaining access to the survey, faculty members were informed of the minimal risk associated with participation in the study via informed consent and that they may benefit personally by gaining increased knowledge about factors influencing faculty members' communication with students related to mental health concerns. Participants were also informed that participation in the study is voluntary. Institutional records of email addresses of eligible faculty members were obtained from the Office of Institutional Research at each institution and uploaded into the Qualtrics® survey.

Survey research literature has documented that online surveys offer significant cost and speed advantages over other methods; however, response rates tend to be lower, limiting statistical power and raising concerns about sample selection bias and representativeness

(Sauermann & Roach, 2013; Shannon & Bradshaw, 2010). Well documented response facilitation strategies were employed to mitigate a low response rate, including: (a) communicating survey importance, (b) intentional survey design and length management, (c) providing ample response opportunities, (d) monitoring survey responses, and (e) follow-up requests to complete the survey conducted seven and fourteen days after the initial invitation email. (Rogelberg & Stanton, 2007).

Instrumentation

The survey instrument for this study was titled *Mental Health Literacy and Communication Survey*. The survey consisted of 40 questions; response options and question structure varied depending on the item. Institution name was pre-populated in the survey dependent on where the participant was employed. The survey was estimated to take 10-15 minutes to complete.

The full instrument is available in Appendix A and includes four sections that assess faculty members' (a) mental health literacy, (b) perception of their role in communicating with student's about mental health concerns, (c) willingness to intervene and refer students with mental health concerns, and (d) socio-demographics and professional data, including: gender, institution type, highest level of education, position, years of experience, primary student population served, and frequency of interaction with students. Items designed to assess faculty members' mental health literacy were adapted from a survey entitled *Mental Illness Awareness Survey (adapted)* developed by La Tanya Young Thomas, as part of her dissertation entitled *Faculty on the Frontline: Faculty Attitudes Toward Mental Illness in 2-year College Students* (Young Thomas, 2015). The survey developed by Young Thomas was adapted from the original *Mental Illness Awareness Survey* developed by Marion Becker and associates. The original

survey was developed based on a review of the literature and the clinical expertise of the authors, establishing construct validity (Becker et al., 2002).

To address research question 1, Section A of the *Mental Health Literacy and Communication Survey* was designed to assess faculty members' mental health literacy. Section A consisted of 12 total items, 4 of which were previously used as a subscale to measure the construct of fear of mental illness and social distance. This construct is reflective of research showing a relationship between the perception that individuals with mental health concerns are dangerous and fear. Consequently, fear generates avoidant behaviors and social distance, "a greater desire to distance oneself from persons with mental health concerns" (Corrigan, Green, Lundin, Kubiak, & Penn, 2001, p.955). Previous use of the scale demonstrated acceptable internal consistency, with Cronbach's alpha reliability score computed at .79 (Young Thomas, 2015). The four items (1- 4) included in this subscale were scored on a four-point Likert-type scale labeled as *strongly disagree (1), disagree (2), agree (3), and strongly agree (4)*. Eight descriptive items (5-12) were also used to assess faculty member's mental health literacy using the same four-point Likert-type scale labeled as *strongly disagree (1), disagree (2), agree (3), and strongly agree (4)*.

To address research question 2, Section B of the survey assessed faculty members' perception of their role in communicating with students with mental health concerns. Four items in section B (13-16) assessed faculty members' perceptions of their roles using a ten-point scale with 1 representing *most unlike my beliefs* and 10 representing *most like my beliefs* to rate the degree each description characterized their beliefs about their role in communicating with students regarding mental health concerns. The roles described in these four items are reflective of the unique communication roles identified by White and LaBelle (2019), *empathetic listener*,

referral source, first responder and bystander that faculty may assume when managing students' mental health concerns. A fifth item (17) assessed which of the roles the participant identified as *most like* their beliefs by requiring each of the four roles to be rank ordered relative to the other roles from *most unlike* their beliefs to *most like* their beliefs.

To answer research question 3, Section C assessed to what degree does the level of faculty members' mental health literacy and their perception of their role impact their willingness to intervene and refer students with mental health concerns. The first five items (18-22) used a five-point Likert-type scale labeled *never (1), rarely (2), sometimes (3), often (4), and always (5)*. These five items were previously used as a subscale to measure the construct of confidence in identifying mental illness and perceived ability to intervene on behalf of students with mental illness, resulting in Cronbach's $\alpha = .80$ (Young Thomas, 2015). The remaining three descriptive items (23-25) were included to gain practical institutional knowledge and assessed faculty members' knowledge and willingness to refer students with mental health concerns to help.

Section D is comprised of six items (26-31) which collected socio-demographic and professional data from study participants. Items in this section assessed gender, institution type, highest level of education, position, years of experience, primary student population served, and frequency of interaction with students.

Analysis

To answer the research questions, participant responses were studied using appropriate statistical analyses generated by downloading the raw data from Qualtrics® into the Statistical Package for the Social Sciences v.26 (SPSS) which was used to analyze the data for this research.

Data analysis included descriptive statistics to describe the population and major variables of interest including gender, institution type, highest level of education, position, years of experience, primary student population served, and frequency of interaction with students. A combination of computed scores for the *fear of mental illness and social distance scale* and descriptive statistics for questions 5-12 were used to determine the level of faculty members' mental health literacy (research question 1). Descriptive statistics were used to determine faculty members' perceptions of their role in communicating with students regarding mental health concerns (research question 2). Finally, a multiple linear regression model was used to independently assess the ability of the level of mental health literacy and the ability of faculty members' perception of their role in communicating with students with mental health concerns to predict the dependent variable, faculty members' willingness to intervene and refer students impacted by mental health concerns as measured by the five item scale *Confidence and Willingness to Intervene* (research question 3).

Delimitations

The researcher identified the following delimitations:

1. This study focuses on faculty members at two Midwest institutions with limited demographic diversity, limiting the ability to generalize to a larger population.
2. Exploration of influences on faculty members' willingness to intervene and refer students with mental health concerns were limited to faculty members' mental health literacy and their view of their role in communicating with students with mental health concerns in this study. Other influences may exist that will not be accounted for in the proposed study.

3. Due to self-reported data by participants, there is an increased risk for social desirability response bias which can impact study conclusions. Social desirability bias occurs when participants answer in a way they deem to be more socially acceptable than how they would actually respond (Lavrakas, 2008).
4. This study is susceptible to self-selection bias as participation is voluntary. Self-selection bias occurs when the participant demonstrates a predisposition for participating in the study based on the topic of study resulting in bias in the data (Lavrakas, 2008).

CHAPTER FOUR: RESULTS¹

The purpose of this study was to examine whether faculty members' mental health literacy and their perceptions of their role in communicating with students with mental health concerns influences their willingness to intervene and refer students impacted by mental health concerns to available services and support. Chapter four addresses the process of exploring and investigating the data collected from participants' completion of the *Mental Health Literacy and Communication Survey*. The findings of the statistical analyses employed are also outlined.

Research Questions

The following research questions guided this study:

Research Question 1: What is the level of mental health literacy reported by faculty members?

Research Question 2: How do faculty members view their role in communicating with students with mental health concerns?

Research Question 3: To what degree does the level of faculty member's mental health literacy and their perception of their role in communicating with students impact their willingness to intervene and refer students with mental health concerns?

Population and Sample

The target population for this study was comprised of all full-time and part-time faculty members who held a teaching role at two institutions in the upper Midwest; a mid-size, four-year, land grant research university and a small, two-year community and technical college

¹ The material in this chapter was co-authored by Melissa Johnson and Erika Beseler Thompson. Melissa Johnson had primary responsibility for data collection and was the primary developer of the conclusions that are advanced here. Melissa Johnson also drafted and revised all versions of this chapter. Erika Beseler Thompson served as proofreader and guided the statistical analysis conducted by Melissa Johnson.

providing access to occupational/technical programs, transfer programs, and workforce training. Emails including a link to the survey administered through Qualtrics® were distributed to 1,029 faculty members in February 2020; 259 surveys were returned, and 246 surveys were analyzed, resulting in a response rate of 24%.

The raw data was downloaded from Qualtrics® into the Statistical Package for the Social Sciences v.26 (SPSS) which was used to analyze the data. A preliminary screening of the data was conducted to identify missing data, correct data errors and inconsistencies, detect and make decisions about outliers, and analyze the distribution of the data. Among the 259 surveys obtained, 13 participants consented to the survey but did not respond to any questions, therefore, these surveys were excluded leaving 246 surveys included in the statistical analyses. The final number of responses for analysis varied between items, however, the minimum number of responses used for analysis was 228.

Demographics of Participants

Table 1 presents descriptive statistics for the socio-demographic characteristics and professional data of the participants. Of the 246 participants, 73.2% taught at the mid-size research university and 26.8% taught at the small community and technical college. Sixty one percent of the participants identified as women and 39% identified as men; no participants identified themselves as transwoman or transman. Over three-fourths of the participants (77.5%) held the position of assistant, associate, or full professor; 22.5% held the position of lecturer, instructor or adjunct faculty member. The three disciplinary areas with the highest percentage represented were Arts and Humanities (19.7%), Science, Technology, Engineering, or Mathematics (17.5%), and Life Sciences and Health (15.4%); Business represented the lowest percentage (5.7%). For years of teaching experience, 34% of the participants possessed zero to

ten years of experience, 36% had 11-20 years of experience, and 30% had 21 years and above. Slightly over half of the participants (59.3%) had completed a doctoral (PhD, EdD) or professional degree (PharmD, JD), 28.1% had completed a Master's or Education Specialist degree, followed by 8.2% with bachelor's degrees, and 4.3% with associate's degrees. Over three-fourths (78.9%) of the participants primarily served undergraduate students, while 21.1% of participants served primarily graduate students. A vast majority (98.7%) of participants reported interacting with students at least once per week, with 80.5% reporting they interact with students on a daily basis.

Table 1

Socio-Demographic/Professional Characteristics of Participating Faculty Members

Variables	N	n	%
Institution type	246		
Four-year research university		180	73.2
Two-year technical college		66	26.8
Gender	228		
Woman		139	61.0
Man		89	39.0
Position held	231		
Full professor		33	14.3
Associate professor		90	39.0
Assistant professor		56	24.2
Lecturer		25	10.8
Instructor		14	6.1
Adjunct		13	5.6
Disciplinary area	228		
Arts and Humanities		45	19.7
Business		13	5.7
Career and Technical Education/Technologies/Services		25	11.0
Food and Agricultural and Environmental and Natural Resources		26	11.4
Life Sciences and Health		35	15.4
Science, Technology, Engineering, or Mathematics		40	17.5
Other		19	8.3
Years of teaching experience	229		
0-5 years		23	10.0
6-10 years		55	24.1
11-20 years		82	35.8
21+ years		74	30.1
Highest level of education completed	231		
Associate's Degree		10	4.3
Bachelor's Degree		19	8.2
Master's, Degree or Education Specialist		65	28.1
Professional Degree (Pharm.D., J.D., etc.)		9	3.9
Doctorate (Ph.D., Ed.D.)		128	55.4
Primary student population served	232		
Graduate		49	21.1
Undergraduate		183	78.9
Frequency of student interaction	231		
Rarely (less than once per month)		1	.4
Occasionally (less than once per week)		2	.9
Often (at least once per week)		42	18.2
Daily (one or more times per day)		186	80.5

Note. Percentages may not add up to 100% due to rounding.

Data Analysis

To examine faculty member's willingness to intervene and refer students with mental health concerns to appropriate resources and support, three research questions were considered in this study. The statistical analyses employed included descriptive statistics, confirmatory factor analysis, and multiple linear regression. Multiple linear regression was utilized to analyze the strength of the relationship between the independent variables (including faculty members' mental health literacy and faculty members' perceptions of their role in communicating with students about mental health concerns) and the dependent variable (faculty members' willingness to intervene and refer students impacted by mental health concerns).

Research Question 1

The first research question examined the level of mental health literacy reported by faculty members which was addressed by participant responses to twelve items on the *Mental Health Literacy and Communication Survey*. The 12 items included eight descriptive items (questions 5-12; see Appendix A) measuring faculty member's knowledge and attitudes related to mental health concerns and were scored on a four-point Likert-type scale labeled as *strongly disagree (1), disagree (2), agree (3), and strongly agree (4)* and four items (questions 1-4) which comprised the Fear of Mental Illness and Social Distance (FSD) subscale previously utilized and tested to measure the construct of fear of mental illness and social distance (Young Thomas, 2015). Three of the four items comprising the scale were also scored using a four-point Likert type scale labeled as *strongly disagree (1), disagree (2), agree (3), and strongly agree (4)*, with the remaining question reverse coded due to question wording. The four items of the FSD subscale were subjected to principal components analysis (PCA). Prior to performing PCA, the suitability of data for factor analysis was assessed. Inspection of the correlation matrix revealed

the presence of many coefficients of .3 and above. The Kaiser-Meyer-Olkin value was .675, exceeding the recommended value of .6, and Bartlett's Test of Sphericity reached statistical significance, supporting the factorability of the correlation matrix. PCA confirmed the presence of one component with an eigenvalue exceeding one, explaining 58.5% of the variance. The Cronbach's alpha ($\alpha = .74$) indicated an acceptable level of internal consistency for this subscale, similar to that found by Young Thomas (2015), $\alpha = .79$. Prior to running the descriptive statistics for this subscale, a new variable, Fear and Social Distance (FSD), was created to represent the summative score of this scale. The minimum possible score for the FSD subscale was four with a maximum possible score of 16; study results indicated participant responses ranged from a minimum score of 4 to a maximum score of 12, with higher scores indicating higher levels of fear of mental illness and social distance. The sample mean for the FSD subscale was 7.5 (SD = 1.8), which indicated a low to moderate level of fear and social distance. Of the faculty participants, 40.7% scored 4-6 on the fear and social distance subscale, indicating no fear and social distance; 53.6% scored 7-9, indicating a low to moderate level of fear and social distance, with a score of eight representing the largest single percentage (26.4%); 5.6% scored 10-12, indicating a moderate to high level of fear and social distance; and 0% scored 13-16, indicating zero participants had a high level of fear and social distance.

Table 2 presents the descriptive statistics and the frequency percentages for items (5-12) that were designed to assess the level of faculty members' mental health literacy. Items 5, 8, 11, and 12 assessed faculty members' knowledge of mental health concerns. Of the faculty members surveyed, 27.3% disagreed or strongly disagreed that students with mental health concerns are eligible for ADA benefits or accommodations, and 42.7% disagreed or strongly disagreed that mental health concerns are genetically transmitted. Over one-third (39.1%) agreed or strongly

agreed they have limited knowledge about mental illnesses and their symptoms, and over one-third (37%) of faculty members agreed or strongly agreed they are not qualified or trained enough to interact with students with mental illness.

Items 6, 7, 9, and 10 assessed faculty members' attitudes toward mental health concerns. An overwhelming majority of faculty members (98%) agreed or strongly agreed that students with mental health concerns can succeed in their class. Similarly, 98.7% agreed or strongly agreed that students with mental health concerns can succeed in college. Of the faculty surveyed, 95.1% agreed or strongly agreed that mental health conditions are serious and require the attention of a mental health specialist, and a vast majority (98.3%) do not believe that mental illness is something a person chooses; with 83.7% indicating they strongly disagree.

Table 2

Descriptive Statistics for Faculty Member's Mental Health Literacy (N = 246)

Survey Item	M	SD	Percentage (%) of Participants with Ratings of			
			Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
Q5: A student with mental health concerns is considered disabled and is eligible for the American Disabilities Act (ADA) benefits/accommodations.	2.9	.72	3.3	24.0	56.5	16.3
Q6: A student with mental health concerns can succeed in my class.	3.4	.53	0.0	2.0	56.5	41.5
Q7: Mental health concerns are serious and require the attention of a mental health specialist.	3.3	.58	.40	4.5	57.3	37.8
Q8: Mental health concerns are genetically transmitted.	2.6	.63	3.7	39.0	53.3	4.1
Q9: Students with mental health concerns can succeed in college.	3.5	.54	.40	.80	46.7	52.0
Q10: Mental illness is something a person chooses.	1.2	.45	83.7	14.6	1.2	.40
Q11: I have limited knowledge about mental illnesses and their symptoms.	2.2	.82	21.5	39.4	35.4	3.7
Q12: I am not qualified or trained enough to interact with students who have mental health concerns.	2.3	.75	12.6	50.4	32.1	4.9

Research Question 2

The second research question examined faculty members' perception of their role in communicating with students with mental health concerns; four items (13-16) assessed faculty members' perceptions of their roles. Faculty members were asked to rank each of the roles using a ten-point scale with 1 representing *most unlike my beliefs* and 10 representing *most like my beliefs* to rate the degree each description characterized their beliefs about their role in communicating with students regarding mental health concerns. A fifth item (17) assessed which of the roles the participant identified as *most like* their beliefs by requiring the participant to rank order each of the four roles from *most like* their beliefs to *most unlike* their beliefs relative to the other roles. The roles described in these four items are reflective of the unique communication roles identified by White and LaBelle (2019), empathetic listener, referral source, first responder, bystander, that faculty may assume when managing students' mental health concerns. Based on White and LaBelle's (2019) work, the following descriptors were used to identify each role:

Role A (empathetic listener): I have a high level of comfort discussing mental health concerns and a high level of interpersonal dialogue with students. I am open to discussing mental health concerns and willing to provide emotional support to students. I feel it is part of my role as a faculty member to listen, offer help, and support the mental health needs of students. It's not about being their instructor. It's not about being their friend. It's about being a human being.

Role B (referral source): I have a moderate level of comfort discussing mental health concerns and engage in moderate levels of interpersonal dialogue with students. My role as a faculty member is to support students in the classroom and serve as a source of referral to professional mental health resources. I do not want to overstep my role as a faculty member.

Becoming personally involved in discussing students’ mental health concerns is beyond the scope of my role as a faculty member.

Role C (first responder): I have a minimal level of comfort discussing mental health concerns with students. Classroom observation provides me an opportunity to identify behavioral changes that may indicate warning signs of mental health concerns. Rather than personally engage with students, my role as a faculty member is to observe students’ behavior in the classroom and notify campus officials of any concerns that arise.

Role D (bystander): I am uncomfortable and hesitant to discuss mental health concerns with students. I feel that faculty members have no direct role in students’ mental health. I lack the formal training to engage in discussions regarding mental health concerns and feel uncertain about the legal ramifications of such discussions. Additionally, I am uncertain how students may react and fear they may become defensive, aggressive, or even violent.

Table 3 presents the descriptive statistics and the frequency percentages for each role. Of the faculty surveyed, 35.4% identified with Role A (empathetic listener) with a mean score of 8.7 (on the 1 – 10 scale from *most unlike my beliefs* to *most like my beliefs*), just over half (52.7%) identified with Role B (referral source) with a mean score of 8.0, followed by 8.0% identifying with Role C (first responder) with a mean score of 7.2, and 3.8% identified with Role D (bystander) with a mean score of 8.2.

Table 3

Descriptive Statistics for Faculty Members’ Role View in Communicating with Students (N=237)

Role	<i>n</i>	Frequency Percentage	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>SD</i>
A (empathetic listener)	84	35.4	2	10	8.7	1.3
B (referral source)	125	52.7	2	10	8.0	2.0
C (first responder)	19	8.0	3	10	7.2	1.9
D (bystander)	9	3.8	6	10	8.2	1.5

Research Question 3

The third research question examined to what degree does the level of faculty members' mental health literacy and their perception of their role in communicating with students impact their willingness to intervene and refer students with mental health concerns to available resources and support. Five items (18-22) comprised the Confidence and Willingness to Intervene (CWI) subscale previously utilized and tested to measure the construct of confidence in identifying mental illnesses and perceived ability to intervene on behalf of students with mental illnesses (Young Thomas, 2015). The items comprising the scale were scored on a five-point Likert-type scale labeled *never (1)*, *rarely (2)*, *sometimes (3)*, *often (4)*, and *always (5)*. The five items of the CWI subscale were subjected to principal components analysis (PCA). Prior to performing PCA, the suitability of data for factor analysis was assessed. Inspection of the correlation matrix revealed the presence of many coefficients of .3 and above. The Kaiser-Meyer-Olkin value was .808, exceeding the recommended value of .6, and Bartlett's Test of Sphericity reached statistical significance, supporting the factorability of the correlation matrix. PCA confirmed the presence of one component with an eigenvalue exceeding one, explaining 56.1% of the variance. The Cronbach's alpha ($\alpha = .80$) indicated an acceptable level of internal consistency for this subscale, consistent with the findings of Young Thomas (2015), $\alpha = .80$. Prior to running the descriptive statistics for this subscale, a new variable, Confidence and Willingness to Intervene (CWI), was created to represent the summative score of this scale. The minimum possible score for the CWI subscale was five with a maximum score of 25; study results indicated participant responses ranged from a minimum score of five to a maximum score of 24, with higher scores indicating higher levels of confidence and willingness to intervene. The sample mean for the CWI subscale was 15.4 (SD = 2.7), which indicated a moderate level of

confidence and willingness to intervene. Of the faculty participants, 2.6% scored 5-9, indicating they never or rarely felt confident and willing to intervene; 16.7% scored 10-13, indicating they rarely or sometimes felt confident and willing to intervene; the majority (61%) scored 14-17, indicating they sometimes or often felt confident and willing to intervene; 19.7% scored 18-21, indicating they often or always felt confident and willing to intervene; and .09% (n = 2) scored 22-25, indicating they always felt confident and willing to intervene.

Three descriptive items (23-25) were included to gain practical institutional knowledge and assessed faculty members' knowledge and willingness to refer students with mental health concerns to help. Items 23 and 24 were scored on a dichotomous (yes/no) scale. Item 23 assessed whether or not faculty members knew *how* to refer a student to help. Item 24 asked faculty members if they knew *how* to refer students for help with mental health concerns, *would* they refer students to services and support. Any participant who responded *no* to item 24 was directed to item 25 which assessed *why* they wouldn't refer students to help. Item 25 response options included *do not have time (1)*, *do not think students need help with mental health conditions (2)*, *do not know what referral options exist (3)*, *do not feel it is my role (4)*, and *other (5)*. Of the faculty surveyed, 89.7% indicated they knew *how* to refer a student to help, and a vast majority (99.1%) indicated they *would* refer a student to help if they knew how. Of the two participants who responded *no* to item 24 and were directed to item 25, both indicated they *do not know what referral options exist*, one also indicated they *do not feel it is part of their role*, and one also indicated *other* and wrote in "student might not have a mental illness or want/acknowledge help."

Multiple linear regression. Multiple linear regression was conducted to independently assess the ability of the level of faculty members' mental health literacy (as measured by FSD)

and the ability of faculty members' perception of their role in communicating with students regarding mental health concerns to predict the dependent variable, faculty members' confidence and willingness to intervene and refer students with mental health concerns to available resources and support (CWI). Preliminary analyses were conducted to ensure no violation of the assumptions of multivariate normality, linearity, multicollinearity or homoscedasticity. An initial regression model was conducted that controlled for the influence of: FSD, gender, institution, years of teaching experience, and Roles A, B, C, D to establish which predictor variables showed a significant relationship to the outcome variable. Using backward elimination, the final model included two predictor variables – Role A and Role D – that were found to be statistically significant in predicting CWI and indicated that the model explained 23.0% of the variance and was a significant predictor of faculty members' willingness to intervene and refer (CWI), $F(2,230) = 35.32, p = .000$. Role D was found to make the strongest unique contribution to explaining CWI ($\beta = -.37, p < .001$); the contribution of Role A was found to be ($\beta = .17, p < .001$). Table 4 provides the means, standard deviations, and correlations for Role A, Role D, and CWI. Table 5 presents a regression analysis summary of Role A and Role D.

Multivariate analysis revealed that the construct of fear of mental illness and social distance is not a significant predictor of faculty members' willingness to intervene and refer students with mental health concerns to available resources and support. Two predictor variables were shown to have a significant influence on faculty members' willingness to intervene and refer students; Role A and Role D. Role A was associated with high levels of comfort discussing mental illness, interpersonal dialogue with impacted students, and willingness to provide emotional support. Role D was associated with discomfort and hesitation discussing mental illness with students, a belief that it is not part of a faculty member's role, and feeling

inadequately trained and uncertain about how students would react to the conversation. The results revealed that the strength of a faculty members' identification with Role A was associated with an increase in their willingness to intervene and refer and the strength of a faculty member's identification with Role D was associated with a decrease in their willingness to intervene and refer. The results further indicated that none of the other predictor variables were shown to be significant.

Table 4

Means, Standard Deviations, and Intercorrelations for Faculty Members' Willingness to Intervene and Refer Students with Mental Health Concerns to Help (CWI) and Predictor Variables

Variable	1	2	3	4	5	6	7	8	M	SD
CWI	.38	-.46	.01	-.33	.38	-.14	-.28	-.46	15.4	2.7
Predictor Variable										
1. Institution	---								.27	.44
2. Gender	-.22	---							.61	.49
3. Years of Experience	.04	-.10	---						16.2	9.6
4. FSD	.14	-.20	.04	---					7.0	1.8
5. Role A	-.16	.15	.08	-.40	---				7.2	2.1
6. Role B	-.08	.05	-.01	.14	-.28	---			7.0	2.4
7. Role C	.23	-.32	-.01	.31	-.28	.17	---		4.1	2.4
8. Role D	.11	-.21	-.01	.47	.00	.02	.00	---	2.7	2.3

Table 5

Regression Analysis Summary for Variables Predicting Faculty Members' Willingness to Intervene and Refer Students with Mental Health Concerns to Help (CWI)

Variable	B	SE β	β	t	p
Institution	.71	.38	.12	1.9	.064
Gender	.34	.35	.06	.96	.340
Years of Experience	.01	.02	.36	.72	.719
FSD	-.18	.10	-.12	-1.8	.075
Role A	.21	.10	.16	2.1	.037
Role B	-.02	.07	-.02	-.25	.807
Role C	-.03	.09	-.03	-.40	.690
Role D	-.35	.10	-.30	-3.5	.001

Note: Adjusted $R^2 = .23$ ($N = 233, p < .001$).

Summary

Chapter four provided an explanation of the statistical analyses performed and reported findings aimed at answering each of the research questions. Chapter five offers a discussion of the findings and limitations of the study, along with implications for theory and practice, and recommendations for future research.

CHAPTER FIVE: DISCUSSION

Institutions of higher education continue to monitor and focus on improving student success outcomes due to calls for increased accountability from policymakers, the public at large, parents, and students. Mental health concerns have been shown to be detrimental to college students' success and can have a profound impact on academic performance, retention, and graduation rates (Brunner et al., 2014; Cvetkovski et al., 2017; Kitzrow, 2009). In response, many institutions have begun to develop comprehensive approaches to supporting students with mental health concerns. Research has shown that faculty are influential on college students' overall success (O'Keefe, 2013; Pascarella & Terenzini, 1978; Tinto, 1993) and that informal interactions between students and faculty have been found to have a notable impact on the attitudes, interests, and ideals of college students, impacting their academic and personal development (Kalkbrenner & Sink, 2018; Komarraju, et al., 2010; Meera et al., 2010). Assuming that frequent and favorable student-faculty interactions would have an impact on the successful academic and social integration of students, including those with mental health concerns, as well as an impact on institutional persistence, retention, and graduation outcomes; faculty may be viewed as playing a key role in an institutional network of support. Despite the large body of literature that has established that faculty members are influential in college students' academic success and personal development and the assumption that faculty members may play a vital mental health support role, the factors influencing their willingness to intervene and refer students with mental health concerns have not been thoroughly researched.

The purpose of this study was to examine factors influencing faculty members' willingness to intervene and refer students with mental health concerns to available resources and support. This was accomplished by examining how the level of faculty members' mental

health literacy and their perception of their role in communicating with students about mental health concerns impacted their willingness to intervene and refer students. Further, the study investigated whether socio-demographic and professional characteristics of faculty members were associated with willingness to intervene and refer students. To achieve this purpose, the following research questions were explored:

1. What is the level of mental health literacy reported by faculty members?
2. How do faculty members view their role in communicating with students with mental health concerns?
3. To what degree does the level of faculty members' mental health literacy and their perception of their role in communicating with students impact their willingness to intervene and refer students with mental health concerns?

Summary and Discussion of Findings

Full and part-time faculty (n=246) employed at a mid-size, four-year research university and a small, two-year community and technical college participated in this quantitative research study. The findings were generated through responses to 40 survey items that examined faculty members' willingness to intervene and refer students with mental health concerns. The survey items were outlined in four sections that assessed faculty members' (a) mental health literacy, (b) perception of their role in communicating with student's about mental health concerns, (c) willingness to intervene and refer students with mental health concerns, and (d) socio-demographics and professional data. The findings of the study are consistent with the literature on faculty members' attitudes, beliefs, knowledge, and experiences with mental health concerns and contribute to a greater understanding of the influences on faculty members' willingness to intervene and refer students with mental health concerns to available resources and support.

Further, these findings can be used to inform the development of institutional responses to enhancing the academic and personal success of students with mental health concerns. The major findings of the study for each research question and relevant study variables are outlined below.

Mental Health Literacy

Section A of the *Mental Health Literacy and Communication Survey* was designed to assess the level of faculty members' mental health literacy. The term "*mental health literacy*" was coined by Jorm et al. (1997) and defined as "knowledge and beliefs about mental disorders that aid in their recognition, management, or prevention" (p. 182). Jorm (2012) further noted that, "mental health literacy is not simply a matter of having knowledge, rather it is knowledge that is linked to the possibility of action to benefit one's own mental health or that of others" (p. 231) Twelve items assessed faculty members' *knowledge of* and *attitudes toward* mental health concerns. Four of these items were previously utilized and tested as a subscale by Young Thomas (2015) to assess whether participants fear individuals with mental health concerns and if they exhibit social distancing behaviors or express discomfort with students with mental health concerns.

Knowledge of mental health concerns. Similarities were noted between the findings of the current study and the findings of Becker et al.'s (2002) seminal study examining faculty attitudes, beliefs, knowledge, and experiences with mental illness. Similar to the Becker et al. (2002) study results, which found that 33% of faculty members believed that mental health concerns are never or rarely genetically transmitted; 42.7% of faculty members in this study held the same belief. Schum (2011) noted, "a lack of understanding of the role of genetics contrasts with the general understanding that most mental illness is an interaction between genetic predisposition and environmental influences" (p. 119). Additionally, Becker et al. (2002) found

that 42.1% of faculty members did not believe that students with mental health concerns were eligible for Americans with Disabilities Act (ADA) benefits or accommodations; the current study found that 27.3% of faculty members held the same erroneous belief 18 years later. Souma, Ricketson, and Burstable (2002) noted that students with psychiatric disabilities are entitled to reasonable academic accommodations as provided by the ADA. Related to the likelihood students will request accommodations they may be entitled to, Hartman-Hall and Haaga (2002) reported that the reactions of faculty members toward students' requests for accommodations was shown to effect students' decisions to seek future assistance. The authors found that students who had a negative experience seeking assistance from a faculty member were more reluctant to seek future help. Conversely, if the faculty member's response was positive, students were more likely to seek assistance in the future. Awareness of and access to benefits and accommodations is paramount to student success. The finding of this study that 27.3% of faculty members disagreed or strongly disagreed that students with mental health concerns are eligible for ADA accommodations is concerning due to the potential adverse impacts on student success outcomes resulting from the lack of awareness and understanding combined with the effects of stigma and negative attitudes. These results highlight the need for institutions to increase the level of faculty members' knowledge regarding mental health concerns, including awareness of resources, students' rights and applicable laws and guidelines to benefits and accommodations.

Notably, the results of Becker et al.'s (2002) study and this study were consistent in finding that over one-third of faculty members reported having limited knowledge of mental illnesses and their symptoms. Compounding concerns raised over the reported lack of knowledge, over one-third of faculty members in the current study indicated they are not

qualified or trained enough to interact with students with mental illness; a lack of training was also raised by faculty members in the Becker et al. (2002) study.

The similarities identified in the findings of this study and those of the Becker et al. (2002) study regarding the continued existence of low levels of mental health literacy among more than one third of faculty members and a reported lack of professional development and training, spanning a time period of nearly two decades, identify a concerning gap between faculty members' mental health literacy and institutions' efforts to provide critical professional development and training. This reinforces DiPlacito-DeRango's (2016) assertion that there is little evidence demonstrating that institutions of higher education regularly provide progressive opportunities for mental health training and professional development.

Attitudes toward mental health concerns. Hong and Himmel (2009) cited multiple studies that "identified faculty attitudes as the key contributor to the success of students with disabilities," including mental health disorders (p. 6). The findings of this study revealed near consensus among participants on several responses regarding their beliefs about the ability of students with mental health concerns to be successful in college (98.7%) and in their individual classes (98%); as well as 98.3% of participants responding they do not believe mental illness is something a person chooses; with 83.7% indicating they strongly disagree with this statement. The study findings also revealed that 95.1% of participants believe mental health concerns are serious and require intervention. Notably, 81% of participants in the Becker et al. (2002) study reported they believed students can be successful despite the presence of mental health concerns. When compared to the Becker et al. (2002) study, the finding in the current study related to faculty members' beliefs that students with mental health concerns can be successful indicated a 21.9% increase in this measure. This is an indicator of a promising shift in societal beliefs.

Despite current study results that indicated a vast majority of faculty members held positive viewpoints regarding specific aspects of mental health concerns, results also demonstrated the continued existence of stigma, as reflected by participants' scores on the Fear and Social Distance (FSD) scale. While most participants' scores on the FSD subscale ranged from 4-9, indicating a low level of fear and social distance, a troubling portion of participants (5.6%) indicated a moderately high level of fear and social distance. These findings demonstrating the continued existence of stigma are concerning given the known negative impacts of stigma on students with mental health concerns.

Faculty Members' Role View

Biddle (1986) stated that "role theory concerns one of the most important characteristics of social behavior – the fact that human beings behave in ways that are different and predictable depending on their respective social identities and the situation" (p. 68). Role theory was utilized as part of the conceptual framework for this study to examine the role of faculty within the larger organization and specifically, how faculty members' view their role in communicating with students about mental health concerns. White and LaBelle (2019) identified four unique communication roles (*empathetic listener, referral source, first responder, and bystander*) that faculty members may assume when communicating with students about mental health concerns. In their qualitative study, White and LaBelle (2019) found that a faculty member's communication role was connected to their level of confidence and comfort with engaging in conversations with students about mental health.

Section B of the *Mental Health Literacy and Communication Survey* contained four items (13-16) that assessed faculty members' perceptions of their roles and one item that assessed which of the roles the participant identified as *most like* their beliefs. The roles described in these

four items are reflective of the unique communication roles (*empathetic listener, referral source, first responder, and bystander*) identified by White and LaBelle (2019) that faculty may assume when managing students' mental health concerns.

Role A (empathetic listener). The findings revealed that over one-third (35.4%) of the faculty members indicated Role A was most like their beliefs, indicating high levels of comfort discussing mental health concerns and interpersonal dialogue with students. They believe it is part of their role as a faculty member to listen, offer help, and support the mental health needs of students.

Role B (referral source). Findings showed that just over half (52.7%) of the faculty members most closely identified with Role B, indicating moderate levels of comfort discussing mental health concerns and interpersonal dialogue with students. They believe their role is to support students in the classroom and serve as a source of referral to professional mental health services. Further, they viewed becoming personally involved in discussing students' mental health concerns as beyond their role as a faculty member.

Role C (first responder) and Role D (bystander). Findings indicated that 11.8% of faculty members identified with either Role C (8.0%) or Role D (3.8%). Participants identifying with Role C have a minimal level of comfort discussing mental health concerns with students. Rather than personally engaging with students, they view their role is to observe students' behavior in the classroom and notify campus officials of any concerns. Participants identifying most closely with Role D are uncomfortable and hesitant to discuss mental health concerns with students. They believe faculty members have no direct role in students' mental health.

A strong majority of the participants (88.1%) identified with either Role A (*empathetic listener*) or Role B (*referral source*); with the largest percentage (52.7%) identifying with Role

B. These findings reveal that a vast majority of faculty members are moderately to very comfortable discussing mental health concerns and willing to engage in moderate to frequent dialogue with students. Additionally, faculty members identifying with these roles view directly communicating and referring students with mental health concerns to support and resources as part of their role as a faculty member. These results indicating that most faculty will communicate with or refer students are reassuring as they demonstrate support for the effectiveness of relying on faculty as a front-line strategy to assessing and responding to student mental health concerns. Manokore, Mah, and Ali (2019) maintained that simple and attainable efforts like informal student-faculty interactions contributed to positive retention outcomes and provide a venue to increase awareness of students' needs.

Conversely, it must be noted that 11.8% of faculty members identified most closely with Role C (*first responder*) or Role D (*bystander*), indicating hesitancy or unwillingness to communicate with impacted students due to minimal to no level of comfort engaging in interpersonal dialogue. Likewise, faculty members identifying with these roles do not view personal involvement or direct communication with students impacted by mental health concerns as part of the faculty member role. White and LaBelle (2019) stated that, "instructors' communication about mental health appears to be intertwined with their comfort and willingness to embrace a relational perspective on teaching as well as to engage in the emotional labor required to have these conversations" (p. 146). To this end, faculty members who hold a *first responder or bystander* role view are unlikely to view it as their responsibility to help students develop a sense of belonging, which has been argued to be imperative to the success and retention of students who are at risk for non-completion, including students impacted by mental health concerns (O'Keeffe, 2013; Pascarella & Terenzini, 1978; Tinto, 1993). O'Keeffe (2013)

stated that a sense of belonging may be fostered by developing a sense of connection that “can emerge if the student has a relationship with just one key person within the institution and this relationship can significantly impact a student’s decision to remain in college” (p. 608). These findings may indicate that faculty members who most closely identify with Role C or Role D likely do not embrace a relational perspective on teaching and are likely missing or unwilling to address opportunities to intervene and refer students, potentially impacting student retention rates.

Gulliver et al. (2017) found that faculty members with greater mental health literacy regarding depression were more likely to assist students and had less stigmatizing attitudes, which indicates that increasing the mental health literacy of faculty members would translate into greater willingness of faculty members to intervene and assist impacted students and be effective at reducing personal stigma. This study and the existing body of literature suggesting that increasing an individual’s mental health literacy can reduce the effects of stigma and fear and social distance, resulting in greater intention to assist, is notable, as it implies that faculty members’ role view may not be static and may be changeable based on adequate training and direct communication about what is expected of the faculty member role.

Willingness to Intervene and Refer

Section C of the *Mental Health Literacy and Communication Survey* was designed to assess to what degree does the level of faculty members’ mental health literacy and their perception of their role in communicating with students impact their willingness to intervene and refer students with mental health concerns. Five items included in this section comprised the Confidence and Willingness to Intervene (CWI) subscale previously utilized and tested to measure the construct of confidence in identifying mental illnesses and perceived ability to

intervene on behalf of students with mental illnesses (Young Thomas, 2015). Three additional items in this section were aimed at gaining practical institutional knowledge and assessed faculty members' knowledge and willingness to refer students with mental health concerns to help.

The findings related to the CWI subscale revealed that .09% of faculty members indicated they *always* feel confident and were willing to intervene and refer students with mental health concerns to available support and resources and 19.7% of faculty members indicated *often to always*. The largest percentage of participants (60.1%) indicated they *sometimes or often* feel confident and willing to intervene and refer. Of concern is the 16.7% who indicated feeling confident and willing only *rarely or sometimes* and the 2.6% of participants that indicated they *never or rarely* feel confident and willing to intervene and refer. The finding that 19.3% of faculty members indicated lower levels of confidence and willingness to refer students to help is in contrast to the finding that a near consensus (99.1%) of participants reported they *would* refer a student if they knew *how* to. These findings are an additional indicator that increasing faculty members' mental health literacy could potentially increase their willingness and confidence to intervene. In order to fill this gap, administrators must raise awareness of the resources available to faculty members and ensure adequate training is provided, beginning with the date of hire.

Multiple linear regression was conducted to independently assess the ability of the level of faculty members' mental health literacy (as represented by FSD scores) and the ability of faculty members' perception of their role in communicating with students regarding mental health concerns to predict the dependent variable, faculty members' CWI scores. Additional variables in the initial model included gender, institution type, and years of experience. The results of the multiple linear regression revealed that two polarizing views of communicating with students about mental health, Role A and Role D, were

significant predictors of faculty members' confidence and willingness to intervene, indicating that the way faculty members view themselves and their role does indeed have an impact on their willingness to intervene and refer students with mental health concerns to help. Specifically, those faculty members who report feeling comfortable discussing mental health concerns and engage in frequent dialogue with students (Role A) were associated with increased confidence and willingness to intervene and refer students to help, while those who reported feeling discomfort and hesitation discussing mental health concerns with students (Role D) were associated with decreased confidence and willingness to intervene and refer students to help. All other predictor variables were found to be non-significant, indicating that, while faculty members' knowledge and attitudes regarding mental health are important, the impact of how faculty members' view their role in communicating with students cannot be ignored. These findings revealing that a faculty member's role view is impactful and predictive of their likelihood to intervene and refer students calls attention to the need for institutions to clearly *identify* faculty role expectations and ensure faculty members *understand* what is expected of them in their role.

Implications

This study was designed to examine factors that influence faculty members' confidence and willingness to intervene and refer students impacted by mental health concerns to available resources and support. The following section outlines the theoretical and practical implications of the survey findings.

Implications for Theory

Role theory was utilized as part of the conceptual framework for this study to examine the role of faculty within the larger organization and specifically, how faculty members' view their role in communicating with students about mental health concerns. Biddle (1986) described role theory as a "triad of concepts: patterned and characteristic social behaviors, parts or identities that are assumed by social participants, and scripts or expectations for behavior that are understood by all and adhered to by performers" (p. 68). Findings of this study revealed that role theory, applied by using the lens of the roles identified by White and Labelle (2019), did indeed predict behavior (faculty members' confidence and willingness to intervene).

A critical element of role theory is the argument that an individual's role view impacts their behavior. Biddle (1986) contended that role theory implies that there is an internal (personal) and external (as viewed by others) aspect to role performance. Results of this study examined the internal aspect of role view and indicated that most faculty assumed role views that perceive communicating with and referring students to help and support as part of the faculty role, demonstrating support for the effectiveness of relying on faculty as a front line strategy to assessing and responding to student mental health concerns. However, a concerning minority of faculty members assumed role views that do not perceive direct communication with impacted students as part of their role and do not embrace a relational perspective on teaching. As a result, these faculty members are likely missing or unwilling to address opportunities to intervene and refer students, possibly negatively impacting student success and institutional outcomes such as retention and completion rates.

Biddle (1986) outlined the external aspect of role view by asserting that "expectations are the major generators of roles, that expectations are learned through experience, and that persons

are aware of expectations they hold” (p. 69). Results of this study support existing literature and suggest that an individual’s role view drives their behavior; indicating that in order to change behavior (increase faculty members’ confidence and willingness to intervene and refer), you must also change (by setting expectations for the role) how that individual views their role.

Additionally, evidence exists in the literature suggesting that increasing an individual’s mental health literacy can reduce the effects of stigma and fear and social distance, resulting in greater intention to assist. This is notable as it implies that faculty members’ role view may not be static and may be changeable based on adequate training and direct communication about what is expected of the faculty member role. Results of this study showed a significant increase (21.9%) in the percentage of faculty members’ who believe that students impacted by mental health concerns can be successful in college. This is a promising finding indicating a potential shift in social beliefs and personal stigma. Thus, the ability to influence or change a faculty member’s role view, combined with evidence that suggests increasing faculty member’s mental health literacy reduces stigma and fear and increases confidence and willingness to intervene, reveals promising potential to change behavior.

Implications for Practice

The findings that emerged from this study provide insight into the reasons for the gap that continues to exist between faculty members’ belief that students with mental health concerns can be successful and near consensus on their reported commitment to referring students if they knew how to and the continued existence of faculty members with lower levels of confidence and willingness to intervene and refer students to help. These reasons include a lack of alignment between a faculty member’s level of mental health literacy, their role view, and institutional expectations of the faculty role.

Institutional approach to student mental health concerns. Ethan and Seidel (2013) asserted that “as the body of research on student mental health expands, it is becoming more evident that the serious and pervasive mental health issues being experienced by students can no longer be the sole responsibility of college counseling centers” (p. 16). It has been recommended that institutions view mental health as an important and legitimate concern and impart that it is the responsibility of *all* employees to support students’ mental health needs (Kitzrow, 2009). To address the impact and prevalence of mental health concerns on student and institutional outcomes, institutions must expect and empower faculty members to play an active role in campus-wide efforts to address students’ mental health concerns.

Faculty members’ as a frontline support strategy. Faculty members should be viewed as playing a key role in supporting students with mental health concerns due to the frequency and impact of their interactions with students. However, results of this study indicate that relying on faculty members to intervene and refer students with mental health concerns to available help may not be as effective as suggested. In alignment with previous research, results of this study evidenced that faculty members reported feeling inadequately prepared to address student mental health concerns due to a lack of adequate training and awareness of resources and that some faculty members’ perceived intervening and referring students as outside their role as a faculty member. These results provide practical information that can be used by higher education professionals to inform institutional plans and strategies aimed at creating a culture of support/care for impacted students by ensuring faculty members receive adequate education and training around mental health concerns and helping them conceptualize that part of the teaching/advising role is to recognize and support students in distress.

Faculty members' mental health literacy. In addition to a reported lack of adequate training, education and awareness of available resources (knowledge), results of this and previous studies demonstrated the persistence of negative attitudes and stigma known to negatively influence faculty members' willingness to address mental health concerns.

To address the gap in faculty members' mental health literacy identified in this research, as well as to combat the continued influence of stigma, institutions need to provide adequate training and resources to faculty members to ensure they are capable of recognizing signs of mental health concerns and are willing to directly address the same. In addition, higher education professionals must ensure faculty members are knowledgeable about campus and community resources, ADA benefits and accommodations, and skilled in providing appropriate referrals. If faculty members are to be relied upon to intervene and support students impacted by mental health concerns, they need the tools to do the job.

Faculty members' role view. Findings of this study revealed that role theory, applied by using the lens of the roles identified by White and Labelle (2019), did indeed predict behavior (faculty members' confidence and willingness to intervene). This study's findings indicated that most faculty identified with roles that view communicating with and referring students to help and support as part of the faculty role, which demonstrates support for the effectiveness of relying on faculty as a front-line strategy to assessing and responding to student mental health concerns. However, a concerning minority of faculty members identified with roles that do not view direct communication with impacted students as part of their role and do not embrace a relational perspective on teaching. As a result, these faculty members are likely missing or unwilling to address opportunities to intervene and refer students, likely further impacting student success and institutional outcomes such as retention and completion rates.

Evidence exists in the literature suggesting that increasing an individual's mental health literacy can reduce the effects of stigma and fear and social distance, resulting in greater intention to assist. This is notable as it implies that faculty members' role view may not be static and may be changeable based on adequate training and direct communication about what is expected of the faculty member role. Ethan and Seidel (2013) highlighted that "colleges often do not adequately train faculty members on what they *can* be expected to do to help students in crisis" (p. 17).

Several institutional efforts and initiatives can be undertaken to address the gaps in faculty members' mental health literacy and the perspective of some faculty members that view communicating with impacted students as outside their role and the subsequent impact these factors can have on the efficacy of an institutional strategy to enlist faculty members as frontline support. Institutional leaders need to set an example by speaking openly about mental health concerns, serve as role models by being involved and caring mentors for students and by indicating frequently that the institution is concerned about students' overall health and well-being. Institutions should consider communicating this commitment in employee recruitment materials with the intent of attracting faculty candidates who are pre-disposed to assisting students in distress. Additionally, higher education administrators need to commit to providing robust professional development beginning with employee on-boarding at time of hire and then on a continual basis through in-person training opportunities and online educational tools that allow faculty, particularly adjunct faculty, to access training at their convenience and in the event they cannot attend in-person. Institutions should ensure convenient and easy access to information regarding mental health related policies, procedures and available resources on and off campus through the institutional website; also including suggested protocols and referral

lists/contacts. Additionally, programs such as Mental Health First Aid (MHFA), “an internationally established and evidence-based public education program designed to help laypeople understand, identify, and respond to the signs of mental illness and substance abuse disorders” should be implemented (Ethan & Seidel, 2013, p. 24). Programs such as these are aimed at audiences outside the counseling field and therefore, provide practical knowledge in an easy to digest format.

Institutions could also encourage counseling, student health, and public safety professionals to collaborate on public education campaigns aimed at reducing stigma and raising awareness of mental health, emotional wellness and on and off campus mental health resources; including faculty members in the dissemination of information. Institutions should also focus on strengthening the relationships between student affairs professionals directly involved with supporting student mental health efforts and faculty members by embedding student affairs professionals into activities and meetings regularly attended by faculty members; such as Faculty Senate and academic department meetings. This would provide a regular venue for all professionals to share concerns and questions, provide input on policy and exchange ideas on faculty led initiatives or curriculum to promote student well-being. Also, including student affairs mental health professionals and faculty members on institutional behavioral intervention or care teams can provide another avenue for greater education, awareness, collaboration and team building across divisions. Finally, academic administrators should clearly define and communicate expectations of the faculty member role. Ethan and Seidel (2013) noted that “factors that influence professors’ intentions to assist students in distress include messages sent by the university about their role and the training they receive regarding mental health issues” (p.

17). Expectations for the faculty member role should be clearly outlined in position descriptions, shared upon hire and addressed at least annually during performance reviews.

Limitations and Recommendations for Future Research

As illustrated by the review of the literature, few studies have explored the factors influencing faculty members' confidence and willingness to intervene and refer students with mental health concerns to available help from a perspective that accounts for the interplay between faculty members' mental health literacy and how they view their role (individually and inclusive of institutional expectations). While the findings of this study have provided insight into some of the factors that impact faculty members' confidence and willingness to refer impacted students, this section will outline identified limitations of this study and recommendations for further research needed to comprehensively contribute to the literature on student-faculty communication related to mental health concerns.

The conclusions and implications outlined are noteworthy, however several limitations of this research were identified. First, as noted in the delimitations, this study focused on faculty members at two Midwest institutions with limited demographic diversity, limiting the generalizability to a larger population. As such, more studies are needed to explore perceptions of faculty members at a wider array of institutions. Second, over half (61%) of the participants in this research identified as female. Therefore, it is possible gender may have impacted the descriptive results of the study, though it was accounted for in the regression model and found to be nonsignificant. Third, while part-time academics were included in the population of this study, graduate assistants were not. Future research examining the role of graduate assistants in communicating with students with mental health concerns may benefit the body of research.

It was also noted that factors other than mental health literacy and role view may exist that were not accounted for in this study. Future studies should assess other factors that may shape student-faculty interactions regarding mental health concerns. Also, this study only measured faculty members' identified *intentions* to act (intervene and refer); this does not equate to assessing actual *behavior* (whether or not they act on their intentions). Future research is needed to assess how faculty members' intentions impact their behavioral outcomes. Additionally, future research should explore the efficacy of this practice, by assessing the influence of faculty members' behavioral outcomes on the intention and subsequent action taken by students to seek help.

Furthermore, two questions originally designed to assess the potential perception among faculty members that students need to manage their own mental health concerns in order to achieve academic and career success had to be removed due to the number of participants who reported that the wording of both questions was confusing, resulting in this data not being analyzed. This potential perception, that students need to *pull themselves up by their bootstraps and figure it out* if they want to succeed, could be addressed in future studies. Lastly, the descriptions of role view were modeled after those identified by White and Labelle (2019). Faculty members may have not seen themselves accurately or completely represented in the roles identified in this study and may describe their role view differently. More research studies are needed to fully examine how faculty members view their role and the impact of various role views on their willingness to intervene and refer impacted students.

Final Conclusion

The gap between faculty members' belief in and desire for students with mental health concerns to be successful and the continued existence of faculty members with lower levels of

confidence and willingness to intervene and refer students to help requires attention given the impact mental health concerns are known to have on student success and institutional outcomes. In response to the growing institutional need to support students with mental health concerns, faculty members *should* be viewed as part of the solution and thus, must be prepared and willing to assist. Successful and effective strategies and support must begin with administration; college leaders must value and prioritize supporting the mental health of college students. Institutions must implement effective policies, identify comprehensive mental health support strategies and provide all employees, including faculty members, access to resources and robust and on-going professional development. In addition to providing related professional development, administrators must set clear expectations and help faculty members understand that part of the role of teaching and advising is recognizing students in distress and working to support them.

REFERENCES

- Akin, D., & Huang, L. M. (2019, Spring). Perceptions of college students with disabilities. *Journal of Postsecondary Education and Disability*, (32)1, 21-33.
- Albright, G., Kognito, & Schwartz, V. (2017). Are campuses ready to support students in distress? Retrieved July 21, 2019, from <https://www.jedfoundation.org/wp-content/uploads/2017/10/Kognito-JED-Are-Campuses-Ready-to-Support-Students-in-Distress.pdf>
- American College Health Association (ACHA.) (2016). American college health association national college health assessment spring reference group executive summary. Retrieved from <https://www.acha.org/documents/ncha/NCHA-II%20SPRING%202016%20US%20REFERENCE%20GROUP%20EXECUTIVE%20SUMMARY.pdf>
- American College Health Association (ACHA). (2017). American college health association national college health assessment spring reference group executive summary. Retrieved from https://www.acha.org/documents/ncha/NCHA-II_FALL_2017_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf
- American College Health Association (ACHA). (2018). American college health association national college health assessment spring reference group executive summary. Retrieved from https://www.acha.org/documents/ncha/NCHA-II_Spring_2018_Reference_Group_Executive_Summary.pdf
- American College Health Association (ACHA). (2019). American college health association national college health assessment spring reference group executive summary. Retrieved from https://www.acha.org/documents/ncha/NCHA-II_SPRING_2019_US_REFERENCE_GROUP_EXECUTIVE_SUMMARY.pdf

- American Council on Higher Education (ACE). (2019). Investing in student mental health: Opportunities and benefits for college leadership. Retrieved from <https://www.acenet.edu/Documents/Investing-in-Student-Mental-Health.pdf>
- American Psychological Association. (2011). The state of mental health on college campuses: A growing crisis. Retrieved from <https://www.apa.org/monitor/2011/09/crisis-campus>
- Becker, M., Martin, L., Wajeed, E., Ward, J., & Shern, D. (2002). Students with mental illnesses in university setting: Faculty and student attitudes, beliefs, knowledge and experiences. *Psychiatric Rehabilitation Journal*, 25(4), 359-368.
- Belch, H. A. (2011). Understanding the experiences of students with psychiatric disabilities: A foundation for creating conditions of support and success. *New Directions for Student Services*, (134), 73-94.
- Biddle, B. J. (1986). Recent developments in role theory. *Annual Review of Sociology*, 12, 67-92. doi: 10.1146/annurev.so.12.080186.000435
- Biddle, B. J., & Thomas, E. J. (1966). *Role theory: Concepts and research*. New York, NY: John Wiley & Sons.
- Blanco, C., Okuda, M., Wright, C., Hasin, D. S., Grant, B. F., Liu, S., & Olfson, M. (2008). Mental health of college students and their non-college-attending peers: Results from the national epidemiologic study on alcohol and related conditions. *Arch Gen Psychiatry*, 65(12), 1429-1437. doi:10.1001/archpsyc.65.12.4129
- Bradley, P. (2013, July 8). Falling short. *Community College Week*, (25)24, 6-7.
- Brandon, K. (2015, April 19). Investing in education: The American graduation initiative [Blog post]. Retrieved from <https://www.whitehouse.gov/blog/Investing-in-Education-The-American-Graduation-Initiative/>

- Brunner, J. L., Wallace, D. L., Reymann, L. S., Sellers, J., McCabe, A. G. (2014). College counseling today: Contemporary students and how counseling centers meet their needs. *Journal of College Student Psychotherapy, 28*(4), 257-324.
- Carmack, H. J., Nelson, C. L., Hocke-Mirzashvili, T. M., & Fife, E. M. (2018). Depression and anxiety stigma, shame, and communication about mental health among college students: Implications for communication with students. *College Student Affairs Journal, 36*(1), 68-79.
- Carnevale, A. P., Smith, N., & Strohl, J. (2013, June 26). Recovery: Job growth and education requirements through 2020. The Center on Education and the Workforce at Georgetown University.
- Chen, J., Romero, G., & Karver, M.S. (2016). The relationship of perceived campus culture to mental health help-seeking intentions. *Journal of Counseling Psychology, 63*(6), 677-684.
- Cohen, L., Manion, L., & Morrison, L. (2011). *Research methods in education* (7th ed.). London: Taylor & Francis.
- Complete College America (2013). *The game changers: Are states implementing the best reforms to get more college graduates?* Retrieved from: <http://completecollege.org/pdfs/CCA%20Nat%20Report%20Oct18-FINAL-singles.pdf>
- Cvetkovski, S., Jorm, A. F., & Mackinnon, A. J. (2017). An analysis of the mental health trajectories of university students compared to their community peers using a national longitudinal survey. *Studies in Higher Education, 44*(1), 185-200. doi:10.1080/03075079.2017.1356281

- DiPlacito-DeRango, M. L. (2016). The Canadian Journal for Scholarship of Teaching and Learning. *Acknowledge the barriers to better the practices: Support for student mental health in higher education*. 7(2), 1-12. doi: 0.5206/cjsotl-rcacea.2016.2.2
- Downs, M. F., & Eisenberg, D. (2012). Help seeking and treatment use among suicidal college students. *Journal of American College Health*, 60(2), 104-114.
- Ethan, D., & Seidel, E. J. (2013). On the front lines of student crisis: Urban community college professors' experiences and perceived role in handling students in distress. *College Student Affairs Journal*, 31(1), 15-26.
- Frisby, B. N., Goodboy, A. K., & Buckner, M. M. (2015, January). Students' instructional dissent and relationships with faculty members' burnout, commitment, satisfaction, and efficacy. *Communication Education*, 64(1), 65-82. doi: 10.1080/03634523.2014.978794
- Goldman, Z. W. (2018). Responding to mental health issues in the college classroom. *Communication Education*, 49(3), 399-404. doi: 10.1080/03634523.2018.1465191
- Graham-Smith, S., & Lafayette, S. (2004, March). Quality disability support for promoting belonging and academic success within the college community. *College Student Journal*, 38(1), 90-99.
- Groves, R. M., Fowler, Jr., F. J., Couper, M. P., Lepkowski, J. M., Singer, E. & Tourangeau, R. (2009). *Survey Methodology* (2nd ed.). Hoboken, NJ: John Wiley & Sons.
- Gulliver, A., Farrer, L. Bennett, K., & Griffiths, K. M. (2017, August). University staff mental health literacy, stigma and their experience of students with mental health problems. *Journal of Further and Higher Education*, 43(3), 434-442. doi: 10.1080/0309877X.2017.1367370

- Gulliver, A., Griffiths, K. M., & Christensen, H. (2010, December 30). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry, 10*(113). doi: 10.1186/1471-244X-10-113
- Healthy Minds Network. (2019). The Healthy Minds Study: 2017-2018 Data Report. Retrieved from <http://healthymindsnetwork.org/system/resources/national.pdf>
- Hartman-Hall, H. M., & Haaga, D. A. (2002). College students' willingness to seek help for their learning disability. *Learning Disability Quarterly, 25*(4), 263-274.
- Hochschild, A. R. (2012). *The managed heart* (2nd ed.). Oakland, CA: University of California Press.
- Hollingsworth, K. R., Dunkle J. H., & Douce, L. (2009). The high-risk (disturbed and disturbing) college student. *New Directions for Student Services, 128*, 37-54. doi:10.1002/ss.340
- Hong, B. S. S., & Himmel, J. (2009, Summer). Faculty attitudes and perceptions towards college students with disabilities. *College Quarterly, 12*(3), 6.
- Hunt, J., Eisenberg, D., & Kilbourne, A. (2010). Consequences of receipt of a psychiatric diagnosis for completion of college. *Psychiatric Services, 61*(4), 399-404.
- The Jed Foundation. (2006). *Framework for developing institutional protocols for the acutely distressed or suicidal college student*. New York, NY: The Jed Foundation.
- Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997, February). "Mental health literacy": A survey of the public's ability to recognize mental disorders and their beliefs about the effectiveness of treatment. *The Medical Journal of Australia, 166*(4), 182-186. doi: 10.5694/j.1326-5377.1997.tb140071.x
- Jorm, A. F. (2012). Mental health literacy: Empowering the community to take action for better mental health. *American Psychologist, 67*(3), 231-243. doi: 10.1037.a0025957

- Kadison, R., & DiGeronimo, T. F. (2004). *College of the overwhelmed: the campus mental health crisis and what to do about it*. San Francisco, CA: Jossey-Bass.
- Kalkbrenner, M. T., & Sink, C. A. (2018). Development and validation of the college mental health perceived competency scale. *The Professional Counselor, 8*(2), 175-189.
doi:10.15241/mtk.8.2.175
- Kitzrow, M. A. (2009). The mental health needs of today's college students: Challenges and recommendations. *NASPA Journal, 46*(4), 646-660.
- Komarraju, M., Musulkin, S., Bhattacharya, G. (2010, May/June). Role of student-faculty interactions in developing college students' academic self-concept, motivation, and achievement. *Journal of College Student Development, (51)*3, 332-342.
doi:10.1353/csd.0.0137
- Lavrakas, P. J. (2008). Self-selection bias. *Encyclopedia of Survey Research Methods*. doi:
<http://dx.doi.org/10.4135/9781412963947>
- Locke, B., Wallace, D., & Brunner, J. (2016, Winter). Emerging issues and models in college mental health services. *New Directions for Student Services, 156*, 19-30.
doi:10.1002/ss.20188
- Manokore, V., Mah, J., & Ali, F. (2019, Summer). Some factors that influence students' experiences, engagement, and retention in a practical nursing program. *Alberta Journal of Educational Research, 65*(2), 129-145.
- McKeown-Moak, M. P. (2013, Spring). The "new" performance funding in higher education. *Educational Considerations, 40*(2), 3-12. doi:10.4148/0146-9282.1082
- McLendon, M. K., & Hearn, J. C. (2013). The resurgent interest in performance-based funding for higher education. *Academe, 99*(6), 25-30.

- McNaughton-Cassill, M. E. (2013). Is it incivility or mental illness? Understanding and coping with disruptive student behavior in the college classroom. *Journal of Effective Teaching, 13*(2), 94-108.
- Meera, K., Sergey, M., & Gargi, B. (2010 May/June). Role of student-faculty interactions in developing college students' academic self-concept, motivation, and achievement. *Journal of College Student Development, 51*(3), 332-342.
- Mowbray, C. T., Mandiberg, J. M., Stein, C. H., Kopels, S., Curlin, C., Megivern, D.,...Lett, R. (2006). Campus mental health services: Recommendations for change. *American Journal of Orthopsychiatry, 76*(2), 226-237. doi:10.1037/0002-9432.76.2.226
- Moss, L. S. (2017). Collaboration, confidentiality, and care. *Psychological Services, 14*(4), 443-450. doi:10.1037/ser0000155
- National Student Clearinghouse (2018). *Completing college: A national view of student completion rates – Fall 2012 Cohort*. Retrieved from: https://nscresearchcenter.org/wp-content/uploads/NSC004_Signature-Report_V9_12DEC18.pdf
- O’Keeffe, P. (2013, Winter). A sense of belonging: Improving student retention. *College Student Journal, 47*(4), 605-613.
- Pascarella, E. T., & Terenzini, P. T. (1978, March/April). Student-faculty informal relationships and freshman year educational outcomes. *Journal of Educational Research, 71*(4), 183-189.
- Rizzo, J., House, R. & Lirtzman, S. (1970, June). Role conflict and ambiguity in complex organizations. *Administrative Science Quarterly, 15*(2), 150-163. doi:10.2307/2391186

- Rogelberg, S. G., & Stanton, J. M. (2007, April). Understanding and dealing with organizational survey nonresponse. *Organizational Research Methods* 10(2), 195-209. doi: 10.1177/1094428106294693
- Sauermann, H., & Roach, M. (2013, February). Increasing web survey response rates in innovation research: An experimental study of static and dynamic contact design features. *Research Policy*, 42(1), 273-286. doi: 10.1016/j.respol.2012.05.003
- Schreiner, L. A., & Tobolowsky, B. F. (2018). The role of faculty in sophomore success. *New Directions for Higher Education*, 2018(183), 59-70. doi:10.1002/he.20293
- Schum, J., A. (2011). *Entry-level student affairs administrators' attitudes toward mental illness in college students*. (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Global. (Order No. 3502244)
- Schwartz, A. J. (2006). Are college students more disturbed today? Stability in the acuity and qualitative character of psychopathology of college counseling centers clients: 1992-1993 through 2001-2002. *Journal of American College Health*, 54(6), 327-337.
- Shannon, D. M., Bradshaw, C. C. (2010, April). A comparison of response rate, response time, and costs of mail and electronic surveys. *Journal of Experimental Education*, 70(2), 179-192. doi: 10.1080/00220970209599505
- Shea, M., Nguyen, K. K., Wong, J., & Gonzalez, P. D. (2019, May). College students' barriers to seeking mental health counseling: Scale development and psychometric evaluation. *Journal of Counseling Psychology*, 66(5), 626-639. doi:10.1037.cou0000356.supp
- Sniatecki, J. L., Perry, H. B., & Snell, L. H. (2015, September). Faculty attitudes and knowledge regarding college students with disabilities. *Journal of Postsecondary Education & Disability*, 28(3), 259-275.

- Souma, A., Rickerson, N., & Burgstahler, S. (2002). Academic accommodations for students with psychiatric disabilities. Retrieved from <http://files.eric.ed.gov/fulltext/ED476555.pdf>
- Steinberg, R. J., & Figart, D. M. (1999, January). Emotional labor since the managed heart. *The Annals of the American Academy of Political and Social Science*, (561), 8-26.
- Sylvara, A. L., & Mandracchia, J. T. (2019, November). An investigation of gatekeeper training and self-efficacy for suicide intervention among college/university faculty. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 40(6), 383-389. doi:10.1027/0227-5910/a000577
- Tinto, V. (1993). *Leaving college: Rethinking the causes and cures of student attrition*. Chicago, IL: University of Chicago Press.
- Turner, A. L., & Berry, T. R. (2000). Counseling center contributions to student retention and graduation: A longitudinal assessment. *Journal of College Student Development*, 41(6), 627-636.
- VanderLind, R. (2017). Effects of mental health on student learning. *Learning Assistance Review*, 22(2), 39-57.
- White, A., & LaBelle, S. (2019). A qualitative investigation of instructors' perceived communicative roles in students' mental health management. *Communication Education*, 68(2), 133-155. doi:10.1080/03634523.2019.1571620citation
- World Health Organization. (2014). Mental health: A state of well-being. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4471980/>
- Young Thomas, L. (2015). *Faculty on the frontline: Faculty attitudes toward mental illness in 2-year college students*. (Unpublished doctoral dissertation). Mercer University, Macon Georgia.

**APPENDIX A. FACULTY MEMBERS' MENTAL HEALTH LITERACY AND
COMMUNICATION SURVEY**

Section A: MENTAL HEALTH LITERACY

Please indicate your agreement with each of the following statements.

Strongly disagree	Disagree	Agree	Strongly agree
1	2	3	4

1. I am comfortable when I deal with a student in my class who has symptoms of mental health concerns, (reverse-scored).
2. Students with mental health concerns should not be allowed to attend classes.
3. I would not feel safe and secure in a classroom in the presence of a student with mental health concerns.
4. Students with mental health concerns are dangerous to have in the classroom.

Based on your knowledge and experience, please indicate how often you think that...

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

Descriptive questions for practical institutional knowledge:

5. A student with mental health concerns is considered disabled and is eligible for Americans with Disabilities Act (ADA) benefits/accommodations.
6. A student with a mental health concerns can succeed in my class.
7. Mental health concerns are serious and require the attention of a mental health specialist.
8. Mental health concerns are genetically transmitted.

Please indicate your agreement with each of the following statements.

Strongly disagree	Disagree	Agree	Strongly agree
1	2	3	4

9. Students with mental health concerns can recover and succeed in college.
10. Mental illness is something a person chooses.
11. I have limited knowledge about mental illnesses and their symptoms.
12. I am not qualified or trained enough to interact with students who have mental illness.

Section B: PERCEPTION OF COMMUNICATIVE ROLE

As a faculty member, to what degree does each description characterize your beliefs about your role in communicating with students regarding mental health concerns? (Put page breaks between each question)

Most unlike my beliefs		Most like my beliefs
1	2 3 4 5 6 7 8	9 10

13. Role A (Empathetic Listener)

I have a high level of comfort discussing mental health concerns and a high level of interpersonal dialogue with students. I am open to *discussing* mental health concerns and *willing to provide emotional support* to students. I feel it is *part of my role* as a faculty member to listen, offer help, and support the mental health needs of students. It's not about being their instructor. It's not about being their friend. It's about being a human being.

14. Role B (Referral Source)

I have a moderate level of comfort discussing mental health concerns and engage in moderate levels of interpersonal dialogue with students. My role as a faculty member is to *support students in the classroom* and serve as a *source of referral to professional mental health resources*. I do not want to overstep my role as a faculty member. Becoming personally involved in discussing students' mental health concerns is *beyond the scope of my role* as a faculty member.

15. Role C (First Responder)

I have a minimal level of comfort discussing mental health concerns with students. Classroom observation provides me an opportunity to identify behavioral changes that may indicate warning signs of mental health concerns. Rather than personally engage with students, my role as a faculty member is to *observe students' behavior in the classroom and notify campus officials* of any concerns that arise.

16. Role D (Bystander)

I am uncomfortable and hesitant to discuss mental health concerns with students. I feel that faculty members *have no direct role in students' mental health*. I lack the formal training to engage in discussions regarding mental health concerns and feel uncertain about the legal ramifications of such discussions. Additionally, I am uncertain how students may react and fear they may become defensive, aggressive, or even violent.

17. Please rank each of the roles (A-D) from *most unlike* your beliefs to *most like* your beliefs:

___ Role A (Being *open to discussing* mental health concerns/*willing to provide emotional support* is part of my role as a faculty member)

___ Role B (My role is to *support students in the classroom* and *serve as a referral source to professional mental health services*/becoming personally involved is beyond my role as a faculty member)

___ Role C (Rather than personally engage with students, my role as a faculty member is to *observe students' behavior in the classroom and notify campus officials* of any concerns that arise)

___ Role D (*Faculty members have no direct role in students' mental health concerns*/I am uncertain how students will react and fear they will be defensive, aggressive, or even violent)

Section C: WILLINGNESS TO INTERVENE AND REFER

Based on your knowledge and experience, please indicate how often you think that...

Never	Rarely	Sometimes	Often	Always
1	2	3	4	5

18. I am able to convince students with mental health concerns to seek help with the college counseling center.
19. I am able to differentiate whether students have a mental health concern or are just temporarily upset.
20. I am able to discuss my concerns with students who show signs of a mental illness.
21. I am able to convince students with mental health concerns to seek help from a source outside the college/university.
22. I am able to determine if a student has mental health concerns.

Descriptive questions for practical institutional knowledge:

23. If you were concerned about the mental health of a student, would you know **how to refer them** for help? (yes, no)
24. If you knew how to refer students for help with mental health concerns, **would you refer them** to such services? (yes, no)
25. **If respondent answers “No” to question #24, direct to the following question:** Why wouldn't you refer students for help with alcohol and other drug misuse? (Check all that apply)
 - a. Do not have the time
 - b. Do not think students need help with alcohol and other drug misuse
 - c. Do not know what referral options exist
 - d. Do not feel it is my role
 - e. Other: _____

Section D: SOCIO-DEMOGRAPHICS AND PROFESSIONAL DATA:

26. What position do you currently hold?
 - a. Full professor
 - b. Associate professor
 - c. Assistant professor
 - d. Lecturer
 - e. Instructor
 - f. Adjunct
27. What is the primary student population you serve?
 - a. Graduate (M.A., M.S., Ph.D., Ed.D.)
 - b. Undergraduate (A.A.S., A.S., B.A., B.S.)
28. Which gender do you identify with most?
 - a. Woman

- b. Man
- c. Transman
- d. Transwoman
- e. I do not wish to disclose

29. Indicate your highest level of education completed.

- a. High school diploma or GED
- b. Associate's Degree
- c. Bachelor's Degree
- d. Master's Degree or Education Specialist
- e. Doctorate (Ph.D., Ed.D.)

30. How many years of teaching experience do you have?

- a. Continuous variable – drop down menu

31. How frequently do you interact with students?

- a. Daily (one or more times per day)
- b. Often (at least once per week)
- c. Occasionally (less than once per week)
- d. Rarely (less than once per month)

APPENDIX B. FACULTY NOTIFICATION LETTER

NDSU

North Dakota State University

School of Education
Family Life Center 210
NDSU Dept. 2625
PO Box 6050
Fargo, ND 58108-6050
701.231.7921

Title of Research Study: Mental Health Literacy and Communication Survey

Dear Faculty Member:

I am a **current master's student** in the NDSU School of Education who is **conducting a research study to examine factors that may influence faculty members' willingness to intervene and refer students with mental health concerns to services and support.**

I plan to **share and publish** the results of the study to inform and guide **future professional development and resources aimed at supporting faculty members** in their experiences working with students impacted by mental health concerns.

Because you are a faculty member at [institutions redacted], you are invited to take part in this research project. Your participation is entirely **voluntary**, and you may change your mind or quit participating at any time, with **no penalty** to you. There are **no risks** associated with this study. If you wish to participate and choose not to answer certain questions, you are free to do so. Compensation is not being offered for participating in this survey.

It should take about **ten minutes** to complete the survey. Questions will gather information related to faculty members' mental health literacy, faculty members' view of their role in communicating with students with mental health concerns, faculty members' willingness to intervene and refer students to support services and socio-demographic and professional data.

Faculty members who participate in this survey may not receive any direct benefits from participation. However, the results of the survey may be used to guide future professional development for faculty, which may provide an indirect benefit to you related to your experiences working with students impacted by mental health concerns.

The responses you give to the survey and the data provided to the research team will not be linked in any way. No one, not even members of the research team, will know that the information you give comes from you. Your information will be combined with information from other participants taking part in the study. When I write about the study, I will write about the

combined information that I have gathered. You will not be identified in these written materials. I may publish the results of the study; however, I will keep any identifying information private.

If you have any questions about the study, you can contact [investigator information redacted] or [co-investigator information redacted].

You have rights as a research participant. If you have questions about your rights or complaints about this research, you may talk to the researcher or contact the [institution information redacted]

Thank you for your taking part in this research. If you wish to receive a copy of the results, please contact [investigators' information redacted].

You are encouraged to print a copy of this information sheet for your records.

Thank you in advance for your time.