Mental Health in College Students, Resident Assistants, and College Student Leaders

by
Laura Michelle Gordon

A PROJECT

submitted to
Oregon State University
University Honors College

in partial fulfillment of
the requirements for the
degree of

Honors Baccalaureate of Science in Human Development and Family Sciences
(Honors Scholar)

Presented May 27, 2015
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Mental health is a hot topic of concern for many college students, educators, and mental health professionals. Three-quarters of serious mental illnesses present in individuals before the age of 24 (American College Health Association, 2012). This age bracket also encompasses many college students, and the stressors and transitions associated with university life could contribute to the onset of mental health disorders. Students may feel pressured to prosper academically and socially while in college, but their mental health may fall by the wayside in pursuit of success, acceptance, and preparation for the future.

Student leaders, and in particular Resident Assistants (RAs), may face increased pressures to be successful. As in many leadership roles, RAs are expected to model behavior that promotes community building, academic success, and overall life aptitude. RAs are also often required to respond effectively to emergency and crisis situations, resolve difficult conflicts, and go beyond their assigned duties to best meet the needs of their communities. Other student leaders may also face additional stresses due to their responsibilities to peer groups. Because of these additional
stressors, RAs and other student leaders may be particularly susceptible to experiencing a lower mental health status, or developing a mental illness.

Key Words: Mental health, College students, Mental illness, Student leaders, Resident Assistants

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I understand that my project will become part of the permanent collection of Oregon State University, University Honors College. My signature below authorizes release of my project to any reader upon request.

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This thesis is dedicated to the memory of Peter “Ping Ping” Gidlund. Your young, beautiful soul will always be remembered.
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INTRODUCTION

Mental health is a very important issue among college students, educators, and administrators in the United States, and our attitude toward mental health treatment and services is constantly changing. With the passage of the Affordable Care Act (ACA) in 2010, mental health treatment services are now considered an essential health benefit to be covered by health insurance plans (U.S. Centers for Medicare & Medicaid Services, 2015). This is a direct departure from traditional views of mental health as an “optional” service for coverage, and insurance plans under the ACA now provide benefits for psychotherapy, counseling, inpatient services, and substance use disorder treatment (U.S. Centers for Medicare & Medicaid Services, 2015). Mental healthcare is also protected by parity law under the ACA, which means that benefits provided for mental healthcare services must be comparable to those of other healthcare services, such as physician visits or surgery (U.S. Centers for Medicare & Medicaid Services, 2015).

Despite this groundbreaking advance in the active treatment and destigmatization of mental illness, there are still areas of improvement necessary to fully address the societal and individual issues caused by mental illness. Mental illness in adolescents and young adults has been increasing in prevalence and severity over the past several years (American College Counseling Association, 2010).

According to the American College Health Association (2012), 75 percent of severe mental health conditions onset by age 24, and one in four young adults between the ages of 18 and 24 has a diagnosable mental illness. The majority of the college-aged cohort falls into this age range. College enrollment is continually increasing, and
support and treatment services are increasingly needed to keep pace with the growing needs of students (National Alliance on Mental Illness, 2012). It is increasingly important to identify, understand, and address the various mental health issues that affect college students, and to provide adequate, accessible, and convenient support services for students struggling with mental health distress.

The purpose of this paper is to examine the mental health of college students, with particular reference to the mental health of Resident Assistants and other college student leaders. Within this population, those diagnosed and treated for mental illness may continue to be involved in activities of daily living in significantly differing ways.

The following discussion will examine and provide insights into important questions related to the mental health of college students, Resident Assistants, and other college student leaders. The following review of literature provides background information that will provide a frame of reference for the research questions presented.
RESEARCH QUESTIONS

This paper will explore the characteristics of the mental health of the college student population, and determine support resources available to and utilized by college students. However, special attention will be given to mental health in Resident Assistants and other student leaders. In order to address these topics, the following research questions will be the focus of this paper:

1. What are the overall mental healthcare needs of college students, including Resident Assistants and other college student leaders?
2. What factors contribute to negative mental health outcomes in college students, and especially in Resident Assistants and other college student leaders?
3. What is the current status of mental health services at universities?
4. What are barriers that college students face when seeking mental healthcare and support resources?
5. How can colleges and universities better promote positive mental health outcomes for college students, Resident Assistants, and other college student leaders?

These questions will be addressed in the following sections, which will be preaced by a comprehensive literature review.
LITERATURE REVIEW

Since mental health is a complex and multi-faceted concept, it is important to gain a general knowledge of common mental health concerns in college students, as well as what resources are available to students for support.

The sections to be covered in this literature review include:

- Common mental health concerns in college students
  - Anxiety
  - Depression
  - Other serious mental health disorders
  - Suicidal ideation and self-harm
- Mental health resources and support services
  - On-campus resources
  - Off-campus/community resources
Common mental health concerns in college students

Although mental health is a broad concept, there are some common concerns seen in the college student cohort. According to the American Psychological Association (APA), the most common mental health concerns reported among college students in a 2013 survey of counseling center directors were anxiety, depression, and relationship problem. However, these few concerns do not encompass the breadth of disorders that can afflict college students, including eating disorders, substance abuse disorders, self-harming behaviors, and suicidal ideation (American Psychological Association, 2011). The APA also reported that 24.5 percent of students seen at college counseling centers were taking psychotropic medications (2013). Twenty-one percent of students presented with severe mental health concerns, and an additional 40 percent presented with mild mental health concerns (American Psychological Association, 2013). Although each of these disorders and concerns are severe in their own regards, this portion of the literature review will focus on four main issues: anxiety, depression, other serious mental health disorders (i.e. bipolar disorder, eating disorders), and suicidal ideation and self-harm. These disorders can carry very severe consequences if untreated, and they are often the most stigmatized and least understood of the major mental disorders impacting college students.

Anxiety

Anxiety is not simply feeling overly concerned or worried about a situation. According to the National Alliance on Mental Illness (2015), anxiety disorders are a group of related conditions that include symptoms of intense fear, panic, and worry, even when a situation is non-threatening, and ultimately interrupt activities of daily
life. Anxiety is the most common mental health diagnosis in the United States, as approximately 40 million adults, or roughly 18 percent, live with an anxiety disorder (National Alliance on Mental Illness, 2015). Anxiety disorders can also be categorized as having an early onset, as most people who have an anxiety disorder developed it before age 21 (National Alliance on Mental Illness, 2015). Women are also 60 percent more likely to be diagnosed with an anxiety disorder than men.

The 2014 National College Health Assessment (NCHA), a comprehensive health outcome survey given every two years to a representative college student sample, reported several survey responses associated with anxiety in their most recent survey. The 2014 NCHA reported that over 14 percent of college students were diagnosed with anxiety or treated by a mental health professional for anxiety (American College Health Association, 2014). While that statistic represents formal diagnosis and treatment, there were other indicators of anxiety put forth by the survey. Within the past 12 months, nearly 44 percent of students reported feeling overall more than average stress, 54 percent reported feeling overwhelming anxiety, and over 86 percent reported feeling overwhelmed by all they had to do (American College Health Association, 2014). These statistics may indicate that there are far more college students struggling with an anxiety issue or disorder than have actually been diagnosed or treated.

Among college students, severe anxiety or anxiety disorders could be confused with coping with the normal stressors of college. Goodman (2013) cites that for those struggling with an anxiety disorder, normal amounts of daily stress in college can make the issues of an anxiety disorder much worse. He states that anxiety
involves thoughts that most people would not find logical,” while stress “involves
the perception that you have more challenges on your plate… than your resources…
can handle” (Goodman, September 2013). Because of this distinction, it is important
for students to understand when their reactions to stress may indicate a more serious
problem. It is also important for mental health professionals to recognize the signs of
anxiety disorders when students present with stress management issues.

Anxiety is also commonly a comorbid disease, meaning that it occurs in
conjunction with other mental health issues or disorders. Most commonly, anxiety
occurs among college students alongside body dysmorphic disorder (BDD),
depression, eating disorders, and/or substance abuse (Anxiety and Depression
Association of America, 2010). Nearly 7 percent of students reported being diagnosed
or treated for panic attacks in the past year, which may also be closely related to
anxiety disorders (American College Health Association, 2014). The American
College Health Association (2014) reported that nearly 9 percent of students reported
diagnosis and treatment for both depression and anxiety. The comorbid nature of
anxiety disorders can cause difficulties in diagnosis, treatment, and maintenance.

Depression

Much like anxiety, depression is not characterized by simply feeling sad,
undergoing difficult circumstances, or lacking a certain joie de vivre. According to
the National Institute of Mental Health (2012), depression is a long period of sadness
or anxiety that interferes with activities of daily living. Symptoms of depression
include intense feelings of sadness and hopelessness, loss of interest or energy,
problems with concentration and decision-making, changes in appetite and sleep
patterns, and physical aches and pains (National Institute of Mental Health, 2012). Depression can manifest in several different types of disorders, including major depressive disorder, dysthymic disorder, minor depression, and others (National Institute of Mental Health, 2012). Diagnosis and treatment can be difficult if the disorder is not correctly understood. The National Alliance on Mental Illness (2015) estimates that 16 million adults in the US, or roughly 7 percent, have had at least one major depressive episode in the past year. Women are 70 percent more likely to experience depressive episodes than men, and depression does not affect any one race, ethnicity, or socioeconomic status more than another (National Alliance on Mental Illness, 2015).

Depression is a serious issue among college students. According to the 2014 National College Health Assessment, 12 percent of college students reported being diagnosed or treated for depression by a mental health professional (American College Health Association, 2014). This makes depression the second most common diagnosed or treated mental health issue among college students, after anxiety disorders. Again, this statistic only represents formal diagnosis and treatment, and does not account for other indicators of depressive symptoms. In the past year, over 46 percent of students reported feeling that things were hopeless, over 59 percent reported feeling very lonely, 62 percent reported feeling very sad, and nearly 33 percent reported feeling so depressed that they had difficulty functioning (American College Health Association, 2014). Similar to anxiety, these findings indicate that many more college students may be struggling with depressive episodes or disorders than are actually represented by formal diagnosis or treatment.
It is important to distinguish the differences between a major depressive episode or disorder and the normal issues of everyday life. The National Institute of Mental Health (2012) cites that depression is not caused by any one singular factor, and individual risk factors can vary based on genetics, environment, and life experiences. Diagnosing depression requires experiencing a major depressive episode that lasts longer than two weeks, and is marked by the previously mentioned symptoms (National Alliance on Mental Illness, 2015). Much like anxiety, depression is commonly a comorbid disorder. According to the American College Health Association (2014), nearly 9 percent of college students reported being diagnosed or treated in the past year by a mental health professional for both depression and anxiety. It is also common for a person with depression to experience additional disorders, such as posttraumatic stress disorder (PTSD), attention-deficit hyperactivity disorder (ADHD), and substance abuse (National Alliance on Mental Illness, 2015). Both students and mental health professionals should be aware that persistent symptoms of depression, even if they appear to be caused by normal stressors, could be markers of a much more serious issue.

**Other serious mental health disorders**

While anxiety and depression are the top two mental health concerns among college students, there are other serious mental health disorders that can present in the college student cohort. The National Alliance on Mental Illness (2015) estimates that 1 in 20 adults live with a serious mental illness (such as schizophrenia or bipolar disorder), and that the majority of mental health conditions develop before age 24. College students are at increased risk for developing such conditions, as a
predisposition for mental illness coupled with the stresses of college life can provoke the onset of mental illness (National Alliance on Mental Illness, 2015). The American College Health Association (2014) recognizes some other mental health issues of specific concern, including attention-deficit and hyperactivity disorder (ADHD), substance abuse disorders, eating disorders, and bipolar disorder.

Attention-deficit and hyperactivity disorder, or ADHD, is a developmental disorder that is characterized by inattention, hyperactivity, and impulsivity (National Alliance on Mental Illness, 2015). Although ADHD is a condition primarily diagnosed in childhood, over 5 percent of college students reported being diagnosed or treated for ADHD in the past year by a mental health professional (National Alliance on Mental Illness, 2015; American College Health Association, 2014). If undiagnosed or untreated, this condition can be especially problematic for college students, as it is characterized by difficulty focusing, trouble completing homework assignments, lack of motivation, or difficulty with following directions (National Alliance on Mental Illness, 2015). Around two-thirds of individuals with ADHD also have another mental health condition, including anxiety, depression, obsessive-compulsive disorder, bipolar disorder, or substance abuse (National Alliance on Mental Illness, 2015).

The college culture may often promote risky behaviors, such as binge-drinking, drug use, and other substance use. However, these risky behaviors can become a more serious issue when use becomes misuse, abuse, dependency, or addiction. In a survey of college counseling center directors, nearly 46 percent of directors reported an increase in clients treated for alcohol abuse (American College
Counseling Association, 2010). Substance use can worsen underlying mental illnesses, promote the onset of serious mental illness, and can put individuals at higher risk for violent, impulsive, or self-harming behaviors (Duckworth & Freedman, 2013). Although only one percent of college students reported being diagnosed or treated for substance abuse or addiction in the past year, over 30 percent of students reported drinking habits that indicated binge-drinking (6 or more alcoholic beverages in one sitting) during the last time they drank socially or partied (American College Health Association, 2014). Additionally, 14 percent of students reported using a prescription drug that was not prescribed to them (American College Health Association, 2014). Both of these substance use habits are concerning, but alcohol tends to be more in the spotlight in college communities. Negative outcomes from alcohol consumption were also analyzed in the 2014 National College Health Assessment, and over 53 percent of college students reported experiencing some sort of negative outcome from alcohol consumption in the past year (American College Health Association, 2014). These outcomes included doing something that was later regretted, forgetting where you were or what you did, having unprotected or unwanted sexual contact, physical injury, and others (American College Health Association, 2014). However, over 97 percent of students also reported practicing one or more harm-reduction behaviors while consuming alcohol in the past year, such as alternating non-alcoholic and alcoholic beverages, pacing their drinking, using a designated driver, or choosing not to drink alcohol in a social situation (American College Health Association, 2014). While these statistics indicate that many students may be putting themselves at risk for developing a substance abuse disorder because
of binge-drinking habits, many more students are practicing habits that may prevent substance abuse. The culture surrounding substance use in college can be permeating and often over-exaggerated, but it is important for students to practice harm-reducing and preventive behaviors, and recognize risk factors when using substances.

According the American College Health Association (2014), roughly two percent of college students reported being diagnosed or treated for an eating disorder (anorexia or bulimia) in the past year. Women reported disordered eating almost three times more often than men, but they were also more likely to be noticed or treated for disordered eating (National Alliance on Mental Illness, 2015). College counseling center directors reported an over 24 percent increase in clients seen for disordered eating (American College Counseling Association, 2010). Eating disorders are characterized by severe emotional and physical issues that involve extreme preoccupations with food and weight, but can also exhibit comorbidity with depression, anxiety disorders, personality disorders, obsessive-compulsive disorder, and substance abuse (National Alliance on Mental Illness, 2015). Early diagnosis and treatment is crucial for those struggling with eating disorders in order to avoid severe physical and emotional damage (National Alliance on Mental Illness, 2014). The changes and stressors associated with college can put students at a particularly high risk for developing an eating disorder, so it is imperative that students recognize risk factors and practice self-care with regards to their nutrition.

Although bipolar disorder diagnosis or treatment was only reported by 1.5 percent of students, it is a disorder that can worsen if undiagnosed or untreated (American College Health Association, 2014; National Alliance on Mental Illness,
Nearly 3 percent of the US population suffers from bipolar disorder, and it affects men and women equally (National Alliance on Mental Illness, 2015). Bipolar disorder is characterized by extremes in mood and behavior that range from mania to depression, and these episodes can be extremely varied among individuals (National Alliance on Mental Illness, 2015). Most cases of bipolar disorder onset before age 25, and a stressful situation or transition can trigger the onset (National Alliance on Mental Illness, 2015). Bipolar disorder can be especially problematic for college students, as it has been cited as one of the main causes of college dropout among students with a mental health condition (National Alliance on Mental Illness, 2012). Bipolar disorder is often related with anxiety disorders, ADHD, posttraumatic stress disorder (PTSD), and substance abuse (National Alliance on Mental Illness, 2015). The comorbidity of bipolar disorder can make it very difficult to diagnose and treat because certain treatments may exaggerate the effects of one of the disorders, but successful treatment can typically improve several aspects of the disorders (National Alliance on Mental Illness, 2015).

Suicidal ideation and self-harm

Suicide and self-harm are very real and problematic concerns among college students, as suicide is the third leading cause of death among college-aged students, and the tenth leading cause of death for people ages 10 and older (Centers for Disease Control and Prevention, 2012). It is estimated that there are more than 1,000 suicides on college campuses per year in the US (Emory University, 2015). The Centers for Disease Control and Prevention (2014) also cites that more than 1 million adults reported making a suicide attempt in 2013, and that more than 2 million adults
reported experiencing suicidal ideation. According to the 2014 National College Health Assessment, over eight percent of college students reported seriously considering suicide in the past year, and just over one percent actually attempted suicide in the past year (American College Health Association, 2014). Over six percent of students reported intentionally cutting, burning, bruising, or otherwise harming themselves (American College Health Association, 2014). Over 46 percent of students reported feeling like things were hopeless in the past year, and that nearly one-third of students reported feeling so depressed that it was difficult to function (American College Health Association, 2014). Depression, anxiety, substance abuse disorders, and other mental disorders can predispose individuals to suicide, but risk factors can vary based on age, gender, or ethnic group (National Institute on Mental Health, 2009). Unfortunately, most people who engage in self-harming or suicidal behavior or have suicidal thoughts never seek mental health services or support (Centers for Disease Control and Prevention, 2014).

The effects of suicide reach far beyond the individual that it directly affects. The Centers for Disease Control and Prevention (2014) estimate that suicide costs society approximately $34.6 billion per year in combined medical and work loss costs, and that the average suicide costs over $1 million. Those that “survive” suicide, or the family members and friends of a person who dies by suicide, are also impacted greatly. Survivors of suicide are at a higher risk for committing suicide themselves, and may experience severe and complex grief feelings after a loved one commits suicide (Centers for Disease Control and Prevention, 2014). It is estimated that for every one person who commits suicide there are between six and 32 survivors, and
approximately seven percent of the US population knew of someone who completed suicide in the past 12 months (Centers for Disease Control and Prevention, 2014). Even self-inflicted injury (including self-mutilation) that may precede suicide is extremely costly – the Centers for Disease Control and Prevention (2012) reported that in 2011, nonfatal, self-inflicted injuries resulted in roughly $6.5 billion in combined medical and work loss costs.

While suicide does affects people of all races, ethnicities, genders, and socioeconomic statuses, some demographic groups are at higher risk of attempting or committing suicide than others. Suicide is four times higher among males than among females, and represents roughly 79 percent of all suicides in the US (Centers for Disease Control and Prevention, 2012). However, females are more likely than males to have had suicidal thoughts, and women attempt suicide about three times more often than men (Centers for Disease Control and Prevention, 2012). Suicide affects American Indian/Alaska Native adolescents and young adults more than any other ethnic group, with a rate of 31 per 100,000, as compared to the national average of 12.2 per 100,000 (Centers for Disease Control and Prevention, 2012). People who identify as non-heterosexual, particularly youth, are also at a higher risk of committing suicide (American Association of Suicidology, 2014). Adolescents questioning their sexual orientation have been found to be 3.4 times more likely to attempt suicide, while lesbian, gay, and bisexual youth have been reported to be twice as likely as their heterosexual peers to have attempted suicide (American Association of Suicidology, 2014). While it is unknown if more non-heterosexual youth die by suicide than heterosexual youth, as sexual orientation and gender identity are not
expressed on death certificates, there have been several recent non-heterosexual youth suicides that have drawn national attention. (American Association of Suicidology, 2014).

There are also a host of general risk factors for suicide that can affect any demographic group. According to the National Institute of Mental Health (2009), some important individual risk factors include depression and other mental disorders, substance-abuse disorders, prior suicide attempts, and incarceration. An individual’s environment can also play a large role in their likelihood of committing suicide, with factors such as a family history of suicide, family violence (including physical or sexual abuse), exposure to suicidal behaviors of others, access to firearms or other lethal means in the home, isolation, and/or lack of social support being significant contributors (National Institute of Mental Health, 2009). College students may face additional risk factors for suicide, as they are constantly undergoing periods of transition and stress. These risk factors can include a new environment, loss of a social network, loss of safe community found at home, academic or social pressures, isolation, lack of coping skills, difficulty transitioning to college life, decreased academic performance, and experimentation with substance use (Emory University, 2015).
Mental health resources and support services for college students, Resident Assistants, and student leaders

Many college students struggling with mental health distress and disorders may find it necessary to pursue formal support resources and services. These resources and services can be divided into two categories: on-campus, and off-campus or community. Each has particular advantages and disadvantages, and some students may be best supported by using a combination of each.

On-campus resources

College campuses often have many on-site resources available to students, including counseling centers and psychiatric services, peer-led advocacy groups, and campus chapters of national foundations. Each of these support services varies in their delivery of services and methods in which they support students.

Campus counseling centers and psychiatric services are commonly utilized resources among college students because of their affordability and accessibility. According to the National Survey of Counseling Center Directors (American College Counseling Association, 2010), nearly 11 percent of enrolled students sought counseling in the past year, which represents approximately 317,000 students served by the 320 centers that were surveyed. Most on-campus counseling services are funded by university fees instead of out-of-pocket payments, and only 6.7 percent of campus counseling centers reported charging for personal counseling services (American College Counseling Association, 2010). Over 42 percent of campus counseling centers are funded by mandatory student fees, while other funding comes from health fees, student life fees, and specific counseling center fees (American College Counseling Association, 2010). This allows counseling services to be more
financially accessible for students who may not otherwise be able to afford them. Furthermore, 56 percent of schools surveyed have on-campus psychiatric services available to students, which can be very beneficial for students needing psychiatric medication management or consultation (American College Counseling Association, 2010).

In addition to campus counseling centers, Active Minds is a well-known mental health peer advocacy group. According to the Active Minds website, Active Minds “empowers students to speak openly about mental health in order to educate others and encourage help-seeking” (2015). The organization has chapters on many college campuses throughout the US, and its members work to increase awareness about mental health issues, provide information and resources about mental health and mental illness, encourage students to utilize mental health resources, and remove the stigma that surrounds mental health issues (Active Minds, 2015). Active Minds sponsors campaigns and events that engage students in meaningful, open conversations about mental health, such as National Day without Stigma, Stress Less Week, Eating Disorders Awareness Week, and Suicide Prevention Month (Active Minds, 2015). While Active Minds does not directly provide counseling or psychiatric treatment, nor do its chapters serve as peer support groups, the organization aims to normalize utilization of mental health resources and direct students to appropriate professional mental health services. Active Minds strongly promotes peer advocacy and education in order to help students recognize mental health issues and take action to combat stigma surrounding help-seeking (Active Minds, 2015).
The National Alliance on Mental Illness (NAMI) also facilitates on-campus advocacy groups, known as NAMI On Campus. According to the NAMI website, NAMI On Campus chapters help support students, raise awareness about mental health issues, educate the campus community, and promote and advocate for mental health services and support (2015). NAMI On Campus leaders are granted access to NAMI’s national resources, and chapters have a voice in advocating for and shaping public policy (National Alliance on Mental Illness, 2015). Similarly to Active Minds, NAMI On Campus sponsors public awareness events and campaigns, including Mental Illness Awareness Week and NAMI Walks (National Alliance on Mental Illness, 2015).

Another organization that advocates for college student mental health is the Jed Foundation. The Jed Foundation was founded in 2000 by Donna and Phil Saatow after their son Jed, a college student, committed suicide (Jed Foundation, 2015). They recognized the need for programming and resources on college campuses to help more students and parents identify and address mental health issues, and ultimately prevent suicide among college students (Jed Foundation, 2015). One program offered through the Jed Foundation is the Jed and Clinton Health Matters Campus Program, which is designed specifically for colleges and universities to “promote emotional wellbeing and mental health programming, reduce substance abuse, and prevent suicide among 18-to-26 year-olds” (Jed Foundation, 2015). This program can help schools identify opportunities to enhance mental health and substance abuse prevention programming on campuses, and ultimately create healthier and safer campuses (Jed Foundation, 2015). The Jed Foundation also partners with mtvU (an
MTV affiliate that specifically targets college students) to raise awareness among college students about mental health issues through programs such as Love is Louder and Half of Us (2015). With these and other resources, the Jed Foundation reaches thousands of colleges in the US and helps to empower young people to advocate for themselves and others (2015).

**Off-campus/community resources**

While on-campus mental health resources can be very beneficial for many students, some students may find that they need to pursue off-campus or community mental health resources to best accommodate their needs. The Substance Abuse and Mental Health Services Administration (SAMHSA) lists a variety of community mental health resources on their website (2015). The site lists resources such as health and human services agencies and behavioral health agencies; residential treatment centers; and self-help, peer support, and consumer groups (Substance Abuse and Mental Health Services Administration, 2015). SAMHSA also has a comprehensive treatment services locator on their website, and can be very practical for students to find current information about counseling centers, residential treatment centers, and other treatment options in their communities (Substance Abuse and Mental Health Services Administration, 2015).
DISCUSSION OF RESEARCH QUESTIONS

The following research questions address important mental health issues among college students, Resident Assistants, and other college student leaders.

1. What are the overall mental healthcare needs of college students, including Resident Assistants and other college student leaders?
2. What factors contribute to negative mental health outcomes in college students, and especially in Resident Assistants and other college student leaders?
3. What is the current status of mental health services at universities?
4. What are barriers that college students face when seeking mental healthcare and support resources?
5. How can colleges and universities better promote positive mental health outcomes for college students, Resident Assistants, and other college student leaders?
What are the overall mental healthcare needs of college students, including Resident Assistants and other college student leaders?

According to the American College Health Association (2012), 75 percent of severe mental health conditions onset by age 24, and one in four young adults between the ages of 18 and 24 has a diagnosable mental illness. These statistics indicate a serious need for comprehensive mental healthcare services and supports for college students. College faculty and staff, as well as peers and other students, can help provide for the mental healthcare needs of students requiring support.

In 2010, a survey of college counseling center directors by the American College Counseling Association reported an increase in specific needs among college students who sought counseling services. These heightened needs included crisis issues requiring immediate response, psychiatric medication issues, learning disabilities, substance abuse, self-injury issues, sexual assault, eating disorders, and career planning issues (American College Counseling Association, 2010). This demonstrates the variety and breadth of needs that college students have, and suggests that students may require vastly differing types of mental health supports from varying sources.

In a study by the National Alliance on Mental Illness (2012), college students who had been diagnosed with a mental illness listed several factors necessary for faculty and staff members to provide appropriate mental health support to students. Students recommended that faculty and staff be educated on mental health conditions, including risk factors, symptoms, prevalence, and treatment (National Alliance on Mental Illness, 2012). They also indicated that faculty and staff should be open to student disclosure and should encourage help-seeking behaviors if they become aware
of a student experiencing mental health issues (National Alliance on Mental Illness, 2012). Students reported that faculty and staff should also be trained on how to communicate effectively and empathetically with students with mental health issues (National Alliance on Mental Illness, 2012). Finally, students reported that faculty and staff should be accepting and respectful of mental health accommodations, as students with mental health issues can still be academically and professionally successful, but may need additional support to complete their work.

Peers and other students can also be very influential in providing support to those with mental health issues. In the same study from the National Alliance on Mental Illness (2012), students also recommended ways that their peers could provide mental health support. Students reported that their peers should know more about the prevalence and risk of mental illness in college to reduce stigma and promote help-seeking (National Alliance on Mental Illness, 2012). They also reported that college students should know how to support friends that have mental health issues, and should be aware of the facts and realities of having a mental illness (National Alliance on Mental Illness, 2012). Peer support can be invaluable to those with mental health issues, as this can normalize help-seeking and reduce stigma.
What factors contribute to negative mental health outcomes in college students, and especially in Resident Assistants and other college student leaders?

While it is evident that college students may already be at risk for developing a serious mental health disorder or may currently have a mental illness, some student demographics may be at higher risk of mental health distress than others. One group of particular concern is college student leaders. For the purposes of this paper, college student leaders will be defined as college students who are engaged in more extracurricular opportunities and activities than the average student, and may have additional responsibilities that involve serving another group of students. Some examples of college student leaders may include members of student government, student club officers, fraternity or sorority leadership, orientation leaders, and others in positions of leadership among their peers.

One prominent example of college student leadership is that of Resident Assistants (RAs). Although the specific qualifications and job requirements of Resident Assistants may vary based on individual institutions, there are several responsibilities that are generally required of RAs, regardless of their institution. Typically, RAs have responsibilities that can include planning, assessment, administration, counseling, conflict resolution, crisis management, facilities management, staff development, leadership training, public speaking, and more (ResidentAssistant.com, 2014). According to the Oregon State University Resident Assistant position description (2014), RAs work in residence halls that typically foster positive environments, and they work to build inclusive, safe, and successful communities within their halls. However, RAs have the potential to encounter hostile members of their community or the public, can work in an unpredictable and dynamic
work schedule and setting, and are required to respond to high risk medical and emergency situations (Oregon State University, 2014).

Many college students may already be under tremendous stress due to the rigorous pressures of college life. However, the added and persistent stress from the responsibilities of student leaders could contribute to negative outcomes for RA and student leader mental health. According to the National Institute of Mental Health (2015), prolonged or chronic stress can not only lead to physical distress and illness, but it can also lead to mental distress, including depression or anxiety disorders. A study from the University of California, Berkeley indicated chronic stress may cause permanent brain connectivity disruptions and put individuals at greater risk for developing a mental health disorder (Sanders, 2014). This study also indicated that prolonged stress could develop a stronger “fight-or-flight” response in individuals while simultaneously reducing their ability to moderate responses to stress (Sanders, 2014). The high expectations that RAs and student leaders are expected to attain may increase their stress levels and put them at greater risk of developing a serious mental health disorder. RAs and college student leaders should take practical steps to reduce their stress and promote more positive mental health outcomes.
What is the current status of mental health services at universities?

As mentioned in the literature review, there are commonly on-campus mental health services available to students. Some of these services can be very effective in assisting students with mental health distress or illness. However, many campuses may be operating their services at maximum capacity due to budget restraints and increased utilization of services.

In a study of counseling directors done by the American College Counseling Association (2010), 320 college campus counseling centers were surveyed, representing 2.75 million students who were eligible to receive mental health services at their institutions. According to this study, 10.8 percent of students utilized counseling services in the past year, and the average ratio of counselors to students was 1 to 1,600 at each institution (American College Counseling Association, 2010). This large client caseload could severely limit services for students who are in need of immediate crisis care or long-term treatment. This is especially problematic, as 91 percent of campus counseling center directors reported that the number of students being treated for severe psychological problems have increased over time (American College Counseling Association, 2010).

In addition to dealing with greater numbers of students with more serious mental health issues, campus counseling centers may also be limited in their ability to provide services based on overall increased caseloads. Waiting lists have become problematic in 28.6 percent of counseling centers, but many other centers have taken steps to more effectively manage their caseloads, such as scheduling appointments as a counselor’s schedule allows, distributing clients equally among counselors, and
using an assessment/intake system when a new client enters their center (American College Counseling Association, 2010). Counseling center directors did indicate that their job was more stressful than it was five years earlier, but the greatest pressures reported were not necessarily just from the increasing complexity and stress of client cases, but were also from time pressures, increased administrative demands, and budget issues (American College Counseling Association, 2010).

Overutilization of services can also be an issue in delivery of services for campus counseling centers. Female students tend to over utilize services among their campus population, while men, international students, African American students, and sexual minorities tend to underutilize counseling services (American College Counseling Association, 2010). Counseling centers have combated overutilization by limiting visits for students who are not in crisis, encouraging group counseling for students not in crisis, promoting centers as short-term service providers, and decreasing appointment and treatment duration (American College Health Association, 2010).

In a study done by the National Alliance on Mental Illness (2012), college students reported several positive aspects of on-campus mental health resources, including free group and individual counseling, variety and flexibility in services, qualification and compassion of mental health staff members, and support from other students, faculty, and staff who participate in mental health initiatives. However, limiting factors of campus mental health services were also reported. Students reported that mental health supports are poor when there are a limited number of counseling visits allowed, not enough qualified mental health professionals, a lack of
peer support (reinforced by the college’s culture), a lack of communication between healthcare providers, and hasty medication or hospitalization of students with severe mental health issues (National Alliance on Mental Illness, 2012). The National Alliance on Mental Illness (2012) recommends that campuses combat these negative factors by increasing service provision in campus counseling centers, providing more qualified staff members to meet campus mental health needs, advocating for and providing peer support services, evaluating current services, and coordinating care between different providers.
What are barriers that college students face when seeking mental healthcare and support resources?

Quite possibly the largest barrier to seeking treatment for mental health disorders and distress is the stigma surrounding mental illness and healthcare. Stigma is defined as the “stereotypes and prejudice that result from misconceptions about mental illness” (Corrigan & Watson, 2002). There are two main types of stigma: public and self-stigma. Public stigma is the general reaction of society toward those with mental illness, while self-stigma is a self-perpetrated belief about mental illness that is turned on oneself (Corrigan & Watson, 2002). Many of these stereotypes, beliefs, and prejudices have created unfortunate social consequences for people living with mental illness, and this can ultimately lead to discrimination and negative behavioral reactions (Corrigan & Watson, 2002).

In a study of attitudes about mental health stigma among college students, it was found that students perceived public stigma far more harshly than self-stigma (Eisenberg, Downs, Golberstein, & Zivin, 2009). Self-stigma was found to be higher among certain student demographics, including those who were male, younger, Asian, international, more religious, or from a poor family (Eisenberg, et al., 2009). Self-stigma was also found to be associated with lower rates of help-seeking behaviors, such as use of psychotropic medication, engagement in therapy, and engagement in nonclinical sources of support (Eisenberg, et al., 2009). It was hypothesized that high public stigma was associated with high self-stigma, as personal attitudes can be greatly swayed by public opinion (Eisenberg, et al., 2009).
However, stigma is not the only hindrance to mental healthcare access. In another study by the National Alliance on Mental Illness (2012), students reported other barriers to seeking mental health resources, including high traffic around mental health centers, employment of peers at mental health centers, excessive documentation to receive care, and limits or caps on mental health services. Another study that examined attitudes specifically regarding college campus mental health resources indicated that very few students cited stigma or embarrassment as reasons for not utilizing campus resources (Yorgason, Linville, & Zitzman, 2008). Instead, students reported that lack of time and knowledge were barriers to pursuing mental healthcare resources on campus (Yorgason, et al., 2008).

Stigma, embarrassment, lack of time, and lack of knowledge can be difficult barriers that inhibit college students from pursuing mental health resources on college campuses. However, Resident Assistants and other college student leaders may find these barriers exacerbated by their circumstances. With additional responsibilities and requirements for their roles, the ability to pursue formal mental health resources may be incredibly difficult for college student leaders. They may face an increase in perceived public and self-stigma, as they are esteemed as leaders in their communities and do not want to be associated with the negative stereotypes surrounding mental health and illness. They may also be concerned about the status of their position or about penalties for disclosing mental illness to their institutions (National Alliance on Mental Illness, 2012). Resident Assistants and college student leaders should be encouraged – just like the students they serve – to seek out mental health resources when needed, and take action to reduce help-seeking stigma among their peers.
How can colleges and universities better promote positive mental health outcomes for college students, Resident Assistants, and other college student leaders?

Even though many colleges and universities have fairly comprehensive mental health support services available to students, there are other manners in which educational institutions can further support college students and promote positive mental health outcomes. A study of college students with mental health disorders by the National Alliance on Mental Illness (2012) cited some ways in which colleges and universities can better promotes positive mental health outcomes, including raising awareness about mental health issues, promoting disclosure, reducing student dropouts, and increasing accommodations for students with mental health issues.

Raising awareness of mental health issues can be extremely beneficial in directing students toward appropriate support services and reducing stigma surrounding help-seeking. In a survey from the National Alliance on Mental Illness (2012), 33 percent of students reported learning about their school’s mental health services on the school’s website. Because of this, it is recommended that colleges include mental health information on the main homepage of websites to make information easy to access (National Alliance on Mental Illness, 2012). Seventy nine percent of students also reported that mental health training for faculty, staff, and students was incredibly important, so it is also recommended that colleges increase their education efforts to these groups (National Alliance on Mental Illness, 2012). Suicide prevention activities were also recommended, with 73 percent of students reporting that suicide awareness was an important issue (National Alliance on Mental Illness, 2012).
Illness, 2012). Ultimately, raising awareness of mental health concerns can benefit overall campus populations and promote a mental health-positive campus culture.

Self-disclosure is very important for students with mental health issues to receive appropriate support services. In many cases, “disclosure is legally required to receive [disability] accommodations in college” (National Alliance on Mental Illness, 2012). According the National Alliance on Mental Illness (2012), half of students reported disclosing a mental health issue. Students cited several reasons for disclosure, including receiving disability accommodations, receiving mental health services on campus, reducing stigma, educating other about mental health, and avoiding penalization by their university (National Alliance on Mental Illness, 2012). However, students also reported barriers to disclosure, including fear of stigma, lack of opportunity to disclose, lack of perceived severity, uncertainty about accommodations, and fears of maintaining confidentiality (National Alliance on Mental Illness, 2012). In order to increase and assist disclosure, it is recommended that colleges support stigma-prevention programs, increase visibility and understanding of confidentiality policies, educate communities about mental health issues, and provide resources for students to make informed decisions about disclosure (National Alliance on Mental Illness, 2012).

Students with mental health issues may be at higher risk of dropping out of college because of their mental health disorder. A staggering 64 percent of students surveyed said that they are no longer attending college because of a mental health condition (National Alliance on Mental Illness, 2012). Over 45 percent of these students reported that they did not receive accommodations, and half of them said that
they did not access mental health services while they were attending college (National Alliance on Mental Illness, 2012). Students with mental health issues who dropped out of college cited several factors that could have helped them stay in school, including receiving accommodations, accessing campus mental health services, connecting with mental health services early on, partaking in peer support groups, receiving financial assistance, managing medications more effectively, and receiving support from family and friends (National Alliance on Mental Illness, 2012). Colleges and universities need to be sensitive and supportive of students with mental health concerns in order to promote their academic success and overall well-being.

Accommodations for students with mental health issues should be treated similarly to those for students with physical, learning, or other disabilities. While the majority of students surveyed by the National Alliance on Mental Illness (2012) knew how to access accommodations at their campus, 57 percent of them did not access accommodations. Students cited uncertainty of benefits, lack of knowledge about specific accommodations, fear of stigma, complicated documentation for accommodations, and documentation expense as barriers to accessing accommodations (National Alliance on Mental Illness, 2012). In order to approve disability accommodations for students with mental health issues, colleges and universities should ensure that the accommodation process is clear and accessible, streamline the process for obtaining accommodations, educate staff and faculty about working with students with mental health accommodations, and increase awareness of opportunities for academic accommodations to students (National Alliance on Mental Illness, 2012). Professors, faculty, and staff should also advocate for students
to receive accommodations if they become aware of a student’s mental health concerns (National Alliance on Mental Illness, 2012).
CONCLUSIONS AND RECOMMENDATIONS

Throughout this paper, the status of college student mental health has been assessed, and different factors impacting mental health outcomes have been discussed. As mentioned before, there are complex mental health needs among college students, several factors that can contribute to negative mental health outcomes, and barriers for students seeking mental health support. However, many colleges and universities already have comprehensive mental health support services in place and can further promote positive mental health outcomes among their students. Addressing concerns and issues among the general college student population in the US is incredibly important, but it is important to remember that Resident Assistants and other college student leaders may be at higher risk for mental illness or disorders because of the added stress they encounter day-to-day. With all of this in mind, I would like to venture several recommendations for bettering the overall mental health of college students, with special attention given to the mental health of Resident Assistants and college student leaders:

1. Raising awareness about mental health issues among all college students should be a top priority for college faculty and administrators. In a study from the National Alliance on Mental Illness (2012), students reported they felt colleges were not supportive of mental health issues because the school does not educate faculty and staff about mental health. This allows for stigma to persist and discourages professors from recognizing mental health accommodations. Training in crisis management, suicide prevention, and
overall mental health concerns should be required for all faculty and staff on all college campuses.

2. Additional mental health support should be offered to Resident Assistants and college student leaders through existing mental healthcare and support models, as well as from within organizations and departments. Campus counseling centers and other formal mental health support services could provide student leader-specific group counseling sessions, and educate their mental health professionals on the specific stressors faced by Resident Assistants and college student leaders within their roles. While this may not be feasible due to budget and staff restrictions, colleges should still work to create supportive communities beyond formal mental health supports. Faculty advisors, supervisors, and other professional staff members can take on a non-therapist support role for student leaders experiencing mental health issues and can assist in advocating for and implementing mental health accommodations for students.

3. De-stigmatization of care, sensitivity to crisis response, confidentiality in disclosure of issues, and increased accommodations for mental health disorders are crucial in providing comprehensive mental health support services on campuses. Students – and especially Resident Assistants and student leaders – may be hesitant to disclose personal mental health issues because of stigma, fear of penalization, or fear of a breach of confidentiality (National Alliance on Mental Illness, 2012). Allowing students to have opportunities for safe, confidential, and supportive disclosure can serve to
provide the best support for students, educate others about mental health issues, and reduce stigma surrounding mental illness.

4. Colleges should assess mental health in student leader populations and provide appropriate support to better their well-being. Assessment tools, including surveys and focus groups, can be very effective at evaluating the specific concerns and needs of Resident Assistants and other student leader populations. Originally, this paper was to focus on an evaluation and comparison the mental health status of Resident Assistants at Oregon State University with that reported in the National College Health Assessment data. Due to time constraints, this was unable to be completed. However, the assessment module that was created for this evaluation has been included at the end of this paper as Appendix A. This assessment module is specific to the services offered at Oregon State University and terminology used within University Housing and Dining Services at Oregon State University, but could easily be adapted for use at any university with any population of student leaders. The first portion of the survey consists of questions taken directly from the National College Health Assessment, and is then followed with questions assessing frequency and likelihood of utilization of formal and informal mental health support services. This assessment module, or surveys similar to it, should be given and evaluated in order to best meet the needs of college student leaders.
PERSONAL VIEWPOINTS

"I hope you're proud of yourself for the times you've said 'yes,' when all it meant was extra work for you and was seemingly helpful only to somebody else." – Fred Rogers

(AKA – Mr. Rogers)

I have to admit – I was a bit biased in writing this paper. I was a Resident Assistant at Oregon State University for two years of my undergraduate career, so much of the research done for this thesis was very salient for me. Because of my experience as an RA, I thought it was important to bring attention to the issues and concerns that RAs may have to encounter.

During my time as an RA, I experienced situations that most college students would not typically encounter: hospital transports for overly intoxicated residents, students struggling with suicidal ideation, roommate conflicts that escalated from passive-aggression to acts of malice, visits from the state police to assist with drug-related incidents, and more. I cleaned up more vomit that was not my own than I ever thought I would, and went to sleep each night with a heightened sense of awareness to respond to a knock on the door in the wee hours of the morning. In addition to the “dirty work” of the job, I was also expected to be a positive peer role model for my residents and staff members, and to represent University Housing and Dining Services at OSU with judicious leadership, a commitment to social justice, and a dedication to the well-being and success of the students we served.

The daily and weekly stress I was faced with was often overwhelming, and I can remember many times when I broke down and cried because of all I had to deal with. I found it difficult to separate my work, school, and social life, and the
boundaries of these realms of my life often blurred and intermixed. However, I was thankful to have very supportive supervisors and coworkers to help me through many of my issues, and to support me when I was dealing with situations that were over my head.

While many aspects of the RA position were difficult and stressful, others were incredibly rewarding and positive. I had a family with each of my staffs, and developed some wonderful relationships among the over 100 students that I directly supervised. Several of my closest friends were my fellow staff members, and I know I will have lifelong relationships with them. I also learned about conflict resolution, professionalism in crisis, working with diverse populations, and what it means to be a positive, effective leader. Despite how much stress the job caused me over the course of two years, I would not trade a minute of it for anything.

Although I have always had an interest in mental health, the idea for this thesis was primarily born out of tragedy. On February 6, 2014, Peter “Ping Ping” Gidlund, a Resident Assistant on OSU’s campus, took his own life. Peter’s death rocked our campus community and began raising concerns about the mental health needs of students, as his suicide was the third in our campus community that year. The gears began turning in my head as well, and I wondered if and how the stressors of the RA job could affect the mental health status of RAs. I also wondered how our current support services were meeting the specific needs of RAs.

Originally, I wanted to survey the RAs at OSU about their mental health status and compare that data to that from the National College Health Assessment. However, due to time constraints and difficulties with the Institutional Review Board,
I was unable to conduct the survey and instead have included it as an appendix to this paper. It is my hope that colleges and universities – especially Oregon State – will utilize an assessment tool similar to the survey that I created in order to best meet the mental health needs of Resident Assistants and other student leaders. I think it is incredibly important that student leaders be provided with individualized and tailored support in order to provide positive experiences for the students that they serve. Colleges, communities, and individuals can all benefit from a society and culture that does not associate mental illness with weakness, and is supportive of those fighting largely unseen battles.

“It is an odd paradox that a society, which can now speak openly and unabashedly about topics that were once unspeakable, still remains largely silent when it comes to mental illness.” – Glenn Close
REFERENCES


**APPENDIX A - ASSESSMENT TOOL**

Q1 Have you ever...

<table>
<thead>
<tr>
<th>Question</th>
<th>No, never (1)</th>
<th>No, not in the last 12 months (2)</th>
<th>Yes, in the past 2 weeks (3)</th>
<th>Yes, in the last 30 days (4)</th>
<th>Yes, in the last 12 months (5)</th>
<th>Prefer not to answer (6)</th>
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</thead>
<tbody>
<tr>
<td>Felt things were hopeless?</td>
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<td>Felt overwhelmed by all you had to do?</td>
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<td>Felt exhausted (not from physical activity)?</td>
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<td>Felt very lonely?</td>
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<td>Felt very sad?</td>
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<td>Felt so depressed that it was difficult to function?</td>
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<td>Felt overwhelming anxiety?</td>
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<td>Felt overwhelming anger?</td>
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<td>Seriously considered suicide?</td>
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<td>Attempted suicide?</td>
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<td>Intentionally cut, burned, bruised, or otherwise injured yourself?</td>
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</tbody>
</table>
Q2 Within the past 12 months, were you diagnosed or treated by a professional for the following?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes (1)</th>
<th>No (2)</th>
<th>Prefer not to answer (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anorexia (1)</td>
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<tr>
<td>Anxiety (2)</td>
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<tr>
<td>ADHD (3)</td>
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<tr>
<td>Bipolar disorder (4)</td>
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<tr>
<td>Bulimia (5)</td>
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<tr>
<td>Depression (6)</td>
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<tr>
<td>Insomnia (7)</td>
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<tr>
<td>Other sleep disorder (8)</td>
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<tr>
<td>Obsessive Compulsive Disorder (9)</td>
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<tr>
<td>Panic attacks (10)</td>
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<tr>
<td>Phobia (11)</td>
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<tr>
<td>Schizophrenia (12)</td>
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<tr>
<td>Substance abuse or addiction (13)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other addiction (14)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other mental health condition (15)</td>
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</tbody>
</table>
Q3 Within the past 12 months, have any of the following been traumatic or very difficult to handle?

<table>
<thead>
<tr>
<th>Factor</th>
<th>Yes (1)</th>
<th>No (2)</th>
<th>Prefer not to answer (3)</th>
</tr>
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<tbody>
<tr>
<td>Academics (1)</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Career-related issue (2)</td>
<td>○</td>
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<td>○</td>
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<tr>
<td>Death of family member or friend (3)</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Family problems (4)</td>
<td>○</td>
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<tr>
<td>Intimate relationships (5)</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Other social relationships (6)</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Finances (7)</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Health problem of family member or partner (8)</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Personal appearance (9)</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Personal health issue (10)</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Sleep difficulties (11)</td>
<td>○</td>
<td>○</td>
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</tbody>
</table>

Q4 Within the last 12 months, how would you rate the overall level of stress you experienced?

● No stress (1)
● Less than average stress (2)
● Average stress (3)
● More than average stress (4)
● Tremendous stress (5)
● Prefer not to answer (6)
Q6 To what degree has your role as a Resident Assistant affected your mental health status?
- Very negatively (1)
- Negatively (2)
- Neither negatively or positively (3)
- Positively (4)
- Very positively (5)
- Prefer not to answer (6)

Q7 In the past 12 months, have you sought support for any personal mental health issues from a formal resource, such as Counseling and Psychological Services (CAPS) on campus, a counselor, or other professional mental health service?
- Yes, more than 5 times (1)
- Yes, 1 to 5 times (2)
- No, but I have thought about it (3)
- No, never (4)
- Prefer not to answer (5)

Q8 If you answered yes to question 7, who did you seek support from (select all that apply)
- CAPS individual counseling (1)
- CAPS group counseling (2)
- Off-campus counselor/therapist (3)
- Peer-led support group (AA, NA, etc.) (4)
- Psychiatrist (5)
- Primary care provider (family practice doctor, nurse practitioner, etc.) (6)
- Other (please identify) (7) ____________________
- Prefer not to answer (8)

Q9 In the past 12 months, have you sought support for any personal mental health issues from an informal resource, such as a Resident Director, a coworker, friend or family member, or other individuals?
- Yes, more than 5 times (1)
- Yes, 1 to 5 times (2)
- No, but I have thought about it (3)
- No, never (4)
- Prefer not to answer (5)
Q10 If you answered yes to question 9, who did you seek support from (select all that apply)?
- Resident Director(s) (1)
- UHDS Residential Education Student Staff (RAs, ALAs, CRFs, etc.) (2)
- Coworker(s) (3)
- Friend(s) (4)
- Family member(s) (5)
- Professor(s) (6)
- Clergy member(s) (7)
- Other OSU staff (8)
- Other (please identify) (9) ____________________
- Prefer not to answer (10)

Q11 If you sought support from a formal resource, please rate how effective the service you received from this resource was in assisting you and supporting you with any mental health concerns.
- Ineffective (1)
- Somewhat ineffective (2)
- Neither effective nor ineffective (3)
- Somewhat effective (4)
- Effective (5)
- Prefer not to answer (6)

Q12 If you sought support from an informal resource, please rate how effective the service you received from this resource was in assisting you and supporting you with any mental health concerns.
- Ineffective (1)
- Somewhat ineffective (2)
- Neither effective nor ineffective (3)
- Somewhat effective (4)
- Effective (5)
- Prefer not to answer (6)

Q13 How likely would you be to approach your Resident Director with concerns you have about your mental health and well-being?
- Unlikely (1)
- Somewhat unlikely (2)
- Undecided (3)
- Somewhat Likely (4)
- Likely (5)
- Prefer not to answer (6)
Q14 How likely would you be to approach other UHDS Residential Education student staff (other RAs, ALAs, CRFs) about your mental health and well-being?
- Unlikely (1)
- Somewhat Unlikely (2)
- Undecided (3)
- Somewhat Likely (4)
- Likely (5)
- Prefer not to answer (6)

Q15 How likely would you be to join a support group to share about your mental health and well-being with other Resident Assistants in a safe space?
- Unlikely (1)
- Somewhat Unlikely (2)
- Undecided (3)
- Somewhat Likely (4)
- Likely (5)
- Prefer not to answer (6)

Q16 Do you feel well informed about the mental health support resources that are available to you?
- Yes (1)
- No (2)
- Undecided (3)
- Prefer not to answer (4)

Q17 How satisfied are you with the mental health support resources that are available to you on campus?
- Dissatisfied (1)
- Somewhat Dissatisfied (2)
- Neutral (3)
- Somewhat Satisfied (4)
- Satisfied (5)
- Prefer not to answer (6)

Q19 How old are you?
- 18 to 20 years old (1)
- 21 to 24 years old (2)
- 25 years or older (3)
- Prefer not to answer (4)
Q20 How many full terms have you worked as a Resident Assistant?
- Less than 3 (1)
- 3 to 5 (2)
- 6 to 8 (3)
- 9 to 11 (4)
- 12 or more (5)
- Prefer not to answer (6)

Q18 To which ethnic group do you most identify?
- African American (1)
- Asian/Pacific Islander (2)
- Caucasian (Non-Hispanic) (3)
- Latino or Hispanic (4)
- Native American or Aleut (5)
- Other (6)
- Prefer not to answer (7)

Q21 Identify your gender.
- Male (1)
- Female (2)
- Trans* (3)
- Other (4)
- Prefer not to answer (5)

Q22 Identify your sexual orientation.
- Heterosexual (1)
- Gay/Lesbian (2)
- Bisexual (3)
- Queer (4)
- Questioning (5)
- Prefer not to answer (6)