

**ASSESSING THE NEED FOR ENHANCED MENTAL HEALTH SERVICES ON
A COLLEGE CAMPUS: AN APPRECIATIVE ACTION RESEARCH INQUIRY**

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Abstract

College counseling centers have adapted through the years to operate in an environment that has undergone frequent changes since such services were first implemented, over 100 years ago. As counseling centers continue to be faced with an increase in the number of students who need mental health services, as well as a continued increase of fiscal pressures that make providing adequate services difficult, both the students and staff must seek new ways of improving current services. Therefore, the utilization of an appreciative action research inquiry (AARI) involved the engagement of university staff, faculty, and students in developing a task force, which looked at ways to improve the current mental health services based on input obtained from individual interviews with the stakeholders: students, faculty, and staff. A qualitative method of data collection consisted of unstructured individual interviews of the members of the task force, a member-check, and field notes. Utilizing epiphanic data analysis proved best. This AARI project explored collaboratively the strengths and weaknesses of the current mental health services currently offered on campus. The AARI provided opportunities for stakeholders to advocate for improvements to the current mental health services on campus as well as recognize the existing strengths. Identified needed improvements that emerged from the data included increased advertisement of the available services, increased education about the need for mental health services, and the necessity for increased awareness of overall mental health services on campus.

Dedication

I dedicate this dissertation to my family. First, to my late mother, Jane L. Enderle, who, in one of our very last conversations, told me NOT to go back to school and complete my doctorate. Mom, I did it for you! In life you encouraged me, supported me, provided me with a realist perspective, and taught me that through hard work, determination, and faith in God that all things were possible as long as I believed it to be true and was willing to do the work. In death, you do the same. My memories of you continue to inspire me, remind me to practice integrity, work hard, and to love — both others and myself. Your many words of encouragement resonate with me daily. I love and miss you immensely, but I am grateful to God for the 31 years I had with you!

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CHAPTER 1. INTRODUCTION

Many counseling centers on college campuses are currently being adapted to meet the growing demands of the mental health needs of students, as well as the concerns of other stakeholders about issues surrounding mental health services (Kadison, 2004). College counseling centers have been forced to adapt over the past 100 years to best operate in a frequently changing environment since the implementation of such services, over 100 years ago (Bishop, 2006; Kraft, 2009; Kraft, 2011). For example, in 2010 seventy-seven percent of counseling center directors reported that the number of students treated in their counseling centers with severe psychological problems had increased over the previous year, up from just seventy-one percent the previous year (Sieben, 2011). Additionally, colleges today are understaffed to meet student demands for service, created by decreased budgets (Kraft, 2011). As counseling centers continue to be faced with an increase in the number of students who need mental health services (Caley, Webber, Kurland, & Holmes, 2010; Sieben, 2011), and a continued increase of fiscal pressures that make providing adequate services difficult (Kraft, 2009), students, staff and faculty must take a look at concrete ways to improve the current level of services.

Background of the Problem

Mental health services on current college campuses have evolved and adapted reasonably well over the years (Benton, Benton, Newton, Benton, & Robertson, 2004;

Benton, Robertson, Tseng, Newton, and Benton, 2003; Bishop, 2006; Kraft, 2009; Kraft, 2011; Sieben, 2011). For example, one cause for the increased need for mental health services to evaluate arises from the rising number of students attending college who suffer from a mental illness. Over the next 20 years, experts predict that the largest single burden of illness globally will be mental health-related problems (Mathers & Loncar, 2006). While mental health issues indeed affect people of all ages, 75% of those diagnosed with a mental illness develop that mental illness between the ages of 16 and 25 years of age (Martin, 2010). This age range also represents the typical age range of the majority of adolescents and young adults who are most likely to enter a technical school, a training program, or begin their post-secondary career (McGivern, Pellerita, & Mowbray, 2003).

In addition to adapting consistently to new needs and problems, universities and colleges alike are ultimately under financial pressures “*to do more with less.*” The focus on cutting costs has led to decreased available services for students and has placed more emphasis on crisis-oriented services (Kraft, 2009; Kraft, 2011).

With an increased number of students matriculating into institutions of higher learning with a diagnosed mental illness, colleges must make a concerted effort to scrutinize their current services. In doing so, considerations concerning the perceptions of both the students and the staff need adjusting. Nationally, serious psychiatric conditions diagnosed among four-year college students across the United States are prevalent (Daniel & Davison, 2014; Gallagher, 2012; Klein, Ciotti, & Chung, 2011; Kraft, 2011). One specific study of over 27, 000 college students reported more than 10% of the

participating students reported suffering from depressive or anxiety disorders over the previous 30 days that had significantly impaired their functioning (Klein et al., 2011). This study included participants from all geographic settings and all institution types, and approximately five percent of the students had poor mental health issues over a one-month period of time (Klein et al., 2011).

This increase in the number of students with severe mental health issues attending college creates the necessity for universities to provide appropriate mental health services on campuses. Forty percent of college students in the United States meet the requirements for a mental disorder set forth by the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition: DSM-5* (Anderson-Fye, & Floersch, 2011; Blanco, Okuda, Wright, Hasin, Grant, Liu, & Olfson, 2008). An estimated half of these students are taking prescription psychiatric medication (Anderson-Fye, & Floersch, 2011; Benton et al., 2003; Benton, et al., 2004). According to the American Psychological Association (2010), the number of students with moderate to severe depression has increased from 34 to 41% over the past decade. In addition, the number of students receiving prescribed psychiatric medications has increased more than 10% over the same decade (American Psychological Association, 2010; Daddona, 2011). With these trends taking place, a significantly greater need exists for more resources, as well as the opportunity for universities to provide students with necessary programs and services that best meet their individual needs.

Equally important is considering the current staff perceptions on the need for mental health services on campus. In a national survey, involving the directors of

counseling centers, over 93% confirmed seeing a trend in an increase of students with severe psychological problems attending their campus (Daddona, 2011; Sieben, 2011). The directors reported that approximately 48% of the students seeking counseling met the criteria for having a severe psychological problem, with barely over 7% having a serious enough impairment of function that would prevent their staying in school without extensive psychological and psychiatric help (Daddona, 2011; Sieben, 2011). Counseling center directors expressed concerns that, for the past five years, the counseling centers had experienced increases in crisis counseling, the prevalence of eating disorders, self-injurious behaviors, sexual assault issues, as well as addressing problems related to previous sexual abuse concerns (Daddona, 2011). With counseling center directors expressing an increased concern over the escalation in crisis on campus, the time has come to consider current available services, additions or interventions universities can implement, and most importantly, the student's perception of the issue.

Statement of the Problem

The existing literature supports that not only is there an increased need for counseling center services, there are also positive implications arising from such services (Daddona, 2011; Sieben, 2011). A recent study of college students revealed a strong correlation between those who receive treatment at college counseling centers and improvement in the student's mental health (National study ties social support to student success, 2009). In addition, studies indicated an increase in the severity of clients' needs addressed by the counseling centers over the past two decades (Yorgason, Linville, & Zitzman, 2008). One of the findings in the research was the fact that only a small number

of students who have demonstrated a need for mental health services will actually seek their help (Yorgason et al., 2008).

Purpose of the Study

The participatory appreciative action research inquiry (AARI) involved determining ways to bring changes to current mental health services in order to provide this university, as well as others, a way to improve campus counseling services to best serve students with mental health needs. This AARI not only provided the means for the staff and students to share their voice, their opinions, and their views on the overall issues facing the on-campus mental health services, but additionally, the inquiry also served to motivate and inspire them to advocate for making needed changes a reality. By taking a more in-depth study of the problem, the study provided stakeholders with data and statistical information, allowing them to take on a new challenge of being the voice behind proposed changes needed on this particular campus and possibly other campuses nationwide. The data provided contained the information needed for possible financial and organizational changes to be made in order to provide the most appropriate services for those in need. In addition, the research assisted in advocating for improvement of services and, therefore, improving the overall health of college students, as previous research revealed a strong correlation between those who receive treatment at college counseling centers and improvements in student's mental health (National study ties social supports to student success, 2009).

Significance of the Study

The intent of this research was to provide insight on the use of mental health services on campus. This included why students who currently use the on-campus mental health services were willing to use them, why students who do not currently use the on-campus mental health services are unwilling to use them as well as what improvements could be made to make the services more likely to be used in the future. The research inquiry also assisted in showing why faculty and staff either refer or do not refer students who they feel may benefit from mental health services available at the counseling center. The research was designed to provide this particular university with the opportunity to recognize the strengths and weaknesses of the present mental health services offered in the counseling center as well as the opportunity to make the necessary changes in order to improve practice and provide solid mental health services to those in need.

Research Design

An Action Research Approach

In action research, the researcher or team decides that a problem exists or that a certain issue needs to be evaluated (Paloff, 2012). In addition, often the goal in action research is to solve an organizational problem that previous research identified (Stringer & Dwyer, 2005; Paloff, 2012). In this specific study, several stakeholders from this particular campus, which consisted of faculty, staff, students, and the researcher, examined the strengths and weaknesses of the current counseling services offered on campus and proposed additional ways that could increase their effectiveness to meet student needs. In this situation, the problem was identified by those directly affected—the

students as well as the faculty and staff. The members of the task force looked to identify multiple ways in which to improve the use of the current mental health services on campus, as opposed to identifying one problem or one specific solution.

Action research is a way for researchers to explore or to understand the meaning that individuals or groups attribute to a human or a social problem (Creswell, 2009). In this case, the stakeholders looked at the current mental health services and assessed whether or not the students and the staff felt the available services were best meeting the needs of students who have a current need for mental health services on campus. As the research study applied the “*look, think, act*” process of action research, the study produced an assessment made based on the information acquired from all sources (Stringer & Dwyer, 2005). Upon the completion of collecting the relative information, the stakeholders met to hear a prepared presentation of the analysis and summary of the data. After the presentation, other organization members whom the task force felt would benefit from such knowledge received the study. One such group identified was the administrators on campus who may want to propose some organizational changes, such as new program implementation or financial changes based on the information presented to them.

Applying the traditional scientific method approach to research where social scientists “*observe*” the behaviors of others in an attempt to understand them without the participation of the stakeholders would not suffice in answering this question (Greenwood & Levin, 2007). In this case, if I had “*observed*” the current students in their environment, I would not have found the needed answers from the stakeholders for which

I was looking. The answers that I received from interviewing the stakeholders and the research from the literature that was reviewed was necessary to best assess the current situation as the actual perceptions of both the staff, faculty, and the students was gathered. This information was crucial to the study, as I wanted to include the opinions, experience, and the passion from the stakeholders themselves. This data helped motivate and inspire participants to get involved in the research as the stakeholders moved forward in deciding what their next steps should be after the completion of this initial needs assessment. The participants found it much easier to join in when they knew that they were not alone in contributing their thoughts and actions (Stringer & Dwyer, 2005).

The belief that social scientists equate objectivity while being disengaged from the issue they are studying while simultaneously attempting to understand other people without interviewing the research subjects (or stakeholders) undermines the argument that traditional social research practices scientific methods (Greenwood & Levin, 2007). In fact, the experimental method does indeed require engagement, which is exactly the opposite of their intent and is very similar to action research. With this knowledge, action research was the correct choice for this particular research study.

Methods

The researcher utilized a qualitative approach in order to implement this AARI study to assess the current mental health services on campus. The population for this study included currently enrolled students at this particular university, all presently employed staff by this university, and all faculty who presently teach for this university. Utilization of a purposive method for sample selection guaranteed the inclusion of a

diverse group of stakeholders for the task force. The sample included both male and female students, both on- and off-campus resident students, as well as students from various ethnic backgrounds, and most importantly, students who have utilized the mental health services on campus as well as those who have not. According to Creswell (2002), the use of purposive sampling best works when the researcher desires to include specific stakeholders typically found in that particular setting. Purposive sampling assists the researcher in ensuring that a diverse perspective of people is included who are likely to affect the issue being researched (Stringer & Dwyer, 2005). In order for purposive sampling to be effective, the stakeholders interviewed included a minimum of two members of the faculty, a minimum of two members of the staff, the researcher, and a minimum of four students. All interviewees received an invitation to participate on the task force.

In order to provide data for meetings with the task force when they assembled, the researcher first privately interviewed each participant. Each private interview answered questions from a researcher-developed protocol. Three licensed social workers with a minimum of three years of experience in the field of mental health conducted field-testing on the attached data collection tool (Appendix B) prior to its use and approved its utilization. The private interviews took place between each member of the task force and the researcher. The data collection tool was employed for the basis of an unstructured interview. Using the unstructured interview assisted the stakeholders—both staff, faculty, and students—in feeling more like they were conversing, allowing them to be more comfortable in sharing more personal experiences and opinions (Craig, 2009).

Due to the nature of the study, the collected qualitative data by means of epiphanic analysis seeks to preserve the stakeholder's experience by using illuminative or significant experiences as the unit of analysis (Stringer & Dwyer, 2005). This type of data analysis appeared to best suit the need for the qualitative data collected via an electronic device that recorded the conversations verbatim, the researcher's field journal, and personally transcribed notes. The application of this type of data analysis obtained the stakeholders' personal viewpoints and perspectives on the issues and any experiences with the counseling center. Each stakeholder's most significant experiences and impressions were important to assess (Stringer & Dwyer, 2005). Identifying epiphanic or illuminative experiences has no set of specified steps to follow and remembering that data analysis starts with recognizing these specific experiences was important to consider while analyzing the data (Stringer & Dwyer, 2005).

The need for triangulation in the findings meant including the use of a field journal and a member check, as well as using unstructured interviews (Craig, 2009). The member check allowed the stakeholders to have the opportunity to review, or check, the data and provide any additional feedback that they saw fit as it related to the accuracy of the data. The field journal was essential in demonstrating the transformation of the learning process throughout the action research process. It was also important to recognize that it was not only essential to select the appropriate methods, but also to plan and to prepare for the social change and the learning processes that occurred during and throughout the study (Greenwood & Levin, 2007).

Research Questions

When considering the current statistics of those suffering from mental illness and the current use of counseling services, several questions came to mind, leaving me with one overarching question: What are the strengths and weaknesses of the mental health program: Are changes needed and if so, what interventions are recommended? In order to find the answer to this particular question, the researcher asked the following interview questions:

1. “What are the strengths and weaknesses of the mental health services offered by the campus counseling center?”
2. “What improvements, if any, do staff and students feel can be made to the current on-campus mental health services?”
3. “Do students even know that mental health services on campus exist? If not, why not?”
4. “What currently available services do the students tend to use?”
5. “Why are the students who currently use the on-campus mental health services willing to use them?”
6. “Most importantly, what would cause students who are not presently using the on-campus mental health services to use them?”

Assumptions and Limitations

Assumptions

In a recent study of college students, data revealed a strong correlation between those who receive treatment at college counseling centers and improvement in student’s mental health (National Study Ties Social Support to Student Success, 2009). In addition, the study shows an increase over the past two decades of counseling centers addressing more severity in the needs of the clients (Yorgason et al., 2008). Another research finding revealed that only a small number of students who have demonstrated a need for services would actually seek the needed services (Yorgason et al., 2008). Research shows that

only approximately 9 to 10% of students actually reach out and utilize mental health services (Schwartz, 2006), therefore demonstrating a need at the very minimum to attempt to reach out to all students. These students may potentially provide valuable information as to why they have not, may never, or are unwilling to reach out and utilize current mental health services. This research led to the following assumptions:

- The application of the AARI will allow the stakeholders to be included in the evaluation of the services currently offered by sharing their personal experiences, thoughts, perspectives, and concerns or ideas regarding the need for change should the need exist.
- Students who are suffering with mental health-related issues are not using the services provided for them.
- With an increase in support services, students may improve their mental health and remain in college without withdrawing or leaving college.
- With an increased awareness of existing services, more students may be willing to utilize them.
- Decreasing the stigma associated with utilizing mental health services on a college campus may initiate an increase in students' use of such services.

In addition, the systems theory view argues that the differences among an organic, inorganic, and a socio-cultural system are to be explained by the way in which these systems are organized and the processes that take place within them (Flood & Romm, 1996; Greenwood & Levin, 2007). This view assumed that with improvements made to

the present counseling center services, the entire campus would improve as a whole in its ability to manage the mental health issues of its present students.

Limitations

While an increase in students' utilizing mental health services, as well as a clear increase in the needs of students who are presenting with mental illness are evident, there was a need to address the issue of barriers associated with receiving mental health treatment. One recent study by Ægisdóttir, O'Heron, Hartong, Haynes, & Linville et al. (2011) recognized a difference between the number of individuals who utilize mental health counseling services and the number of individuals who have a diagnosable psychological disorder. In addition, research showed that less than one-third of the people who suffer with a mental disorder would seek mental health counseling services. In any one-year period, only 18% of college students aged 18 through 24 with a psychological disorder will actually seek treatment for their disorder, according to data from the 2001-2002 U.S. Epidemiological Survey on alcohol-related conditions (Ægisdóttir et al., 2011). There are a number of contributing factors related to college students' failing to seek mental health treatment. Some barriers arise from the treatment fears of college students; the greater the fear, the less likely they were to seek help in addition to the fear of having to express emotions in therapy (Ægisdóttir et al., 2011). The overall attitudes toward mental health are not always positive. For instance, men are much less likely to seek help than the female gender. In addition, minority students are less likely to seek the counseling centers available resources (Ting, 2011).

In addition to various fears, a stigma is also associated with mental health treatment. There are two separate categories to define that stigma: self-stigma and public stigma. Public stigma is associated with the negative social labels attached to students who seek mental health treatment (Ægisdóttir, et al., 2011). Additionally, according to Ægisdóttir, et al. (2011), *self-stigma* is “the internationalization of the negative stereotyped messages that are given persons who seek such services” (p. 328). Unfortunately, the negative stigma associated with mental health treatment can lead to discrimination, prejudice, and stereotyping toward those who receive treatment. These reasons as well as others may have kept students and other people who may suffer from a mental illness from seeking the appropriate care and much-needed support from which they could benefit greatly.

Knowing that these barriers existed prior to starting the study brought an awareness of the possibility of existing skewed data. The fact that those who were willing to participate in the interviews and serve as members of the task force may only be those staff, faculty, and students who were already aware of the available services and were willing to reach out and seek necessary mental health services could have caused a skewing of data. In addition, some stakeholders themselves may have utilized the services either currently or in the past and may have been unwilling to admit their involvement due to these barriers. In order to prevent the possibility of skewed data, I had to remain aware of the possibility that some students were unwilling to respond to the invitation to participate, as they may have been skeptical about participating in such a study, if they were aware that it had relation to “*mental health services*.” During the

implementation of the research, the researcher was mindful of above listed barriers, all the while being conscious of the need to have a positive attitude toward people who suffer from a mental illness, which plays a huge role in their quality of life. In addition, social inclusion was very important throughout the research process (Sakellari, Leino-Kilpi, Kalokerinou-Anagnostopoulou, 2011). With proper implementation, the correct timeline of events and information being shared with the students by some of their peers (those staff, faculty, and students who had already been interviewed), stakeholders became interested enough to “*buy in*” to the study. Their participation as well as taking the “*next steps*” in the action research process and helping to implement the changes after the first cycle of the research process had been conducted was critical.

While the limitations discussed may have reduced the sample size due to those students, staff, and faculty who were actually unwilling to participate, the researcher made an automatic assumption that there may be difficulties in the capability to generalize. The researcher chose the use of the AARI in order to seek solutions to the research questions, not for the purpose of generalization. In other words, the research still produced social change and provided valuable information to the task force that assisted in providing needed changes to the present mental health services on this particular campus. For this reason, it was determined that making changes to the study was not necessary.

Summary and Overview

Summary

After conducting a thorough review of the available literature and recognizing the undeniable need to continue to offer mental health services on college campuses across the United States, taking a closer look at the perceptions of mental health services clearly became an identifiable need. It was important to look at the current mental health services offered as well as ways to offer plausible solutions to improve the existing services in an effort to serve the students better. In other words, looking at better ways to “*do more with less*” was necessary. This action research study not only allowed for the staff and students to share their voice, their opinions, and their view on the overall issues facing the on-campus counseling center, but the study also served to motivate and inspire them to make constructive changes a reality. By taking a more in-depth look at the problem, the stakeholders were provided with information in the form of data that allowed them to take on a new challenge of being the voice behind changes needed on this particular campus as well as the possibility of modifications needed on other campuses across the nation. The data provided the information needed in order to consider financial and organizational changes that could provide the most appropriate services for those who need them. In looking forward, it is necessary to consult the available research to date on mental health services on college campuses, discuss what changes this AARI study offered the stakeholders, and exactly how the study took place in detail.

Overview

Chapter 2 highlights a full review of the literature as well as the theoretical basis of the study. The systems perspective and its relevance to the study is a focus. The literature review will include historical components as well as recent trends in mental health services on college campuses. Gaps in the literature as well as unanswered questions are noted.

CHAPTER 2. LITERATURE REVIEW

While a plethora of knowledge is available on the subject of the mental health of college students, there remains a specific necessity to conduct a needs assessment based on the staff and student perceptions of mental health services on college campuses. As a recognizable difference between the number of individuals who utilize mental health counseling services and the number of individuals who have a diagnosable psychological disorder increases (Ægisdóttir, et al., 2011), the need to take a look at college mental health services becomes necessary. Over the course of time, mental health services on college campuses have adapted and changed to meet the demands of the students, as well as to provide those services required by law (Kraft, 2009; Kraft, 2011). Understanding current college students' perceptions of existing services, their willingness to utilize or not to utilize such services, and any changes perceived as necessary to enhance existing services would provide useful information to any administrative team of a campus counseling center. Students, faculty and staff disclosed their specific perceptions of the utilization or underutilization of the existing services.

Theoretical Orientation for the Study

Action Research

In action research the researcher, or a team, addresses an existing problem or decides to perform an evaluation of a specific subject (Paloff, 2012). In addition, the goal in action research often solves an organizational problem that has been identified (Paloff, 2012; Stringer & Dwyer, 2005). Action research tends to be cyclical in nature, following a "*look, think, act*" model that provides a simple way of representing the research process

(Stringer & Dwyer, 2005). In this case, the research necessitated the use of an AARI. I, along with other members of the task force, comprised of learners, faculty and staff who participated in this AARI, looked at the current mental health services offered on campus and evaluated ways that could make the services more effective to best meet learner needs. In action research, the stakeholders identify the problem, as they are the ones directly affected by it. When conducting this research, the stakeholders and I felt the importance of discerning any other issues that need further examination, not simply to identify one problem or one specific solution.

Researchers employ action research as a way to explore or understand the meaning that individuals or groups attribute to a human or a social problem (Creswell, 2009). An AARI proved accurate because this research focused on the evaluation of a specific program. Using this approach brought a more responsive evaluation, which provided a more reflective, appreciative approach in the evaluation process (Herr & Anderson, 2005). In this AARI project, the task force looked at the results of the data from the individual interviews with stakeholders pertaining to the current mental health services. When looking at the data, the task force assessed whether they believed meeting the needs of learners exhibiting a current need for mental health services on campus or if the implementation of interventions could best improve the use of mental health services. When the task force members and I, the researcher, applied the look, think, and act process of action research, an appropriate assessment based on the information acquired from all of the individual interviews resulted (Stringer & Dwyer, 2005).

Systems Theory

A simple explanation of the general systems theory addresses how the world organizes itself. The theory tends to see all elements of the larger world as made up of interacting systems whose parts and processes integrate the same basic matter of the universe to form the immense array of what the world of experience encounters (Greenwood & Levin, 2007). The systems theory view explains the differences among an organic, an inorganic, and a socio-cultural system as related to the particular organization of these systems and the processes that take place within them. The relevance of the systems theory to this action research inquiry can be seen as an effort to transform society into even more open systems as well as attempting to identify the relationship among each part of a system as critical in the way in which that system operates (Flood & Romm, 1996; Greenwood & Levin, 2007). With that relevant foundation in place, seeing how an entire university could see enhancement as a larger system by simply improving the mental health services of a college campus proved simple. Multiple ways existed for this enhancement to happen, for instance, improving the awareness of mental health services could potentially increase the use of the mental health services, lower student dropout rates, and improve overall student satisfaction.

The Cognitive Model

This specific model fit this AARI for several reasons. First, the cognitive model focuses on a process that is unique to the process of thought, more specifically to human beings' way of thinking. The fact that the cognitive model focuses on thought to be the primary explanation of abnormal and normal behavior draws a large variety of theorists

from varied backgrounds (Comer, 2009). The cognitive theorists often find themselves focused on the thought processes of their subjects. According to the cognitive theorists, a person's behavior can result from one of several different cognitive problems. Some people adopt attitudes and make different assumptions that can be disturbing and inaccurate (Beck & Weishaar, 1989; Ellis, 2008). Illogical thought processes are another source of abnormal function, according to Beck (2008). When applying this theory to learners on a college campus, one can appreciate how the learners may adapt a mistaken belief about the types of services that are available, how they may or may not receive help by such services, as well as untrue, erroneous beliefs about such services. One possible drawback of this theory is that it can be narrow in some ways, not taking into account more than just the learner's thoughts, emotions, and behaviors (Comer, 2009). Proponents of this theory point out that one must consider how people approach life, the value that they take from life, and how they perceive the purpose of their own life.

Historical Perspective

University and college counseling centers frequently had to undergo change since such services were first developed decades ago (Bishop, 2006; Kraft, 20011). Psychiatrists working at schools of higher learning originally developed mental health services for these schools (Kraft, 2009; Kraft, 2011). Due to a small number of available psychiatrists and a larger number of psychiatric social workers and psychologists in these earlier years, college mental health services rapidly became the model for the multidisciplinary team approach. This development occurred long before the current emphasis placed on the interdisciplinary approach to services (Kraft, 2009). In 1861, a

professor of hygiene serving as the campus physician for students who were ill instituted the first organized student health care program for students at Amherst College. The professor, as time permitted, would also provide general counseling to his students in need (Kraft, 2009; Welch, 1982). In 1910, Princeton University developed and instituted the first dedicated mental health services for students. However, in less than 50 years, the ranks of well-trained psychiatric social workers or clinical psychologists were no longer available, prompting the colleges to begin focusing on obtaining trained psychiatrists (Kraft, 2009).

Over the next 20 years, numerous colleges established mental health services, either as a separate psychological counseling service or as a part of the college health service (Kraft, 2009). Over the course of this time span of nearly 80 years, the majority of colleges had established some type of counseling services or mental health services on campus, but without the active participation of a psychiatrist.

As the availability of counseling centers continued to increase on college campuses over the coming decades, the colleges also experienced an increase in political activity, which was often associated with youthful college students who were involved with recreational drug use. The development of countercultures resulted in a general distrust of “*traditional*” health professionals and alternative “*peer counseling services*,” which increased nationwide in the form of independent drop-in centers that were purposely kept separate from traditional health and mental health services. Eventually, the two types of services realigned as the majority of colleges had matriculated students who clearly needed professional help (Kraft, 2009).

More Recent Trends

Over the past two decades, mental health services have continued to expand and develop. One noticeable change is the increase in the number of college students entering college who are using prescribed psychotropic medications (Caley et al., 2010; Schwartz, 2006). These medications, administered by a family physician or a pediatrician prior to the student's arrival on campus, are most often used by students for depression and anxiety, as well as for attention deficit hyperactivity disorder (ADHD), in addition to other diagnosable and treatable conditions.

Most university mental health professionals currently feel that a higher proportion of severely mentally disturbed students who are registered attendees at colleges and universities exist than in earlier years (Caley et al., 2010; Daddona, 2011; Kraft, 2009). Reifler, Liptzin, & Fox conducted a study in 1967 that first looked at the perception of these professionals, which revealed, at that time, that approximately 10 to 15% of students in various colleges sought out services each year for mental health problems. This research found that approximately two out of every 1,000 students in a given year reported serious psychotic behaviors. This study, which was later revisited by Arnstein, in 1995, recognized that although mental health staff members perceive that colleges and universities are continuing to admit an increased proportion of severely disturbed students, the earlier rates had not seemed to change—even 30 years later. One item of interest noted by Arnstein (1995) was that the data did reveal an increase of eating disorders, substance abuse, and borderline personality disorders.

A significant 2006 follow-up to this same study conducted by Schwartz, from the

University of Rochester, compared the original findings from the 1967 Reifler et al. study to current findings. Schwartz's (2006) research revealed that although the staff at the University of Rochester felt that the students were more severely disturbed, the results actually did not show a continuing degeneration in acute symptoms of emotional problems over a ten-year period of time from 1992 to 2002. In addition, the study demonstrated a decrease in the number of students seen at the counseling center. Statistically, the new study showed the percentages of the 1967 findings of 10 to 15% had decreased to 9 to 10%. The only major change worth noting over the ten-year period of time was the significant increase in the use of psychotropic medications by students utilizing campus counseling centers. The numbers were up from 4% in 1992 to 23% in 2002 (Schwartz, 2006).

Psychosocial Influences

Some additional previously conducted research suggests that the severity of mental health problems presented by students receiving services at university counseling centers has increased (Arnstein, 1995; Benton, et al., 2003; Gallagher, Gill & Sisco, 2000). In contrast, other research has pointed to a more stable level of students' psychopathology (Schwartz, 2006; Yorgason et al., 2008). It was important to be mindful of such existing research while conducting the AARI research study in order to ascertain the more important issue of whether or not the university counseling centers are adequately addressing the mental health needs of students. In particular, the study addressed why students use mental health services on campus, why students choose not to use mental health services on campus, and whether the students possess an awareness

that mental health services exist on campus. Few studies attempt to address these issues separately, and to date, no single studies attempt to answer all of these matters collectively by engaging students and staff in taking action to make necessary changes to the current services available on campus.

One study conducted by Yorgason et al., (2008), examined the probable connections between university students' mental health and their knowledge and their use of campus mental health services. The study found that students with higher levels of mental distress were more likely to know about and utilize the campus mental health services. In addition, some students who reportedly experienced higher levels of distress either did not know about the existing campus mental health services or they knew about them and simply chose not to use them. In this research study, factors identified among students who were less knowledgeable about campus mental health services included off-campus students, those students who had fewer years in college and male students. A later study by Ting (2011) reinforced the Yorgason et al. study, finding that males and minority students were less likely to seek the services of the mental health facilities.

While this information is important, this AARI study better addresses some of the limitations to the study by Yorgason et al. (2008). For instance, knowing that a male student or an off-campus student was less likely to utilize the mental health services was good information to catalog and was important to consider when recruiting participants for the research. In order to use qualitative data from the students' perspective of both male students and off-campus students, knowing exactly why these students choose not to utilize campus mental health services was also important and relevant. This study

provided social workers and other mental health professionals with important information on possible future changes needed at college counseling centers that may increase the likelihood of these specific student populations, who need mental health services, utilizing campus mental health services. Another notable limitation of the study by Yorgason et al. (2008) was that over 80% of the participants were Caucasian. Being certain that the sampling of students chosen to participate in this AARI were from diverse backgrounds was extremely important.

Stigma Associated With Mental Health Treatment

Knowing specifically which students choose to utilize mental health services was not enough. Mental health professionals on college campuses needed to look at and have a better understanding of exactly why students are not utilizing the current campus mental health services, when necessary. In a recent exploratory study of university students with mental health difficulties, Martin (2010) found that many students go to considerable efforts to hide their mental health conditions. Their fear of disclosure ultimately has a negative impact on their ability to meet university requirements and be successful in school. Martin (2010) collected the data for her study via an anonymous online survey, which she emailed to the entire student body of an Australian university. Martin (2010) took this approach in order to reach those participants who may not have previously admitted to having experienced any mental health difficulties. This particular approach, which reveals why the students are not choosing to use the mental health services, is important for the task force to take into account when considering the “*next steps*” after completion of the initial data collection.

When working with students who have a definite need for mental health services, the issue of barriers associated with receiving mental health treatment also needed addressed. One recent study by Ægisdóttir et al. (2011) discovered that a difference exists between the number of individuals who utilize mental health counseling services and the number of individuals who have a diagnosable psychological disorder. In addition, the study revealed that less than one-third of people who have a mental disorder would seek mental health counseling services. In any one-year period, only 18% of college students, aged 18 through 24, with a psychological disorder will actually seek treatment according to data from the 2001-2002 U.S. Epidemiological Survey on alcohol-related conditions (Ægisdóttir et al., 2011). There are a number of contributing factors related to college students' failing to seek mental health treatment. Some barriers arise from the treatment fears of college students; in other words, the greater their fears the less likely they were to seek help. Furthermore, some who need the services are fearful of having to express emotions in therapy (Ægisdóttir et al., 2011). Overall attitudes toward mental health are not always positive, with male students and minority students being much less likely to seek help than others (Ting, 2011). In addition to fears, the stigma associated with seeking mental health treatment always remains a concern.

Being Mindful of Psychosocial Influences

Knowing that these barriers existed prior to starting the study was a benefit and important in creating an early awareness of the possibility of a low number of participants. During the implementation of the research, it was imperative to be prepared to work through all of these barriers. Being aware of the fact that having a positive

attitude toward people who suffer from a mental illness plays a huge role in their quality of life as well as social inclusion was very important throughout the research process (Sakellari et al., 2011). While the research clearly shows that those who have a higher perception of social support tend to be much more successful and enjoy an increased happiness, the possibility is very real that the barriers to treatment may keep the stakeholders from buying in and participating in the support group (Harel, Shechtman, & Cutrona, 2011; Lakey & Orehek, 2011).

A first step in assisting students with overlooking their concerns and fears of disclosing their mental health issues with staff and gaining access to their support was to address the stigma related to mental health (Martin, 2010). McClean and Andrews (1999) learned in an earlier study of tertiary students diagnosed with a mental illness that 65% of those students surveyed indicated that they would not advise other students to disclose their mental health needs. In addition, many of these students actually reported that they themselves regretted having done so. Considering this data when conducting the unstructured individualized interviews was significant as well as addressing any reasons why students may have felt uncomfortable reporting a mental health issue, and therefore not receiving any benefits from the available services. When looking at ways to provide potential services in the future, these additional details were important information to consider. While this study indicated that students have fears and concerns about the stigma related to mental health (McClean & Andrews, 1999), further research is necessary on the exact causes of the students' negative impressions. It was essential to address these considerations in the unstructured individual interviews in order to give

students the opportunity to report from exactly where these fears and concerns may have been stemming.

Synthesis of the Research Findings

Forty percent of college students in the United States meet the requirements for a mental disorder as set forth by the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition: DSM-5* (Anderson-Fye, & Floersch, 2011; Blanco et al., 2008). An estimated half of these students are taking prescription psychiatric medication (Anderson-Fye, & Floersch, 2011; Benton et al., 2003; Benton, et al., 2004). With such an increase in the number of students with mental health issues attending college, the necessity of offering appropriate mental health services on campus has developed.

Many university campuses have already implemented different types of support for students with mental health diagnosis including, but not limited to, group and individual therapy sessions, referrals to full-service hospital care, educating staff on issues surrounding mental health, implementing peer counselors, as well as using the Internet to post resources and screening tools for student access (Kadison, 2004). As counseling centers continue to be faced with the increasing in number of students who require the auspices of mental health services (Caley et al., 2010) and a continued increase of fiscal pressures that make providing adequate services difficult (Kraft, 2009), the students, staff and administration must explore new or additional ways to improve current services.

Critique of the Previous Research

Gaps in the Literature

While an overabundance of information covering the mental health and counseling services on college campuses was available, large gaps existed in that accessible literature. While the research has already presented some of the gaps, taking note of additional gaps was important. The need for more current research on the topic of mental health services on college campuses was one of the first weakness needing addressed. Past studies already conducted contained some very useful information; however, the conclusions and suppositions may not necessarily apply in today's constantly evolving, fast-paced world. Presented earlier, one example of this line of research was when Schwartz (2006) revisited the Reifler et al. (1967) study. The findings were not the same, and some marked differences, such as the increase over time of the number of students who are currently utilizing psychotropic medications, were worth noting.

One large gap in the literature was the glaring lack of the use of action research. This action research study presented mental health professionals with qualitative data that will assist in a clearer view of the student, faculty, and staff perceptions of campus mental health services. The overall perceptions of staff, faculty, and students on current mental health services were missing from the available literature. This information was extremely essential because the students, faculty, and staff who were involved intended to provide the administration on campus with the necessary information to propose changes that arose from the needs assessment. Providing mental health services on campus is an

expensive, multifaceted task, and if the current services provided, are not necessarily what the students and staff feel could best serve the needs of students on campus, then the proposed changes could ultimately save the university money simply by better allocating funds and resources to the appropriate types of services. In addition, the possibility exists that providing some student-proposed services on campus, such as a student-administered peer support group, could happen on campus at minimal or no cost to the administration.

Unanswered Questions

This AARI focused on questions unaddressed in the previous research. One such example involved the question about improving the existing mental health services asked of the students, faculty, and staff. Missing from the literature was this particular perception, which was very important to the stakeholders as they proposed changes to the administration after the completion of the study and data analysis. One answer involved the perception of one student who felt there is a lack of advertisement of services, which could easily be remedied with pamphlets, a link on the website, radio and television ads, or other easily accessed popular social media sites with college students, such as Facebook.

Another question answered concerned the stakeholders' perceptions regarding the current strengths of the campus mental health services. The counseling center already provides a plethora of preventive services as well as crisis-oriented services, and the employed mental health professionals may find it helpful to know exactly what services, especially if they are preventative services, are best addressing the current needs of the students. Once the administration decides to share the recommendations of the task force

with the staff at the counseling center, the counseling center staff may find that some of their prevention efforts are not working as well as they had thought, or not at all, which could help them to better identify more useful prevention measures.

One last question that was essential to filling some of the gaps in the literature was to answer what improvements, if any, the students, staff, and faculty felt were necessary to better support students with a mental health diagnosis. This question had not been addressed anywhere in the available literature, and the answer is crucial in knowing how to improve mental health services on any college campus. Knowing which types of programs students view as beneficial is an asset to any administrative team, if only to allocate money and resources in the correct areas of both treatment and prevention programs.

Summary and Overview

Summary

While a vast body of available knowledge existed on the mental health of college students, a specific need remained to conduct a needs assessment based on the staff and student perceptions of mental health services on college campuses. While the previous research had provided some essential information in providing appropriate mental health services on college campuses, this AARI study provided information directly from the staff, faculty, and students on what changes and interventions they felt should be implement to existing services to best improve them. This study filled a large gap in the existing literature as no other known studies to date have looked at this specific issue from the perspective of students, faculty or staff. Filling this gap in the literature could

potentially provide better and more appropriate services for students. Additionally it could present a clearer picture revealing why students do or do not use the existing services, assist counseling centers in better allocating their funds, and ultimately assisting all mental health professionals with a clearer understanding of exactly what types of services current students feel best meet their mental health needs.

Overview

Chapter 3 presents a discussion on the methodology utilized for this particular study. Employing an AARI identified various ways to implement interventions that will create improvements to mental health services on a college campus. The selected task force members consisted of a small sampling of students, staff, and faculty from one university campus. Data collection involved individual, unstructured interviews of each member of the task force utilizing a researcher-designed interview protocol to collect qualitative data. The utilization of epiphanic data analysis resulted in findings, which assisted the task force in advocating for improvements to current mental health services on campus.

CHAPTER 3. METHODOLOGY

Purpose of the Study

Over the course of time, numerous adaptations and enhancements made to the vast array of mental health services offered on college campuses helped meet the continually changing demands of students. In addition the mental health services offered met the standards of services required by law (Kraft, 2009; Kraft, 2011). After evaluating the vast amounts of research available on the mental health of college students, a very visible, viable need existed for a study to assess the current mental health services available on college campuses. The perceptions of the staff and students, which utilized an action research approach was the basis of this AARI study. Previous research has primarily focused on the contemporary approach and has clearly concentrated on providing information that has proven essential in providing appropriate mental health services. No research had yet taken into consideration the perceptions of the staff, faculty, and students on what changes are necessary to current mental health services in order to make improvements and best meet students' needs.

Research Design

Participatory Action Research

This study utilized an appreciative action research form of inquiry, which allowed for an increased understanding of current mental health services on college campuses. In order to formulate a plan of action that assisted stakeholders on this particular college campus to improve mental health services they looked at the resulting data. This plan, in turn, will better meet the mental health needs of students based on their own perceptions

as well as the perception of faculty and staff (Stringer & Dwyer, 2005). As with most AARI studies, three main components are involved action, research, and participation (Greenwood & Levin, 2007). The action of this particular AARI study was the presentation to administration of the proposed changes to current mental health services. The task force proposed these changes based on the findings of the research. The research included data collected through individual unstructured interviews with stakeholders followed by a meeting with the stakeholders, referred to as the “*task force*.” This research then generated the necessary feedback and knowledge needed to make informed proposals for possible changes to current mental health services. These changes included the increase in marketing and advertisement, creating more awareness, and possibly the creation of new or the adaptation to existing campus policies. Participation was necessary throughout the entire process and took place directly by stakeholders, as they were actively involved in providing information, assisted with presenting the final analyzed data, as well as making suggestions of how the proposed changes should ultimately take place.

Instruments and Sampling Methods

The study utilized a qualitative approach to data collection. In order to obtain the most accurate view of the stakeholders pertaining to the services available to students with mental health issues, stakeholders participated in interviews that allowed data to be collected via individual unstructured interviews. The use of qualitative data provided the researcher as well as the stakeholders with information from the inquiry, which proved to be useful as the task force moved through the first cycle of the research process. In this

first cycle of research, the stakeholders proposed the possibility of necessary improvements to current campus mental health services based on the data collected and analyzed during the appreciative action inquiry process.

Individual unstructured interviews, as well as a field journal proved to be essential to the collection of data. Utilizing a researcher-developed, field-tested instrument (Appendix B) to guide each interview provided an opportunity for various stakeholders to share their perceptions of how to improve the current mental health services offered at the counseling center to students with mental health issues. Research approximates that only 9 to 10% of students actually reach out and utilize mental health services (Schwartz, 2006). This consequently demonstrates a need, at the very minimum, to attempt to reach out to students with diverse backgrounds who may provide valuable information as to why they have not, may never, or are unwilling to utilize the current mental health services.

With the typical use of contemporary methods of research conducted on the mental health services on college campuses, multiple studies have been conducted utilizing surveys to collect data; however, to date, minimal research has been done in the form of action research. Using an action research approach generated numerous benefits, including assistance in bridging the gaps in research and providing data sets that offered additional information that better assisted in demonstrating the need for improvements in the current services. The plan was to employ individual unstructured interviews, utilizing open-ended questioning in order to collect qualitative data in a more relaxed environment for the stakeholders. The hope was that by using the unstructured interview, the staff,

faculty and students would feel more comfortable sharing their personal experiences and opinions (Craig, 2009). As previously stated, a field journal, a member check review, in addition to the individual unstructured interviews, proved to be essential to provide triangulation (Craig, 2009). Choosing to utilize a field journal allowed the freedom to access notes as well as enter data at all times. Using a field journal better enabled the research to capture the learning process as it unfolded. Choosing to utilize a member check provided the stakeholders the opportunity to participate in reviewing the data in order to point out any discrepancies or inaccuracies in the data (Craig, 2009; Stringer & Dwyer, 2005). Utilizing the member check process ensured that what the stakeholder said was correctly perceived and presented in the research.

Craig (2009) established that in order for the data to be appropriate for the study and provide “*alignment*,” the data needed to align with the overarching questions, or more than one question, which is the case in this inquiry. In addition, Craig (2009) points out that the data is vital to providing insight and informing the overarching questions as well as providing insight and informing the overall study. With the proper utilization of the previously discussed data collection methods, individual interviews, member checking, and field journal, the data sets aligned and provided the study with the insight and information that the overarching questions were seeking to answer.

Participant Selection and Target Population

This study examined the current mental health services available to students on a college campus. In order to do so using action research, a purposeful sample was selected to include stakeholders who already utilize such services as well as to include some

students who do not use such services was necessary. The use of purposeful sampling was necessary in order to guarantee including a diverse sample of people likely affected by the issue (Stringer & Dwyer, 2005). The selected stakeholders were representative of the general campus student body and were able to provide specific information that was relevant to the topic of improving mental health services on campus. As the study progressed, the technique of “*snowballing*” provided the stakeholders with the opportunity to nominate or “*invite*” others whom they felt might have an important or dynamic perspective to join in the research (Stringer & Dwyer, 2005).

When assembling the task force, the plan was to include a diverse group of stakeholders. The group included both male and female students, choosing those who lived on-campus as well as off-campus, and selecting those from various ethnic backgrounds as research indicates that male students, off-campus students, and students from minority backgrounds may be least likely to take advantage of mental health services on campus (Ægisdóttir, et al, 2011; Martin, 2010; Yorgason et al., 2008).

Procedures

The first step was to contact an administrator who is in charge of overseeing the counseling center, which provides mental health services on campus and ask for input preference on who should be on the task force. While this method may well have bias involved, advisory input was a necessary way to include students, faculty and staff who are actively involved on campus with a desire to create positive change in service provision. Having students, staff, and faculty who are actively involved in the university and who have an interest in improving its services was a very important aspect of such

research. Using “*snowballing*,” each participant was able to invite additional members to participate on the task force via referral from these initial contacts. Snowballing enabled the researcher to ensure that relevant people be chosen for the task force itself (Stringer & Dwyer, 2005). The researcher contacted each potential stakeholder via email to schedule a brief interview. In order to choose stakeholders who would become members of the task force, the participants participated in an unstructured interview. During this interview each potential member was asked if he was willing to share his thoughts on the strengths and weaknesses of the mental health services (to ensure buy-in), and each candidate was provided an overview of the project and asked for a minimum of a six-month commitment, which was provided to them in a “*conditions*” agreement (Stringer & Dwyer, 2005). Additionally, each member of the task force was a currently enrolled student, a staff member, or a faculty member at the institution at the time the data was collected.

An administrator on campus personally contacted the initial list of potential stakeholders chosen for the task force via email. Information emailed to all potential members included that the opportunity to be on the task force was by strictly voluntary participation. A clear need existed for all stakeholders to have an understanding of the study and to obtain signed informed consents once the administrator chose those stakeholders he wished to participate in this AARI (Craig, 2009; Stringer and Dwyer, 2005). The informed consent included information relevant to the study such as a projected timeline, a rationale for stakeholder recruitment as well as the name and contact information for the Institutional Review Board (Craig, 2009). In addition, a no-harm

statement, including the risks and benefits of participating in the study as well as a statement of confidentiality, which is essential to any research study, was included in the informed consent (Craig, 2009).

Research Questions

The overarching research question to be answered was, “what are the strengths and weaknesses of the mental health services offered by the campus counseling center, and what interventions, if any, may be required to bring about necessary change?” In order to answer that question, the research asked the following interview questions:

1. “What are the strengths and weaknesses of the mental health services offered by the campus counseling center “What improvements, if any, do staff and students feel can be made to the current on-campus mental health services?”
2. “Do students even know that mental health services on campus exist? If not, why not?”
3. “What currently available services do the students tend to use?”
4. “Why are the students who currently use the on-campus mental health services willing to use them?”
5. “Most importantly, what would cause students who are not presently using the on-campus mental health services to use them?”

Data Collection and Analysis

The first form of data collection was via individual unstructured interviews of stakeholders. The interviews started with discussing confidentiality and describing the expectations of the interview process to them. Analyzing the results required utilizing a categorizing and coding process of data analysis for qualitative data collection (Stringer & Dwyer, 2009). As referenced in Chapter 1, utilizing epiphanic data analysis, which seeks to preserve the stakeholder experience by using illuminative or significant experiences as the unit of analysis, proved best (Stringer & Dwyer, 2005). This choice of data analysis seemed to best suit this qualitative data, collected via an electronic

recording device to collect the conversations during the interviews verbatim. The utilization of this type of data analysis while consulting the interviews and the field journal aided in obtaining the research stakeholders' personal viewpoints and perspectives on the situation, as well as their perceptions of the mental health services provided by the counseling center. As Stringer and Dwyer (2005) point out, identifying each participant's most significant experiences remained of utmost importance. Identifying epiphanic or illuminative experiences has no one recipe and remembering that data analysis started with recognizing these specific experiences proved important to the research (Stringer & Dwyer, 2005). Employing the electronic voice recorder became essential to the possibility of also having the option to use categorizing and coding with specific individual interviews as well, since the researcher considered utilizing voice recognition software to have the data typed and then copied and pasted into the electronic database.

Once the electronic qualitative data analysis software analyzed the data, the next essential step involved seeking to understand and to make sense of the analyzed data. The data was prepared and put together in a PowerPoint presentation in order to best present the data to all stakeholders—*“the task force”*—via a large group gathering. That information first shared with the stakeholders held the expectation that some members of the task force would be willing to assist with sharing the information from the study with the staff, faculty, and administration of that college campus. In order to include graphs and even some specific statements from the participants themselves, creating a much more powerful presentation of the data led to the use of PowerPoint software.

Ethical Considerations

Ensuring that the research plan included ethical protocols that protected each research stakeholder's well-being and interests is essential to all research studies (Stringer & Dwyer, 2005). It was extremely important to understand the potential harm that may have come to all stakeholders in this study and to take all possible efforts to ensure their safety. Gaining prior approval from the IRB proved necessary in order to ensure the safety of stakeholders. The IRB approval included a plan to obtain informed consent from all stakeholders, which occurred. (National Association of Social Workers, 1996; Craig, 2009). Gaining IRB approval was necessary as the research design needed to address situations of potential harm to stakeholders since sound ethics and sound methodology should not be without the other (Stringer & Dwyer, 2009; Sieber, 1992).

Confidentiality and duty of care to stakeholders were also essential to the research process. The need to store information on a secure device making it inaccessible to those not involved in the study proved essential in preserving the confidentiality of participating stakeholder information (Stringer & Dwyer, 2005). The necessity of keeping information confidential, even if it included apparently harmful events in a person's life, such as physical abuse or drug abuse, remained of utmost importance. The duty of care was important when questioning stakeholders about the use of mental health services provided by the counseling center that could have potentially brought up difficult emotions or created distress (Stringer & Dwyer, 2005). The stakeholders were given time to appropriately debrief after questioning and have time to talk through any issues or events brought up, to a point of comfort, or the stakeholder would have been encouraged

to contact a counselor or someone who could appropriately assist him through this situation (Stringer & Dwyer, 2005). In this research inquiry, undue stress was a very real possibility for some stakeholders as this study dealt directly with students who may have been receiving mental health services from the counseling center for various reasons. In addition, several of the students may have been suffering from a mental illness or issues for which they should have been receiving counseling but might well have been unwilling to admit the need for services or unwilling to reach out and seek services. Being aware of this duty of care was essential throughout the individualized unstructured interviews where the stakeholders could easily bring up difficult situations. It is important to note that at no time during this AARI was the need to refer a student to a counselor or other professional necessary.

Expected Findings

The researcher expected that after a careful review of the literature and having previous experience with students on a college campus as well as previous experience working with individuals with mental health issues, that this AARI would provide some very telling data. The researcher expected to find that improvement in how the counseling center advertises their mental health services needs intervention. In other words, the counseling center may need to improve the avenues they were utilizing in making sure that students who need their services are aware of exactly what is available to them. In addition, discovering that the staff and faculty may not even know the process of referring a student who may have a need for services to the counseling center might well be an expected finding. Lastly, due to the stigma addressed in the review of the literature,

it was difficult to persuade students who may have been in need of or who were already using the services to admit it during the research process was an inevitable conclusion.

Summary and Overview

Summary

While there is a clear increase in the number of students with mental health service needs as well as a clear increase in the needs of students who are presenting with mental illness, the issue of barriers associated with receiving mental health treatment needed addressed. A number of contributing factors related to college students' failing to seek out mental health treatment were apparent. Some barriers come from college students' treatment fears, the stigma associated with mental health treatment, the fear of having to discuss emotions in therapy, in addition to others.

Unfortunately, the negative stigma associated with mental health treatment could possibly have led to altered data in this study. Knowing that these barriers existed prior to the inception of the study was a benefit in creating an awareness of the possibility of low numbers of available stakeholders. In addition, the researcher was prepared to work through all of these barriers through the implementation of the research. While the research clearly shows that those who have a higher perception of social support tend to be much more successful and enjoy an increased level of happiness, it is always possible that the barriers to treatment may keep the stakeholders from buying in and participating in the study (Harel et al., 2011; Lakey & Orehek, 2011). However, with the proper implementation and the correct timeline of events and the information shared with the

stakeholders, the research ended up led by the task force and the proposed improvements, if implemented, will be longstanding far after its completion.

Overview

Chapter 4 presents an overview of the results. Presented in chapter 4 will be a brief introduction to the study as well as credentials of the researcher. The sample from this study, collected via the use of snowballing, allowed for the selection of a purposive sample including faculty, staff, and students proved useful. The Chapter includes a discussion of the application of the “*look, think, act*” method of action research. Methodology for this study included the use of categorizing and coding to analyze the results of the data. Results presented from this study include a discussion of the themes, which emerged from the data as well as supporting statements to reinforce each theme.

CHAPTER 4. DATA COLLECTION AND ANALYSIS

Introduction: The Study and the Researcher

The Study

The purpose of this appreciative action research inquiry (AARI) was to help the administration, staff, and faculty of any small, rural public university look at the current on-campus mental health services available to students. Additionally, to explore strengths and weaknesses as well as possible ways to improve such services by considering possible interventions in order to increase the use by those who need them and fail to make use of them. The research took place over a three and a half month period beginning on June 17, 2014, and ending on October 1, 2014. The research utilized a qualitative approach to data collection, which consisted of 17 individual, semi-structured interviews with faculty, staff, and students and one large gathering of all participants, referred to as the meeting of the task force.

The semi-structured interviews utilized to collect data about the current use of mental health services on campus as well as ways to improve the use of said services proved useful. The interview protocol consisted of a list of seven questions (Appendix B), which guided the interviews. The 17 individuals interviewed consisted of six students, five staff, and six faculty members. The requirement for students to participate stipulated that they are enrolled in the university at the time of the interview existed as criteria for inclusion. In addition, only currently employed faculty and staff of the university at the time of the interview could participate. To be sure that there were a

variety of perceptions on ways to improve the use of current mental health services by those who need them, the research included faculty, staff, and students.

The Researcher

I have completed coursework that prepared me for the execution of this research study. My completion of multiple courses in research at both the undergraduate and graduate levels of social work schooling provided a basis for an understanding of research prior to proposing to conduct this AARI study. In addition to coursework, I have also participated in research studies, giving me a better understanding of what it is like to be a stakeholder in a research study.

In addition to the research coursework, I have gained extensive experience working as a social worker in the field of mental health. Prior to completing my master's degree, I spent nearly three years working in the mental health field, in crisis treatment, as a therapeutic staff support member, and as a in home counselor providing services to children who had identified anger issues, as well as their families. In the six and a half years since completing a master's degree, I have been actively been working in the mental health field as a clinical therapist, a school social worker, a behavior specialist consultant, and a forensic social worker where I logged inestimable hours focused on diagnosing and treating both adults and children with mental disorders. Working as a social worker in the field of mental health led to my developing a passion to ensure that all those who live life with a mental disorder know about available programs and utilize them.

In addition to time spent in the field of mental health, I have served as a college-level instructor for three years, an adjunct professor for a MSW program as well as part-time instructor for a BSW program, most recently being hired to start a full-time tenure track faculty position as an assistant professor of social work at the BSW level. This experience has further assisted me in providing needed insight into the everyday life and experience of today's university student as well as having the experience of being a faculty member at a small public university. This experience, which proved beneficial in completing the needed individual interviews with the faculty, staff, and students for this AARI, assisted in developing rapport with each stakeholder.

As a faculty member who felt committed to the success of the study, my positionality was that of an insider (Herr & Anderson, 2005). I wanted to look at the current mental health services available to the students of the university where I currently served as a faculty member. According to Herr and Anderson (2005), insider researchers often choose to look at the success of their own programs or agencies, in this case, only one particular set of services provided by the larger campus community.

Description of the Sample (Stakeholders)

The nature of the study and the desire for positive change to come from this AARI led to the decision of using a purposive sample. According to Stringer and Dwyer (2005), the choice of a purposive sample ensures that the perspective of the stakeholders will be diverse as well as include those directly affected by the issue. The sample included both male and female students, those who resided on- and off-campus, as well as students from various ethnic backgrounds, and most importantly, students who have

utilized the mental health services on campus as well as those who have not. In addition, the study included members of the faculty and staff, which even allowed for the inclusion of administrators who additionally provided key perspectives on the task force. The one exclusion criteria involved prohibiting the participation of any student currently enrolled in a class taught by the researcher in this AARI.

One member of the administrative team recommended inviting three staff members and three faculty members to participate in the study. In addition to these faculty and staff members, the administrator also chose one faculty member whom he felt could best assist with developing a list of students to be invited to participate in the study. This choice followed in view of the fact that the newly hired administrator felt that a faculty member would have a better idea of committed students who would desire to help improve the student services on campus. That faculty member listed eight students and then recommended contacting another member of the faculty for additional suggestions, who added four more names to the list, totaling twelve more students to invite. Adding stakeholders to the study via a snowball method of sampling (Stringer & Dwyer, 2005) would then incorporate additional relevant stakeholders.

An email generated by the administrator invited the original eighteen potential stakeholders to participate in the study. Due to the research's taking place during the summer months when faculty and students spend less physical time on campus, the administrator sent the initial invitation, hoping to increase participation. This email sent in early summer 2014 elicited only one response from the initial eighteen possible stakeholders chosen, creating the need for a second reminder email to go out by the

administrator approximately three weeks later. This second invitation prompted further participation with one more staff and two additional student responses. From that point, the study relied on snowballing, and follow-up emails sent directly from the researcher to every other staff, faculty, and student recommended by the interviewed stakeholders.

After approximately three months, individual interviews conducted with fifteen stakeholders concluded with two more scheduled. Upon reaching the point of saturation (Litchman, 2013), asking the stakeholders for further recommendations of possible additional stakeholders concluded, ending the snowballing effect. When the final two interviews concluded, which indeed confirmed saturation, the interviewing and data collection ended.

Of the seventeen stakeholders chosen to participate, a breakdown revealed six students, five staff, and six faculty members. Only currently employed faculty and staff of the university at the time of the interview could qualify for inclusion in the study. In addition, only currently enrolled students at the university on active student status during the time of the interview could qualify for inclusion in the study. All seventeen participants met this criterion. The six faculty members came from four different programs on campus. The total years of employment on this particular campus by each faculty member ranged from under three years to ten-plus years, providing a variation of perceptions. The five staff members who chose to participate varied in their job description from administrative roles to a secretarial position. Their years of service ranged from 3 years to more than twenty years, once again providing a multiplicity of perceptions from staff members. The six students ranged from sophomores to seniors and

reported varying majors including criminal justice, community health education, education, political science, psychology, and business management, with one student reporting a dual major. The variety in the students' courses of studies and years on campus proved to provide different experiences and a variety of perspectives on the topic of mental health services on campus.

The sex of the stakeholders varied. Of the six faculty members, two females and four males chose to participate in the study. Of the five staff members, four females and one male wished to participate in the study. Finally, of the six students, three females and three males desired to participate in the interview process for the study.

Research Methodology Applied to the Data Analysis

The research methodology used in this AARI consisted of a qualitative approach utilizing semi-structured individual interviews guided by a list of 7 predetermined questions on a data collection tool that had previously been field-tested (Appendix B). Each stakeholder agreed to an interview via a voice recorder, and the recording, as well as extensive note taking during the interview, proved essential in ensuring the inclusion of all information in the data analysis. Looking for epiphanic or illuminative experiences (Stringer & Dwyer, 2005) or themes required the categorization and coding of the transcribed data (Litchman, 2013). After arranging the data into a visual report format, the stakeholders viewed a PowerPoint presentation. All participants originally interviewed for the study received an invitation to attend the stakeholders' meeting for the presentation of this report in order to provide a member check review. This review allowed the researcher to check for accuracy, appropriateness of information contained in

the report, as well as any modifications or corrections necessary from their viewpoint (Stringer & Dwyer, 2005; Litchman, 2013). Those members who chose to attend this meeting became the referred to “*task force*.”

Appreciative Inquiry

Action research tends to be cyclical in nature, following a “*look, think, and act*” model that provides a simple way of representing the research process (Stringer & Dwyer, 2005). A description of the initial “*look, think, and act*” phases follows.

Look

This initial phase of the research required conducting a full review of the literature available on the topic of mental health services on college campuses, including the history, the periodic changes, and current trends in practice. Additionally, seventeen students, faculty, and staff participated in semi-structured interviews. These interviews provided an avenue of data collection that would provide student, faculty, and staff perceptions of mental health services on a college campus.

Think

In this phase, all of the members of the task force received an analysis of the collected data compiled in a visual “*report*” format. This task force comprised of all the stakeholders who had participated in the research study came together to look at the results of the data gathered. During this task force meeting, the stakeholders discussed and decided what improvements to the mental health services currently available to students on this particular campus should be made based on the data.

Act

In this final phase of the study, the task force utilized the data to decide what “*action*” they believed should be taken. The task force felt that the need to share the results with others on campus and discussed who this should be at length. After reviewing the report and making some minor recommendations of what parts of the research to share, the team decided to make the graphs within this report available to others on campus in addition to a short list of further recommendations made later in this Chapter. Upon conclusion of the discussion, the task force ultimately decided to forego releasing the results along with the list of recommendations from the first phase of the research to administrators as well as to other faculty, staff, and students without the input of an advisory administrator. The task force unanimously concluded that an administrator should determine who should receive the data findings via a visual report format.

Data Analysis

The process of analyzing qualitative data requires multiple steps (Litchman, 2013; Craig, 2009; Stringer & Dwyer, 2005) This AARI study utilized a reporting approach to data analysis, which consisted of the transcription and inspection of the data for themes and then reporting and presenting the findings (Craig, 2009). To analyze the collected data via the unstructured individual interviews required the utilization of categorizing and coding.

The completing of the data collection then required a copious amount of time for accurate transcription to take place. When the need to speed up the transcription process arose, approval to utilize a transcription service came from the IRB office. Ensuring the

confidentiality of the stakeholders became the utmost priority in the data transcription.

The completion of the transcribed interviews required a first read through of the data and then the application of Litchman's (2013, p. 351) "three Cs of analysis: from coding to categorizing to concepts" throughout this data analysis process. Litchman explains that there are six steps to the successful use of the three Cs process, listed as follows:

1. Initial coding, i.e., going from responses to summary ideas of the responses
2. Revisiting the initial coding
3. Developing an initial list of categories
4. Modifying initial lists based on additional rereading
5. Revisiting categories and subcategories
6. Moving from categories to concepts (Litchman, 2013, p. 352)

In the course of the data analysis, after coding the raw data and then separating it into categories, emerging concepts, or themes, became readily apparent. Coding the data comprises the first step after the data transcription. The coding of data assists in sorting and organizing the data sets. *Coding the data* simply means, assigning the text with words or phrases (Litchman, 2013; Stinger & Dwyer, 2005). Step 1 required an analysis of the interview transcripts for this AARI study to discover, assign and reread the initial codes. An additional look at this large number of codes revealed similarities, which needed condensing and renaming (Step 2) (Litchman, 2013). Some of the following initial codes were utilized in the initial stages of the extensive process applied in this AI study:

- Lack of knowledge on mental health services
- Program strength; it exists
- Educate to reduce stigma
- Increase awareness with signage
- Increase awareness with pamphlets
- Educate through staff outreach at meetings
- Educate at faculty and staff orientations

- Educate students at new student orientation
- Advertise; use pamphlets
- Program strength; available to needy students
- Marketing increase; a larger community
- Educate using speakers
- Increase awareness through training of faculty & staff on what is available
- Increase visibility of resources
- Add support groups
- Program strength; managing our students' needs

The completion and revisiting of the coded transcripts revealed the preliminary codes, which developed into an initial list of categories (Step 3). Placing the codes into categories provided the wherewithal to look for any emerging themes. Samplings of some of the initial categories according to their placement in the final list of codes include:

- Program strengths; great things are happening
- Educate staff on available resources and student referral
- Educate students on obtaining available resources
- Increase visibility by advertising available services
- Advertise services at campus events
- Educate faculty on resources available and student referral
- Increase marketing to larger community

While these seven areas do not represent an all-inclusive list, the list does indeed provide examples of data coding and categorization. The codes easily fit into a much smaller list of categories, allowing themes to begin to emerge from the data.

Upon completion of this process, Step 4 required visiting the data again and combining some of the categories (Litchman, 2013). One example of this grouping process from the above list combined “educate staff on available resources and student referral” and “educate faculty on available resources and student referral.” The relevancy of these two categories influenced their combination. As this grouping process continued,

revisiting the categories one last time in an effort to further group some of them took place (Step 5) (Litchman, 2013).

Once all of the data was coded and categorized, clearly some key concepts had emerged (Step 6) (Litchman, 2013). Four overall themes emerged, including the overall existing strengths, the need to advertise what specific mental health services presently exist, the need for staff, faculty and student awareness of what is available and how to access or utilize it, the need to educate faculty, staff and students on reducing stigma concerning mental health issues and increasing understanding concerning the importance of the available services.

Presentation of the Data and Results of the Analysis

The appropriate audiences will hear the findings of the data analysis. Proposing and designing the data in this AI study to the appropriate audience required the use of a task force, consisting of the stakeholders. Utilizing the help and input of a task force provided an opportunity for member checking in addition to providing an opportunity for the stakeholders to have a voice in carrying out the results of the study. Presentations of data can create ways to communicate research to the intended audience that promote excitement and interest (Stringer & Dwyer, 2005). The presentation of the data in this AI study utilized the mix of a verbal presentation of a visual report, utilizing Microsoft Office PowerPoint to organize and share the data.

Of the seventeen members of the task force invited to attend the presentation of the data, only six chose to come. Once the verbal presentation of the visual report concluded, the results of the data were addressed in an open discussion forum, allowing

all members to provide input and feedback if they so choose. All of the attending members reported an accurate presentation of the data. During the open discussion, a vote, with all in favor, resulted in the stakeholders’ deciding to schedule an appointment with a top administrator of the university to ask who should see the results, as well as the list of recommendations. The task force divided the recommendations into long-term recommendations for possible implementation within six months to one-year period and short-term recommendations for possible implementation with minimal cost to the university on a more “as-soon-as-possible” period. Table 1 illustrates these two lists.

Table 1
Recommendations of the Task Force

Short-term Recommendations	Long-term Recommendations
Use RAs as a resource, requiring them to have mental health training on identifying mental health issues, what symptoms to look for, how to address mental health issues, the need for mental health services and how to refer to the students	Create a committee to look at the MH needs/desires on campus
Possibly alter the form that students must complete when withdrawing from the university to ask if MH issues played any part in a student’s decision to withdraw.	Use existing services on campus to conduct a campus-wide survey to ascertain possible interest for a support group led by students; no funds needed
Provide a business-size “card” with contact information to all staff/faculty to use in crises situations (to keep in briefcases, purses, wallets, in desk drawers, under the phone, etc.)	Look at best practices of other universities and how they are handling their marketing/ information related to MH
Add, “if you have a MH need, contact... (insert counseling center information here)” to	Look at how the MH needs of online students/residential students/ commuter students are currently being addressed

Table 1 *continued*
Recommendations of the Task Force

Short-term Recommendations	Long-term Recommendations
every syllabus	
Add a MH training/requirement to the orientation procedures for new staff/faculty and hand out a brochure to go along with the training	
Increase marking/advertisement by way of web/email (free), signs, and a possible brochure	

One of the first epiphanies that occurred during the data analysis process reinforced the fact that the mental health services currently offered on this campus reveal some apparent strengths. The second question ascertained each participant’s willingness to share some of his thoughts about the strengths and weaknesses of the mental health services on campus.

Question 2: “In your opinion, what are the strengths of the existing mental health services on campus?” The responses to the question provided some insight into the positives recognizable by the stakeholders at this university. Seventy-one percent of the participants recognized the strengths of these services offered on campus (Appendix C). Table 2 illustrates some of the supportive statements for this theme.

Table 2
Program Strengths

Theme	Supporting Statements
Program Strengths	<p>“Having the ability to manage the need of our campus”</p> <p>“Outlet for kids to go if they have any issues”</p> <p>“Nice to be able to recommend them to on-campus, physical site”</p>

The third question asked of participants related to improving the use of the mental health services on campus by those who needed them.

Question 3: “In your opinion, what changes, if any, could be made to the existing mental health services on campus in order to improve use by those who need them?” A variety of suggestions in answer to this question quickly revealed a theme of the need to advertise and to help students, staff and faculty gain an awareness of the available services. A graph in Appendix D presents many of the excellent ideas shared. Table 3 illustrates the two most popular suggestions of augmenting awareness across campus and increasing visibility of resources to faculty and staff with some supporting statements.

Table 3
Increasing Use of Services by Students

Suggestion	Supporting Statements
Increase Awareness Across Campus	<p>“The only thing that I have seen is that they don’t make what they do or how they do it well-known across the community.”</p> <p>“I think it could be advertised a little bit more because I didn’t really know about them myself, so I’m pretty sure there are other people who don’t know that they’re actually there.”</p> <p>“I guess just more of an awareness around campus that there is something available or someone to reach out to.”</p> <p>“Maybe more visibility might be an area that could be addressed. That is just a perception. I am not sure if the entire campus knows that the resource is there, and it’s for them.”</p> <p>“I don’t know much about the mental health services on campus. So maybe if they were advertised a little bit more with what they have, what they offer.”</p>
Increase Visibility of Resources to Faculty/Staff	<p>“I think that if there is some visibility to faculty and staff that it is available and the resources that are applicable for these students to utilize or parents to use, it could help a lot of different aspects on campus.”</p>

Table 3 *continued*

Suggestion	Supporting Statements
	<p data-bbox="690 310 1383 457">“I would love to see some sort of an information training session for staff and faculty on campus so that we have a better understanding of what is available for our students.”</p> <p data-bbox="690 457 1383 569">“The only thing that I have seen is that they don’t make what they do or how they do it well-known across the community.”</p> <p data-bbox="690 569 1383 751">“I think that one thing should be that that what they actually do and what is available should be more fully disclosed both to students and to faculty members.”</p>

Other codes placed into the emerging categories revealed three main themes: 1) advertisement, 2) education, and 3) awareness.

Question number four, similar to question number three, focused specifically on improving the knowledge about the mental health services on campus. Two themes emerged from this question: 1) educate, and 2) advertise. The actual question asked of the stakeholders is as follows:

Question 4: “In your opinion, what changes, if any, could be made to the existing mental health services on campus in order to improve knowledge about such services?”

How to make improvements on better advertising the mental health services that currently exist on campus elicited multiple suggestions and ideas. The Appendix E graph shows suggested specific ways included in the report to the task force to advertise and provide education on the subject. Table 4 illustrates the two themes that emerged and some supporting statements for each.

Table 4
Increasing Knowledge about Mental Health Services

Theme	Supporting Statements
Advertise	<p>“I guess just spreading it out there in more of a paper kind of form would probably be the best thing.”</p> <p>“I know flyers are a big thing.”</p> <p>“It’s been an almost secret area of the university.”</p> <p>“I feel like more advertisement that would be…”</p> <p>“Well, again, I think many people have no idea what is out there, and if we advertise in some way whether it’s through e-mail, through faculty , through staff, through flyers, through some type of counseling event on campus—taking part of some of the events on campus to say, “Hey.” For example, the visit days, the student orientation convocation—those different events that could technically be used to piggyback off of it.”</p> <p>“I believe that they should give us at a bare minimum a bulletin telling us bulletin should be given of what’s available.”</p>
Educate	<p>“When they come in as freshmen maybe for the dorms when they’re moving in have like books, not books, but like pamphlets or something like that and like packets of like what all the university offers.”</p> <p>“If there was a little card of at least the main number, the secretary—or I guess staff sometimes changes, but something that maybe we could keep in our office.”</p> <p>“Starting with FYS, right. If people know right from the beginning, particularly students were aware of it, where to go for more information. Probably also faculty orientation would be another place where it should at least be raised.”</p> <p>“Expanding outreach to other classes. I don’t know if they do things, like, through orientation any of the campus events that we have offering some sort of booth or information sessions.”</p> <p>“It would never hurt to do additional marketing so that students are aware of the services available.”</p>

Table 4 *continued*

Theme	Supporting Statements
	<p>“I have not seen much outreach in passive programming, i.e. signage, sharing this information with students, nor have I seen much outreach from the staff, which I assume has to do again with hours and the part-time folks that are involved, but I have not seen them go to student organizations or groups or departmental organizations or groups that work with students and share their message of what it is that they do there. In short, they need to better connect with campus through outreach.”</p>

Two themes—educate and advertise—quickly emerged. Table 4 clearly revealed the need for advertisement as well as the education of staff, faculty and students on appropriately accessing available resources.

Question number 5 pertained to the process for a student to obtain mental health services. Asking this question to the first few interviewees revealed that a need existed to increase awareness among faculty, staff, and students on this process.

Question 5: “What is the process for a student to obtain mental health services on campus?” Appendix F displays a graph shared in the report to the task force, demonstrating that barely under half of the stakeholders reported being aware of how a student would obtain mental health services on campus. However, the following list revealed what stakeholders gave as appropriate answers:

- Walk in/call.
- Call disability support services to connect to mental health.
- Faculty referral or self-referral
- Go to center/call center/faculty referral
- Call up or stop by.
- Faculty/staff share information with director of counseling center
- Walk in and set up appointment (or call/email).

Clearly, this listing leads to a visual demonstration of the theme that emerged, i.e., recognizing the need for increasing staff, faculty, and student awareness of available resources and how to access or utilize them. Table 5 provides a list of some of the supporting statements utilized in developing the previous list.

Table 5
Increasing Awareness of Resources

Theme	Supporting Statements
the need for staff, faculty, students to be educated on or made aware of what is available and how to access or utilize it	<p>“I’m not quite sure.”</p> <p>“I do not know.”</p> <p>“I’m not really sure of the process. And I’m not sure if maybe it would go through the academic learning.”</p> <p>“I don’t know. I think they just have to show up and ask for help. That would be my guess. They have to have a need, I guess.”</p> <p>“They can walk into the counseling center at any time and set up an appointment. I know that. I’m sure that they could call and/or email to set up an appointment as well with a counselor.”</p> <p>“That I do not know.”</p> <p>“For Counseling Center, you pretty much just walk in and... You can either call or walk in, make an appointment with the counselors.”</p> <p>“They would-- I believe the disability support office facilitates it. For example, in my syllabus there is a policy that states that you need to talk to me and the disability support office. They can go to them if they have issues, and then the disability support office can branch out into the mental health from what I understand.”</p> <p>“I’m not sure about that. I’m thinking if students currently have issues and are working with therapists at home, I would assume the parents initiate something through the admissions process. Or perhaps a faculty referral if a faculty picks up on something in class.”</p>

Question number 6 addressed the awareness on campus among students, faculty, and staff about any accommodations or supports that are available to students on campus who have a mental health diagnosis. The actual question was:

Question 6: “Are you aware of any accommodations or supports available on campus to students who have a mental health diagnosis?” This close-ended question followed by other questions in the semi-structured interview revealed if the members were aware of any accommodations and supports. Appendix G depicts the responses to this question in graph form that proved to be a pleasant finding in this study. The results showed that all but one faculty and one staff were aware of available supports to the students on campus who needed them. The results also revealed that only half of the student participants knew of supports or accommodations available to students with mental health needs.

While the responses to this question appear to demonstrate a high level of awareness on campus of accommodations and supports, additional matters needed some consideration. The visual PowerPoint report shared this additional information with the task force. Appendix G addresses data that the list of additional considerations directly influences, including the following:

- Individualized Education Plans (IEP’s) were mentioned by four of the thirteen who were aware of support.
- One staff member only became aware a week before the interview.
- Many were unaware of how it would happen, but were aware of their availability, if needed.
- The one faculty member who was unaware reported his willingness to “*figure it out*,” if needed.

The above list appears once again to reinforce the theme that recognizes the need for increasing staff, faculty, and student awareness of available resources and how to access or utilize them.

The final question asked of all stakeholders during the semi-structured individual interviews of this AI study was question number 7, which asked them to make suggestions and recommendations for improvements, if they felt there was a need for any, to better support students on campus with a mental health diagnosis. The actual question was:

Question 7: “What improvements, if any, do you feel could be made to better support students with mental health diagnosis on campus?” This question generated excellent discussion with each stakeholder’s offering recommendations and suggestions on how to make improvements to the mental health services on campus. The graph in Appendix H highlights some of the most highly recommended suggestions. Some of the proffered recommendations included implementing services already existing on campus, further enforcing the theme that emerged about the need for increasing faculty, staff and student awareness concerning the various the mental health services available. Table 6 provides a list of some of the supporting statements that reinforce the two most popular themes that emerged from this question: educating faculty, staff, and students on mental health issues and increasing awareness.

Table 6
Increasing Education about Mental Health

Theme	Supporting Statements
The need for staff, faculty, students to be educated on mental health issues	<p>“I just think education for those students with mental health concerns and for students without them. I just think that awareness and education, I guess, could be improved. I think that could always be improved, I guess.”</p> <p>“Maybe make faculty aware of it.”</p> <p>“I guess maybe what is a little confusing sometimes, and this is just my ignorance, is what exactly is a <i>mental health issue</i>? Is it the same thing as a <i>learning disability</i>? Does that fall under the same category?”</p> <p>“Again, really just more promotion of services; making faculty more aware, more knowledgeable that the issues exist, and what they can do to support and help students.”</p>
Increasing awareness on campus	<p>“Even our tutors—that’s something, too—we don’t really do enough to inform our folks, probably, in the Learning Center of existing issues and diagnoses and things that they may be dealing with students who come in.”</p> <p>“I just think education for those students with mental health concerns and for students without them. I just think that awareness and education, I guess, could be improved. I think that could always be improved, I guess.”</p> <p>“I don’t know that I could answer that either—being that I don’t know what they currently offer.”</p>

Summary and Overview

Summary

The results of the data analysis provided an opportunity to recognize some of the strengths of the mental health services on campus in addition to some proposed needed improvements designed to increase use by those students who need them. Applying the

“look, think, and act” model assisted with recognizing what point of the research process was taking place as the process occurred. Utilizing the categorizing and coding by applying the six steps of the three C’s (Coding, Categorizing, and Concepts) to the raw data provided the needed guide to develop a visual report of the data to share with the task force and eventually the administrators of the university, in addition to recognizing the four themes that emerged from the collected data.

Once the four themes emerged and the task force viewed the data presentation, a list of recommendations came from the open discussion that followed. These recommendations provide the stakeholders with a powerful tool to advocate for the modifications perceived as needing alteration or improvement. The university administration can take immediate advantage of the provided information by easily, and inexpensively, implementing some of the less complicated suggestions and recommendations. These easily addressed recommendations included increasing the amount of advertising via signs across campus; sending mass emails to faculty, staff, and students; and advertising on web pages. Another suggestion addressed the possibility of increasing awareness across campus on mental health services that are already available by the utilization of email to faculty and staff. Another recommendation suggested the implementation of optional training sessions for faculty, staff, and most importantly, for students who work with other students (RAs) which would improve the process of obtaining such services. Lastly, the university can acknowledge the strengths that already exist among the mental health services currently available to students on campus and build upon such strengths, which would assist them in continuing to provide successful

services and to ensure that those students who need obtainable mental health services will utilize them.

Overview

Chapter 5 goes into further detail about the four overall themes that emerged. A review of recent literature is included throughout the discussion. Included within the in depth discussion of each emerging theme is the list of recommended interventions that came from the research study. A presentation of limitations that need considered when analyzing the results of the data from this is included in the Chapter. Additionally included are conclusions and recommendations for future research.

CHAPTER 5. RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

This appreciative action research inquiry's (AARI) ultimate goal focused on answering the question: what are the strengths and weaknesses of the mental health services offered by the campus-counseling center, and what interventions, if any, may be required to bring about necessary changes? This AARI met this goal by utilizing the data collected in the semi-structured individual interviews to develop suggestions and recommendations of specific interventions determined by the task force. To find the answer to this question, the stakeholders looked at the results of the inquiry to guide them in finding ways to improve the use of the existing mental health services by those who need them. The results from the current study also went a step further and assisted with demonstrating quick and easy ways to implement some advertisement, awareness, and education about the available mental health services, the reasons for the need, and proper ways to obtain or utilize the services. The results of this AARI informed current practice by providing suggested improvements using semi-structured individual interviews whereby stakeholders had the opportunity to answer questions about the strengths and the weaknesses of the existing mental health services on campus, with an emphasis placed on the strengths.

In addition to evaluating the program for strengths and weaknesses, the inquiry evaluated the stakeholders' perceptions of the current mental health services available to the students enrolled at the university. The stakeholders acknowledged whether or not they were aware of the available mental health services, if they knew how to obtain mental health services or refer a student if needed, and what would make them more

likely to utilize services or refer students if they have not.

Summary of the Results

Four themes emerged from the AARI study. The four themes included the existing strengths, the need for advertising the existing services, the need to educate staff, faculty, and students on properly accessing and utilizing available services and the need to educate faculty, staff, and students on mental health issues in hopes to reduce stigma and increase the understanding and importance of the availability of mental health services. While there is literature to support each emerging theme, it is clear that there is greater need for future research in some areas.

For each stakeholder of this AARI to identify at least one strength of the existing mental health services on campus proved impossible; however, a large majority (71%) could do so. While some may argue that those stakeholders failing to see any strengths in the services may not believe that any strengths exist, the possibility also exists of their unawareness of the existence of the mental health services in the first place. Therefore, addressing that issue became paramount. The data collection process made it quite apparent that a great need existed for advertisement and awareness of the current on-campus mental health services. Consequently, the argument could easily arise that a strong probability existed that those who could not identify a strength of the mental health services are simply unaware of the provided services. In addition, not knowing how to access these mental health services or not even knowing that the university does indeed offer mental health services to enrolled students proved plausible.

While the ensuing data highlighted numerous strengths, one of the most important

strengths noted addressed the fact that this particular university offers mental health services on campus to enrolled students who demonstrate or report a need for such services. The participating stakeholders of this AARI felt that the university offering mental health services represented a distinct strength. With research reporting that students with psychiatric disabilities is one of the most rapidly increasing categories of disability in the college student population (Belch, 2011) it is clear that mental health services are not only appreciated, but necessary. When turning to the literature it was not surprising to find that the need for mental health services to exist on a college campus is, indeed, necessary. A research study by Blanco et al.(2008) revealed that there is a high level of importance associated with providing mental health treatment as well as prevention of mental health issues for college-aged individuals. The findings of the study showed that while the rates of treatment do in fact vary depending on the disorder of the individual with a mental health disorder, less than 25% had reached out to seek treatment in the year prior to the survey.

For decades, university counseling centers have played a large role in mental health service provision in higher education (Belch, 2011; Boyd, Hatter, Brandel, Buckles, Davidshofer, Deakin et al., 2003; Meadows, 2000; Sharkin, 2004). Recognizing the growing need for university counseling centers to continue to address the mental health needs of currently enrolled students who are increasingly being presented as more distressed over the last twenty years is imperative (Schwartz, 2006). The ever-increasing prevalence in the percentage of mental illnesses being diagnosed among 18-to-25-year-old adults, which coincidentally also happens to be the typical age of a college student, is

important not only to recognize but to address (Neal, Diamond, Goldman, Klossner, Morse, Pajak, Putukian, et al, 2013). The data in this study appeared to reinforce the importance that this particular university attempts to place on recognizing and addressing the mental health needs of currently enrolled college students.

A second theme that emerged from the AARI was the need for advertising the existing mental health services available on campus. As this AARI unfolded and the themes began to emerge, the need for advertising did not only emerge when participants were asked one particular question, but throughout the course of the entire study. The discussion of advertising mental health services currently offered by the counseling center arose many times throughout the individual interviews. When asking for current strengths and weaknesses, the need for advertising arose; when asking for ways to improve knowledge of mental health services, the stakeholders made mention of advertisement; when asking about ways to improve the use of mental health services on this particular university campus, the need for advertisement surfaced again. The need for advertising also emerged as a theme during the task force meeting where the stakeholders received a visual report of this particular study and heard a verbal report of the data from the interviews.

When returning to the literature it became apparent that there has been very little research done on the topic of marketing and awareness of mental health services on a college campus. With research reporting that 11% of students enrolled in higher education have a disability (Belch, 2011; U.S. Government Accountability Office, 2009) it is imperative that universities are advertising the mental health services that they offer.

While there was not a lot of recent literature demonstrating the need for advertisement or awareness, research does demonstrate that college students, more specifically community college students, staff, and faculty have demonstrated a desire to have more access to the mental health services on campus that are available to them. (Bundy & Benschhoff, 2000; Daniel & Davison, 2014).

Returning to the literature found that there is a lack of recent studies that address the marketing and awareness of mental health services on college campuses. It may be important to note, however, one outdated study did show that students are likely to lack knowledge about what services are available to them on campus. A 1999 study revealed that while many students are aware that there are health services available to them when they become ill, a large majority is unaware that there are mental health services available (Michael, 1999). Similarly, this AARI study found that there is a need for additional awareness among students, faculty, and staff of the fact that there is, indeed, mental health services offered on campus.

Upon presenting the data from the AARI to the task force, many suggestions presented minor ways to improve awareness of the current mental health services in existence on this university campus. Increasing the usage of signs displayed throughout every campus building, regardless of the number of students using the facilities represented one easily implemented idea. Another idea addressed placing these signs inside bathroom stalls where students would likely feel more comfortable noting the contact information for the mental health services department. Discussion included distributing pamphlets to the faculty and staff at the initial yearly faculty/staff orientation,

to currently employed faculty and staff via campus mail, and to incoming students at new student orientation. Distribution could also take place via a booth at on-campus student organizational fairs, in hallways and dormitory lounges, and mailed to all students' home addresses in hopes to increase the awareness of MH services to family members of students who may only discuss personal issues, such as mental health needs, with family members. Use of the World Wide Web for advertising of the current services offered, the hours of availability and the process to follow to receive such services could include the university web page, on social media sites such as Facebook, and via email messages to faculty, staff, and students.

One stakeholder's suggestion shared with the task force involved printing a small, business-size "*card*," which later morphed into a key tag. The initial idea entailed having these "*cards*" imprinted with the counseling center's information, including email, location, and phone number contact. The task force recommended providing each faculty member and staff member with a minimum of three of these imprinted cards with the necessary contact information easily accessible—under the phone on their desk, in a top drawer, in a wallet or purse, or in a briefcase. Having easy access to the necessary information would make it less challenging if a staff member or a faculty member found himself in a situation where he needed to contact the counseling center or make a referral for a student in need of mental health services. In addition, every student and every Residential Advisor (RA) should receive these imprinted cards.

During this discussion, the idea for the card morphed into a professional-looking "*key tag*" proposal. Essentially, imprinting the contact information on a hole-punched,

laminated card stock and then suggesting that every faculty, staff and student add this tag to their key rings. Since all faculty members, staff and students carry keys and utilize them on a daily basis for access to their rooms, offices and classrooms, the proposal seemed a viable one. In addition, adding these tags to the keychain ring handed to every new student who comes to campus would ensure that each student has the necessary information in case of need. One additional option included adding a QR code to the back of this “*key tag*” in order for those students who wished to scan and save the key tag information on his phone for future use.

A joint discussion will address the last two of the four themes that emerged. When returning to the literature to review relevant research, additional information discovered revealed other studies concluding that some students simply may not reach out or utilize the counseling center as a resource when they need those mental health services (Belch, 2011; Ethan & Seidel, 2013; Sharkin, 2006). In addition, a study validated the need for faculty to understand the defining factors of mental health, the importance of mental health treatment and the available mental health services on campus. One particular survey of 200,000 students highlighted that students in distress indicated a “*very good chance*” of connecting with faculty at a rate of 38% (Higher Education Research Institute, 2010). Another study highlighted the unmet mental health needs of international students who reported that they were more likely to turn to colleagues or an academic advisor over other campus support services (Hyan, Quinn, Madon, & Lustig, 2007).

When returning to the literature, the research validated the need for increased

awareness of mental health services across the campus community. A relatively recent study conducted on the health issues and service utilization of university students concluded that barely over 89% of the students interviewed reported “*do not know*” when asked to rate the services of the counseling center (Fletcher, Bryden, Schneider, Dawson, & Vandermeer, 2007). With the results from these studies, it is easy to see why it would be essential for all faculty and staff members to be aware of what mental health services are available to students who are currently enrolled at this university and exactly how the students can access these available mental health services when in need.

One additional article worth mentioning is an article on the summarization of mental health services on a college campus included a review of education and awareness about mental health issues to all campus constituents. The authors noted that of all of the universities that looked at mental health services on campus, every university reported that there is a need for a more active approach to promote awareness of mental health issues through the education of faculty, staff, and students (Mowbray, Megivern, Mandiberg, Strauss, Stein, Collins Kopels, et al., 2006). One specific university mentioned in this particular literature review made a suggestion, similar to the stakeholders in this study, to develop increased marketing and education, which in turn may reduce stigma through the promotion of knowledge across campus. In addition, the importance of educating all members of campus, such as staff, faculty, and students, was a focus of priority, just as it was in this AARI study (Mowbray, et al., 2006). Two additional similarities that came from this summarization of literature were the need to make all staff, faculty, and students aware of what mental health services are available

and how to obtain them or refer students to them as needed. Additionally, stakeholders in this AARI study suggested communicating using multiple mediums, such as print, email, internet pages, which the stakeholders in this AARI also recommended. One suggestion made that did not emerge from this particular AARI study but could provide beneficial to the stakeholders to be aware of was the recommendation to teach the members of the campus community proper ways to interact with students who may be distressed or demonstrating signs or symptoms of a mental illness. An additional suggestion worth noting is to inform professors, coaches, and staff of ways to decrease student distress such as a professor providing multiple exams instead of one large end of semester exam (Mowbray et al., 2006).

Upon conclusion of the visual and verbal report presentation, the task force held a discussion on how to educate faculty, staff, and students in addition to how to increase awareness of what mental health services are available and how students can access or utilize such services. Following the open discussion, the recommendation of using a pamphlet surfaced again since a printed venue could serve a dual purpose of advertising and educating. In addition, the stakeholders discussed at length how to train faculty members, staff or students about mental health issues since union rules prohibit mandating any type of training sessions. At the conclusion of the discussion, the stakeholders addressed a possible proposal to mandate faculty and staff to attend official training during their orientation upon being hired. While this possible solution has obviously already occurred for all current members of the faculty and staff on campus, an ideal suggestion to add a component of training to future new faculty or new staff

orientation arose. That training would include providing an additional pamphlet to address all of the information shared during such training sessions due to the overwhelming amount of information disseminated during such times of training.

In addition to the training of newly hired faculty and staff, another proposal recommended that the university consider mandating a training session for all RAs. This training would provide these students with knowledge about the signs and symptoms of mental health issues, the mental health services currently available on campus, when to refer a student for such services, and appropriately helping a student seeking help. The task force added this particular proposal to the short-term list of recommendations to the administration because this training represented a high-priority need carried out at very little cost due to the mandated trainings already in place. Adding this topic to the list proved simple.

In addition to the pamphlets, the addition of the new faculty/staff orientation training, and the new training for RAs, the stakeholders again mentioned using the World Wide Web. Lastly, the stakeholders felt information ought to be available via the university web page and Facebook. In addition, all faculty members, staff and students could receive a reminder email a predetermined number of times per year about the available mental health services, when the use of or the referral of students may prove necessary. Of course, the stakeholders again addressed the mental health services presently available.

Based on the results of the AARI presented to them in the task force meeting, the stakeholders discussed potential actions steps to advocate for change. Some possible

changes discussed included things such as increasing advertisement of the on-campus mental health (MH) services, increasing education awareness about the existing MH services in addition to defining MH, addressing the importance of having MH services, and taking the proper steps in referring students who may need the MH services.

Optimistically, this affirmative action would increase the use of available mental health services by students who need them, resulting in the possible improvement of these currently offered services as well as possibly seeing a decrease in students who may potentially drop out because of dealing with MH issues.

Discussion of the Results

This AARI study answered the following question:

What are the strengths and weaknesses of the mental health services offered by the campus-counseling center, and what interventions, if any, may be required to bring about necessary changes?

The expected research findings from the data gathered and analyzed during this AARI would determine that strengths existed in the current mental health services and that the research could address any weaknesses with appropriate interventions. The data would identify existing strengths and weaknesses to the current mental health services on this particular campus, and the university could implement certain interventions, which would improve the use of these mental health services by those students who currently need them. The results of the study provided concrete answers to the questions. The findings easily revealed that the most identifiable strength of the current mental health services available for needy students entailed the fact that the university had such

services in place. The stakeholders recognized the following areas of needed improvement, which emerged from the data:

1. A need for advertisement of the current mental health services
2. Education of the faculty, staff and students on what mental health services currently exist on campus
3. How to both utilize or access the mental health services as a student,
4. How to properly refer a student to such mental health services if a staff or faculty member identify a need
5. An overall need to provide education to faculty, staff, and students on what mental health issues are; the prevalence of mental health issues among college students; and how or when they can identify these issues in order to reduce the current stigma associated with receiving such services.

Since the goal of this AARI was to assist in finding the strengths and weaknesses of the mental health program, if changes were necessary, and if so, what interventions the stakeholders would recommend in order to create change, the conclusions of the research met the intended goal. The data concluded that a clear need exists for additional advertisement across campus of the obtainable mental health services. This advertising campaign would create an awareness of the available types of specific mental health services and would outline the needed steps to obtain these mental health services. In addition to evaluating the program for strengths and weaknesses, the research evaluated the faculty, staff and student stakeholders' perceptions of the current mental health services available to them. Ascertaining these perceptions required addressing whether or not the faculty, staff and students knew how to obtain mental health services and whether or not they felt any improvements made to the existing services would increase usage of the mental health services.

Based on data collected, the study's proposal would provide opportunities for stakeholders to advocate for possible changes that would lead to an increase in the use of

the mental health services by students who need them. This proposal would also result in improving the current services currently offered as well as possibly affecting a decrease in students who may potentially drop out of the university. The visual and verbal report of the data provided to the task force afforded them the opportunity to discuss and conclude ways to make improvements on campus in pursuance of improving the usage of the existing mental health services by those students who need them. The task force developed two lists, one long-term and one short-term, of improvements that the stakeholders of the task force felt would upgrade and improve the use of the mental health services. Recommended improvements for short-term implementation included the following:

1. Use RAs as a resource, requiring them to have mental health training on identifying mental health issues, what symptoms to look for, how to address mental health issues, the need for mental health services and how to refer to the students
2. Possibly alter the form that students must complete when withdrawing from the university to ask if MH issues played any part in a student's decision to withdraw.
3. Provide a business-size "*card*" with contact information to all staff/faculty to use in a crisis (to keep in briefcases, purses, wallets, in desk drawers, under the phone, etc.)
4. Add, "*If you have a MH need contact... (Insert counseling center information here)*" to every syllabus
5. Add a MH training/requirement to the orientation procedures for new staff/faculty and hand out a brochure to go along with the training
6. (The most popular short-term recommendation) Increase marking/advertisement by way of web/email (free), signs, and a possible brochure

Possible improvements for implementation as long-term goals:

1. Create a committee to look at the MH needs/desires on campus
2. Use existing services on campus to conduct a campus-wide survey to ascertain possible interest for a support group led by students; no funds needed

3. Look at best practices of other universities on how they are handling their marketing/information related to MH
4. Look at how the MH needs of online students/residential students/commuter students are currently addressed

Stakeholders presented these lists to members of the cabinet at this particular university via a verbal and visual report within weeks of the development of the lists by the task force.

Discussion of the Conclusions

Based on the results of this AARI, several conclusions resulted. This research study provided this particular university with an opportunity to recognize the strengths and weaknesses of the current mental health services offered by the counseling center to currently enrolled students. The members of the task force felt that following the implementation of the recommendations, if accepted, this university would thereby improve the overall health climate of the campus community in addition to provide students with solid mental health services.

The results of this AARI concluded that a lack of advertisement and awareness of current mental health services offered on this particular campus exists. The results also revealed the need for increasing education on the mental health issues and services provided to currently enrolled students in order to increase the use of such services by those who need them in addition to increasing awareness through outreach and education. The study concluded the strong possibility of improving the current weaknesses identified by this AARI with only minimal interventions implemented. The stakeholders of the task force provided a list to the university administration of these recommended interventions to implement to the current on-campus mental health services for the sake

of meeting the needs of the presently enrolled students requiring mental health services.

Limitations

The use of qualitative data analysis reveals one of the limitations of this AARI study. Craig (2009) reports that many misconceptions occur regarding qualitative data in action research, including the issue that findings may or may not be useful due to the lack of rigorous statistical analysis. Throughout this AARI, the researcher took caution when producing some quantities, or “*numbers*,” from the qualitative data. Caution remains of utmost importance to researchers during the data analysis process when converting qualitative data into numbers in order not to lose the meaning of the data during the transfer (Dudley, 2011). Therefore, graphs adequately preserved the data’s meaning and provided the foundation for a visual report for the stakeholders. This important step provided a visual aid to go along with the actual experiences reported in the individual interviews.

Another identified limitation to this AARI involved the negative attitudes (Ting, 2011), the fears and the stigma (Ægisdóttir, et al., 2011) often associated with the topic of mental health treatment. Recognizing the fact that although some of the stakeholders who participated in this study reported using the mental health services on campus, quite possibly other participating stakeholders, who had indeed used the services, may have chosen to avoid this self-disclosure due to their fear or the concern about stigma. If true, the possibility of skewed data exists, although the skewed data would have had minimal impact on the research results as no direct question pertained to whether or not any stakeholder had utilized the mental health services.

In addition to the interviewed stakeholders possibly avoiding the discussion of their own use of services, the topic of mental health and its associated stigma might have contributed to the extended period required to obtain enough stakeholders to reach saturation. The need for this extended period arose due to the low number of respondents to the initial invitation to participate in this AARI, a fact associated with fewer students and faculty on campus during the summer months. The extension into the first part of the semester did not conclude at the end of summer as originally planned. Even in the face of this limitation and delay, the completed research did not overlook the possibility of negative attitudes or stigma about the topic of mental health playing a role in creating a delay in the research.

Though these addressed limitations may have influenced the research conducted, the chosen AARI study sought solutions to the research questions as opposed to offering generalizations. In other words, the research still produced the possibility for social change and provided valuable information from the task force to the administration at the university that may assist in providing needed changes to the present mental health services. For this reason, these possible limitations did not have a negative impact on the overall results of this AARI.

Practice Implications and Future Research

This AARI study provided some implications for practice, including the need to advertise and educate all faculty, staff, and students on campus about available mental health services, the necessity of having such services, and how to properly access them. Providing an advertisement and awareness piece will simply increase visibility to all

students on campus who may need the services and not know that they exist. In addition, it allows for awareness of mental health services with the hopes to promote conversation and decrease stigma associated with receiving mental health services. Having the services advertised ensures that those students, faculty, and staff, who did not know of such services existing, will have knowledge about their existence. This study added to the available research in that it added examples of ways to increase availability of resources and knowledge about resources that are available to the students. One example of this was the suggestion to provide a key chain to all new faculty, staff, and students, with the location and phone number to the counseling center, allowing the information to be more readily available, especially in a crisis.

Further implications for practice include recognizing the need to educate students, staff, and faculty on the process to obtain mental health services on a college campus. The simple act of having a policy and procedure in place on how to refer a student or to obtain access to services will ensure that students who have a severe psychological need are more likely to obtain the needed services. The additional educational component allows those faculty, staff, and students who are not knowledgeable in the field of mental health opportunities to learn and advance their awareness of the topic of mental health and factors associated with it.

Based on the findings from this AARI, which consisted of seventeen semi-structured individual interviews of faculty, students, and staff about the present strengths and weaknesses of the existing mental health services on this college campus a need for future research exists. The first recommendation would be to implement a second

“*cycle*” of this action research study. Adding a second “*look, think, and act*” cycle to this study could provide a plethora of additional information for the administrators at this university and may provide some generalized quantitative data usable by other universities of similar size and student populations. In this second cycle of the study, it would be highly recommended that stakeholders utilized an all-campus online survey to be sure to reach out to all members of the campus community, including the online student community. This online survey would not only add the additional opportunity to reach the online students, but it would also provide the opportunity to reach those students who may not have been “*chosen*” to participate due to the purposeful sampling that was implemented during this cycle of the study. In addition, students, staff, and faculty who may have the fears and concerns about the stigma (Ægisdóttir, et al., 2011) associated with the topic of mental health could also easily participate without having to worry about any ramifications.

In addition to a second cycle of this study, stakeholders recommended replicating this study or one similar to it across the country on other university campuses with a much larger sample size in order to ascertain its generalizability. The replication of this AARI study could prove useful to any university campus choosing to conduct a similar inquiry. The AARI provided very valuable data, ideas, and intervention possibilities that could easily improve the mental health services to the students on their campus. The ability to improve services currently provided to students on any college campus should be of utmost priority to all employees and students who attend that particular university in addition to the greater community in which it exists.

One last proposal recommended conducting further research about how other colleges and universities worldwide incorporate education and awareness of their own mental health services on campus, making sure to integrate the online universities in the research. As this study unfolded, many discussions occurred. First, the discussions surrounded the diverse ways to advertise inexpensively. Next, stakeholders discussed the different ways to educate or train staff and faculty about mental health-related issues given the current guidelines and restrictions from the “*unions*” to which many of them belong. Lastly, stakeholders discussed examining how the university currently provides mental health services to the new world of online students in the event that they need them. Recognizing and assessing the different ways that other colleges and universities handle the same issues would prove beneficial to all universities, and therefore, enrolled students, as reusing what has already been created requires less manpower and implementing the sharing of ideas could prove fairly effortless.

Conclusion

For over a century, college counseling centers on college campuses have been adapting to operate in a frequently changing environment. Counseling centers have made necessary modifications to meet the growing demands of the mental health needs of students, as well as the concerns of other stakeholders about issues surrounding mental health services (Kadison, 2004). College counseling centers have been forced to adapt to increasing mental health needs of students since the implementation of such services over 100 years ago (Bishop, 2006; Kraft, 2009; Kraft, 2011). As counseling centers face a continual increase in the number of students needing mental health services (Caley, et al.,

2010; Sieben, 2011) and the continued increase of fiscal pressures make providing adequate services difficult, (Kraft, 2009), taking a look at the student, faculty, and staff perceptions on upgrading the mental health services on a college campus proved important and invaluable.

The use of semi-structured confidential interviews assisted with collecting data on the perceptions of seventeen stakeholders, consisting of six students, five staff, and six faculty. The next step involved interviewing all seventeen stakeholders via a digital recording device. An analysis of the verbatim transcription utilizing Litchman's "3C's of data analysis" involved categorizing and coding the data to look for emerging themes (Litchman, 2013, p. 351). The stakeholders received a visual and verbal presentation from the collected and analyzed data.

Four developing themes emerged that pointed to the need for increased awareness and education across campus of the existing mental health services in addition to the existing strengths. The four themes that emerged included the following:

- (a) The existence of some obvious strengths
- (b) The need to advertise what specific mental health services presently exist
- (c) The need to educate faculty members, staff and students about the available services and accessing or utilizing that information
- (d) The need to educate faculty members, staff and students on mental health issues in order to reduce stigma and to increase the understanding of the importance of the available services

Findings indicated the necessity of addressing a high level of need for both education and awareness of the existing mental health services available on campus. The stakeholders' overall affirmation regarded the convenience of having mental health services on campus; however, a great need existed to inform all faculty and staff of the

kinds of services available, why it may be necessary for some students to utilize the services, and how to refer a student for services when necessary. In addition, the stakeholders believe the need exists to increase student awareness about mental health disorders, the types of mental health services available to them, and the need for these services. The stakeholders created a list of short-term and long-term recommendations that they shared with campus administrators in order to implement the “*action*” in the “*look, think, act*” process of this AARI.

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APPENDIX A. STATEMENT OF ORIGINAL WORK

Academic Honesty Policy

Capella University's Academic Honesty Policy ([3.01.01](#)) holds learners accountable for the integrity of work they submit, which includes but is not limited to discussion postings, assignments, comprehensive exams, and the dissertation or capstone project.

Established in the Policy are the expectations for original work, rationale for the policy, definition of terms that pertain to academic honesty and original work, and disciplinary consequences of academic dishonesty. Also stated in the Policy is the expectation that learners will follow APA rules for citing another person's ideas or works.

The following standards for original work and definition of *plagiarism* are discussed in the Policy:

Learners are expected to be the sole authors of their work and to acknowledge the authorship of others' work through proper citation and reference. Use of another person's ideas, including another learner's, without proper reference or citation constitutes plagiarism and academic dishonesty and is prohibited conduct. (p. 1)

Plagiarism is one example of academic dishonesty. Plagiarism is presenting someone else's ideas or work as your own. Plagiarism also includes copying verbatim or rephrasing ideas without properly acknowledging the source by author, date, and publication medium. (p. 2)

Capella University's Research Misconduct Policy ([3.03.06](#)) holds learners accountable for research integrity. What constitutes research misconduct is discussed in the Policy:

Research misconduct includes but is not limited to falsification, fabrication, plagiarism, misappropriation, or other practices that seriously deviate from those that are commonly accepted within the academic community for proposing, conducting, or reviewing research, or in reporting research results. (p. 1)

Learners failing to abide by these policies are subject to consequences, including but not limited to dismissal or revocation of the degree.

Statement of Original Work and Signature

I have read, understood, and abided by Capella University's Academic Honesty Policy ([3.01.01](#)) and Research Misconduct Policy ([3.03.06](#)), including the Policy Statements, Rationale, and Definitions.

I attest that this dissertation or capstone project is my own work. Where I have used the ideas or words of others, I have paraphrased, summarized, or used direct quotes following the guidelines set forth in the *APA Publication Manual*.

Learner name
and date

Tiffany. E. Welch 4/15/2015

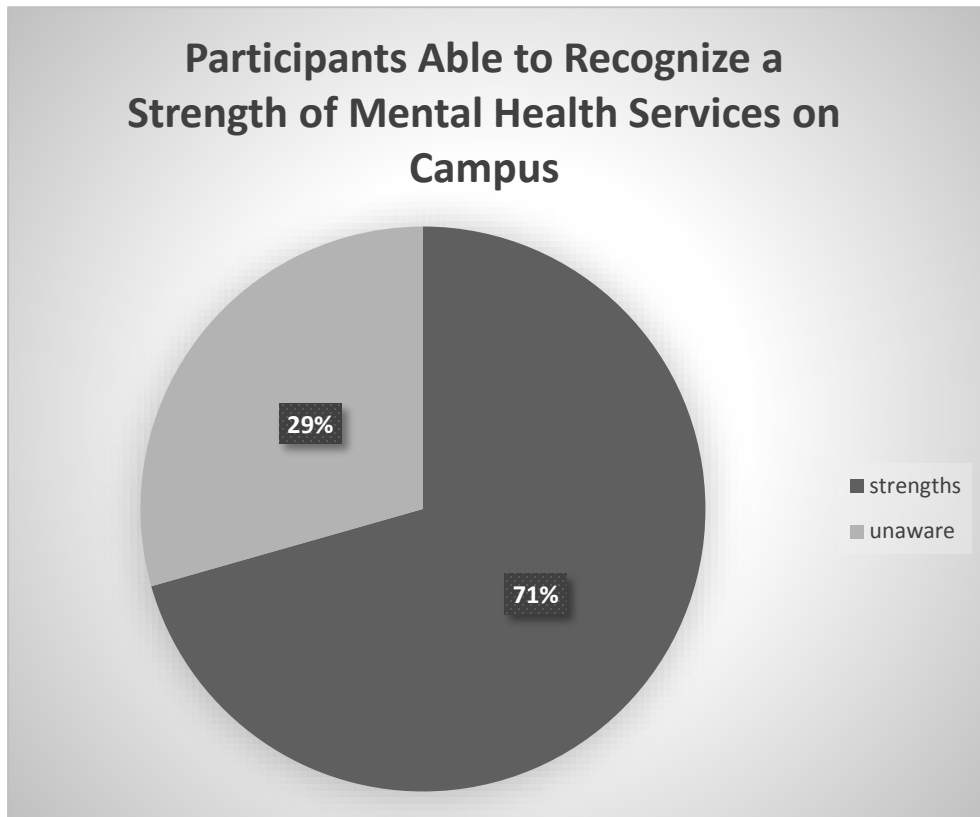
Mentor name
and school

Sara Frederick-Holton 4/15/2015

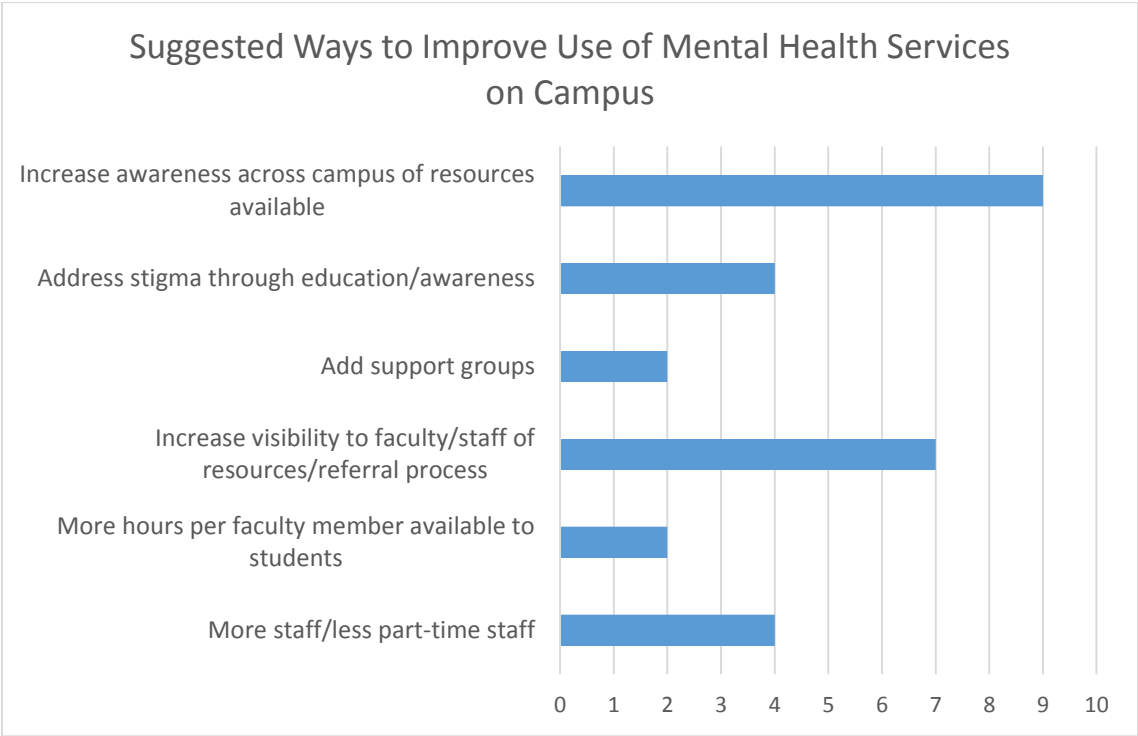
APPENDIX B. DATA COLLECTION TOOL

1. Would you mind sharing your thoughts about the strengths and weaknesses of the university's student mental health services?
 - a. If no, continue with Questions 2-7.
 - b. If yes, ask why and end the interview.
2. In your opinion, what are the strengths of the existing mental health services on campus?
3. In your opinion, what changes, if any, could be made to the existing mental health services on campus in order to improve use by those who need them?
4. In your opinion, what changes, if any, could be made to the existing mental health services on campus in order to improve knowledge about such services?
5. What is the process for a learner to obtain mental health services on campus?
6. Are you aware of any accommodations or supports available on campus to learners who have a mental health diagnosis?
7. What improvements do you feel, if any, could be made to better support learners with mental health diagnosis on campus?

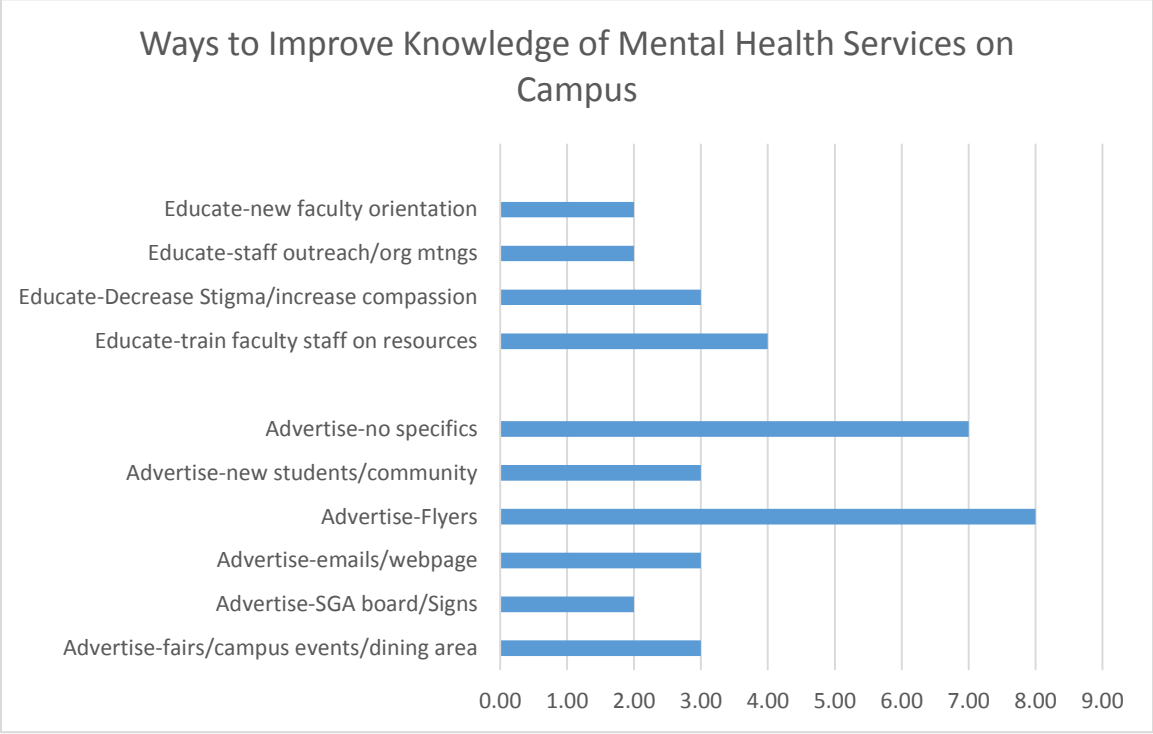
**APPENDIX C. PARTICIPANTS ABLE TO RECOGNIZE A STRENGTH OF
MENTAL HEALTH SERVICES ON CAMPUS**



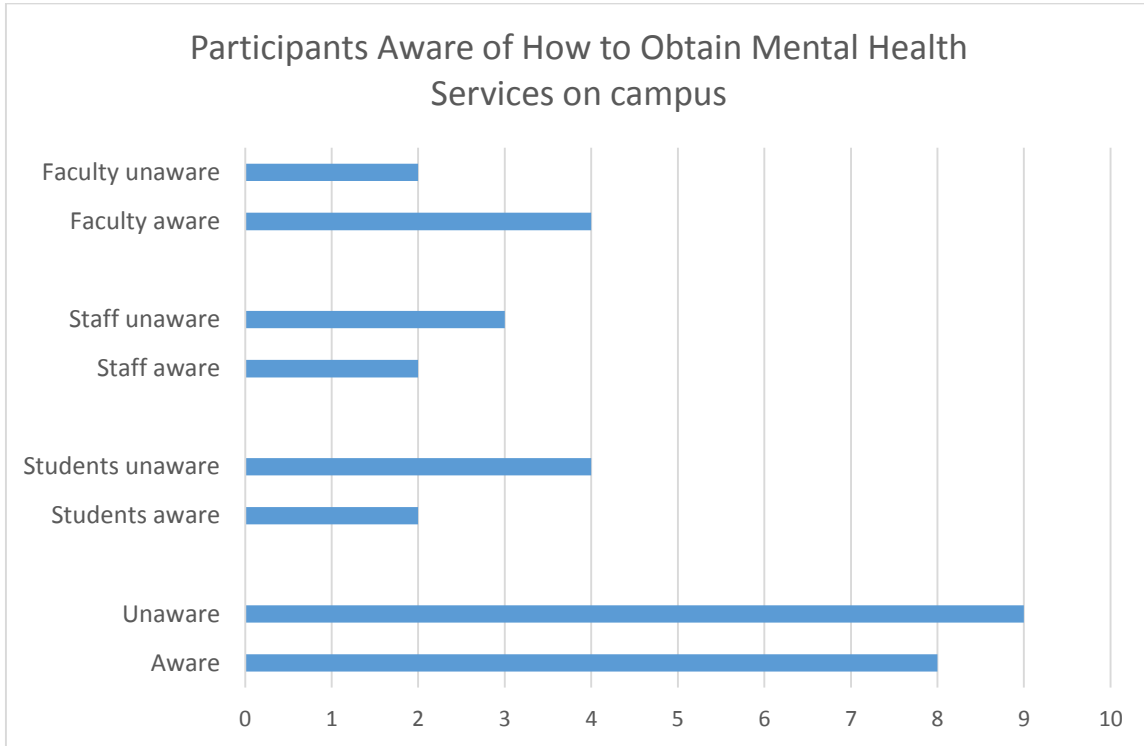
APPENDIX D. SUGGESTED WAYS TO IMPROVE USE OF MENTAL HEALTH SERVICES ON CAMPUS



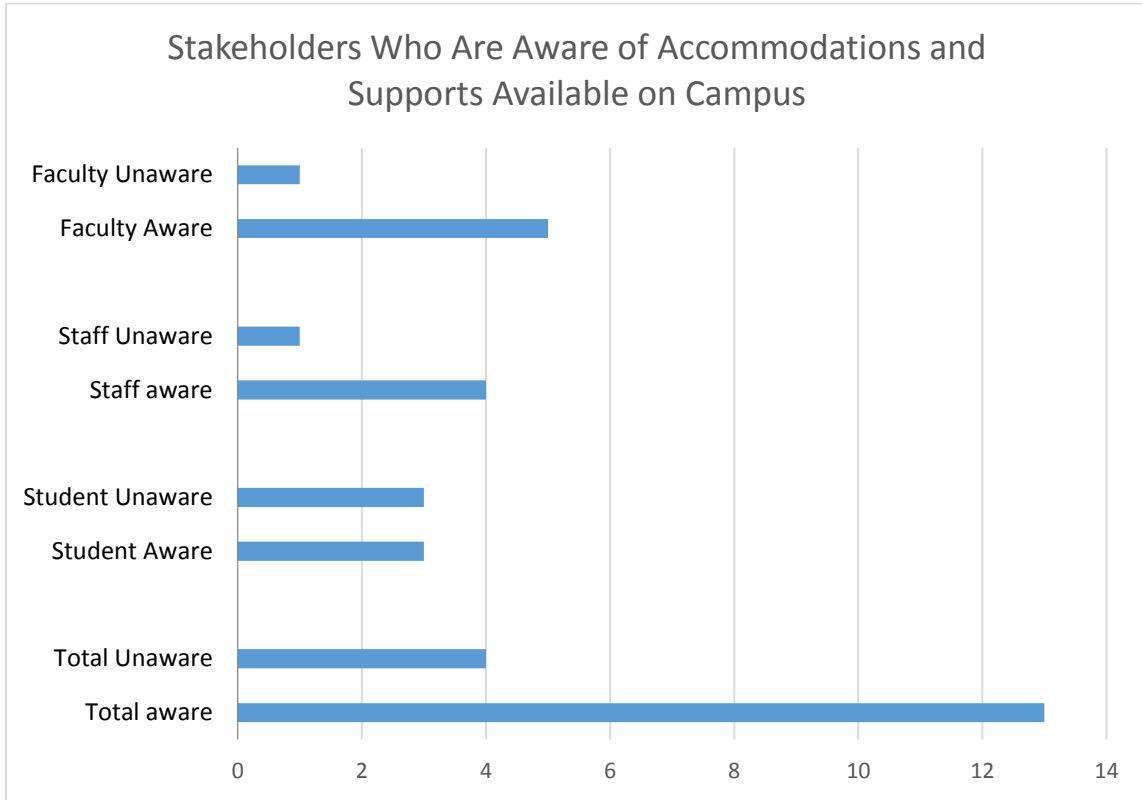
APPENDIX E. WAYS TO IMPROVE KNOWLEDGE OF MENTAL HEALTH SERVICES ON CAMPUS



**APPENDIX F. STAKEHOLDERS' AWARENESS OF THE PROCESS
TO OBTAIN MENTAL HEALTH SERVICES ON CAMPUS**



APPENDIX G. STAKEHOLDERS' AWARENESS OF ACCOMMODATIONS AND SUPPORTS AVAILABLE ON CAMPUS



APPENDIX H. MOST COMMON SUGGESTIONS ON IMPROVING ON-CAMPUS SERVICES FOR LEARNERS WITH A MENTAL HEALTH DIAGNOSIS

