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College Student Mental Health: The Experiences of Faculty Members and Student Affairs Personnel

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Abstract

The current study included a review of recent research about college student mental health, as well as qualitative findings from interviews with 10 faculty members and 10 student affairs personnel at a Midwest research university. Recognizing that student retention and graduation rates are important to the survival of colleges and universities, faculty, student affairs personnel, and administrators must work to better understand and serve the needs of students with mental health issues. While there have been several quantitative studies conducted to survey college students about their mental health, there have been few qualitative examinations of this topic. Throughout the literature, there were no theoretical frameworks that fit the scope of this research project. Therefore, utilizing a conceptual framework derived from a blend of various research studies, this phenomenological study attempted to examine college student mental health through an eclectic and holistic lens. Findings from the researchers' qualitative interviews will be discussed, and recommendations for further research in this area will be offered. The researchers plan to continue this study with a large mixed methods study that will examine undergraduate and graduate students' perspectives on mental health, particularly as it relates to technology use. During this series of research studies centering on college student mental health, the researchers are developing the Holistic Support Theory (HST). This model views college students from a "whole-person" perspective, and seeks to support them by making meaningful connections throughout the campus environment.

Keywords: college students, mental health, faculty, student affairs, qualitative, phenomenology

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Review of the Literature on College Student Mental Health

History

In 1861, Amherst College introduced the first center for health services on a college/university campus. Throughout the tumultuous development of student health services at higher education institutions, issues surrounding mental health remained largely undeveloped. Approximately 50 years later, Princeton College created the first on-campus mental health service center; 40 years after Princeton, mental health and counseling services finally became common on campuses (Kraft, 2011).

Early therapies focused on the treatment of more severe psychotic disorders; not until the 20th century were milder forms of mental illness (e.g., anxiety, depression) addressed by counseling centers. As a result, the number of mental health professionals increased dramatically. In 1957, the American College Health Association formed a Mental Health Section for mental health professionals, and President Kennedy approved funding for Community Mental Health Centers in 1963, which helped provide broader service. Several mental health organizations have formed and grown over the past decades, including the American Psychiatric Association (48,000 members), American Psychological Association (APA – 148,000 members), American Association of Psychiatric Social Workers (160,000 members), and the American Counseling Association (45,000 members; Kraft, 2011).

There have been many trends in mental health over the years, including a five-fold increase in the use of psychotropic drugs since the year 2006. Additionally, several legal issues include access to mental health records, involuntary hospitalization after suicide attempts, and discrimination (e.g., race, sexual orientation), and returning veterans exhibiting post-traumatic stress disorder (Kraft, 2011).

Statistics

The Cooperative Institutional Research Program (CIRP) collects data on first-year, incoming college students in an annual report entitled *The American Freshman: National Norms* (AFNN).The AFNN is the longest-running and largest survey of American college and university students. In 2010, the AFNN gathered data from 201,818 incoming freshman students; they self-reported an increase in anxiety, depression, substance abuse, and other mental health issues compared with previous years (Pryor, Hurtado, DeAngelo, Blake, & Tran, 2010). In a national survey of counseling center directors, Gallagher (2012) found that over 90% of directors indicated a trend toward more students with severe psychological disorders. Counseling center directors expressed great concern for psychiatric medication issues, as well as crisis issues requiring immediate response (Gallagher, 2012).

In 2014, the AFNN surveyed 153,015 college freshman students and found that they rated their emotional health at 50.7%, the lowest level ever recorded since the AFNN began in 1966. Also, the percentage of students who "frequently felt depressed" increased to 9.5% (highest), over 3% higher than 2009 (second highest; Eagan et al., 2014). College and university counseling centers reported the highest recorded number of student visits and extended wait times, indicating that there is still much work to do in order to improve mental health on campus (Misner, 2014).

Types of Mental Health Issues

The age of onset for a majority of mental health issues tends to fall in the late teens to early 20s, during the time that individuals are traditionally in college. Developmentally, this is a time when the brain is still developing, and students are presented with several life transitions involving increased independence, decreased structure, and increased pressure to decide on a life path and career. For these reasons, monitoring the mental health of college students is particularly crucial. The following is a brief overview of the more common issues facing college students, yet is by no means an exhaustive list of mental health disorders.

Anxiety. Anxiety disorders share common characteristics of excessive fear, worry, and related behavioral disturbances. Fear is an emotional response to a real or perceived threat (imminent), while anxiety involves anticipation of a future threat. There are various types of anxiety disorders. They include: separation anxiety, specific phobias, social anxiety, panic disorder, and generalized anxiety disorder (American Psychiatric Association, 2013).

Many researchers have investigated anxiety disorders in the college student population, such as Mounsey, Vandehey, and Diekhoff (2013), who found that students who were working in addition to taking classes reported more symptoms of anxiety than non-working students. Pressure to excel and maintain high grades in college encourages perfectionism in some students, which has also been correlated to higher levels of anxiety and depression (Zhou, Hong, Zhang, & Taisheng, 2013).

Depression. Generally, depressive disorders include symptoms of depressed mood, loss of interest or pleasure in all or almost all activities, weight loss, insomnia or hypersomnia, feelings of worthlessness, agitation, and/or fatigue or loss of energy. Disruptive mood dysregulation disorder, major depressive disorder, and dysthymia are a few types of depressive disorders (American Psychiatric Association, 2013).

College students are notorious for loss of sleep, with studying, partying, and distractions on campus as major influences. Campus mental health services are urged to intervene with students exhibiting symptoms of depression and inadequate sleep, as these characteristics are correlated with higher anxiety, as well as cognitive and physical impairment (Nyer et al., 2013).

Bipolar. Formerly known as manic-depressive disorder, bipolar and related disorders are marked by significant high and low mood cycles. Manic episodes are characterized by unusually and persistently elevated, expanded, or irritable mood and persistently increased goal-directed energy lasting at least one week. Hypomanic episodes share similar attributes, yet are slightly less severe and last for at least four days. Additional symptoms of these high mood episodes include inflated self-esteem, decreased need for sleep, racing thoughts, more talkative, rapid speech, distractibility, and high-risk behaviors (e.g., excessive spending, sexual indiscretions). The low mood episodes are indicated by major depression, including at least five of the following symptoms: depressed mood, severely diminished interest or pleasure in all or most activities, weight loss or gain, insomnia or hypersomnia, agitation, fatigue, feelings of worthlessness, decreased concentration, and recurrent thoughts of death or suicide. Bipolar I Disorder is defined as manic episodes alternating with major depressive episodes, while Bipolar

II Disorder is marked by hypomanic episodes and major depressive episodes. Cyclothymia is another form of bipolar that includes less severe symptoms of hypomania and depression that do not qualify for Bipolar I or II (American Psychiatric Association, 2013).

As with many other mental health conditions, the onset of bipolar tends to be during the early 20's, when many individuals are in college. Life on campus is complex and often includes working under extreme pressure to complete assignments (possibly staying awake all night), erratic sleep patterns, alcohol and/or drug consumption, and intense relationships. All of these aspects of university life exacerbate the symptoms of bipolar and make it difficult to maintain balance. Students dealing with bipolar must work closely with health care providers, student affairs personnel, faculty members, and family in order to promote stability during the college years (Lejeune, 2011).

Attention-Deficit/Hyperactivity disorder. Persistent patterns of inattention and/or hyperactivity-impulsivity are the primary characteristics of attention-deficit/hyperactivity disorder (ADD or ADHD). Signs of inattention may include difficulty maintaining concentration during tasks, failure to notice details, and lack of follow through on directions or assignments. Hyperactivity-impulsivity may be displayed through behaviors such as fidgeting with hands or feet, difficulty staying in one place very long, and excessive or loud talking. When six or more symptoms of inattention and/or hyperactivity-impulsivity are present for at least six months that interferes with functioning or development, a diagnosis of ADD or ADHD may be considered (American Psychiatric Association, 2013).

While ADHD is often diagnosed during childhood or adolescence, behaviors may persist into adulthood. An increased number of students with ADHD symptoms are now entering colleges and universities because of improved academic policies and support, enhanced diagnostic tools, and successful treatments that improve academic success (Thome & Reddy, 2009). Glass and Flory (2012) found that college students exhibiting symptoms of ADHD reported a higher incidence of alcohol-related issues, as well as increased cigarette smoking. In order to deal with ADHD during college, Fleming and McMahon (2012) reviewed several potentially successful strategies including mindfulness practice, detailed time management with externalized means for organization (e.g., calendar, planner, alarms), and contingent self-reinforcement for completion of important tasks.

Post-Traumatic stress disorder. The combination of exposure to traumatic events and occurrence of one or more intrusion symptoms comprise the criteria for post-traumatic stress disorder (PTSD). Traumas may include serious injury, exposure to actual or threatened death, or sexual violence. After a traumatic event has occurred, the presence of intrusion symptoms may include recurrent, distressing memories of the event, recurrent dreams that relate to the event, or distinct physiological reactions to internal or external cues that resemble parts of the event (American Psychiatric Association, 2013).

The prevalence of trauma exposure is fairly high among college students, including such events as sexual assault, domestic violence, life-threatening illness, military trauma, and vehicle accidents (Read, Ouimette, White, Colder, & Farrow, 2011). College students with symptoms of PTSD have also reported higher levels of alcohol and substance abuse; resources and support at colleges and universities should be provided to those students dealing with trauma exposure (Read et al., 2012).

Factors and Changes

Work. Many factors, including the changing demographic of college students, influence the mental health of students. While the "traditional student" used to enroll in college directly after high school, financially rely on family, and abstain from working while attending college, the majority of college students now work part or full-time in addition to taking classes. While working students report increased spending money as a benefit of employment, those students also report markedly higher levels of stress, anxiety, and depression, when compared to non-working college students (Mounsey et al., 2013).

Family. Today, almost 25% of American college students have dependent children. Raising a family places a multitude of stressors on an individual who is attempting to complete a degree, with 53% of parents (vs. 31% of non-parents) leaving college without a degree after six years. Despite the increased barriers to success, students with children tend to have higher GPA's than non-parents (Institute for Women's Policy Research, 2013, p. 1).

American culture and views of adulthood. Perspectives on the definition of adulthood vary around the world, with many facets of culture affecting each individual's conception of what it means to become an adult. Leaving home, starting a career, getting married, having children, and becoming more concerned with the well-being of other people are all markers that American society has associated with adulthood. Legally, individuals are considered "adults" at the age of 18, yet it is well known that college students do not "flip a magic switch" and enter adulthood. From 1995 to 2000, psychologist Jeffrey Arnett researched individuals from 18 to 29 years old around the country and coined the term "emerging adulthood" to describe this age span marked by identity exploration, instability, self-focus, feeling "in-between", and contemplating life's possibilities (as cited in Munsey, 2006, p. 69).

Arnett (2001, p. 137) studied the concept of adulthood by utilizing the following criteria:

- *Individualism*
  - Accept responsibility for actions
  - Independently decide on beliefs and values
  - Become financially independent
- *Family capacities*
  - Capable of keeping family safe and caring for children
  - Capable of running a household
  - Capable of supporting a family financially
- *Norm compliance*
  - Avoid petty crimes like shoplifting and vandalism
  - Use contraception and practice safe sex
  - Avoid becoming overly intoxicated and avoid drunk driving
- *Biological transitions*
  - Grown to full height
  - Capable of bearing children (woman) or fathering children (man)

- *Legal/chronological transitions*
    - Obtained driver's license
    - Reached age 18
    - Reached age 21
- *Role transitions*
    - Employed full-time
    - Finished with education
    - Married or have children
- *Other*
    - Purchased a house
    - Learn to have good control of emotions
    - Make lifelong commitments to others

In 2001, Arnett sampled 519 individuals in a Midwestern community, including 171 adolescents (ages 13-10), 179 emerging adults (ages 20-29), and 165 young-to-midlife adults (ages 30-55). The participants completed a 38-item survey about the previously outlined criteria related to adulthood. Adolescents, emerging adults, and young-to-midlife adults all rated statements from the *individualism* category as the most important attributes of an adult. Following *individualism, family capacities* and *norm compliance* were also rated highly by all age groups, perhaps balancing the individualistic tendencies with social and societal concerns. Corroborated in other research studies, the American majority culture has been found to highly value self-sufficiency and independence (Triandis & Gelfand, 2012).

In 2006, Badger et al. surveyed 207 students at a Chinese university (mean age of 20.54 years) and 248 students at an American university (mean age of 22.10 years) regarding their perspectives on adulthood. The criteria in the survey included all of the categories previously listed, except that *Individualism* was changed to *Relational maturity* to reflect aspects of independence and interdependence. Results from the study indicated that Chinese students were more likely to report that they had reached adulthood (59%) than were American students (28%). These results signal that emerging adulthood, as a period of instability and identity formation, may be less prevalent in Chinese culture than in American culture. As expected, Chinese students ascribed higher value to *role transitions, norm compliance,* and *family capacities* than their American counterparts, which portrays the importance that Chinese culture places on obligations to family and others, while American culture values individualistic characteristics (Badger et al., 2006).

The individualistic nature of American culture places college students in an interesting dilemma when they enter emerging adulthood. For most American children, the importance of independence is stressed throughout their formative years and the notion of leaving home, going off to college, and becoming self-sufficient is the ultimate goal. Nonetheless, these students are still undergoing many changes developmentally (brain physiology and emotions), and they are confronted with increased responsibility and reduced structure as the enter college. These factors have the potential to make mental health support difficult on campus, while students are striving for independence and may not value help from others (or view it as acceptable to receive help).

Need for the Current Study

While reviewing the literature, it is apparent that an increasing number of quantitative research studies are being conducted regarding college student mental health. The National Alliance on Mental Illness (NAMI), Cooperative Institutional Research Program (CIRP), and many other organizations have administered large scale surveys to gather self-reported data about the mental health of students around the nation. However, very few studies have investigated this phenomenon from the qualitative perspective. Researchers in Canada and Australia have conducted qualitative studies regarding student mental health at the K-12 level and in higher education. In Australian schools (public, private, rural, and urban), a national mental health promotion program called *MindMatters* was piloted in 1998. Today, the program continues to provide a framework for mental health education and support in participating schools and communities around Australia (Wyn, Cahill, Holdsworth, Rowling, & Carson, 2000).

At the higher education level, McAllister et al. (2014) interviewed 27 faculty and staff members at two Australian universities about their experiences with college students dealing with mental health challenges. Resulting themes included factors that facilitate initiation of faculty/staff support, barriers to the initiation of faculty/staff support, challenges facing faculty/staff, and how universities support students with mental health challenges. In order for colleges and universities to effectively assist students dealing with mental health challenges, systematic revisions of policy, strategy, and service implementation must be made (McAllister et al.). Considering the lack of qualitative research on college student mental health in American universities, the current study was developed and implemented.

Methods

Procedure

At a Midwestern research university in the United States, the Dean of Students provided the two researchers for this study with a list of 60 individuals who were known to have significant experience dealing with students exhibiting concerning behaviors (possibly related to mental health issues). From that list, 10 faculty members and 10 student affairs personnel participated in semi-structured, qualitative interviews. Approval from the Institutional Review Board at this university was gained, and all participants signed informed consent forms prior to interviewing. We audio-recorded each interview and took field notes in order to capture each participant's message. The topic of college student mental health was approached from a phenomenological perspective in this study, which is reflected in the study design and the interview questions (see Appendix).

Participants

The 10 faculty members had from 11 to 34 years of experience in higher education (mean = 21 years). There were four female and six male faculty members from nine different academic disciplines, including aerospace, biology, chemistry, business, economics, languages, counseling,

and medical sciences. The 10 student affairs personnel had from 7 to 44 years of experience in higher education (mean = 22 years). There were six female and four male student affairs personnel from five distinct areas of student affairs, including student support services, counseling, college administration, and staff.

Data Analysis

Audio recordings were transcribed and compared to the field notes from the interviews. Transcripts were coded by hand (using thematic analysis) and checked independently by both researchers. We compared faculty responses to student affairs personnel responses across five categories; we also conducted member checks by sending original transcripts and preliminary findings to each participant. All 20 participants responded to the member checks and all agreed with preliminary findings and urged us to continue the research study by connecting faculty with student affairs personnel. Peer debriefing and comparisons to the literature were conducted throughout data analysis in order to check the validity and reliability of the current research.

Results and Discussion

The semi-structured interviews conducted with participants were guided by six open-ended questions (see Appendix). While the sixth question requested each participant to share any experiences with college students having behavioral issues that the first five questions had not covered, codes recorded fell under one of the five categories that represented their responses to the first five questions. These categories and the codes that supported them indicate how many faculty (F) and/or student affairs personnel (SA) provided them (e.g., F = 5 represents that five faculty members mentioned that particular code).

1. *Concerning student behaviors*
    - Absence from class (F = 5; SA = 5)
    - Anxious (F = 5; SA = 5)
    - Crying (F =5; SA = 5)
    - Depression (F = 5; SA = 5)
    - Disengagement (F = 5; SA = 5)
    - Erratic performance (F = 5; SA = 5)
    - Flat affect (F = 5; SA = 5)
    - Robotic (F = 5; SA = 5)
    - Sleep disorder (F =5; SA = 5)
    - Stressed (F = 5; SA = 5)
    - Angry (F = 4; SA = 4)
    - Legal issues: substance abuse, sexual assault, plagiarism (F = ; SA = 5)
    - General disrespect (F = 2)
    - Lack of problem-solving skills (F = 2)
    - Lack of study skills (F = 2)
    - Need for immediate rewards (F = 2)

- Not anticipating consequences of their actions (F = 2)
- Over-reliance on technology (F = 2)
- Eating disorders (SA = 2)

2. *Trends*
   - Increase in diversity of students: culture, race, age, family status (F = 2; SA = 2)
   - More students working full-time while attending school full-time (F =2; SA = 2)
   - More students entering university on medications and having access to meds (SA = 4)
   - More risky behaviors: substance abuse, sexual assault (SA = 4)
   - Generational lack of attention, related to technology use (F = 1; SA = 1)
   - More pressure for students to graduate on time (F = 1; SA = 1)
   - Use of digital means for complaining (F = 1; SA = 1)
   - View of students as customers (F = 1; SA = 1)
   - Less stigma for getting help (SA = 1)
   - More financial aid regulations (SA = 1)
   - More services available to students (SA = 1)
   - Students are more tolerant of difference (SA = 1)
   - Students show more cultural sensitivity (SA = 1)
3. *Ways of dealing with those trends*
   - Demonstrating care and concern (F = 3; SA = 4)
   - Expenditure of more time above job responsibilities (F = 3; SA = 2)
   - Development of more policies and reporting procedures (F = 2; SA = 2)
   - Hiring more staff (SA = 4)
   - Use of research-based techniques to improve student performance and success (SA = 4)
   - Creation of more resources on campus (F = 1; SA = 2)
   - Direct students to appropriate resources (F = 1; SA = 2)
   - Taking time for more collaboration (F = 1; SA = 1)
   - Focusing on early intervention (SA = 2)
   - Always providing a fair process (SA = 1)
   - Assessing students for ADHD because it is related to severe infractions (SA = 1)
   - Making a sanction into a learning experience (SA = 1)
   - Partnering with community colleges to better prepare students entering the university (SA = 1)
   - Reducing judgment and viewing situations with open mind (SA = 1)
   - Showing more compassion/empathy to individuals who break rules (SA = 1)
   - Teaching students how to care for themselves on all levels (SA = 1)
   - Teaching students the skills to embrace what is wrong in their lives and how to address it in more effective ways (SA = 1)
4. *Most effective actions*
   - Listening with empathy, showing care and concern, asking questions (F = 4; SA = 4)
   - Assisting students to find campus services and guiding them (F = 3; SA = 3)

- Finding balance: Expecting responsibility, yet providing flexibility (F = 2; SA = 2)
- Respecting the circumstance (F =2; SA = 2)
- Working closely with the Dean of Students Office (F = 2; SA = 2)
- Being around and available to students (F = 2; SA = 1)
- Encourage participation in the campus community (SA = 2)
- Maximizing strengths that students present and use them to overcome weaknesses (SA = 2)
- Give students more places and times on campus to study (SA = 1)
- Recognizing that mental health is an important aspect of health (F = 1)
- Recommend individual or group counseling and assist them in determining which option is more appropriate (SA = 1)
- Separating the behavior from the person (F = 1)
- Viewing students more holistically (F = 1)

5. *Recommendations*
    a. *Faculty to other faculty*
        - Always treat students with respect, regardless of their past mistakes
        - Be certain that students receive an adequate orientation to your course/program and the rules that apply before class begins
        - Be aware of the many resources on campus
        - Be observant in class (i.e., what students are responding to or not responding to, which students seem unengaged and or have a flat affect)
        - Do not write students off too quickly; find a path that is suited to their abilities
        - Get to know your students; help them feel valued in your class
        - If there are specific requirements for students to fulfill in their chosen field, help them find someone to address those requirements
        - Initial contact with students is important
        - Listen to students and let them know that you care
        - Make certain that students are gaining access to the resources that are posted for your classes
        - Note changes in attendance or in class performance; address this with students in a way that invites dialogue
        - Provide student flexibility when they need it; faculty need flexibility from students as well (e.g., extra time to grade papers)
        - Recommend the student support services when appropriate
        - Start from the perspective that students may have health issues that are not character or moral issues
        - Understand that initial contacts with students are important
        - When a student is in need of help from the Counseling Center, do not simply tell them to go there, accompany them to that service

    b. *Faculty to student affairs personnel*
        - Provide faculty with research on mental health (2)
        - Plan events that make students feel welcome and connected with each other

- Share a list of students who have been identified as extremely disruptive so that faculty members are prepared and can handle situations effectively
- Determine which faculty members have expertise that might assist students
- Initial contacts are important; how students are received is very important as well as to whom they are referred

c. *Student affairs personnel to faculty*

- Recognize the many mental health services available to students on campus (4)
- Connect students with the right resources; do not hesitate to call the Dean of Students office or the Counseling Center (4)
- Tell the Dean of Students Office or the Counseling Center what is being observed in your classroom or with a particular student if they seem to be displaying symptoms of mental health issues (this is completely within the guidelines of privacy rights such as FERPA; 3)
- Know that the campus provides a caring environment for faculty and staff in their dealings with students having possible mental health issues (3)
- Stay with the student who needs to be seen; walk them over to the Counseling Center if they desire it (2)
- Be culturally sensitive and competent; one-on-one contact is important
- Know what you know or do not know
- The Counseling Center is happy to take phone calls and answer questions, without revealing your name or the student's name. One must simply say, "I am observing this behavior from a student in my class ... "
- We have a suicide prevention protocol that is online and anonymous; it is sent out to freshman students and done with various focus groups on campus
- There is a suicide prevention team that is cross-functional, cross-disciplinary, and brings in the voices of students
- There counselors who work with individuals and groups related to alcohol and other drug abuse, eating disorders, and aggressive behaviors
- There are various assessment available that take all kinds of forms; safety of students and the campus is essential
- There are educational efforts being made to provide tele-medicine and tele-health to distance students
- The university has contracted with a psychiatrist who can meet with students through a distance connection
- There is a mandatory online alcohol education program for students prior to their coming on campus
- It is important to make contact with the Dean of Students Office and the Counseling Center to let these individuals know what one is seeing in the classroom
- Recognize that students now come to campus from more challenging and complex situations than in the past
- Do not place extra pressure on students to graduate in four years, even if they entered the university with high grades

- Do not be afraid to ask students questions and let them know what you are able to help with, as well as your limitations to help
- The Counseling Center appreciates referrals from faculty and asks faculty to let other students know of the Counseling Center's website
- It would be beneficial to conduct an in-service with faculty and staff and anyone who has contact with students on campus and to educate one another about the importance of mental health
- It is important not to glorify or support behaviors like drinking or support problematic chemical use (even in a joking manner in classes)
- Students may display bullying behavior to hide their own vulnerabilities from the past
- Get people connected before they need it and connect them to services early

d. *Student affairs personnel to other student affairs personnel*
- Work hard, continue effective actions, and collaborate with faculty members

Themes

We examined the codes and categories using thematic analysis. From the codes and categories, the following six themes were derived:

1. Faculty and student affairs personnel are identifying similar concerning behaviors, although student affairs personnel are seeing more behaviors of a serious nature (e.g., drug/alcohol abuse, eating disorders, sexual assault)
2. Faculty and student affairs personnel are identifying similar trends in the area of college student mental health, while student affairs personnel are aware of additional trends (e.g., risky behaviors, students coming in on medications)
3. Faculty and student affairs personnel have both found that demonstrating care and concern for students and spending additional time with students is helpful, even though student affairs personnel have more ideas for specific actions (e.g., creation of more resources, use of research-based counseling techniques, and involvement in teaching students how to care for themselves)
4. Faculty and student affairs personnel have found listening with empathy and showing care and concern for students exhibiting mental health issues as the most effective strategy; both groups also believe that students must be assisted in finding appropriate campus services and be guided through the process
5. Student affairs personnel are aware of the broad array of assistance available for students with possible mental health issues, while faculty are aware of very few of those; and
6. Recommendations from faculty and from student affairs personnel indicate their desire to work together on behalf of students.

Limitations

The current research study was limited by only sampling from one Midwest research university in the U.S. The experiences of faculty members and student affairs personnel at this university may not be generalizable to faculty and staff at other institutions. Aforementioned measures were taken to enhance the validity and reliability of this qualitative study throughout participant recruitment, interviews, data analysis, and dissemination of the findings.

Conclusions and Recommendations

Considering the wide array of significant statements, codes, categories, and themes arising from this qualitative study, the "take away" message is that faculty, student affairs personnel, and students must work together to make meaningful connections across campus. Faculty and student affairs personnel must understand students on a holistic level and help them balance their course load, work obligations, and family/social life as they navigate through college. Faculty, student affairs personnel, and administrators should always act in the best interest of students, employing the positive aspects of *in loco parentis* (Cleary, Walter, & Jackson, 2011). Although the individualistic nature of American culture has discouraged the principles of *in loco parentis* for college students, institutions must adopt the view that student mental health is an important responsibility of everyone in higher education, not solely the duty of counseling services (Kitzrow, 2003). Faculty, staff, and students need to understand mental health challenges and symptoms so that they can facilitate referrals, interventions, and meaningful connections to improve mental health outcomes (Cook, 2007).

Further research should be conducted to explore the student perspective about college student mental health in American universities and colleges. We plan to conduct a mixed methods study of American college students regarding their use of information and communication technologies (ICTs) and how it relates to areas of wellness (mental/emotional health, physical health, and social health). The quantitative phase will consist of an online survey of student perceptions, while the qualitative phase will include interviews, as well as observations of student behavior. Following the completion of further research studies, we will coalesce our findings to develop *Holistic Support Theory (HST),* a grounded theory related to college student mental health support.

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Appendix

Guiding Questions for Individual Interviews

1. Please describe your role at this university or any others (e.g., classes taught, organizations led, services provided) that have involved direct contact with students.

2. When you are in direct contact with students on this campus, what behaviors they exhibit might cause you concern? What action(s) have you taken when these behaviors were evidenced?

3. Across your career, please describe any particular trends you have noticed in terms of student behaviors that are concerning and how colleges and universities have addressed them. How have these trends impacted your work at this university or others?

4. Thinking back to students you had direct contact with who had behavioral issues that impacted their learning, were there actions you took that were more successful than others?

5. Please share any recommendations you would make to other faculty or personnel working in student affairs positions to improve the success of students with behavioral issues.

6. If there are questions you were not asked or experiences you have not shared with regard to college students with behavioral issues, you are invited to do so at this time.