Assessing the mental health awareness and training needs of college professors

Kendall Perez

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Assessing the Mental Health Awareness and Training Needs of College Professors

Kendall Perez

A thesis submitted to the Graduate Faculty of
JAMES MADISON UNIVERSITY
In
Partial Fulfillment of the Requirements
for the degree of
Master of Science in Education

Department of Learning, Technology and Leadership Education

May 2019

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Committee Members/ Readers:
Dr. Diane Wilcox
Dr. Michael Stoloff
DEDICATION

I dedicate my thesis work to the members of my family, as well as my mentor. My mother, Marsena Perez, has been there to support me through the toughest of times and continuously reminded me of my strength when I could not remember it myself. My sisters, Evonne, Andrea, and Cassandra Perez supplied a plethora of comedic relief when I needed to breathe and were the best cheerleaders a sister could ask for. Lastly, I would also like to dedicate my work to my mentor, Mrs. Diane Strawbridge. I have had the privilege of working with Mrs. Strawbridge throughout my entire academic career. Her encouragement, support, and words of wisdom provided me with the strength to achieve what I thought was unachievable. Thank you, all of you, for the passion and joy you bring to my life.
ACKNOWLEDGEMENTS

I would like to thank my thesis advisor, Dr. Noorie Brantmeier of the College of Education at James Madison University. Dr. Brantmeier had provided an endless amount of support and information for me to be successful with my studies and thesis. She consistently guided me and encouraged me to push myself to succeed throughout this process.

I would also like to thank Dr. Michael Stoloff, Associate Dean of the Graduate School at James Madison University. His expert knowledge of the subject matter and his expertise in creating effective measuring tools has allowed me to exceed my own expectations for my research. Without his passionate participation, I could not have successfully conducted this research.

Lastly, I would like to thank Dr. Diane Wilcox of the College of Education at James Madison University. Her willingness to answer my many questions and her open-door communication allowed me to feel supported and prepared through the whole research process.

I am so grateful to have worked with all of you and to have learned so much along the way.
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Abstract

This study identified the relationship between college professor knowledge of mental illness, their ability to identify mental illness, and assist students exhibiting symptoms of mental health distress. The study utilized an explanatory mixed method research design and combined an initial faculty survey and with follow-up interviews. The design allowed for a deep examination of the research questions and helped identify the current needs of JMU professors. The study found that faculty felt ill prepared to identify and refer students to mental health resources. Other findings suggested that the majority of respondents were willing to participate in mental health training, yet do not currently attended the training programs provided due to lack of time. The results of this research point to the need to create more accessible training programs, provide faculty with training opportunities so they can better understand mental illness, and create a systematic approach to support students with mental illness in the classrooms.
Chapter 1: Introduction

Current data suggest that many students go to college with previously diagnosed mental health disorders or will experience symptoms for the very first time during their college career. By the age of 14 years old, half of the individuals with mental health disorders will begin showing symptoms, and by the age of 24 this proportion will have grown to three-fourths (Wyatt, Oswalt, & Ochoa, 2017). Statistics such as the one above may be why the percentage of mental health issues on college campuses has been consistently increasing over time (Wyatt, Oswalt, & Ochoa, 2017), and Holmes & Silvestri (2016) mention that the complexity of these cases has also increased.

For individuals with mental illness, attending college with all the stressors that are experienced, can negatively impact academic performance and result in a worsening of mental health (Holmes & Silvestri, 2016; Wyatt, Oswalt, & Ochoa, 2017). As a result of the adversity students with mental illness face when obtaining a postsecondary education, many will withdrawal before completion (Gruttadaro & Crudo, 2012).

As colleges experience greater numbers of students struggling with their mental health, programs have been created and strengthened to combat this growing concern. Unfortunately, many students are not seeking help (Gruttadaro & Crudo, 2012). Research suggests that the services provided to students on campuses are well-liked by the students that use them, but many students do not know of the resources that are available to them. Of those students that did reach out to the university for support, 57% of these students did not ask for accommodations for reasons that included: stigma, high expenses, and a lack of awareness that they qualify for particular resources (Gruttadaro & Crudo, 2012).
In Canada, there has been a call to action. Professors have been charged with the task of creating and providing supportive environments for students’ mental health needs (DiPlacito-DeRango, 2016). DiPlacito-DeRango (2016) concluded that due to a lack of resources for professional development, a lack of policy and structure, and the underlying stigma of mental illness, Canada’s call to action results in an unsuccessful initiative.

The United States faces the same concerns. Educators need a greater understanding of mental health issues. This has been confirmed through literature that has reported that students in the United States desire professors have more education on how to support students struggling with mental illness (Gruttadaro & Crudo 2012; Kosyluk, Corrigan, Jones, James, Abelson & Malmon, 2016). Students believe that the primary reason their university is not supportive of mental health issues and fails to recognize its importance, is due to the lack of understanding college faculty and staff regarding these concerns (Gruttadaro & Crudo, 2012; McNaughton-Cassill, 2013; St-Onge & Lemyre, 2018).

**Problem Statement**

Nested within the larger issue of mental health on college campuses, there are three problems prevalent in the literature: the symptoms of mental health disorders on college students, the established mental health training opportunities in education settings, and the stigma associated with mental illness.

**Symptoms.** Mental illness can have debilitating and disastrous impacts on students. Only 32% of individuals who are diagnosed with a serious mental health disorder pursue education after high school (Frauenholtz, Mendenhall & Moon, 2017). Students with mental health concerns that pursue a college education can have difficulty
with numerous factors connected to their success in college (Holmes & Silvestri, 2016, p. 35). The National Association for Mental Illness (2012) reports that 64% of the respondents that did not finish college left because of reasons related to their diagnosed mental illness.

**Training Opportunities.** Many colleges and universities encourage their instructional faculty and staff to attend training and education workshops to help them better understand mental health concerns and how symptoms may be exhibited in the classroom. Even with encouragement to attend training, participation in such training is limited (DiPlacito-DeRango, 2016). In the absence of training, the average educator has limited knowledge on mental health and a limited ability to effectively intervene when necessary (Frauenholtz, Mendenhall & Moon, 2017).

**Stigma.** Even when higher education communities understand the effects mental illness has on students and universities, stigma of mental illness make it less likely that faculty will intervene when they encounter students exhibiting symptoms. DiPlacito-DeRango (2016) mentions that the mental health stigma that is being carried on to college campuses by its faculty and staff is impeding any progress from occurring. This limitation can lead to under-reporting by faculty and staff, resulting in many students not receiving support when these health issues arise (DiPlacito-DeRango, 2016).

**Purpose of the Study**

The purpose of this study was to identify potential training needs of professors regarding mental illness, allowing them to better assist students struggling with their mental health during college. In National Association on Mental Illness’s (NAMI) report, “College Students Speak: A Survey Report on Mental Health” (Gruttadoro &
Crudo, 2012), all respondents agreed that a helpful preventative measure would be education, provided to professors, on mental health disorders and their effects. To better understand what education needs professors require through a self-report lens, 10 research questions were created to answer and understand the topic.

**Significance**

In today’s economy, the importance of a postsecondary degree is emphasized. Without a degree, a person can face life-long limitations to their career growth and income level (Kosyluk, Corrigan, Jones, James, Abelson, & Malmon, 2016). To better support these students while they acquire a postsecondary education, professor understanding of mental health is pertinent. While research on this topic has widely suggested mental health education to college and university faculty, limited research has identified the specific education needs of instructors.

If education is provided to professors, they have the opportunity to be key drivers in the identification process of students with mental illness. Increasing the probability that these students utilize campus resources will significantly impact the success of their future academic and professional careers. These findings will create a basis for future training programs that may be administered to professors via their colleges and universities.
Key Term Definitions

The Center for Disease Control and Prevention define these terms as:

Table 1:

<table>
<thead>
<tr>
<th>Key terms and definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental illness and mental health disorder:</strong></td>
</tr>
<tr>
<td>“Conditions that affect a person’s thinking, feeling, mood or behavior, such as depression,</td>
</tr>
<tr>
<td>anxiety, bipolar disorder, or schizophrenia. Such conditions may be occasional or long-</td>
</tr>
<tr>
<td>lasting (chronic) and affect someone’s ability to relate to others and function each day”</td>
</tr>
<tr>
<td>(Learn About Mental Health, 2018).</td>
</tr>
<tr>
<td><strong>Mental health:</strong></td>
</tr>
<tr>
<td>“Includes our emotional, psychological, and social well-being. It affects how we think,</td>
</tr>
<tr>
<td>feel, and act. It also helps determine how we handle stress, relate to others, and make</td>
</tr>
<tr>
<td>healthy choices.¹ Mental health is important at every stage of life, from childhood and</td>
</tr>
<tr>
<td>adolescence through adulthood” (Learn About Mental Health, 2018).</td>
</tr>
</tbody>
</table>
Chapter 2: Literature Review

To better understand the current context of student mental health needs and faculty education, a literature review was conducted as the foundation of this study. I reviewed the literature in 3-4 areas using scholarly journals from Education Research Complete and ERIC research databases, and reports published by the National Alliance on Mental Illness (NAMI), The Jed Foundation, and The Center for Disease Control and Prevention. The terms and phrases used to acquire these references include: “mental health” and “training” and “learning theory,” “mental health” and “training” and “higher education,” “mental health” and “college students,” mental health” and “stigma” and “college students,” and “professors” and “mental health” and “training.” Other terms used to find research include: “mental illness,” “postsecondary education,” “services,” “support,” “initiatives,” and “symptoms.”

Conceptual Framework

Within our society there is a stigma connected to mental illness (Corrigan, & Fong, 2014). In response to this stigma, mental illness is not openly spoken about on many college campuses and mental health resources are not promoted to the student population (Salzer, 2012). With the combination of stigma and lack in open communication about mental illness, professors are bringing their misinformation and judgments into their classrooms (DiPlacito-DeRango, 2016; Gruttadaro & Crudo, 2012). This ultimately negatively affect the students struggling with their mental health. If the stigma of mental illness is addressed on college campuses, the stigma emanating in college classrooms via professors will minimize, creating a safer environment for these students.
To gain a holistic view of the current nature of mental illness on college campuses, I first review the societal stigma associated with mental illness. Next, I analyze the current measures education communities are taking to promote mental health on their campuses. Lastly, I research the relationship between professors and mental illness in college campuses and how this affects the success of students with mental illnesses. These inquiries provide a broad understanding of the purpose of the study, the challenges and strengths within postsecondary education, as well as the gaps within current research.

Figure 1: Conceptual framework

Theoretical Framework

To ground this study theoretically, Ausbel’s Meaningful Learning Theory is a useful lens (Altman, 2010). Novak’s theory of education, which is based on Ausubel’s Meaningful Learning Theory, is a constructivist theory which addresses the different processes and backgrounds many individuals come from, determining their attitudes, knowledge, and actions toward different topics (Altman, 2010). This learning model
considers how each person’s experiences create a unique opinion, and with an intricate topic such as mental health, these considerations are necessary. Considering the stigma and misinformation associated with mental illness, it is likely many professors have negative or unfounded opinions and attitudes toward mental illness. Without this understanding the different positions individuals take on mental illness in the education community may not be properly addressed. If this stigma can be lessened through mental health education, the strength of society’s stigma will lessen its influence on professors who will in return, better respond to students struggling with their mental health.

To begin to understand the current actions as well as the perceptions of mental illness on college campuses, a literature review was performed that formed three themes: *Students in College with Mental Health Disorders*, *Established Mental Health Resources*, and *Knowledge, Skills and Attitudes toward Mental Illness in Education Communities*.

**Students in College with Mental Health Disorders**

At this time, more people in the world are attending college than ever (McNaughton-Cassill, 2013) and this has caused an overwhelming importance within today’s economy to have a degree (Kosyluk, Corrigan, Jones, James, Abelson, & Malmon, 2016). This has in return, increased the number of individuals with mental illnesses on college campuses (Holmes & Silvestri, 2016; Wyatt, Oswalt & Ochoa, 2017; Gruttadaro & Crudo, 2012; St-Onge & Lemyre, 2018; Salzer, 2012). The current number of students struggling with their mental health on any given campus is approximately 25% (Rudick & Dannels, 2018). Included in this percentage are diagnosable mental health disabilities such as bipolar disorder, major depression, and schizophrenia that have
also become prevalent (Nobling & Maykratz, 2017; Holmes & Silvestri, 2016; Salzer, 2012).

Many individuals that choose to acquire a postsecondary degree will experience their first mental illness symptoms while in college (McNaughton-Cassill, 2013; Kosyluk, Corrigan, Jones, James, Abelson, & Malmon, 2016; Wyatt, Oswalt & Ochoa, 2017; McKinney, 2009). When individuals experience symptoms for the first time, they may be unaware that what they are experiencing is psychological distress (Nobling & Maykratz, 2017). The symptoms students may experience when struggling with their mental health are broad, and some are more evident than others. Students may show less engagement, lower GPAs and lower interest in academics (VanderLind, 2017). Some frequently miss assignment deadlines and class, show a lack of energy, an inability to maintain social and professional relationships and struggle with memory and alertness (McNaughton-Cassill, 2013; Holmes & Silvestri, 2016). Other students may exhibit more outward symptoms such as inappropriate emotional reactions and public disclosure, disregard for their peers and poor hygiene (McNaughton-Cassill, 2013). They may have increasing difficulty maintaining their productivity level, motivation and organization, ultimately affecting their self-esteem (St-Onge & Lemyre, 2018). If left unaddressed, these symptoms and struggles can cause additional stress on the students and can have serious repercussions on the overall college experience.

Those who experience symptoms of mental illness for the first time at college, have the unique opportunity to utilize many campus resources. These resources are available at a low cost and allow students to understand their own best practices for self-maintenance and self-care to continue after graduation (Wright, & Meyer, 2017). Even
with the available resources, not all college students with mental illnesses will graduate. Eighty-six percent of these students withdraw prior to degree completion. This is almost double the dropout rate of individuals without mental health diagnoses (Salzer, 2012). For those students that are unable to seek assistance during times of mental health degradation, academic success and degree completion can become unachievable (VanderLind, 2017; Wyatt, Oswalt & Ochoa, 2017; Kosyluk, Corrigan, Jones, James, Abelson, & Malmon, 2016; McKinney, 2009). To decrease the percentage of students who drop out due to mental health challenges, assistance in the identification of symptoms by instructional faculty may allow students to receive assistance earlier in life. Early identification and intervention has the potential to help students maintain their mental health at a much better rate than those whose health goes unattended for years (Nobling & Maykratz, 2017). By improving an individual’s chances at obtaining a postsecondary education, it will increase their employment opportunities and decrease the wage gap of this vulnerable group (Kosyluk, Corrigan, Jones, James, Abelson, & Malmon, 2016; Frauenholtz, Mendenhall & Moon, 2017).

**Established Mental Health Resources**

Even though there are positive resources on campuses, colleges are still facing challenges to accommodate their students compared to years prior (VanderLind, 2017). Due to outdated policies and overloaded campus resources, many students are utilizing the legal system to fight discriminative actions of schools who do not appropriately support their disabilities. This sharp rise in litigations against universities is causing more resources to become available on campuses worldwide (Lee, 2014). In May of 2018, the Disability Rights Advocates (DRA) filed a lawsuit against, the highly accredited,
Stanford University. This lawsuit is on behalf of three students that faced discriminatory actions due to outdated policies and practices upheld by the university. These students did not file the suit for any monetary compensation but have asked for policy reform from the university (Book, 2018).

The current campus resources include the office of disability services and the counseling or health centers. When students qualify for the office of disability services, they are provided with an array of accommodations to assist them within their learning environment. When students use campus counseling centers or health centers, they can be provided therapy, psychotropic medications, and self-care practices to assist in maintaining their academic efficiency (Salzer, 2012). When a student combines the use of adjustments with self-care practices learned through campus counseling centers, their ability to manage a postsecondary education increases (National Centre for Vocational Education Research, 2015; Fossey, Chaffey, Venville, Ennals, Douglas, & Bigby, 2015; Gruttadaro & Crudo, 2012).

Campus-wide initiatives and supported education programs have also become more prevalent on colleges campuses, assisting in the detection and support for students with mental illness (Salzer, 2012). Common programs found on campuses include: The Jed Foundation (2008) who has been making steps toward mental health training for educators and is assisting in the creation of guidelines and policies to support those with mental illnesses on college campuses (DiPlacito-DeRango, 2016), and Active Minds who, run by student leaders, provides direction, support, and programs for their campuses (Salzer, 2012).
Even with such positive steps to support this vulnerable population, it seems there are multiple reasons why less than half of the student population struggling with their mental health are utilizing these services (Salzer, 2012). The lack of information given to students on resource existence and qualifications (Salzer, 2012; Giamos, Lee, Suleiman, Stuart & Chen, 2017; Gruttadar & Crudo, 2012; DiPlacito-DeRango, 2016), mental health education on campuses, and how students may access these resources (Giamos, Lee, Suleiman, Stuart & Chen, 2017; Gruttadar & Crudo, 2012) are each attributing to the lack utilization.

Another hurdle faced by students is a lack of systematic approach to mental health treatment, education, or identification on college campuses. Without this structure, no country, no matter their efforts, will succeed in the battle against mental illness (Giamos, Lee, Suleiman, Stuart & Chen, 2017). This is notably exemplified in the presence, or lack thereof, of the Individuals with Disabilities Education Act (IDEA) within postsecondary education. This act requires the identification and assistance of students with disabilities by primary educators and ensure these students can receive education that meets their specific needs, and even though there are students in postsecondary with these same needs, this Act does not exist within postsecondary education (Rudick & Dannels, 2018).

Knowledge, Skills, and Attitudes toward Mental Illness in Education Communities

Misunderstanding is one of the main contributors for the presence of stigma towards those with mental illnesses (Rudick & Dannels, 2018; Kosyluk, Corrigan, Jones, James, Abelson, & Malmon, 2016, p. 3; DiPlacito-DeRango, 2016). The fear of experiencing stigmatization from those around them will cause individuals struggling with their mental health to not seek help in times of need (Giamos, Lee, Suleiman, Stuart
& Chen, 2017; Gruttadaro & Crudo, 2012; Salzer, 2012; Michaels, Corrigan, Kanodia, Buchholz & Abelson, 2015; DiPlacito-DeRango, 2016). This fear causes people with mental illness to not seek help for an average of 6 to 23 years after experiencing their first symptoms (McKinney, 2009). When individuals disclose their needs for mental health support at their college, it is likely they will experience some form of stigmatization (Rudick & Dannels, 2018; St-Onge & Lemyre, 2018). These consequences of unfair treatment can increase the degradation of a person’s mental health (McKinney, 2009).

Due to misinformation and stigma, professors are reported to be unwilling and uncooperative in assisting students and providing accommodations (Kosyluk, Corrigan, Jones, James, Abelson & Malmon, 2016; Salzer, 2012; Gruttadaro & Crudo, 2012). Some of this hesitance comes from the belief that these accommodations are “unfair advantages” over other students (St-Onge & Lemyre, 2018). Students have reported experiences with instructors who say their disclosure is just a plead for special treatment (Rudick & Dannels, 2018). With these stigmas at play in our postsecondary education systems, it is likely that students struggling with their mental health may not receive support and help through their college careers and will continue to be the receivers of prejudice and discrimination (DiPlacito-DeRango, 2016, p. 9).

Although faculty and staff can be some of the key players in the stigmatization of students with mental illness, it is not all their fault. Many academics do not spend time learning to teach. Yes, they assist in the classroom of their professors, teach classes on their own, take classes to learn how to utilize teaching techniques to disseminate their content, but many have never been taught about the interpersonal workings that occur inside the classroom (McNaughton-Cassill, 2013). To reduce the harmful stigma
surrounding mental health, education is a powerful strategy. Education communities in its current state have not provided professors with general mental health knowledge (St-Onge & Lemyre, 2018; DiPlacito-DeRango, 2016; Frauenholtz, Mendenhall, & Moon, 2017). Without such preparedness, when faculty encounter students exhibiting mental health distress, instructors may be at a loss as to why it is happening and how they may address the issue (McNaughton-Cassill, 2013). Evidence suggests that education programs that specifically work toward proving misinformation wrong and creating direct contact with individuals with mental illnesses have shown promise (Salzer, 2012; McKinney, 2009; Rudick & Dannels, 2018). With the improvement of mental health awareness by instructors, negative assumptions of the students will decrease, while communication, professor initiative, confidence and compliance will increase (St-Onge & Lemyre, 2018). To ensure the dissemination of mental health education, the creation of expectation models and policies for faculty and staff should be implemented for use when interacting with and supporting students with mental illness. Additionally, the implementation of continual professional development and training opportunities for faculty and staff will ensure continued education regarding mental health (Salzer, 2012; DiPlacito-DeRango, 2016).

**Summary**

In summary, the population of students with mental illness on college campuses is rising (Holmes & Silvestri, 2016; Wyatt, Oswalt & Ochoa, 2017; Gruttadaro & Crudo, 2012; St-Onge & Lemyre, 2018; Salzer, 2012). For this reason, postsecondary schools are trying to keep up with the needs necessary for their students to succeed and already have many practices in place (Salzer, 2012; VanderLind, 2017). When students utilize the
resources provided on campus, they have an increased chance to graduate, but more than half of these students will not reach out for assistance in fear of stigmatization (Giams, Lee, Suleiman, Stuart & Chen, 2017; Gruttadaro & Crudo, 2012; Salzer, 2012; Michaels, Corrigan, Kanodia, Buchholz & Abelson, 2015; DiPlacito-DeRango, 2016). While there is currently too much misinformation circulating about mental illness, these students continue to face mistreatment, discrimination and penalties for characteristics they may not be able to change within themselves (DiPlacito-DeRango, 2016). The implementation of mental health education and policies would decrease the stigma and increase the success rate of students with mental illness (Salzer, 2012). Through my research, I will be making the first steps toward understanding the needs of professors so they may better assist students struggling with their mental health.
Chapter 3: Methodology

A mixed method research design combines the strengths of both quantitative and qualitative data that specifically assists in solving complex problems faced by those within academia (Creswell & Garrett, 2008, p. 312). The first round of data collection utilized a Qualtrics survey, original to this research, and was sent via mass email to instructional faculty and staff at James Madison University. At the conclusion of this survey, participants had the choice to follow a second link to provide contact information to participate in the second round of data collection, an in-person interview. Once the survey data was collected and analyzed, interview questions were created to elaborate and better understand the answers to the initial survey. Interviews were conducted and once completed, analyzed via emergent coding to determine strengths, weaknesses, opportunities, and threats. Through the analysis of the two rounds of data, suggestions for organizational development will be discussed. Below, I will go in to greater detail of the specific research design, instruments, data collection, analysis and the protection of human rights.

Research Questions

RQ1: How frequently do professors interact or teach students with suspected mental illness?

RQ2: What percentage of students do professors refer to seek mental health resources on JMU campus?

RQ3: What characteristics of mental illness do professors at JMU understand could impede on a student’s work?
RQ4: What percentage of professors agree that mental illness impedes student academic success?

RQ5: What percentage of professors agree that their ability to identify students exhibiting mental health distress would improve through the obtainment of mental health training?

RQ6: Do JMU professors see the value in participating in a single session mental health training?

RQ7: What percentage of professors have obtained a professional mental health training which included the identification of students exhibiting mental health distress, the relationship between mental health resources, the referral process of a student to mental health resources, and explanation of mental health resources on JMU campus within the last five years?

RQ8: What topics of mental health do professors at JMU believe would be beneficial to learn in a training session to benefit their future experiences with students who struggle with mental health disorders?

RQ9: What benefits do professors believe they would acquire through the obtainment of a single mental health training session?

**Research Design**

An explanatory mixed method approach was used to collect and analyze both quantitative and qualitative data to understand the perspectives of instructors regarding their ability to identify and assist students struggling with their mental health. The explanatory method is a two-step data collection research design that begins with quantitative data collection and was followed with qualitative data collection to deepen the understandings of the research topic. Literature suggests, when there is little
information on a subject, explanatory mixed method research is ideal to provide a depth of understanding toward a topic not yet understood (Almalki, 2016). Due to the lack of research done to understand mental illness in the classroom from the professor’s perspective, this method seems most applicable. By gaining a more meaningful understanding of this data, it’s suggested that a researcher may be able to provide more realistic solutions toward the phenomena they are studying (Almalki, 2016). In a recent study measuring perceptions of mental illness from the college student point of view, an explanatory mixed method approached was used and the researchers were able to synthesize their findings and suggest practical improvements (Nobling & Maykrantz, 2017).

In this study, the first round of data was collected via a quantitative Qualtrics survey and was followed by an in-person interview that was used to better understand the first round of data collection. By combining these methods, a narrative picture was created to explain a point of view professor’s may have toward their current education on mental illness in the classroom. Review the figure below for a graphic representation of the research design.

![Explanatory Mixed Method Research Design](image)

*Figure 2: Explanatory Mixed Method Research Design*
**Quantitative phase: Survey**

**Population Sample**

The target population of this study consisted of all instructional faculty and staff at James Madison University that work with students. This population was chosen because mental illness in the classroom has for the most part only been examined from the student perspective (St-Onge & Lemyre, 2018). One-thousand, four-hundred sixty-six instructional faculty were invited to participate. Of these instructors, 1,044 are full-time and 422 are part-time. The female to male ratio was fairly equal within the full-time demographics, 51% were male and 49% were female (2017-2018 Statistical Summary, n.d.). The survey was sent to all instructional faculty and staff at James Madison University (JMU) via JMU mass email (1,466 persons). The email included the purpose of the study, participant rights and the link to the survey. I received 64 participant responses from this survey which equated to a 4.4% response rate.

**Instrument**

The anonymous survey was administered using Qualtrics. The survey was an original instrument due to the lack of prior research measuring professors’ points of view of mental illness in the classroom. This survey included closed-answer, open-ended, and Likert scale questions, and aimed to measure prior knowledge and training experience on mental health, as well as opinion-based questions on faculty’s ability to address and understand mental illness. The purpose of this survey was to examine their current knowledge and obtainment of formal training on the topic of mental illness, while gaining an understanding of their perceptions and opinions on the prevalence and importance of
mental health education. The survey questions may be viewed below in Table 1. Because this survey was created specifically for this research, it was reviewed by multiple faculty members within the university. At the end of this survey was a link that connected to a follow-up Qualtrics form where instructors were able to provide their contact information if they were available for an in-person interview. This form was separate from the initial survey to allow anonymity of survey responses.

Table 2:
Survey Instrument

| Closed-Answer Question | SQ1: Do you have an educational background in psychology and/or counseling?  
SQ2: Did your graduate training include mental health education?  
SQ3: Have you had exposure to mental illness unrelated to your education background? |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Open-Ended Question    | SQ4: Within the last year, approximately what percentage of your students do you believe were struggling with mental illness which impeded their work?  
SQ5: Approximately what percentage of your students, whom you believed were struggling with mental illness within the last year, did you refer to mental health resources on campus?  
SQ9: Please provide any additional information you |
| Likert Scale Question | SQ6: In the last five years, have you received formal education on:
| | a. The symptoms of mental illness?
| | b. The relationship between mental illness and academic work?
| | c. The mental health resources which can be found on JMU’s campus?
| | d. The process of referring a student to mental health resources on campus?
| SQ7: Within the past year, did you:
| a. Encounter a student struggling with their mental health?
| b. Assume a student who was struggling with their work was struggling with their mental health?
| c. Intervene in any way responding to a student demonstrating symptoms of mental illness?
| d. Refer a student to campus resources for their mental health?
| e. Contact a student personally concerning their mental health?
| SQ8: Please select how strongly you agree or disagree with the following statements. |
a. I know how to identify a student struggling with mental illness.
b. I know how to refer a student struggling with mental illness to resources on campus.
c. I believe that mental illness can impede a student’s work within the classroom.
d. I believe that the obtainment of a single session mental health training would strengthen my ability to identify students demonstrating symptoms of mental illness.
e. I believe that the obtainment of a single session mental health training would strengthen my ability to assist students demonstrating symptoms of mental illness.

Protection of Human Subjects

On November 8, 2018 this study was approved by the Institutional Review Board. This study had no perceived harm and minimal risk for its participants and no deception was used. The rights of the participants were included in the mass email and explained prior to the interviews. Anonymity was promised to participants to allow for truthful responses.

Data Collection & Procedures
In late November 2018, the Qualtrics survey was sent to all instructional faculty and staff at JMU via JMU mass email. This email included a description of the purpose of the study as well as the link to the anonymous Qualtrics survey. Within this survey, there was a mix of quantitative and qualitative questions. Once the survey was closed after two weeks, the data were analyzed using descriptive statistics to identify patterns that would be beneficial to explore more thoroughly via the interview process.

Qualitative phase: Interviews

Population Sample

The interview population consisted of a sample of the survey participants. The five individuals who participated in the in-person interviews were all women, ranging in instructional experience from >1 year to <20 years and they were all from different colleges within the university.

Instrument

The second round of data collection was a semi-structured interview which elaborated on the findings of the survey and filled in gaps within the research questions. Qualitative data assists the researcher by providing detailed and meaningful information about experiences, creating more meaning for the quantitative data (Creswell & Garrett, 2008). The second round of data also assisted the strength of this research to combat the low response rate of the survey. These questions were created after analyzing the results of the survey and comparing these to the research questions. These were all open-ended questions probing for specific experiences professors had with struggling students and their opinions as well as knowledge of mental illness education on campus. For validity
purposes, these questions were also reviewed by multiple professors at the university.

Table 3 below contains the interview questions used.

<table>
<thead>
<tr>
<th>IQ1: Can you tell me about your education and professional background?</th>
</tr>
</thead>
<tbody>
<tr>
<td>IQ2: Can you tell me about a time a student you were working with was struggling with their mental health?</td>
</tr>
<tr>
<td>a. What was your thought process during this time?</td>
</tr>
<tr>
<td>b. Did you do anything to help them?</td>
</tr>
<tr>
<td>IQ3: What do you believe would make professors feel more comfortable identifying students?</td>
</tr>
<tr>
<td>IQ4: What do you believe would make professors feel more comfortable assisting students?</td>
</tr>
<tr>
<td>IQ5: Are you aware that JMU offers workshops to help professors recognize and assist students with mental illness?</td>
</tr>
<tr>
<td>a. Have you attended any?</td>
</tr>
<tr>
<td>1. If not, what has prevented you from attending?</td>
</tr>
<tr>
<td>b. If unaware, how should the groups holding these workshops make faculty more aware?</td>
</tr>
<tr>
<td>IQ6: What topics do you believe would be helpful for professors to learn in a training program?</td>
</tr>
<tr>
<td>IQ7: What benefits do you believe professors could gain from obtaining such training?</td>
</tr>
</tbody>
</table>

*Table 3: Interview Instrument*
**Data Collection & Procedures**

For questions on the participants interested in participating in the second round of data collection, there was a Qualtrics survey that allowed them to provide their name and contact information. Once the individuals for the follow-up interviews were identified, an anonymous sign-up link was sent to each participant via email. This sign up was done through Doodle.com and features were enabled to restrict participants from viewing other’s responses or contact information. The interviews were conducted during February 2019 at the instructor’s office to maintain privacy. These semi-structured interviews lasted approximately 30 minutes and were transcribed for further analysis after the meeting. Once interviews were conducted and emergent coding were used to explore professor experience and knowledge of mental illness in the college classroom.

**Data Analysis**

Analysis of the qualitative data went through two phases: emergent coding and theme organization. Emergent coding was used to find the similarities between participant thoughts and experiences. To strengthen the coding process, a group analysis session took place analyzing the transcriptions of each interview. This group consisted of the department chair as well as my cohort members.

**Summary**

Due to the limited data on professor views of mental illness in postsecondary education, an explanatory method was used to investigate their opinions. Through two rounds of data collection, survey and interview. The study assessed their current education on mental illness, as well as their perceptions and opinions of mental illness in the classroom. The use of the initial survey assisted in the creation of the interview
questions that elaborated on the first-round data’s findings. The study’s findings were
drawn once both rounds of collection and analysis were concluded. By cause of the low
response rate, the generalizability is low, but does suggest more research should be done
from the instructor point of view.
Chapter 4: Findings

Sixty-four faculty completed the survey portion of the study resulting in a 4.4% response rate. Five interviews were conducted with faculty members to explore some of the quantitative findings. Below, I provide the overarching research questions, the demographics and then I present the study’s findings by question to include both the quantitative and qualitative responses.

Demographics

The JMU faculty that participated in the survey were asked three demographic questions. The first two questions asked if mental health training was included in their educational background or graduate training. The third question asked if they had been exposed to mental illness unrelated to their education background. The answers are visually depicted below.

Table 4:
Demographics Frequency Table

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Educational Background</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SQ1: Do you have an educational</td>
<td></td>
<td></td>
</tr>
<tr>
<td>background in psychology and/or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>counseling?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>19</td>
<td>29.7%</td>
</tr>
<tr>
<td>No</td>
<td>45</td>
<td>70.3%</td>
</tr>
<tr>
<td><strong>Graduate Training</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SQ2: Did your graduate training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>include mental health education?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>11</td>
<td>17.1%</td>
</tr>
<tr>
<td>No</td>
<td>52</td>
<td>81.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------</td>
<td>--------</td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

**Exposure to Mental Illness**

**SQ3:** Have you had exposure to mental illness unrelated to your education background?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>54</td>
<td>84.4%</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
<td>14%</td>
</tr>
<tr>
<td>No Response</td>
<td>1</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

**RQ1:** Each year, how frequently do professors interact or teach students with suspected mental illness?

Quantitatively, the fourth survey question asked participants to approximate a percentage of their students they knew or suspected were struggling with a mental illness within the last year. Fifty-nine participants responded to this question with the reported minimum was 0% while the reported maximum was 75%. Descriptive statistics found the mean to be 15.62% and the mode was 10%. Those who did not provide a percentage were not included in the analysis. Figure 3 is a visual representation of the distribution of answers.

SQ4: Each year, what percentage of students do you believe were struggling with mental illness which impeded their work?
Figure 3: Frequency of Percentages Reported by Respondents of Students They Knew or Suspected Were Struggling with Mental Illness.

Qualitatively, 3 interviewees mentioned the frequency of their interactions with students struggling with their mental health. Interviewee 4 described 3 separate students within their classes this academic year that had severe difficulties with their mental health. One participant even noted that higher frequency of students with mental illness by stating,

“I come to expect that I’m going to have [requests for accommodations] every semester where that was not the case in the early days, nine years ago” (Interviewee 5).

RQ2: Each year, what percentage of students do professors refer to seek mental health resources on JMU campus?

The fifth question of the survey (n=57) asked participants to approximate the percentage of their students they referred to the campus resources who they knew or suspected were struggling with a mental illness within the last year. The minimum reported was 0% while the maximum percentage reported was 100%. Descriptive
statistics identified the mean response was 15.62% but the more useful response was the mode which was 10%. Respondents who did not provide a percentage were excluded from analysis. Figure 4 represents the distribution of responses to survey question 5.

SQ5: Each year, what percentage of students do professors refer to seek mental health resources on JMU campus?

![Figure 4: Frequency of Percentages Reported by Respondents of Students Referred to Campus Resources They Knew or Assumed Were Struggling with Mental Illness.](image)

**RQ3: What characteristics of mental illness do professors at JMU understand could impede on a student’s work?**

When participants answered interview question 2, ‘Can you tell me about a time a student you were working with was struggling with their mental health?’ respondents reported a number of characteristics that they had seen students exhibit during times of mental distress. Although many symptoms were mentioned, those that were reported within the qualitative analysis were chosen from repetition. The symptoms reported by
interviewees fell under 4 specific themes: Academic Reactions, Emotional Reactions, Physical Reactions, and Pattern Ambiguity. In reference to Academic Reactions, two interviewees mention students struggle with missing deadlines. Two interviewees also mention student inconsistency in class attendance and in more severe cases, 3 interviewees mention students failing or withdrew from classes. Verbal and Emotional Reactions that were reported by interviewees include: verbally expressing symptoms, socially isolating themselves and emotional distress. The Physical Reactions expressed by interviewees include hygiene deterioration, self-harm and violence toward others. Lastly, Pattern Ambiguity was explained by 4 participants. One participant mentioned that cultural differences can cause the display of mental illness vary, and 2 interviewees explained that many students suffer in silence and show no visible symptoms.

**Figure 5:** Reported Symptoms Exhibited by Students Suffering from Mental Illness.

**RQ4: What percentage of professors agree that mental illness impedes student academic success?**

Survey question 8 asked participants to rate their level of agreement with the statement, “I believe that mental illness can impede a student’s work within the
classroom”. Sixty-two responses were received for this question. Based on a Likert scale with ratings, “Strongly Agree to Strongly Disagree” the majority (92%) of survey respondents agreed that mental illness can impede a student’s work.

SQ8c: Please select how strongly you agree or disagree with the following statement: I believe that mental illness can impede a student’s work within the classroom.

![Pie chart showing percentage of respondents]

Figure 6: Percentage of Faculty Who Agree That Mental Illness Affects Student Work

RQ5: What percentage of professors agree that their ability to identify students exhibiting mental health distress would improve through the obtainment of mental health training?

Survey question eight was designed as a matrix question with five sub-questions. The fourth sub-question of the survey asked participants to rate their level of agreement with the statement, “I believe that the obtainment of a single session mental health training would strengthen my ability to identify students demonstrating symptoms of mental illness”. Sixty-two responses were received for this question. Based on a Likert
scale with ratings, “Strongly Agree to Strongly Disagree” the majority (63%) of survey respondents agreed that a single session of mental health training could strengthen their ability to identify students.

SQ8d: Please select how strongly you agree or disagree with the following statement: I believe that the obtainment of a single session mental health training would strengthen my ability to identify students demonstrating symptoms of mental illness.

![Pie Chart](image)

*Figure 7: Faculty Agreement That a Single Mental Health Training Could Strengthen Their Ability to Identify Students Struggling with Mental Illness.*

Qualitatively, when interviewees were asked what would help them as instructors feel more confident identifying students with mental illnesses, 4 out of 5 desired training that encompassed the symptoms of mental illness. One participant stated, “I think it would be helpful to learn the signs [of mental illness]” (Interviewee 1). One of the participants that expressed a desire for training to more easily identify students, shared a
way the dissemination would be useful to them, “Examples of the kinds of things that students say that could indicate a more, you know, deeper issue” (Interviewee 4).

**RQ6: Do JMU professors see the value in participating in a single session mental health training?**

Within survey question 8, two statements were created to measure the perceived value of a single session mental health training. The fourth sub question asked participants to rate their level of agreement with the statement, “I believe that the obtainment of a single session mental health training would strengthen my ability to identify students demonstrating symptoms of mental illness”. Sixty-two responses were received for this question. Based on a Likert scale with ratings, “Strongly Agree to Strongly Disagree” the majority (63%) of survey respondents agreed that a single session of mental health training could strengthen their ability to identify students.

The fifth sub question of the survey asked participants to rate their level of agreement with the statement, “I believe that the obtainment of a single session mental health training would strengthen my ability to assist students demonstrating symptoms of mental illness”. Sixty-two responses were received for this question. Based on a Likert scale with ratings, “Strongly Agree to Strongly Disagree” the majority (63%) of survey respondents agreed that a single session of mental health training could strengthen their ability to identify students.

**SQ8d: Please select how strongly you agree or disagree with the following statement: I believe that the obtainment of a single session mental health training would strengthen my ability to identify students demonstrating symptoms of mental illness.**
Figure 8: Respondent Agreement Toward a Single Mental Health Training Strengthening Their Ability to Identify Students Struggling with Mental Illness.

SQ8e: Please select how strongly you agree or disagree with the following statement: I believe that the obtainment of a single session mental health training would strengthen my ability to assist students demonstrating symptoms of mental illness.
Figure 9: Respondent Agreement Toward a Single Mental Health Training Strengthening Their Ability to Assist Students Struggling with Mental Illness.

Qualitatively, 3 interviewees expressed interest in mental health education for instructional faculty and staff at JMU. Two of these three even mentioned the benefit of making such training “mandatory” for the school. This can be seen in the following statement,

“I think having some type of training, maybe voluntary at first, but mandated later on, would be good” (Interviewee 1).

RQ7: What percentage of professors have obtained professional a mental health training which included the identification of students exhibiting mental health distress, the relationship between mental health resources, the referral process of a student to mental health resources, and explanation of mental health resources on JMU campus within the last five years?

Survey question six was designed as a matrix question with four sub-questions. These questions of the survey asked participants to report their obtainment of training on
the topics of mental illness symptoms, the relationship between mental illness and academics, campus resources and the referral process within the last five years. Fifty-three participants reported they had not received training on the symptoms of mental illness, 54 participants reported they had not received training on the relationship between mental illness and academic work, 35 participants reported they had not received training on the resources found on campus and 34 reported they had not received training on the referral process to mental health resources on campus. Six out of 64 respondents reported having received training covering all 4 topics.

SQ6: In the last five years, have you received formal education on:

e. The symptoms of mental illness?

f. The relationship between mental illness and academic work?

g. The mental health resources which can be found on JMU’s campus?

h. The process of referring a student to mental health resources on campus?

Figure 10: Respondent Report of Previously Acquired Mental Health Training Topics
Qualitatively, 3 out of 5 interviewees mentioned they were unaware of the multiple workshops held on campus about mental illness during the school year. Four interviewees mention their busy schedules limit the workshops they may attend during the school year even though they have interest in obtaining training on campus.

**RQ8: What topics of mental health do professors at JMU believe would be beneficial to learn in a training session to benefit their future experiences with students who struggle with mental health disorders?**

Each interviewee provided a list of topics that they would consider important to include in a mental health training. Of the 20 unique topics that were provided, 5 themes emerged: *How to Identify, Supportive Actions, Supportive Resources, Faculty Resources,* and a connecting theme between student and faculty resources was *What Happens Next.* Figure 11 is a visual representation shown through a taxonomy of the emergent themes from this question.

**Identifying mental health issues affecting students.**

Faculty discussed the need for training to help them better identify mental health issues facing students. Three out of the 5 interviewees mentioned that understanding symptoms would increase awareness of mental health struggles. An interesting point was made by an interviewee stating,

“*I mean, one of the things that I’m not always sure about is if students are just having trouble in my class, or if they’re having trouble in like, all of their classes*” (Interviewee 4).
This shows that even those who are cognizant of mental illness in the classroom can feel unable to discern a student struggling with their mental illness from a student who has decided they are not interested in their class topic without proper education. Mentioned by one interviewee, a noticed difference in pattern from one student to the rest of their class has been used as a process of identification.

“If that pattern of behavior is really different from the pattern of behavior of the others in their cohort, that’s the first thing because if everybody’s struggling then I need to address the whole cohort, but if it’s just one person that tells me it’s not an issue for everybody else” (Interviewee 3).

**Supportive actions faculty should take.**

Many instructors wanted to know how they can productively support a student going through mental health issues. Two of the 5 interviewees mentioned their discomfort when speaking with students due to their fear they will hurt them more. Three of the 5 interviewees also mentioned struggling with understanding how to best support these students. Another important issue raised by 3 of 5 of these interviewees is their lack in understanding the legal boundaries of mental illness within the classroom, ranging from what they may speak about with their colleagues to what they may speak to student resources about. Two participants also mention personal experiences within their classroom where students had acted in an erratic manner and were unsure how to proceed. Both of these participants mentioned the importance of knowing how to react to situations within the classroom is important for themselves as well as those taking the class.

**Supportive Resources for Students.**
To best support their students, all 5 participants mentioned the need for students to use campus resources. Two instructors admitted they were unaware of how the resources particularly work here at JMU. Four of the participants mention the use of accommodations within the classroom. Two interviewees mentioned their willingness to use accommodations within the classroom, but they needed help understanding the line between accommodations and reasonable expectations for all students enrolled in the course. An interviewee said,

“I want to give grace where I can, but I also feel like I’m not going somebody favors, by letting them not see where they are is not functional. I want them to get to the point of recognizing, ‘My mental health is preventing me from being able to come the activities I otherwise would be able to complete,’ and get the help they need in order to do that (Interviewee 4).

**Faculty Support**

Participants also wanted to understand support measures for themselves. One participant mentions,

“I just think we talk about it in our learners, I wonder if we pay as much attention to it in our faculty and staff and our worker bees. It’s just that sometimes I wonder if we don’t focus on the whole, we just focus on the students” (Interviewee 3).

To present the information for supportive services provided to faculty may solve the case of forgetting them in the equation. A participant stressed that they do not have the time to provide individualized accommodations for all of their students on top of their already stressful workload. With little time to balance, this interviewee mentioned suggested that professors learn how to create large scale accommodations.
“Help us understand how to create a class where it’s not so hard and burdensome to the professor to accommodate a student that allows them to be supported” (Interviewee 5).

What Happens Next?

Lastly, a large question that was asked by a majority of the interviewees was the question, What Happens Next? This was asked in a multitude of ways, but these ranged from not understanding what happens after the student is sent to campus resources, to what happened to a student that disappeared from class, to how to I apply what I have learned in the classroom? One interviewee explained,

“If you give me a workshop and say these are things I need to look for, but you don’t tell me what to do. That’s the thing that gets you with diversity. We say, you know, diversity is important and you know, we want to create inclusive classrooms, things like that, but you don’t tell me behaviorally or functionally what I need to do, you know, you’ve left me hanging now” (Interviewee 3).

IQ6: What topics do you believe would be helpful for professors to learn in a training program?
**RQ9:** What benefits do professors believe they would acquire through the obtainment of a single session mental health training?

This question asked respondents to list benefits faculty would receive from mental health training. From the 5 participants, 10 unique responses were recorded. Within these responses, 3 themes emerged: *Benefits for Self, Benefits for Peers, and Benefits for Both.*

**Benefits for Self.**

One participant mentioned that a benefit of obtaining mental health training may be that instructional faculty may identify mental health struggles within themselves. Two participants also mentioned a stronger comfort in interacting and supporting students struggling with their mental health.

**Benefits for Peers.**

One participant mentions they would be happy to be able to create safety within classrooms from more severe cases that may occur for both themselves and their students.
With a better understanding of mental illness, one interviewee explains that instructors would become stronger role models for their students.

“As much as faculty may think that students don’t look up to them, they do, and so having a good role model. It’s going to be beneficial for faculty members because they’re going to positively influence the lives of those that they come in contact with” (Interviewee 1).

**Benefits for Both.**

Mentioned by 3 of 5 of the participants, was an increase in communication not only between professors and their students, but also between instructors and their colleagues. The ability to share positive practices with each other and creating the communication about these practices as a social norm for their occupation. To build on the growth of communication, 2 interviewees mention through more communication, there will be less stigma surrounding the subject. This would allow both professors and students to reach out for the respective assistance they need.

IQ7: What benefits do you believe professors could gain from obtaining such training?
Summary

In this section, I presented the quantitative and qualitative findings from this study. Through both the quantitative and qualitative analysis of this mixed methods research, it can be said that a majority of respondents agree that they are interacting with students whom they suspect or know are struggling with mental illness and training on the subject would improve their ability to identify and assist this struggling population. Instructors not only want to understand the symptoms and resources on JMU’s campus, but they also want to know the steps of the process they are referring their students to begin with the campus resources. Participants explained the current strengths and weaknesses of JMU’s efforts to fight mental illness, but the most influential motivator for instructional faculty to obtain mental health education is through their departments. By providing this education and resources to faculty on JMU’s campus, they not only identify benefits for their students, but benefits for self and peers are also mentioned. In the final section, I will present the discussion, recommendations, conclusion of this study.
Chapter 5: Discussion and Conclusion

In this chapter, I discuss the key findings, limitations, implications for practice, and recommendations for future studies. Even though the topic of mental illness on college campuses has been widely researched and many have called upon instructors to assist this growing population on college campuses, limited research has been conducted to identify the self-reported needs of professors. In particular, the relationship between professor mental health education and his/her ability to identify and assist students struggling with mental illness so there can be a better understanding in the education gaps impeding their assistance for said students. Through an explanatory mixed methods research design, survey data was collected from JMU Instructional Faculty and Staff and followed-up with a sample of in-person interviews to gain better understanding of the quantitative data and provide qualitative insight within this phenomenon.

Interpretation of Results

Through the analysis of the results, three important facts became clear: first, information gaps that lie within JMU’s current mental health practices; second, process gaps that lie within JMU’s current mental health practices; and third, a lack of available resources for faculty to utilize on campus.

The information gaps made visible through this research include an inconsistency in the amount, existence and topics of mental health education acquired through the university. Process gaps became clear that include professor and JMU campus practices. The majority of participants reported that they suspected or knew that approximately 10% of their students struggled with their mental illness. Rudick and Dannels (2018) suggest that the percentage of students struggling with their mental health is closer to 25%.
JMU’s Fall 2018 total enrollment was 22,686 students (Facts & Figures. (2019). If this study was generalizable, it would assume instructional faculty suspect approximately 2,270 students on campus were struggling with their mental health, but the number of students struggling may be closer to 5,670. This leaves more than half of the population of students struggling with their mental health unidentified. As long as the identification and referral percentages are low on JMU’s campus, students will continue obtaining lower grades, failing classes, and withdrawing from school more often than their counterparts (VanderLind, 2017; McNaughton-Cassill, 2013; Holmes & Silvestri, 2016).

Lastly, the lack in available resources includes the lack of available training. This is not to say that JMU does not offer professional development courses for their faculty and staff, but all interviewees mentioned their inability to add additional training to their hectic schedules. The inability to obtain mental health education will inhibit the improvement and elimination of the mentioned information and process gaps.

When professors have misinformation or stigma associated with mental illness, it can directly affect the success of the students within their class. As an individual with my own diagnosed mental health disability, I have experienced professors with little empathy or understanding in reference to my mental health. Fortunately, I have also experienced multiple very supportive and empathetic professors during my academic career. Having even just one advocate on campus can make a difference for a student struggling with mental illness. This was also the case for one of the interviewees, which can be seen in the transcription excerpt below.
“I had my own mental health challenges, and I did end up communicating with faculty about it. I was really scared about doing that, and I managed to find a PhD advisor who was very empathetic. He never disclosed if he had struggled with mental health challenges himself, but he clearly understood and was able to see that it wasn’t about me as a person. It was sort of a separate thing. He did not attach any sort of stigma to it, and you know, that’s something where, my student who came to me she’s like, ‘I just want you to know this isn’t the person I am’. I feel so many students, they want you to know that that’s not who they are. It’s just something that you know, this is a sickness, and I understand. I want to make sure that other students receive that some understanding and empathy from faculty members around the university and that they aren’t judged or stigmatized and that they don’t have assumptions made about them” (Interviewee 4).

Figure 13: Transcript Excerpt

It is clear that some instructors do care to provide this support to their students, but their lack of resources and/or education makes them feel ill equipped to provide support. By creating resources that may be better accessed by the faculty and staff of the university, there will be an increase in symptom awareness, a stronger ability to utilize best practices within their classrooms, and most importantly, it may initiate an open dialogue within our university that has yet to become a norm.

Because the goal of this research was to create meaningful change within postsecondary education to better support instructors, a SWOT analysis was used to create meaning of the data. The SWOT analysis is a tool that organizations may use to
identify the strengths, weaknesses, opportunities and threats of a program. Strengths of an organization refer to what is going well or correctly. Weaknesses of an organization refer to specific functions of an organization that are hindering their success. Opportunities of an organization refer to what may assist the organization in achieving its goals. Lastly, threats of an organization refer to outside factors that are hindering an organization’s success. Below I will discuss each theme and its’ contents.

**Strengths.**

Throughout the 5 interviews, 2 themes emerged on the current strengths of JMU’s education and resources dedicated to mental health. These emerging themes included: Campus Resources and Instructor Knowledge. In reference to campus resources, most mentions were positive. Within the interviews the following resources were mentioned: The Office of Disability Services (ODS), Dean of Students, Online Counseling Resources, and Reporting System. These interviewees all also mentioned their willingness to walk students to these resources when it was deemed appropriate. One interviewee had attended a workshop provided by JMU and had a positive experience, stating, “Well, right after Virginia Tech, the counseling center had programs for teachers to learn and I went to one of those… [The trainer] was able to express a lot that really helped. But I think having training meetings would be important” (Interviewee 2).

In reference to Instructor Knowledge, multiple interviewees mentioned their willingness to provide accommodations when mental health distress or diagnosis is known. Some of the accommodations mentioned by interviewees included: Allowance of additional absences, providing a grace of Incomplete for students to finish the classwork later, and the manipulation of assignments and due dates. When explaining the reason for
providing students with accommodations, one interviewee stated, “My value is not hurt when someone can’t do [the work] the way I planned to do it because it’s not [about] my ego” (Interviewee 3).

**Weaknesses.**

When reviewing the transcriptions of the 5 interviews, 2 themes were identified which could be considered weaknesses of the current education and resources of JMU. Those 2 themes are: Official Procedures and Lack in Knowledge. Unfortunately, the procedures of JMU have not been fully developed and those that are in place, are not understood. Multiple individuals that were interviewed mentioned that their knowledge of JMU mental health resources was due to their own research. One individual who has worked at other postsecondary schools mentioned a lack in a flagging system:

“If we feel that a student has a mental health issue, if there’s an abuse issue, if they’re not coming to class and they always come to class and they haven’t shown up for the last three days, we can flag students and say, can someone check on the student, and then it gets sent off to student affairs and they handle it. Here at JMU, we don’t have that system, so the professors really need to be proactive and reach out…” (Interviewee 1).

The second theme, Lack in Knowledge, was created due to the multiple moments within the interviews that the participants had mentioned their feelings of being ill equipped to handle mental illness in the classroom. Even though interviewees were able to list resources available to students, 2 interviewees stated they did not understand exactly how the resources worked or how elaborate they were. The largest lack in knowledge that seemed to cause distress to instructors themselves, is their lack in
understanding *what happens next*. This term refers to the lack in understanding the different steps of the referral process for students.

**Opportunities.**

In reference to opportunities within education and resources for JMU instructors, two themes emerged: Training Improvements and Department Involvement. To begin, all interviewees had a range of suggestions to strengthen current instructor knowledge. A suggestion made by 3 interviewees to improve training was to provide best practice examples. An explanation of the importance for this information can be seen through the statement below.

“If you give me a workshop and say these are the things I need to look for, but you don’t tell me what to do. That’s the thing that gets you with diversity. You know, we say diversity is important and we want to create an inclusive classroom, but you don’t tell me behaviorally or functionally, what I need to do, so you’ve left me hanging” (Interviewee 3).

Department Involvement was explained as another opportunity, specifically, by 3 interviewees. Four of the interviewees stated that the time to attend workshops within their work schedules are hard to find, and many instructors on campus are spread thin due to responsibilities. Three of these interviewees also mentioned that incorporating these training sessions during department meetings or retreats that occur before school starts would emphasize the importance of the topic as well as not take any additional time away from their workload.
Threats.

Lastly, when reviewing interviewee transcriptions, two themes emerged in relation to threats impeding the success of students with mental illness and the resources provided to professors: Perception of Responsibility and Stigma. First, the perception of responsibility in terms of the role of a professor, specifically, those who believe that providing support that is not strictly academic, is not their job. This popular misconception will prevent all faculty to actively participate in this call to action.

Second, the Stigma of mental illness also plays a role in limiting the comfort in addressing this growing issue. While all 5 interview participants mention the benefits of having more open communication with either their colleagues or their students, each note particular challenges impeding this progress. One interviewee reported,

“I’ve heard less than generous interpretations of students’ absences or failures” (Interviewee 4).

Below in figure 14, I illustrate key themes from the SWOT analysis.

*Figure 14: JMU Mental Health Education and Resources SWOT Analysis*
Assumptions, Limitations & Scope

This study is based on a number of assumptions. One assumption is that the survey instruments were developed to capture valid and reliable responses. Future studies should focus on the construct validity of the instrument and in some ways this study is a pilot of the approach and instrument. This study also assumed that self-report is a reliable data collection strategy and that participants will answer the questions honestly, and the participants understand the questions of the study.

The response rate of the survey was 4.4% and the interviewee count of 5 was lower than desired. The number of individuals that were willing to participate within the second round of data collection had bias toward the subject, skewing the qualitative analysis of the research. This study was also limited in size to one university, limiting its ability to be generalized or assumed that the practices and knowledge are the same from college to college. For these reasons, generalization is limited. The validity of the survey data is low due to the lack of pilot testing and unfortunately, a few typos were found within the survey after being administered. The validity of this research is also vulnerable due to self-report bias. With the topic of mental illness, there is a chance of social desirability effect which may cause participants to respond to survey and interview questions in what they may believe is a favorable response (Mortel, 2008). With the lack of a more robust pilot testing and peer reviews, the construct validity and reliability are also limited (Morgado, Meireles, Neves, Amaral, & Ferreira, 2017).

The scope of this research focused only on the faculty at a single postsecondary institution. For future research, a larger data collection process including multiple
universities and a more vigorous pilot testing and peer review process to strengthen the validity and reliability should be used.

**Implications for Mental Health Education**

Quantitative data suggest that only 6 out of the 64 individuals that responded to the survey have received training on mental illness symptoms, the relationship between mental health and academic success, campus resources, and the referral process. This does not mean that these topics are not provided in campus workshops and training programs but could possibly suggest that the attendance rates of these workshops are low. The lack of attendance to the already provided workshops on campus was suggested by all 5 interviewees who mentioned that their free time on campus is limited and workshops are not always provided during times convenient to their research and teaching times.

To overcome the challenge of low attendance, providing a workshop at department meetings or during department retreats before the school year begins was suggested by three participants. The breadth and depth of this training could be dependent on department needs by allowing instructors to know that they have support and resources themselves if they identify a student whose mental health is struggling has been reported as beneficial by those interviewed via this study.

This training is not to suggest that instructors must become trained counselors for the students. Even with training it is possible that many of the issues being dealt with by students will be too demanding for their assistance, but when professors are able to identify the students in need of assistance and understand what resources the students may be sent to, the success of these students will increase (Wright, & Meyer, 2017). Another training topic that participants within this study suggested was important, was
understanding *What Happens Next*. This may be connected to their empathy for the students, but in a more serious circumstance, an interviewee had to call the cops on a student with a weapon in the classroom. After calling the cops, the student “disappeared” from their class and the interviewee is unsure what happened to said student.

“…he ended up just kind of like, disappearing, so I don’t know what happened to him… Is he coming back? Is he getting help? Is he angry with me? I would love to know that” (Interviewee 5).

Providing a better understanding to the professors who experience the disappearance of students after they have been referred to campus resources can create concern for the safety of themselves and their students. If these professors better understood the steps that occur after a student is referred and how their referral information was used during these circumstances, it may lessen the ambiguity of why the students disappeared while withholding student confidentiality rights.

**Recommendations for Future Research**

There is a plethora of research related to understanding the needs of students who struggle with mental illness in postsecondary education, but little has been done to understand how professors may feel better prepared to support these students. To understand how universities may better assist their professors, their professors may in return, better assist their students, so to begin to understand instructor needs in a more comprehensive sense, more research should be conducted. Specifically, looking at the current training programs that are provided for instructional faculty and staff and comparing these to the perceived needs of the audience will allow for a more thoughtful understanding of the education gap that has been identified within this research. While
this study provided interviews from different disciplines within the university, it may be beneficial to understand the perceptions of mental illness within different departments and the professional boundaries associated with each discipline. Lastly, research that evaluates the current behavior changes from professors that have taken workshops at their universities would be beneficial to understand the success rates of the training offerings currently available, eliminating the challenge of recreating the wheel.

**Conclusion**

The key findings from this study include the need to create more accessible training offerings for college professors, increase the understanding of mental illness to eliminate misinformation and stigma and create systematic approaches for handling mental illness on campus. All participants suggested that departments include mental health training during department retreats or meetings. This would cause attendance to be high due to easy accessibility. Through the use of mental health education, the current information and process gaps could be eliminated while also lessening the stigma surrounding mental illness on JMU’s campus. Lastly, create a systematic approach that is understood by faculty and staff to eliminate ambiguity surrounding the what happens after students are referred to campus resources. This will provide instructors with a better understanding of what is available for themselves and their students, as well as when to use said resources. Further research must be conducted to better support the growing population of students struggling with their mental health and this research should begin to focus on faculty and staff knowledge.
References


St-Onge, M., & Lemyre, A. (2018). Assessing Teachers’ Attitudes towards Students with Mental Health Disorders in 16 Postsecondary Institutions in


# Appendix

## Appendix A: IRB Application and Approval

![IRB Application Form](image-url)
### Certain vulnerable populations are afforded additional protections under the federal regulations. Do human participants who are involved in the proposed study include any of the following special populations?

- Minors
- Pregnant women (Do not check unless you are specifically recruiting)
- Prisoners
- Fetuses
- My research does not involve any of these populations

### Some populations may be vulnerable to coercion or undue influence. Does your research involve any of the following populations?

- Elderly
- Diminished capacity/Impaired decision-making ability
- Economically disadvantaged
- Other protected or potentially vulnerable population (e.g. homeless, HIV-positive participants, terminally or seriously ill, etc.)
- My research does not involve any of these populations

**Investigator:** Please respond to the questions below. The IRB will utilize your responses to evaluate your protocol submission.

1. **YES** **NO** Does the James Madison University Institutional Review Board define the project as research?

   The James Madison University IRB defines "research" as a "systematic investigation designed to develop or contribute to generalizable knowledge." All research involving human participants conducted by James Madison University faculty and staff and students is subject to IRB review.

2. **YES** **NO** Are the human participants in your study living individuals?

   "Individuals whose physiologic or behavioral characteristics and responses are the object of study in a research project. Under the federal regulations, human subjects are defined as: living individual(s) about whom an investigator conducting research obtains: (1) data through intervention or interaction with the individual; or (2) identifiable private information."

3. **YES** **NO** Will you obtain data through intervention or interaction with these individuals?

   "Intervention" includes both physical procedures by which data are gathered (e.g., measurement of heart rate or venipuncture) and manipulations of the participant or the participant's environment that are performed for research purposes. "Interaction" includes communication or interpersonal contact between the investigator and participant (e.g., surveying or interviewing).

4. **YES** **NO** Will you obtain identifiable private information about these individuals?

   "Private information" includes information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, or information provided for specific purposes which the individual can reasonably expect will not be made public (e.g., a medical record or student record). "Identifiable" means that the identity of the participant may be ascertained by the investigator or associated with the information (e.g., by name, code number, pattern of responses, etc.).

5. **YES** **NO** Does the study present more than minimal risk to the participants?

   "Minimal risk" means that the risk of harm or discomfort anticipated in the proposed research is not greater, considering probability and magnitude, than those ordinarily encountered in daily life or during performance of routine physical or psychological examinations or tests. Note that the concept of risk goes beyond physical risk and includes psychological, emotional, or behavioral risk as well as risks to employability, economic well being, social standing, and risk of civil and criminal liability.

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**CERTIFICATIONS:**

For James Madison University to obtain a Federal Wide Assurance (FWA) with the Office of Human Research Protection (OEHRP), all department of Health and Human Services, all research staff working with human participants must sign this form and receive training in ethical guidelines and regulations. "Research staff" is defined as persons who have direct and substantive involvement in proposing, performing, reviewing, or overseeing research and includes students fulfilling these roles as well as their faculty advisors. The Office of Research Integrity maintains a roster of all researchers who have completed training within the past three years.

Test module at ORI website [http://www.jmu.edu/researchintegrity/irb/irbtraining.shtml](http://www.jmu.edu/researchintegrity/irb/irbtraining.shtml)
<table>
<thead>
<tr>
<th>Name of Researcher(s) and Research Advisor</th>
<th>Training Completion Date</th>
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<tbody>
<tr>
<td>Kendall R. Perez</td>
<td>1/24/2018</td>
</tr>
<tr>
<td>Dr. Noorjehan K. Brantmeier</td>
<td>1/4/2017</td>
</tr>
</tbody>
</table>

For additional training information, or to access a Spanish version, visit the National Institute of Health Protecting Human Research Participants (PHRP) Course at: [http://phrptraining.nih.gov/users/login](http://phrptraining.nih.gov/users/login).

By signing below, the Responsible Researcher(s) and the Faculty Advisor (if applicable), certifies that he/she is familiar with the ethical guidelines and regulations regarding the protection of human research participants from research risks. In addition, he/she agrees to abide by all sponsor and university policies and procedures in conducting the research. He/she further certifies that he/she has completed training regarding human participant research ethics within the last three years.

Principal Investigator Signature Date

Principal Investigator Signature Date

Principal Investigator Signature Date

Faculty Advisor Signature Date

Submit an electronic version (in a Word document) of your ENTIRE protocol to researchintegrity@jmu.edu.

Provide a SIGNED hard copy of the Research Review Request Form to:

Office of Research Integrity, MSC S738, 801 Carver Drive
Engineering/Geosciences (EnGeo) Building, Room #3152
Purpose and Objectives

Please provide a brief summary of the study. Include the purpose, research questions, and hypotheses to be evaluated. (Limit to one page)

The purpose of this mixed methods research is to identify the relationship between a professor's knowledge of mental illness and their ability to identify and assist students exhibiting symptoms of mental illness. Initially, a survey will be conducted to review the relationship between knowledge and action. It will look at the level of knowledge a professor has on mental illness and how frequently they identify or assist students within their classrooms exhibiting symptoms. This survey will be anonymous but will ask if participants will be willing to be a part of a follow-up interview. Once the initial data is collected, the interview questions will be formed to better understand the answers of the initial survey. The purpose of the interview is to gain more in-depth answers as well as identify potential topics of mental illness which professors believe would allow them to better assist their students. Overall, it is of interest to understand if educating professors of mental illness and how to refer students to on campus resources would be of interest of assistance to university students.

Procedures/Research Design/Methodology/Timeframe
Describe your participants. From where and how will potential participants be identified [e.g., class list, JMU bulk email request, etc.].

The population to be examined in this study will consist of instructional faculty (full-time and part-time) at James Madison University. The instructional faculty of James Madison University will be contacted via bulk faculty email, targeting instructional faculty. For this study, including instructional faculty from all colleges within JMU is preferred to include a diverse level of mental illness knowledge and awareness.

How will subjects be recruited once they are identified [e.g., mail, phone, classroom presentation]? Include copies of recruitment letters, flyers, or advertisements.

The population will be recruited via JMU mass email to voluntarily participate in the survey. Only instructional faculty will be asked to respond to the survey, although the invitation will be sent to all JMU faculty and staff. The informed consent moved to the end of the protocol will also be used as the bulk email request. At the end of the survey, the participants will have the option to voluntarily participate in a follow-up interview. Survey respondents will be informed that the interview will last no longer than an hour and can be conducted at a time convenient to them at the beginning of 2019. I will explain that I will reach out to them for scheduling in the following weeks. This contact information and the transcribed records of the interviews will be the only instances in which identifiable personal information is linked with participant responses.

Describe the design and methodology, including all statistics, IN DETAIL. What exactly will be done to the subjects? If applicable, please describe what will happen if a subject declines to be audio or video-recorded.

This study will be a two-stage mixed methods study in which participants will voluntarily complete a survey, which will be sent out to JMU faculty and staff via bulk email to all JMU faculty. From the survey respondents, those who indicate willingness to participate in a one-hour follow-up interview will be asked to provide contact information. Those that volunteer to participate in the second round of the study, the interview, will meet with the researcher for one hour to provide more in-depth answers to the survey responses.

Stage One: Survey

This survey should take approximately 10-15 to complete by the respondents. The proposed time frame to collect responses will be one month to allow the bulk email and word of mouth to allow completion of the survey. The survey will supply mostly quantitative data, although there will be a few
open-ended responses, which will better allow relationships to be created via the quantitative data. The responses to this data will be analyzed via SPSS to evaluate the relationships between the answers in aggregate form. Once the data has been analyzed, the relationships found will lead to the creation of interview questions for stage two of the survey. Once the interview questions have been finalized and formulated, an addendum will be sent to the IRB to approve the interview questions. Not all of the survey respondents will be willing to participate in a follow-up interview, but those that do will fill out a contact form which is independent of the original survey.

Stage Two: Interview

Stage two of this research will be individual interviews, which will be completed at the beginning of 2019. The number of interviews which will be conducted will be between 3-5 instructional faculty within IMU. One-hour interviews will be conducted with the individuals who have been chosen to participate in the interviews. The selection process will be completed via stratified random sampling process. The interviews will be conducted in the offices, or in a place chosen by the interviewed faculty, which is most convenient to them. Those individuals will be asked to choose a date in the months of January or February of 2019. The interview questions will be purely qualitative and aim to create a better understanding of relationships found within the survey data that has been analyzed. The interviews will be recorded via Livescribe notebook and pen, and will be transcribed and coded to find deeper meanings within the responses provided by interviewed faculty. To ensure the meanings which have been found within the interviews can be ensured for validity, the analysis of the interviews will be written and sent back to the individual. This will be done to allow the person interviewed to agree or disagree the findings which have been construed from their individual interview. Once receiving a response from the interviewed faculty which explains their approval of the meanings found within the interview, the interviews will be analyzed as a whole. Once the interviews will be analyzed as a whole, those will be analyzed in comparison to what the survey responses show.

Emphasize possible risks and protection of subjects.

There is no more than minimal risk associated with this study. To protect individuals from any kind of harm, consent forms will be provided to those participating in interviews. Participants will be given pseudonyms to ensure anonymity is ensured.

What are the potential benefits to participation and the research as a whole?

There are no direct benefits which can be gained by those participating in this study. In a greater sense, the participation of this study will allow IMU to get closer to creating a more inclusive environment which will allow the success of student struggling with mental illness.

Where will research be conducted? [Be specific; if research is being conducted off of IMU's campus a site letter of permission will be needed]

Research will be conducted on the campus of James Madison University.

Will deception be used? If yes, provide the rationale for the deception. Also, please provide an explanation of how you plan to debrief the subjects regarding the deception at the end of the study.

No deception will be used in this research.
Data Analysis
For more information on data security, please see:

How will data be analyzed?
The survey data will be analyzed using SPSS. This software will allow the analysis of relationships between answers, which have been asked in the research questions, as well as relationships that have not been foreseen or hypothesized by the researcher.
The interviews will be analyzed through coding and relationship analysis which will be done by the researcher. To ensure the validity of this analysis, the coding and analysis will be sent back to the faculty that was interviewed to ensure the coding and analysis reflects the true meaning of what was said by the instructor who was interviewed.

How will you capture or create data? Physical [ex: paper or recording]? Electronic [ex: computer, mobile device, digital recording]?
The survey data will be captured through a Qualtrics survey, and the contact information for those who are willing to complete a follow-up interview will be obtained through another Qualtrics survey which will not be linked to their survey answers. The interview will be recorded with a livescribe pen and notebook. The livescribe pen will not be linked to any other devices and the recordings within the smart pen will be deleted once the analysis has been completed. The notebook of notes used with the livescribe pen will be shredded at the conclusion of the interview analysis.

Do you anticipate transferring your data from a physical/analog format to a digital format? If so, how? [e.g., paper that is scanned, data inputted into the computer from paper, digital photos of physical/analog data, digitizing audio or video recording]?
Data from the survey will not be transferred from physical to analog form. All of the data collected from the survey will be on a single laptop, and the data will all be deleted once analysis has been done. The interviews will be recorded via a livescribe pen which will be kept on the livescribe pen. The smart pen will be locked within a drawer in my apartment that I will have the sole key for. The livescribe notebook will be transcribed to analog form, and once the interviews have been analyzed, the notebook pages that are used for this study will be shredded.

How and where will data be secured/stored? [e.g., a single computer or laptop; across multiple computers; or computing devices of JMU faculty, staff or students; across multiple computers both at JMU and outside of JMU?] If subjects are being audio and/or video-recorded, file encryption is highly recommended. If signed consent forms will be obtained, please describe how these forms will be stored separately and securely from study data.
Data will be stored in a single laptop for this study. The laptop is password protected and is owned by the researcher, Kendall Perez. An encrypted file will be used to store all identifiable data from this research.
The consent forms for the interview as well as the notebook which interview notes will have been taken in will be locked in two key-locked drawers within the researcher’s home office. One drawer will hold the consent forms for the research, and the other drawer will hold the livescribe pen and data within the other. These papers will be shredded at the conclusion of the research. A portable hard drive will be used to transport data when working with Dr. Brantmeier and the hard drive will be stored within the locked drawer with the data and livescribe pen.

Who will have access to data? [e.g., just me; me and other JMU researchers [faculty, staff, or students]; or me and other non-JMU researchers?]
Research data will be accessible to the researcher, Kendall Perez, and JMU research advisor and committee chair, Dr. Noorjehan Brantmeier.

If others will have access to data, how will data be securely shared?
Research data will be contained to the researcher’s single laptop and access will only be shared in one-on-one settings or via a portable hard drive with Dr. Noorjehan Brantmeier.

Will you keep data after the project ends? [i.e., yes, all data; yes, but only de-identified data; or no] If data is being destroyed, when will it be destroyed, and how? Who will destroy the data?
Data collected through signed consent forms or individual responses via interview transcription and survey forms will be deleted from the laptop. The summative form of findings of the study will be saved which will have not include any identifiable or sensitive information. All hard copy data from this study will be shredded at the conclusion of the research.

Reporting Procedures
Who is the audience to be reached in the report of the study?
The audience to be reached includes the researcher’s committee members. This includes two graduate faculty members within AHRD/LTLE and a faculty member of the Graduate School.

How will you present the results of the research? [If submitting as exempt, research cannot be published or publicly presented outside of the classroom. Also, the researcher cannot collect any identifiable information from the subjects to qualify as exempt.]
The results of this research will be presented to a Research Review Committee [committee members mentioned above] in a formalized classroom setting in a “defensive” format to explain the research and its findings.

How will feedback be provided to subjects?
The researcher, Kendall Perez, will provide an email address on both the end of the Qualtrics survey and interview consent form. This will allow participants to contact the researcher with feedback, questions, concerns, or inquiries of the study results.

Experience of the Researcher [and advisor, if student]:
Please provide a paragraph describing the prior relevant experience of the researcher, advisor [if applicable], and/or consultants. If you are a student researcher, please state if this is your first study. Also, please confirm that your research advisor will be guiding you through this study.

Kendall R. Perez has an undergraduate degree in Organizational Communication with a minor in Human Resource Development from James Madison University (2016). Currently, the researcher is pursuing a Master of Science in Adult Education and Human Resource Development at James Madison University. Completed coursework which directly applies to relevant experience include:
- AHRD 520: Foundations of AHRD
- LTLE 570: Design and Development of Digital Media
- AHRD 660: Performance Analysis and Needs Assessment in AHRD
- LTLE 910: Instructional Design in AHRD
Web"/ "Email" Cover Letter (used in anonymous research) *This cover letter will be seen by participants within their bulk emails. This cover letter will be used for the Qualtrics portion of the study.

Identification of Investigators & Purpose of Study
You are being asked to participate in a research study conducted by Kendall Perez from James Madison University. The purpose of this study is to assess the mental health awareness and training needs of college professors. This study will contribute to the researcher’s completion of her master’s thesis.

Research Procedures
This study consists of an online survey that will be administered to individual participants through state location email using Qualtrics (an online survey tool). You will be asked to provide answers to a series of questions related to your knowledge of mental health and your previous experience identifying and assisting students struggling with mental illness.

Time Required
Participation in this study will require 10-15 minutes of your time, and if you choose to participate, one follow-up interview will be conducted at the beginning of 2019 which will span the length of one hour.

Risks
The investigator does not perceive more than minimal risks from your involvement in this study (that is, no risks beyond the risks associated with everyday life).

Benefits
There are no direct benefits to participants, however the research will allow James Madison University to gain more understanding of the importance of mental health awareness for professors.

Confidentiality
The results of this research will be presented at a thesis defense meeting which will include my three thesis committee members. While individual responses are anonymously obtained and recorded online through the Qualtrics software, data is kept in the strictest confidence. No identifiable
Institutional Review Board (IRB)
James Madison University

information will be collected from the participant during the survey. If the participants are willing to participate in a follow-up interview, the persons interested will fill out a separate contact form which will not be connected to their survey responses. No identifiable responses will be presented in the final form of this study. All data will be stored in a secure location only accessible to the researcher. The researcher retains the right to use and publish non-identifiable data. At the end of the study, all records will be destroyed. Final aggregate results will be made available to participants upon request.

Participation & Withdrawal

Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any kind. However, once your responses have been submitted and anonymously recorded you will not be able to withdraw from the study.

Questions about the Study

If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact:

Kendall Perez  Dr. Noorjehan Brantmeler
AHRDLTLE AHRDLTLE
James Madison University James Madison University
perezk@dukes.jmu.edu Telephone: (970) 449-3125

Questions about Your Rights as a Research Subject
Dr. Talmi Castle
Chair, Institutional Review Board
James Madison University
(540) 556-5929

castlelk@jmu.edu

Giving of Consent

I have been given the opportunity to ask questions about this study. I have read this consent and I understand what is being requested of me as a participant in this study. I certify that I am at least 18 years of age. By clicking on the link below, and completing and submitting this anonymous survey, I am consenting to participate in this research.

Please click here to begin survey

Kendall Perez  10/12/18
Name of Researcher (Printed)  Date

This study has been approved by the IRB, protocol #
Survey Consent Cover letter: This cover letter will be used for those that plan to participate in the follow-up in person interview portion of the study.

Cover Letter (Used in Anonymous Research)

Identification of Investigators & Purpose of Study
You are being asked to participate in a research study conducted by Kendall Perez from James Madison University. The purpose of this study is to identify the relationship between professor knowledge of mental illness and their ability to identify and assist students exhibiting symptoms of mental illness. This study will contribute to the researcher’s completion of her master’s thesis.

Research Procedures
This study consists of a survey that will be administered to individual participants that are Instructional Faculty (Full-time or part-time) in James Madison University. You will be asked to provide answers to a series of questions related to your knowledge of mental illness and how frequently you have assisted students exhibiting symptoms of mental health distress. At the conclusion of the survey, you will be given the option to participate in a follow-up interview on a later date. If you choose to do so, you will be sent to a different survey to fill provide your contact information.

Time Required
Participation in this study’s survey will require 10-15 minutes of your time. If you choose to participate in the follow-up interview, the study’s interview will require 1 additional hour of your time.

Risks
The investigator does not perceive more than minimal risks from your involvement in this study (that is, no risks beyond the risks associated with everyday life).

Benefits
There are no direct benefits to participants, however the research will allow James Madison University to gain more understanding in how to better assist students struggling with mental illness.

Confidentiality
The results of this research will be presented at the researcher’s master’s thesis defense meeting which include her thesis committee. While individual responses are obtained and recorded anonymously and kept in the strictest confidence, aggregate data will be presented representing averages or generalizations about the responses as a whole. No identifiable information will be collected from the participant and no identifiable responses will be presented in the final form of this study. All data will be stored in a secure location accessible only to the researcher. The researcher retains the right to use and publish non-identifiable data. At the end of the study, all records will be destroyed.

Participation & Withdrawal
Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any kind. However, once your responses have been submitted and anonymously recorded you will not be able to withdraw from the study.
Questions about the Study
If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact:

Kendall Perez
AHRD/LTLE
James Madison University
perezk@dukes.jmu.edu

Dr. Noorjehan Brantmeyer
AHRD/LTLE
James Madison University
Telephone: (970) 449-3126
brantmnrk@jmu.edu

Questions about Your Rights as a Research Subject
Dr. Talmi Castle
Chair, Institutional Review Board
James Madison University
(540) 568-5929
castl66@jmu.edu

Giving of Consent
I have read this cover letter and I understand what is being requested of me as a participant in this study. I freely consent to participate. I have been given satisfactory answers to my questions. I certify that I am at least 18 years of age.

Name of Researcher (Printed)

Name of Researcher (Signed)          Date

This study has been approved by the IRB, protocol #
Interview Consent Form:

Consent to Participate in Research

Identification of Investigators & Purpose of Study
You are being asked to participate in a research study conducted by Kendall Perez from James Madison University. The purpose of this study is to identify the relationship between professor knowledge of mental illness and their ability to identify and assist students exhibiting symptoms of mental illness. In particular, this interview will allow the researcher to better understand the relationships represented in the survey data. This study will contribute to the researcher's completion of her master's thesis.

Research Procedures
Should you decide to participate in this research study, you will be asked to sign this consent form once all your questions have been answered to your satisfaction. This study consists of a survey and interview that will be administered to individual participants in James Madison University. You will be asked to provide answers to a series of questions related to what topics of knowledge professors believe would allow them to better assist students exhibiting signs of mental health distress. The interview will be audio recorded but will be permanently deleted once the study has been completed.

Time Required
Participation in this study will require 1 hour of your time.

Risks:
The investigator does not perceive more than minimal risks from your involvement in this study (that is, no risks beyond the risks associated with everyday life).

Benefits:
There are no direct benefits to individuals participating in the study; however, your participation will allow James Madison University to better understand how to create a more inclusive environment for students exhibiting signs of mental illness.

Confidentiality
The results of this research will be presented at a master's defense meeting which will include the researcher's thesis committee. The results of this project will be coded in such a way that the respondent's identity will not be attached to the final form of this study. The researcher retains the right to use and publish non-identifiable data. While individual responses are confidential, aggregate data will be presented representing averages or generalizations about the responses as a whole. All data will be stored in a secure location accessible only to the researcher. Upon completion of the study, all information that matches up individual respondents with their answers including audio recordings will be destroyed.

Participation & Withdrawal
Your participation is entirely voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any kind.
Questions about the Study
If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact:

Kendall Perez
AHRD/LTLE
James Madison University
perezkr@dukes.jmu.edu

Dr. Noor Jehan Brantmeier
AHRD/LTLE
James Madison University
Telephone: (970) 449-3125
brantmki@jmu.edu

Questions about Your Rights as a Research Subject
Dr. Tami Castle
Chair, Institutional Review Board
James Madison University
(540) 568-5929
castle@jmu.edu

Giving of Consent
I have read this consent form and I understand what is being requested of me as a participant in this study. I freely consent to participate. I have been given satisfactory answers to my questions. The investigator provided me with a copy of this form. I certify that I am at least 18 years of age.

☐ I give consent to be audio recorded during my interview. _________ (Initials)

Name of Participant (Printed) __________________________

Name of Participant (Signed) __________________________ Date ____________

Name of Researcher (Signed) __________________________ Date ____________
Appendix B: IRB Addendum and Approval

Addendum Request Form
The Institutional Review Board (IRB) on the Use of Human Subjects in Research James Madison University

In accordance with federal regulations, the IRB must review and approve all changes to previously approved research prior to implementation. Please complete this form to describe the proposed changes to your study.

IRB Protocol #: 19-0217

Project Title: Assessing the Mental Health Awareness and Training Needs of College Professors

Name of Researcher(s): Kendall Perez

Faculty Advisor (if applicable): Dr. Noorjehan Brantmeier

1. Provide an abstract of findings or summary of progress to date:
By the date of 1/21/2019, I have conducted the survey portion of my thesis research and have analyzed the responses. Through this data collection and analysis, I have conducted my sampling method indicating the individuals who have been chosen to participate in the follow-up interview and create the interview questions which will dig farther into the research topic.

2. Type of addendum request:
☐ Changes in personnel ☐ Funding source
☒ Data collection tools/procedures ☐ Subject recruitment methods/selection criteria
☐ Project goals ☐ Other (please specify):
☐ Informed consent process/forms

3. Provide a brief description of changes and rationale:
The changes to my original IRB application will be the inclusion of my interview questions which will be asked during the follow-up interview. These questions were not created prior to my initial survey collection because the exploratory research design needed the analysis of the survey data before creating the interview questions.

4. Attach amended material, as applicable (highlight all changes):

Certification:
I certify that the information supplied on this form and in accompanying attachments is complete and accurate and that no procedures other than those disclosed on this form will be used in this protocol. I will promptly report to the IRB all research-related accidents, injuries, complaints, problems, or breaches of confidentiality. I will report any significant new findings that may affect the risks and benefits to the subjects and other participants in writing to the research participants and to the IRB.

Signature: [Signature]

Submit electronic copy to researchintegrity@jmu.edu and a “signed” hard copy to the Office of Research Integrity, MSC 3738 | 801 Carrier Drive | Engineering/Geosciences (EngGeo) Building, Room # 3152 (Electronic signatures are accepted. If including electronic signature(s), a hard copy is not needed.)
Appendix C: Survey Instrument

Do you have an educational background in psychology and/or counseling?

- Yes
- No
- No Response

Did your graduate training include mental health education?

- Yes
- No
- No Response

Have you had exposure to mental illness unrelated to your education background?

- Yes
- No
- No Response
Within the last year, approximately what percentage of your students do you believe were struggling with mental illness which impeded their work?


Approximately what percentage of your students, whom you believed were struggling with mental illness within the last year, did you refer to mental health resources on campus?


In the last five years, have you received formal education on:

<table>
<thead>
<tr>
<th>The symptoms of mental illness?</th>
<th>Yes</th>
<th>No</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>The relationship between mental illness and academic work?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The mental health resources which can be found on JMU's campus?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>The process of referring a student to mental health resources on campus?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Within the past year, did you:

<table>
<thead>
<tr>
<th>Encounter a student struggling with their mental health?</th>
<th>Yes</th>
<th>No</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assume a student who was struggling with their work was struggling with their mental health?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Intervene in any way responding to a student demonstrating symptoms of mental illness?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Refer a student to campus resources for their mental health?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Contact a student personally concerning their mental health?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Please select how strongly you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know how to identify a student struggling with mental illness.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I know how to refer a student struggling with mental illness to resources on campus.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I believe that mental illness can impede a student's work within the classroom.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I believe that the obtaining of a single session mental health training would strengthen my ability to identify students demonstrating symptoms of mental illness.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>I believe that the obtaining of a single session mental health training would strengthen my ability to better assist students demonstrating symptoms of mental illness.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Please provide any additional information you believe will assist in better understanding this topic.

If you are willing to participate in a follow-up interview regarding this topic, please follow this link to provide your contact information. [Click here](#)
Appendix D: Interview Sign Up Form

Please provide your first and last name.

Will you be available for a one hour interview in January or February of 2019?

☐ Yes
☐ No
☐ Maybe

Please provide your email address so I may contact you to schedule the follow-up interview.
Appendix E: Interview Questions

1. Can you tell me a bit about your education and professional background?

2. Can you tell me about a time a student you were working with was struggling with their mental health?
   a. What was your thought process during this time?
   b. Did you do anything to help them?

3. What do you believe would make professors feel more comfortable identifying students?

4. What do you believe would make professors feel more comfortable assisting students?

5. Are you aware that JMU offers workshops and other kinds of training to help professors recognize and assist students with mental illness?
   a. If no- How should the groups that are doing these workshops, make faculty better aware?
   b. If yes- Have you gone to any?
   c. If no- What do you believe are barriers that prevent you from going to them?

6. What topics do you believe would be helpful for professors to learn in a training program?

7. What benefits do you believe professors could gain from obtaining such training?